

1-28-97  
3 PM  
2/11/97  
12-1  
6/6/97 RECAP

2/11/97 Needs  
house connection  
6/6/97 house ~~perm made~~ KM  
P 57626

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 313-2640

INDEXED  
04-332938

A 21496

DISTRICT \_\_\_\_\_

DATE 01/06/97

DATE SYSTEM APPROVED 6-6-97

INSPECTOR KM

Robert J. Counihan \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Forsythe Heights LOT 9A ROAD 14588 Monticello Drive

PROPERTY OWNER Robert J. Counihan

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS TWO COMPARTMENT

SEPTIC SYSTEM TO BE INSTALLED PRIOR TO BUILDING PERMIT APPROVAL.

NUMBER OF BEDROOMS 4

BLDG. PERMIT SIGNED

210 SQUARE FEET PER BEDROOM

AND RETURNED 2-12-97

LINEAR FEET OF TRENCH REQUIRED 280

Serial # BT 103345  
SFD-4/Bmm

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 20 feet from the front lot line and 45 feet from the right side of the lot as seen when facing the lot from Monticellos Drive. Run the trenches toward the front line. Maintain at least 20 feet distance between the trench and the house.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1-6-96 [Signature]

PLANS APPROVED BY Raymond Hodges/Glen Savage REVISED DATE 12/24/96

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

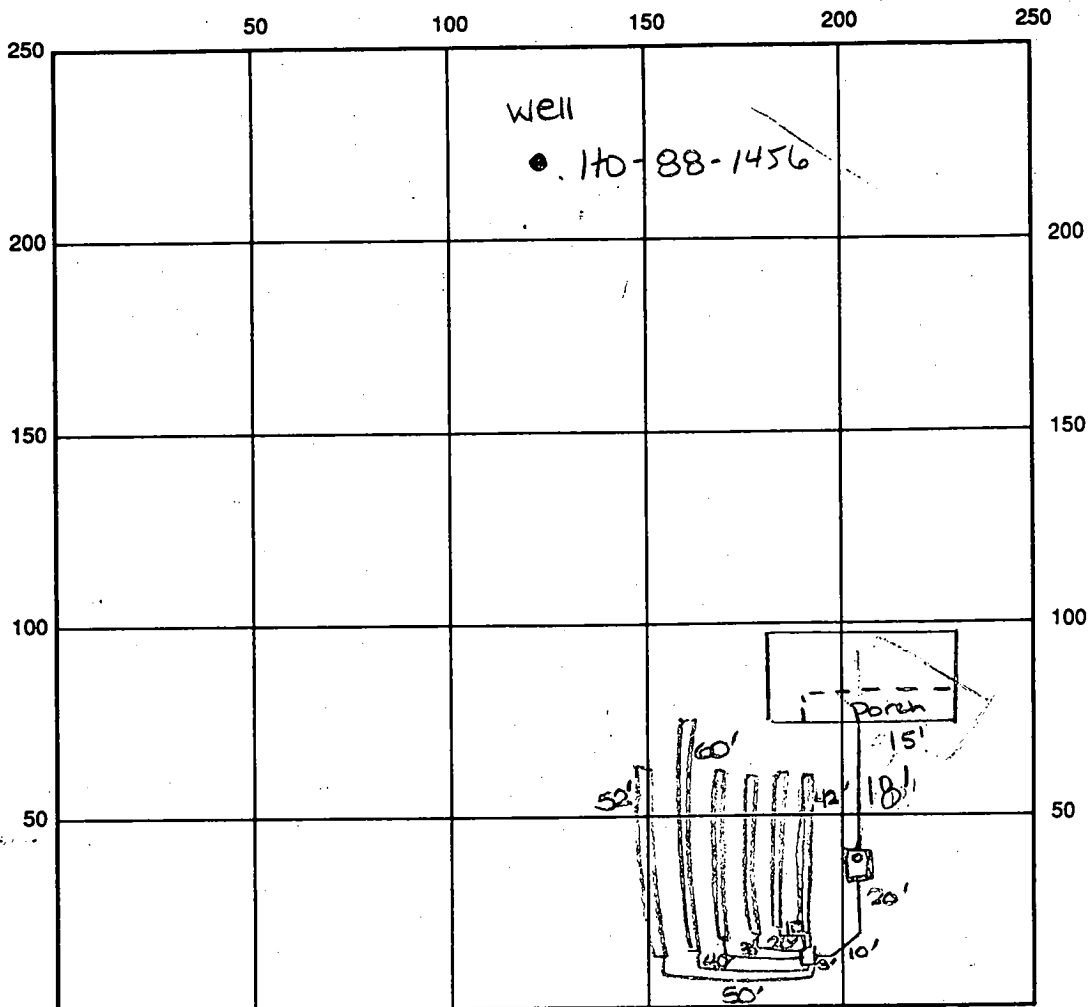
