

7/16/00 ASAP C.O.
7/16/00 systems CO.
7/11/00 12:00pm
8/16/00 2PM Septic CO (pump test)

INDEXED

PERMIT

Needs Pump Test

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513630

A 50830-E

03-330443

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 6/12/2000

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

DATE SYSTEM APPROVED 8/17/00

INSPECTOR *R. [Signature]*

Mike Barrios for Septic Tank Pump Chamber
Van Sant Plumbing & Heating (Bill Asby)

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Brantwood LOT 5 ROAD 3009 Lancelot Cross

PROPERTY OWNER NV Homes

ADDRESS _____

TOP SEAMED TANK REQUIRED
SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED
INSTALL: 1-1250 Gallon Top Seamed Pump Chamber
NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.
- Recommend Top Seamed Septic Tanker as well as P.C. R/W 7/6/00

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 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet off the 771.98' lot line and 60 feet off the 83.00' lot line as seen from the pipestem. Run trenches along contour towards the pipestem.

NOTES - No trench to exceed 100 feet in length. Provide 6' - 8" diameter cleanout and cap to grade or above on septic tank. **MANHOLE CLEANOUTS REQUIRED.**

CALL FOR OPEN TRENCH INSPECTION PRIOR TO PLACING ANY GRAVEL FILL.

For both trenches parallel to upper SDA line (ie parallel to R-149) this may cause higher deviation to be 5 or 5 1/2 ft trench bottom but long distance in each trench will still be 4 ft as in specs above. This will save as much SDA for future repairs - Woodholes will be more or issue than. R/W 7/6/00

PLANS APPROVED BY Donna K. Soe DATE 12-20-1999

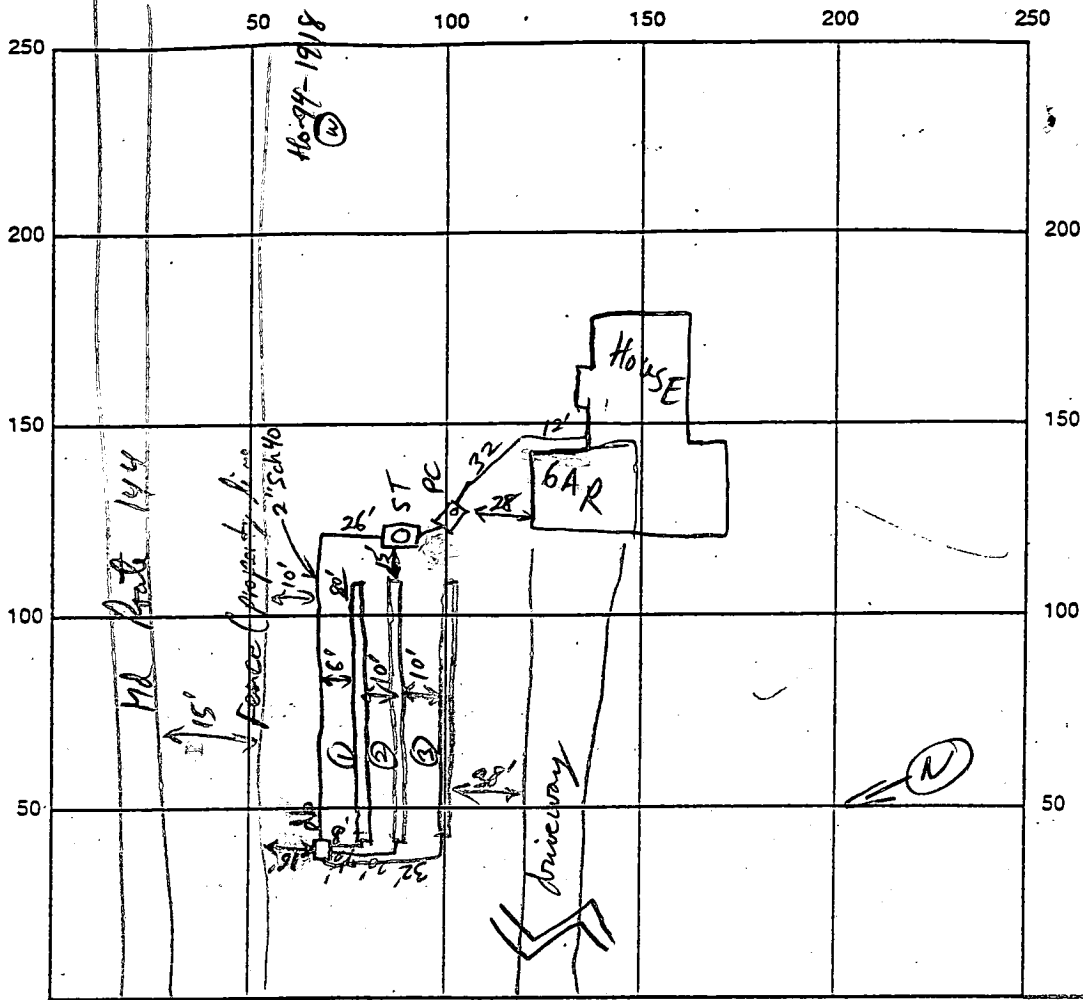
- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.
- 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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

50830-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Concord Cross

pump chamber 1250 gal top covered CLEANOUTS ST ✓ No. 1 riser on PC ✓

SEPTIC TANK LEVEL 1250 gal top covered

DISTRIBUTION BOX LEVEL OK Cased into hub

DRAIN FIELD/TITLE DEPTH 4-5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2-3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 80/80/80 FT. = 240 L.F.