PERMIT VOID AFTER TWO YEARS

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**

P57626



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Existing Private Road → to Monticello Drive

SEPTIC TANK LEVEL OK - 1500 gal, 10' deep, sealed CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 x 42 = 168 FT. → 280

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA          SQ. FT.

DRYWALL INSIDE DIAMETER          FT. EFFECTIVE DEPTH BELOW INLET          FT.

ABSORBENT AREA          SQ. FT.

REMARKS: 1/28/97 TEST hole dug to verify need for shallow system - rock at 9' see BP  
SITE PLAN FOR LOCATION 2-4-97 OK w/ PROPERTY THAT PROPOSED DIST. BOX LOCATION 75' DOWN S.W. (PER MR. NOT TO GIVE AWAY 600 SEPTIC AREA TO MAINTAIN 100' FROM WELL)  
FROM WELL ACROSS STREET, 1ST 2 TRENCHES TO BE ADJUSTED TO MAINTAIN ± 80' FROM WELL  
9' FROM S.T. OK

2/11/97 OK TO COVER ALL WORK. NEED HOUSE CONNECTION. DKS  
\* distribution box to neighbor's well → 85'+. DKS

DATE SYSTEM APPROVED 6-6-97 INSPECTOR Kim M... (signature)

6-6-97. house connection made ok to cover (KM)

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

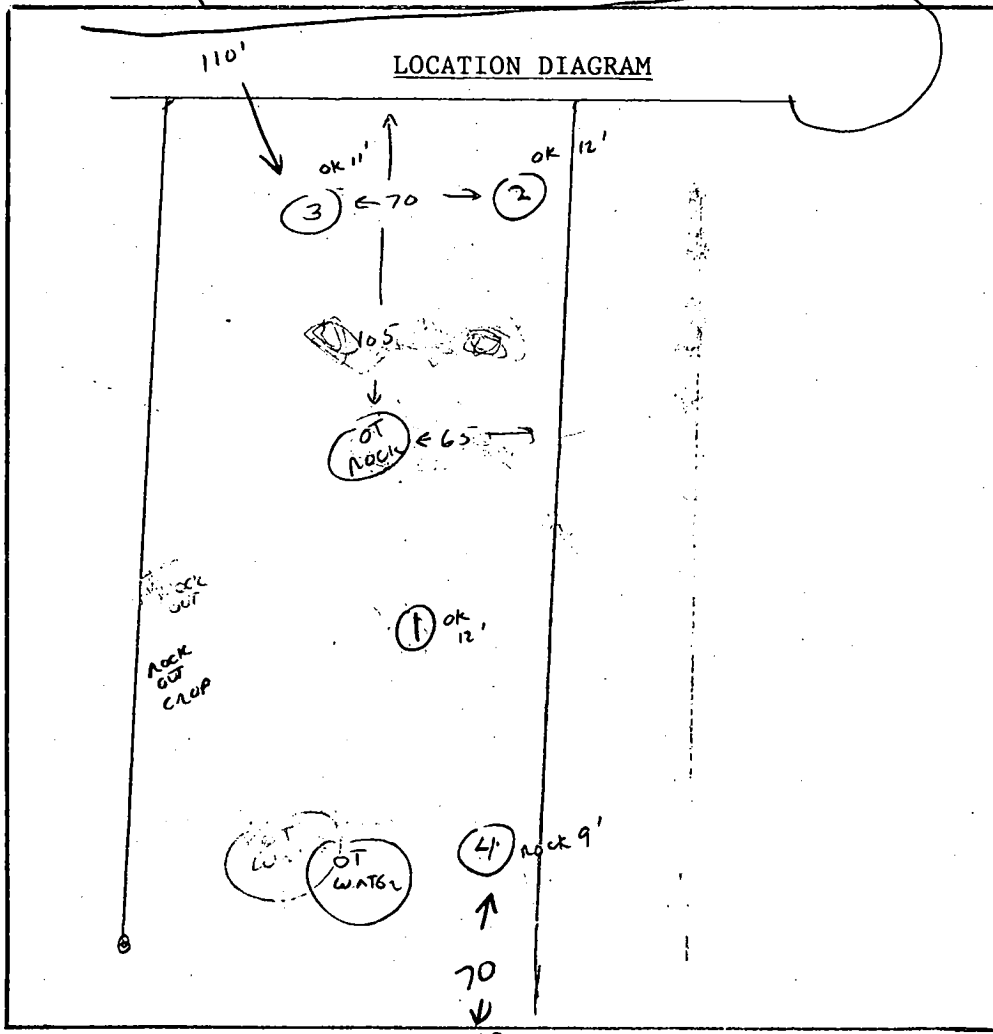
ADDRESS: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: \_\_\_\_\_