NUMBER OF TRENCHES 3 Total ONE SIDE WALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Septic Tank & pump chamber already covered (other installer set tabs + P.C. + was
apparently given permission to cover). First open trench OK to gravel fill. OK to dig + case. 2nd trench
but allow open trench inspection on third (lowest) trench before graveling) 7/10/00 RPP
3rd open trench OK to stone fill. RPP last trench OK to cover all work. House connects complete but covered.
Call for pump test. RPP 7/11/00

7/10/00 WPT - P. it was depth OK to 3ft, 2 piece cap + PVC catch pipe OK, No pipe on outside - OK to cover. RPP 7/10/00

DATE SYSTEM APPROVED 8/17/00 INSPECTOR ewell

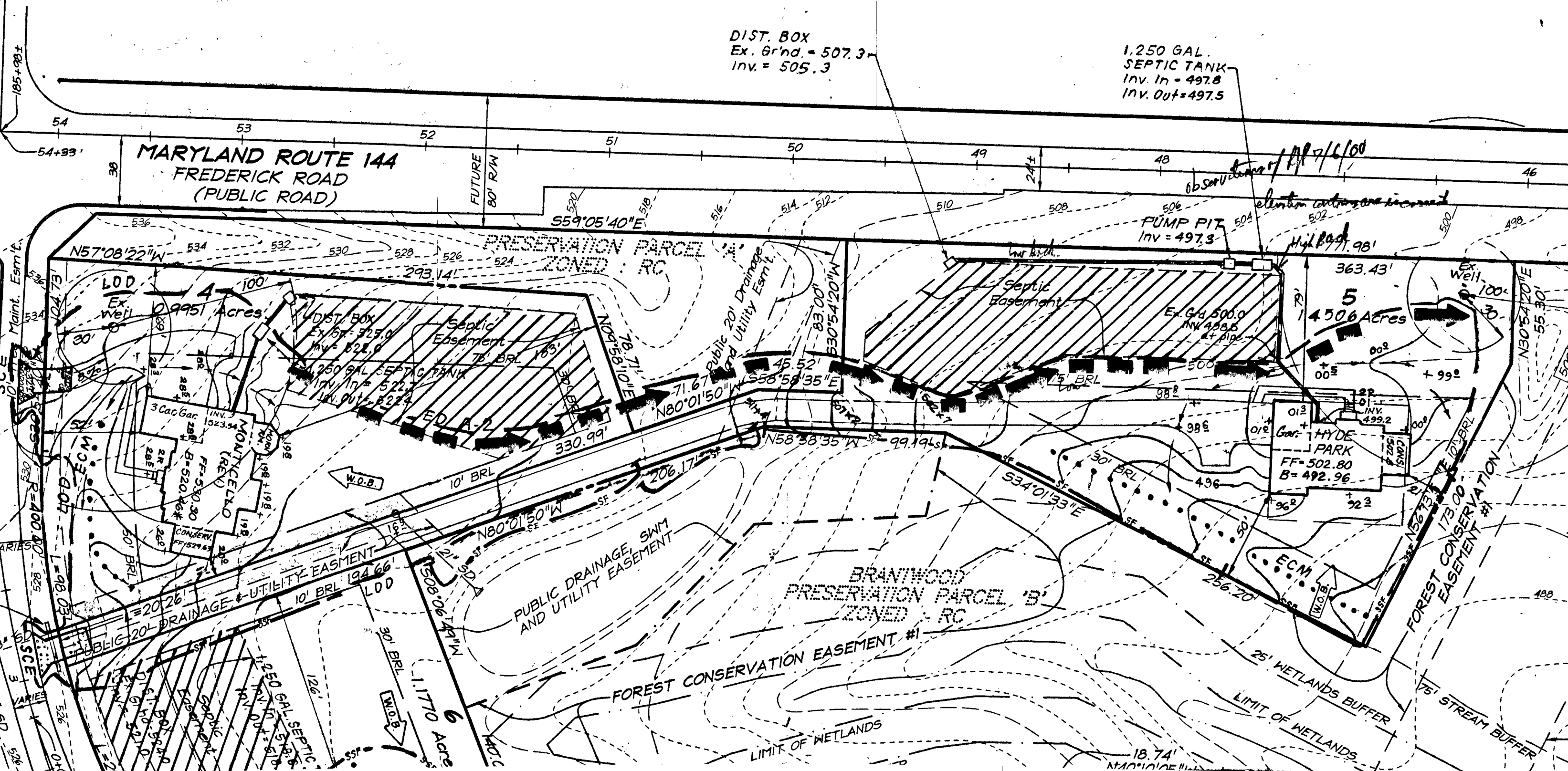
PUMP OK, ALARM SHORTED - NEEDS ELECTRICIAN 8/16/00 (CW)
ALARM CONFIRMED BY CONTRACTOR - 5 BOONS, 8/17/00 (CW)

	5-20-99
Living (et. raised ± 1.85')	6-25-99
	8-30-99
	11-15-99
nts	12-20-99

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 240 feet
width of trench(es) 3 feet
depth of trench(es) 4 feet
depth of cover required (incl. distribution pipe) 2 feet

[Signature]
Signature Date 12/20/99



313-2648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3825-N Ellicott Mills Drive
Ellicott City, MD 21043
481-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Van Sant Plbg + Htg

Telephone 301-831-0444

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

Name of Property Owner NV Homes Telephone 301-858-0522
Subdivision Shawwood Lot # 5 Well Tag # HO-94-1918
Site Address 3009 Laurel Ct Cross

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Gould
3. Model # 10S10422
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 1HP
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Camwood
2. Model # 210K
3. Depth 18"

Tank
1. Capacity 1-100
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 550 ft.
2. Yield _____ 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.
7/10/00 - WPI OK Signature of Applicant: [Signature]
(RJP) sen Date: 6/12/00

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: 313-2840

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 Fearge Family NV Homes

ADDRESS _____ PHONE _____

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

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808

21042

PROPERTY LOCATION:

SUBDIVISION Fearge Property LOT NO. 3A450

ROAD AND DESCRIPTION Rt 194 + Folly Quarter Rd
(3009 LANCELOT CROSS)

TAX MAP 16 + 23 PARCEL # 34 + 63

MODEL PERMIT SIGNED
AND RETURNED 12-20-99
Serial # BR121455
SFD - 4BDM
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 1 acre +/- TYPE BLDG. _____

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.

Marl 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

0' 3004 S A
bright red siltm
4' dark brn micaceous siltm 20% saprolite
9' evidence of H₂O white yellow mottles
11' water

3003

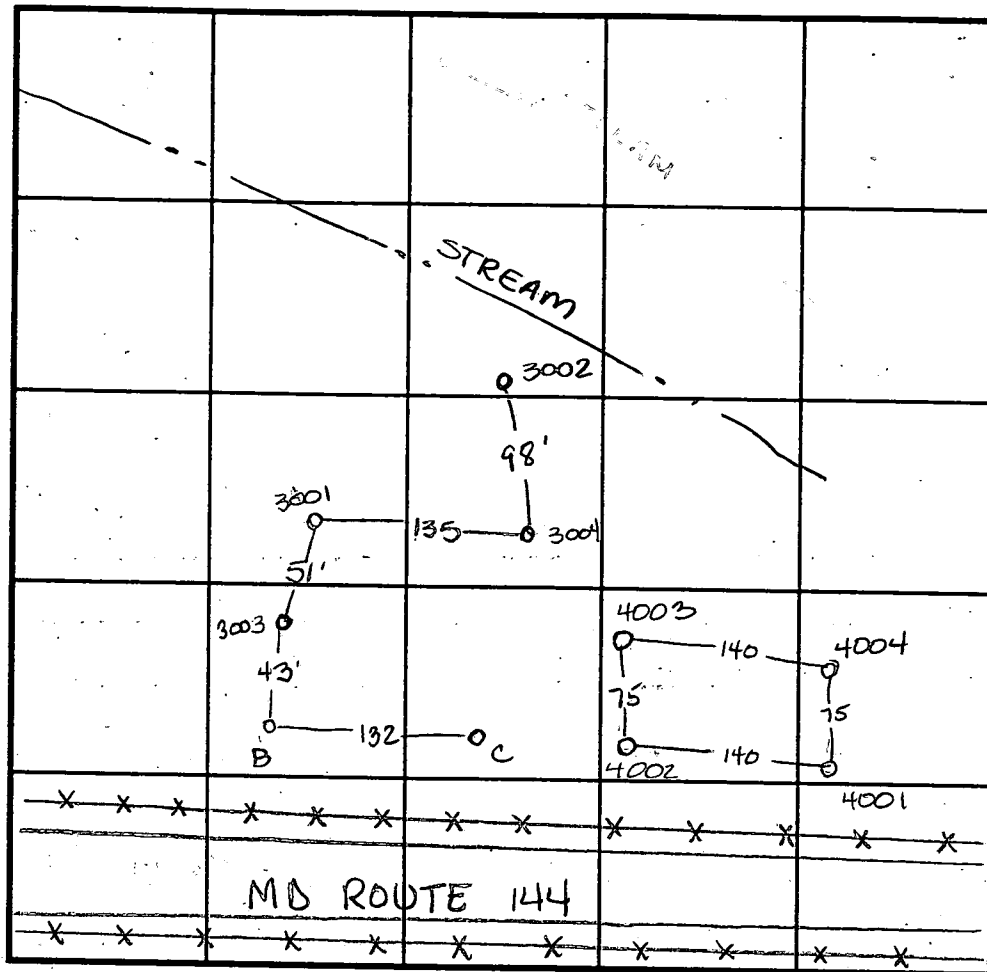
evidence of H₂O in pile - red mottles could not see where it came from

8' hard bottom

BIG

1gt brn siltm micaceous pockets of white siltm very slick

13' water



SOIL PROFILE

0' 4001 4002
rocky siltm 1gt brown
3.0' grey quartzite w pockets of decayed saprolite
12.0'