EXIST.  
WELL



1" = 60'

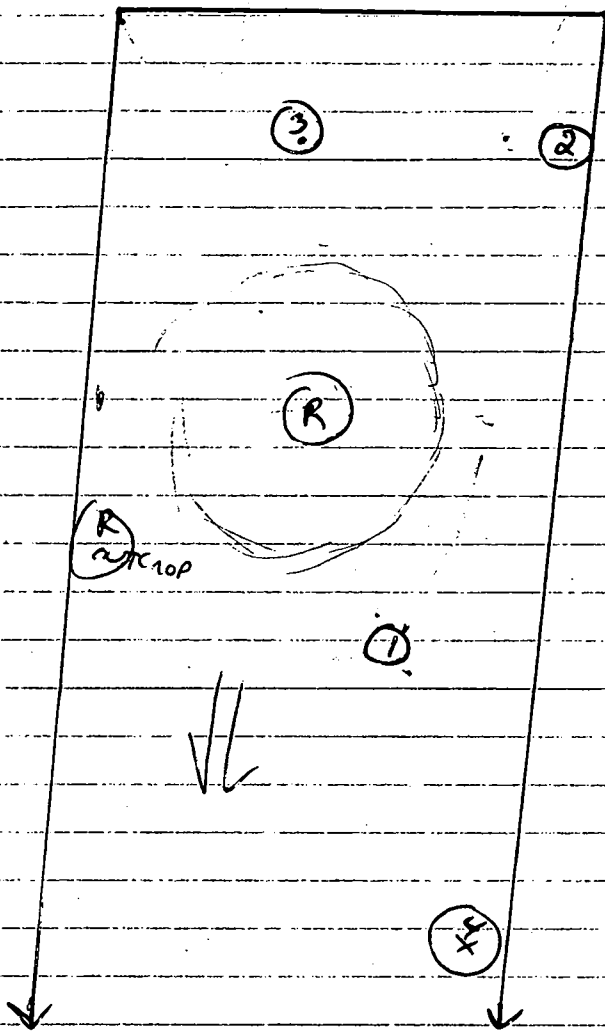
COMMENTS: \_\_\_\_\_

4/30/90 TEST ROCK LOCATION, IF NOT OK, MOVE FORWARD & TEST AGAIN. C.W.

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

RIGHT OF WAY

1" = 50'



P&C LOCATIONS

SCALE

1/4" = 90'

C-W/COULMAN

# APPLICATION

4/4/90  
10 AM  
APPLICANT ADVISED

4/30/90 RS-76 ST  
5/2/90

PERCOLATION TESTING

A 21496  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND, 21043  
TELEPHONE 461-9933

PROVISION OK C.W.  
APPLICANT ADVISED  
PREVIOUS FAILURES TO PERM.