4003

orange brown siltm
3.5' 1gt brn siltm micaceous
12.0' water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-8-95	3004	Visual	only	11'	see profile		WET SEASON F
	3003	Visual	only	8'	see profile		F
	2/B	Visual	only	11'	see profile		WET SEASON
	3001	4' / 11'	11:18	11:21	11:21	11:25	4min
	C	3.5' / 13'	11:26	11:28	11:28	11:31	2min
3-18-96	4001	4.0' / 12.0'	11:36	11:41	11:41	11:49	8min
	4002	3.5' / 12.0'	11:28	11:31	11:31	11:35	4min
	4004	Water	at 9.0 - clay to 5.5				F
	4003	Visual	to 12.0		see profile		OK

REMARKS wet season

TYPE OF SOIL

TESTED BY Amy McMillen / Dave Kerr ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 Fengas Family

ADDRESS _____ PHONE _____

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

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Fengas Property LOT NO. 4-A

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
3008

0'
orange
brn
cllm

4'
> 50%
shale
quartz
mix
lgt brn
salm

8'
Hard
bottom

3007

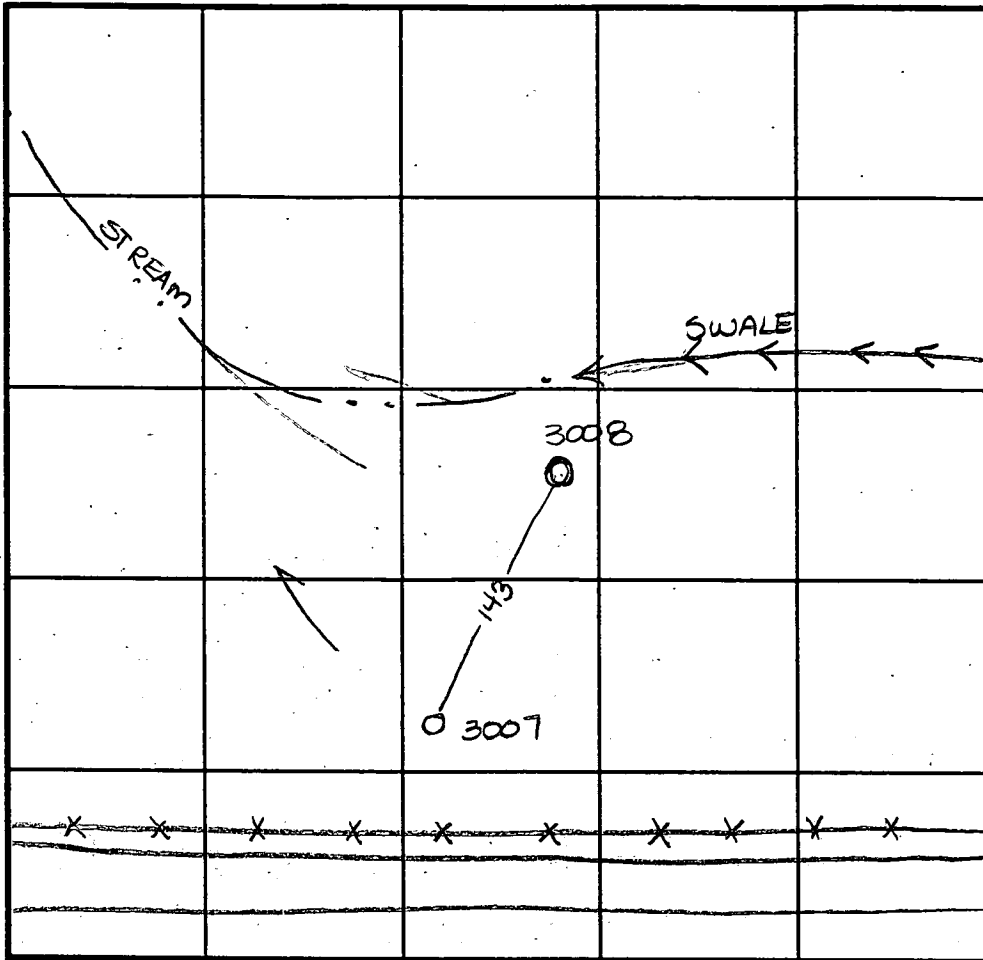
4'
dark
red
sacilm
gravelly

dark
brn
grey
salm

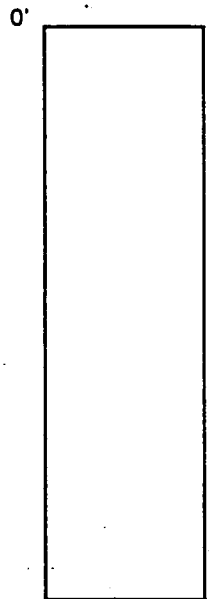
15% shale

12'
white
and
orange
mottled
silm

13'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-8-95	3008	> 50% rock					F
	3007	Visual to 13'					WET SEASON

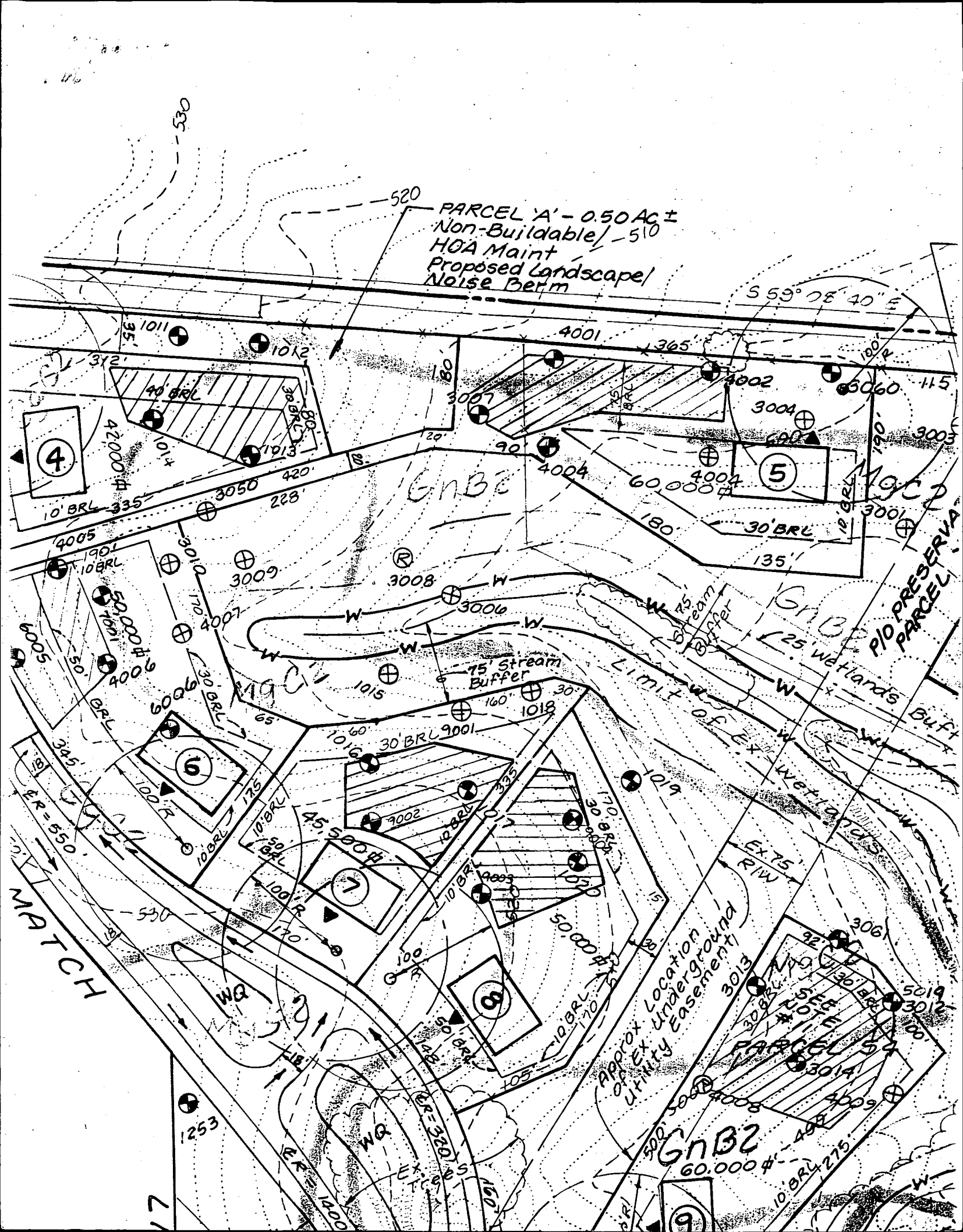
REMARKS Wet season

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

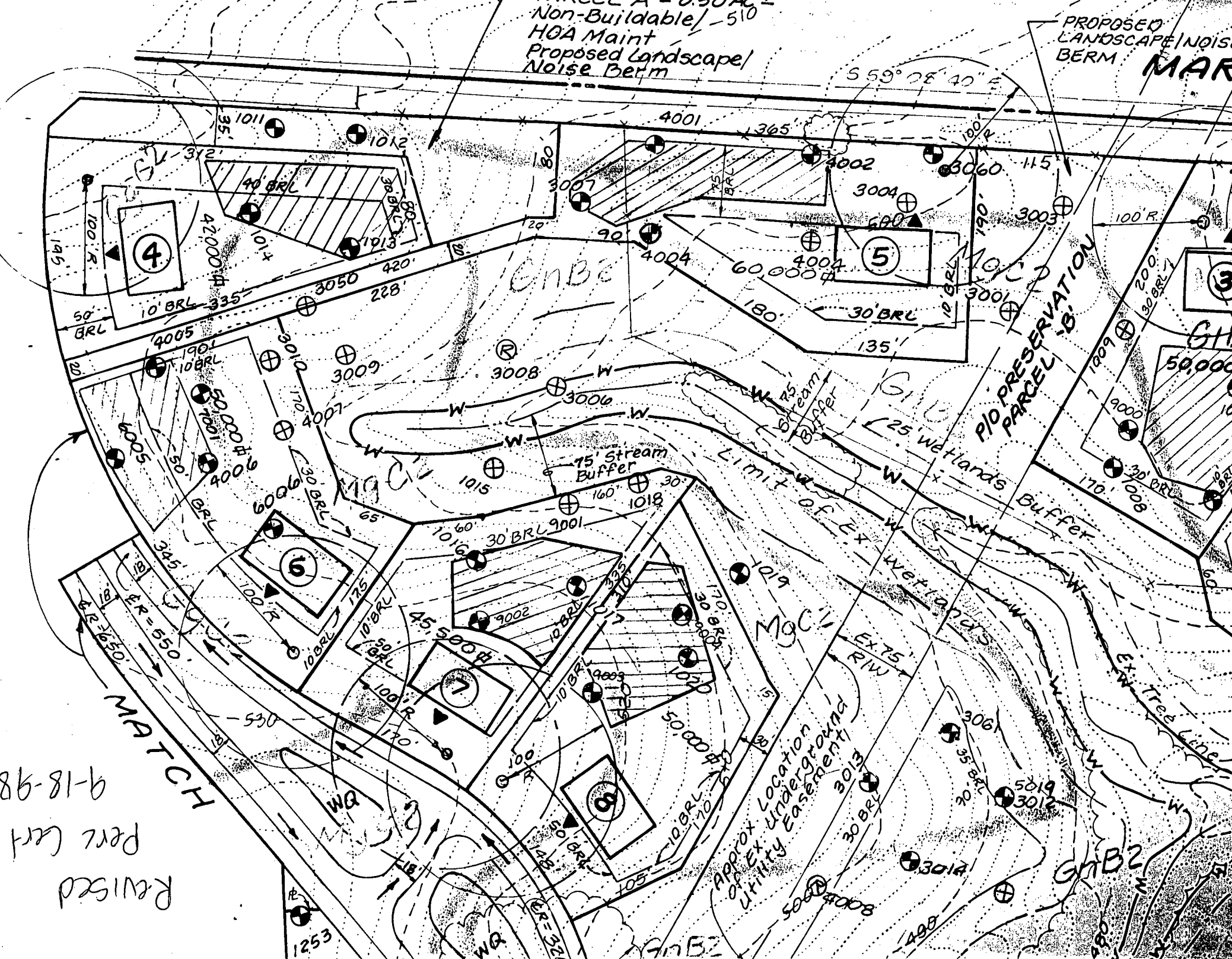
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____



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

PROPOSED
LANDSCAPE/NOISE
BERM
MAR



Revised
Perf Cert
9-18-98

MATCH

Approx Location