DISTRICT 4th

DATE 3/8/90

EXISTING LOT OF RECORD  
OK TO CONSIDER WELL SITE  
LOWER THAN SEPTIC  
PRESERVE FOR 1 & A IF NECESSARY (TEST THE CLAY  
FOR 60 MINUTES)  
APPLICANT BELIEVES PREVIOUS HIGH WATER ON LOT  
HAS BEEN CHANGED BY OFFSITE GRADING AND DITCHING.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert J. Cunningham

ADDRESS 14592 Monticello Dr. PHONE 489-7431  
COOKS VILLE 21723 WORK 792-5000 X7832

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Forsythe Heights (Estates) LOT NO. 9A  
ROAD AND DESCRIPTION off Monticello Drive

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 1.4646 acres TYPE BLDG Single Family  
(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. Robert J. Cunningham  
(SIGNATURE OF APPLICANT)

APPROVED BY B. HODGE FOR T. BREWER DATE July-90

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4/4/90 - MARGINAL PERC HOLD FOR

DISCUSSION WITH E.W. 4/10/90 VISITED SITE WITH DAVE

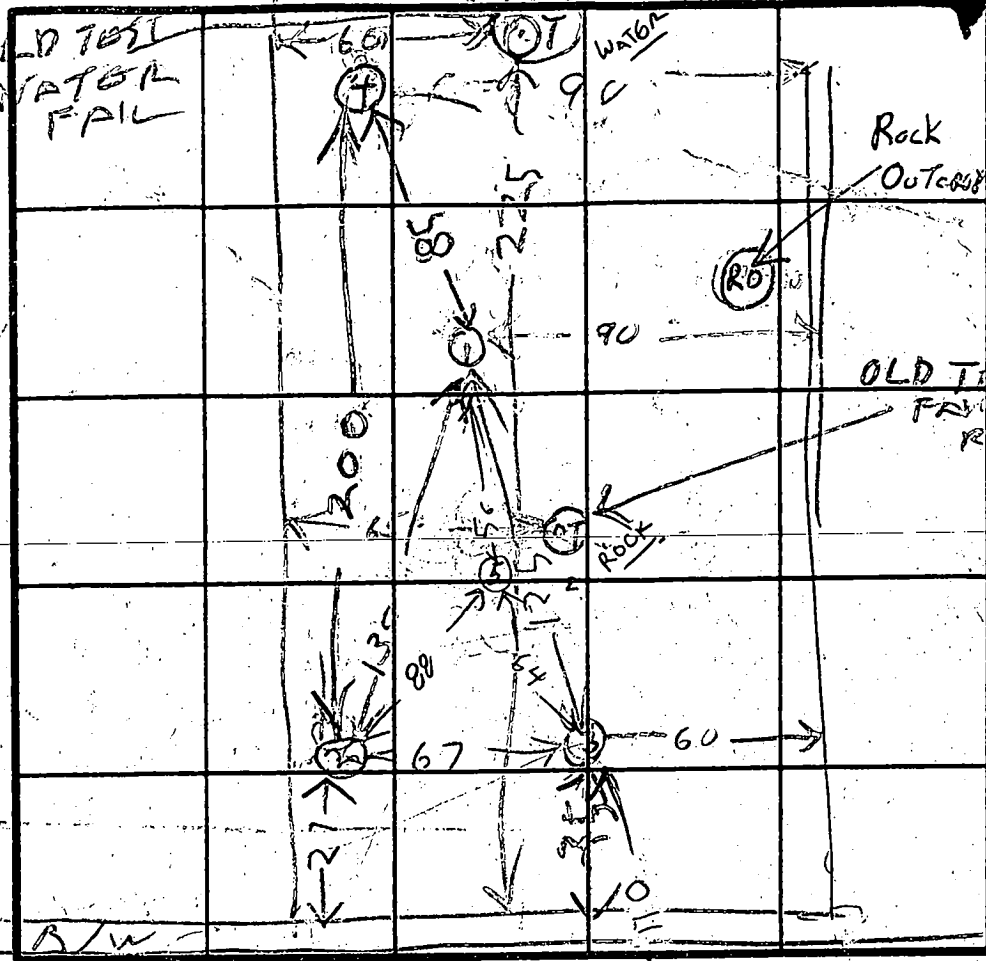
HERE OK TO PUT WELL IN BACK TO PT FROM BRO HOLE (4) TOWARD BACK  
NEED SYSTEM + REPAIR PLUS DETAILED HOUSE SEPTIC