of Ex Undergrowing
Utility Easement

GNB2

3

4

5

6

7

8

9

MGC1

MGC1

GNB2

GNB2

P/O PRESERVATION
PARCEL 'B'

GNB1

50,000

101

102

103

104

105

106

107

108

109

110

111

112

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

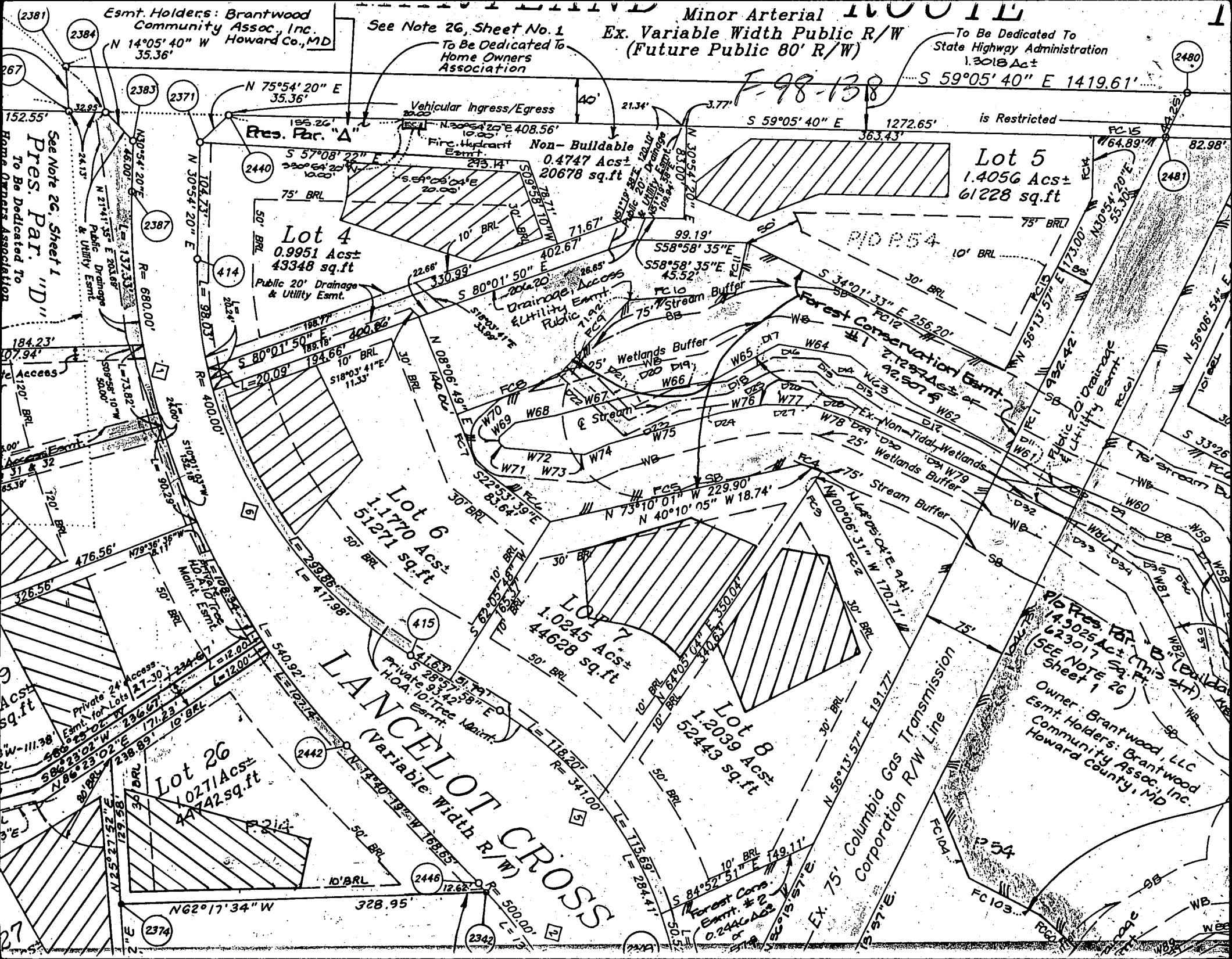
See Note 26, Sheet No. 1 To Be Dedicated To Home Owners Association

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 "D" Pres. Par. "D" To Be Dedicated To Home Owners Association

Res. Par. "A"

Vehicular Ingress/Egress 40' 21.34'

is Restricted

Lot 5 1.4056 Acst± 61228 sq.ft.

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

Non-Buildable 0.4747 Acst± 20678 sq.ft.

PID R 54

Forest Conservation Easmt. #1 2.125 Acst± of 92,507 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)

Plat Res for "B" (Ball) 14.5025 Acst± (This is 623017 sq. ft.) (SEE NOTE 26) Sheet 1 Owner: Brantwood, LLC Esmt. Holders: Brantwood Community Assoc., Inc. Howard County, MD

75' Columbia Gas Transmission Corporation R/W Line

Forest Cons. Easmt. #2 0.2446 Acst±

C1 **4349** 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.
 COUNTY NUMBER **A50830E**

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED MM DD YY **2 19 99**
 Depth of Well **550** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1918**

OWNER **Lancelot Cross**
 STREET OR RFD **Brantwood LLC** TOWN **Ellicott City MD**
 SUBDIVISION **Brantwood** SECTION **I** LOT **5**

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	62	
BLUE SLATE	62	550	<input checked="" type="checkbox"/>

WATER AT 94-540

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle, Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS **20** NO. OF POUNDS **1800**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **69** 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) **70**

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole. insert appropriate code below

STEEL BRASS OPEN HOLE
 BRONZE PLASTIC OTHER

C 2 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
										HO										69										550																																																	

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **3.15**

METHOD USED TO MEASURE PUMPING RATE **TIME**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **28** ft.

WHEN PUMPING **120** 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

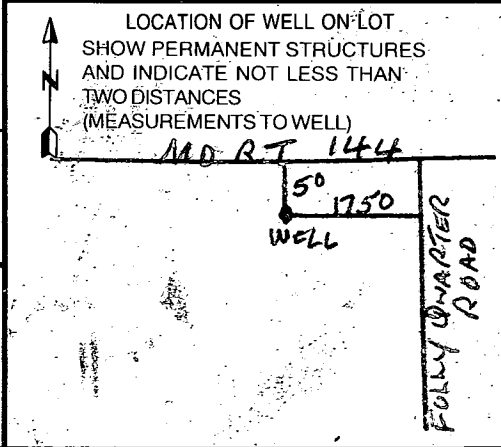
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above LAND SURFACE

below **1** (nearest foot)



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. **MWD 139**

Robert Clume

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MWD 668**

Rich Spole

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

B 1 **8804**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1918
fill in this form completely

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

Date Received (APA)

10 13 98

OWNER INFORMATION

Brantwood LLC
8335-P Columbia 100 Parkway
Columbia, MO 21045

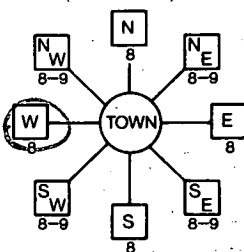
LOCATION OF WELL

Howard
Feaga Property
Pine Orchard meadows
MILES FROM TOWN (enter 0 if in town) **2**

DRILLER INFORMATION

Hartman, David MWD 517
A.C. Schultes of MD, Inc.
24 South River Road
Edgewater, MD 21037
10/6/98

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt. 144
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
70
DISTANCE FROM ROAD
ENTER FT OR MI **FT**

WELL INFORMATION
APPROX. PUMPING RATE **10**
AVERAGE DAILY QUANTITY NEEDED **800**

NOT TO BE FILLED IN BY DRILLER: HEALTH DEPARTMENT APPROVAL

Howard Co **A50830E**
DATE ISSUED **102698** **102699**
NORTH GRID **520 000** EAST GRID **820 000**

- 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)

APPROXIMATE DEPTH OF WELL **200** FEET
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