## THIS IS NOT A PERMIT

WELL PLANS BY 5/7/90 PERC HOLD FOR PLANS  
PERM. PLANS BY \_\_\_\_\_

HD-216

\* NOTE TO INSPECTOR - BE ALERT TO POSSIBLE FILL MATS



SOIL PROFILE

CLAY  
BROWN  
YELLOW  
SAND  
SILT  
LOAM

(4)  
BROWN  
CLAY  
SAND  
LOAM  
ROCK

Hole  
Elevation  
(3) = Highest  
(4) = Lowest  
(2) = Medium  
Holes (1)(2)(3)  
are almost  
same  
elevation

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WELL ON

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/90	1V	7	1108	1127	1127	1150	23
	1V	8	1109	1148	1148	1143	25
	1V	12	OK				
	2V	7.5	1112	1124	1124	1142	18
	2V	10	1112	1116	1116	1120	4
	2V	12	OK				
	3V	7	1130	1140	1140	1153	13
	3V	8	1144	1151	1151	1157	6
	3V	11	OK				
4/13/90	4V	9	ROCK BOTTOM				
5/7/90	5V	12 1/2	OIL				

(5)  
BROWN  
CLAY  
BROWN  
LUMPY  
SAND  
LOAM  
S

REMARKS SNOW - 7/1/90

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. HODGES ALSO PRESENT PAT LINDRIN

5/7/90

# APPLICATION

A 21496

~~RECORDED~~ RECORDED  
Liber 714, Folio 382

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 5/15/75

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas G. Oyster

ADDRESS 2419 Reddie Drive, Wheaton, Maryland PHONE 949-2011  
933-2454 (Jack Lewis)

PROPERTY LOCATION:

SUBDIVISION (Forsythe Heights) LOT NO. 9A

ROAD AND DESCRIPTION off Monticello Drive

SIZE OF LOT 1.4646 acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Lewis

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY Dail J. O'Neil FOR Asy DATE 6/20/95  
(KIND OF SYSTEM) (KIND OF SYSTEM)

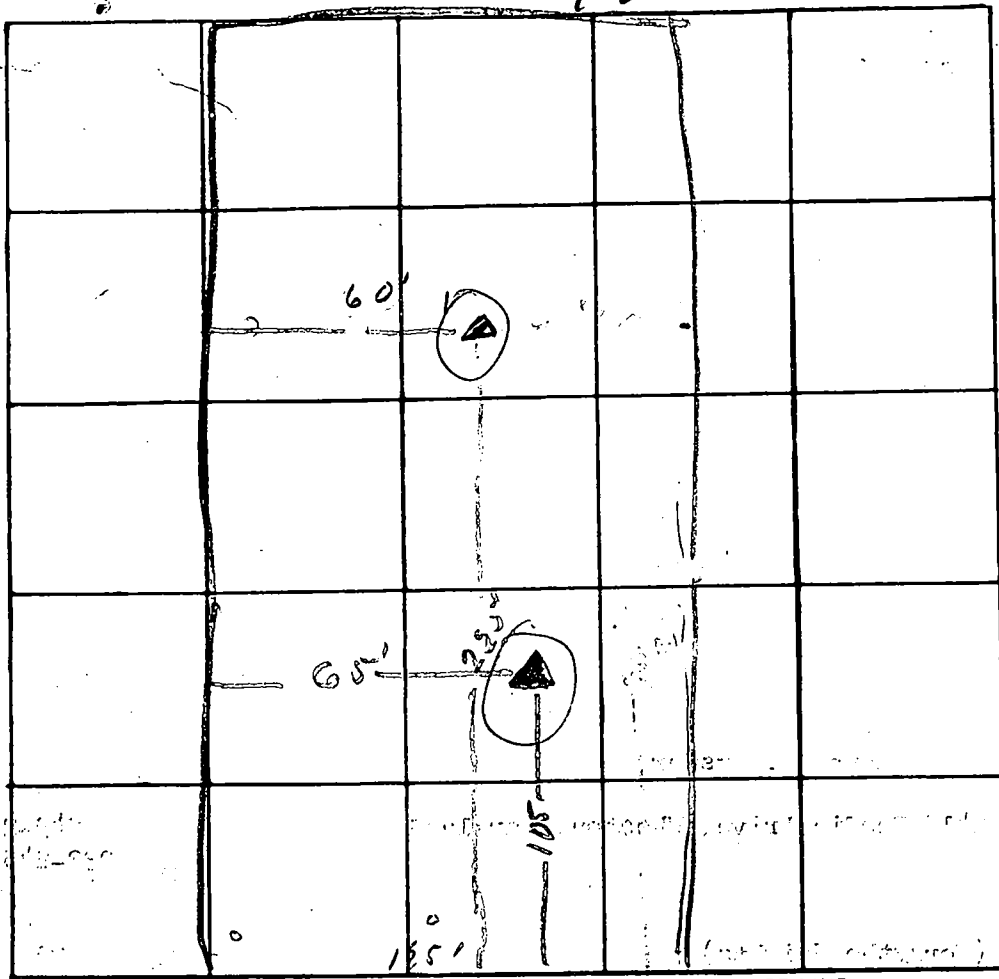
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING High water table, Rock in upper part of lot