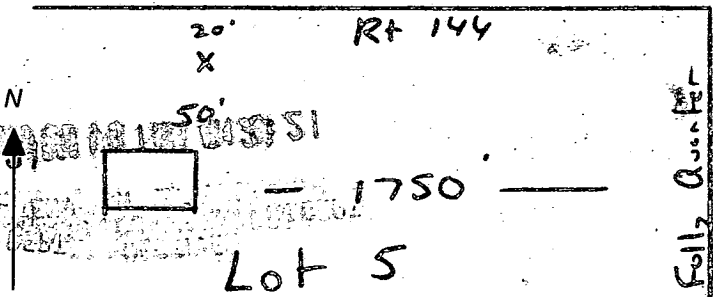
- SOURCES OF DRILLING WATER
- 1. **Tanker**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 520

000 000

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



METHOD OF DRILLING (circle one)
 AIR-ROTARY
 AIR-PERCussion
 ROTARY (Hydraulic Rotary)
 CABLE
 REVERSE-ROTARY
 DRIVE-POINT

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)

APPROP. PERMIT NUMBER
FORCE **Am** PERMIT No. **HO-94-1918**

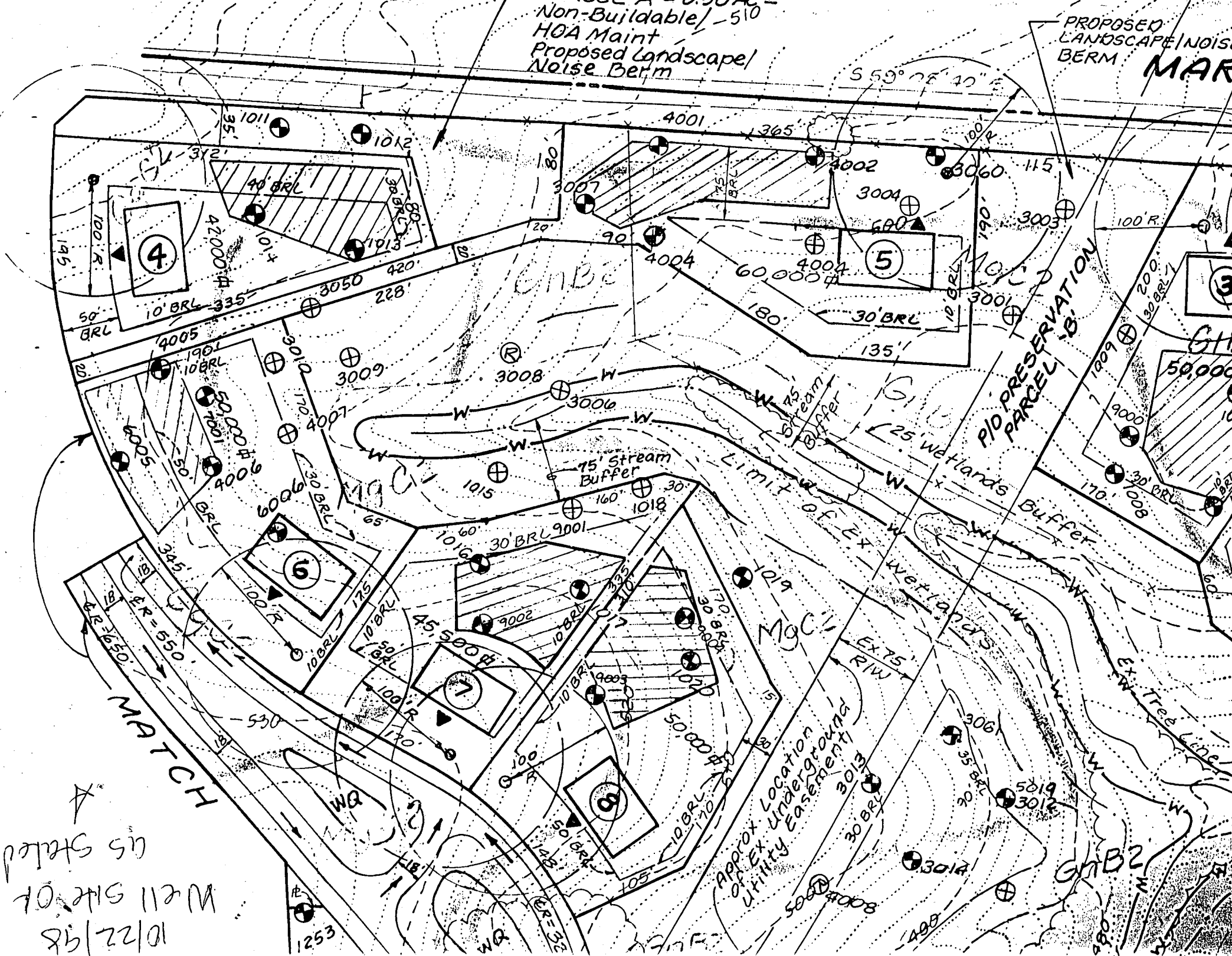
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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

PROPOSED
LANDSCAPE/NOISE
BERM

MAR



10/22/98
Well site of
US Stated

Approx Location
of Ex Undergroung
Utility Easement

P/O PRESERVATION
PARCEL 'B'

GnB2