# THIS IS NOT A PERMIT

125' 9A

clay  
the water



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Right of way of Railroad Co

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/24/55	1	8 1/2'	watery	clay	above		
	2	9'	Hard	Rock			

REMARKS Insufficient Area

TYPE OF SOIL \_\_\_\_\_

TESTED BY O'Neill, Toveo ALSO PRESENT: B.B.S.

**C1** 1717 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON-ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 21496**

ST/CO USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED  
**091590**

Depth of Well  
**40**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HA-88-1456**

OWNER **COUNIHAN** last name **DeBort** first name  
 STREET OR RFD **Marticella Dr** TOWN **Cooksville**  
 SUBDIVISION **ARCYTHE HEIGHTS EST** SECTION \_\_\_\_\_ LOT **9-A**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top soil	0	1	
Clay	1	20	
Clay & Sand	20	23	✓
Clay	23	37	
Clay & Sand	37	40	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **17** NO. OF POUNDS **3700**  
 GALLONS OF WATER **135**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **1** ft. to **21** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **37**  
 OTHER CASING (if used) diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1: 8-9, 11-15, 17-21  
 2: 23-24, 26-30, 32-36  
 3: 38-39, 41-45, 47-51

**C2**  
 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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Direct**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **17**  
 WHEN PUMPING **9**  
 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 WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **S**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height):  
 above } LAND SURFACE, (nearest foot)  
 below }

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 IDENT. NO. **40**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) **WQ**  
 70  72  74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

B 1 8613 SEQUENCE NO. (DP USE ONLY)  
2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
70 71 72 73 74 75 76 77 78 79  
HD-88-1456  
fill in this form completely

Date Received (APA) 06/19/90  
OWNER INFORMATION  
15 Last Name 13 Owner First Name 34  
14592 MONTICELLO DR  
36 Street or RFD 55  
COOKSVILLE MD 21723  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
1 2  
HOWARD 8 COUNTY 21  
FORSYTHE HEIGHTS EST 23 SUBDIVISION 42  
SECTION 44 46 LOT 94 48 50  
COOKSVILLE 52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI

DRILLER INFORMATION  
George F. Easterday 40  
Driller's Name 77 License No. 80  
L. Franklin Easterday, Inc.  
Firm Name  
9265 Brown Church Rd., MT. Airy, Md. 21771  
Address  
George F. Easterday 6/14/90  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N W 8-9 N E 8-9  
W 8 E 8  
S W 8-9 S S E 8-9  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX).  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
NEAR WHAT ROAD 11 30  
MONTICELLO DR  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX).  
34 2000 37  
DISTANCE FROM ROAD  
ENTER FT or MI FT

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A 21496  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED INSERT S  
073190 Mark L. Pelkin 1/31/91  
43 48 CO SIGNATURE EXP. DATE  
NORTH GRID 546000 EAST GRID 0797000  
50 55 57 63

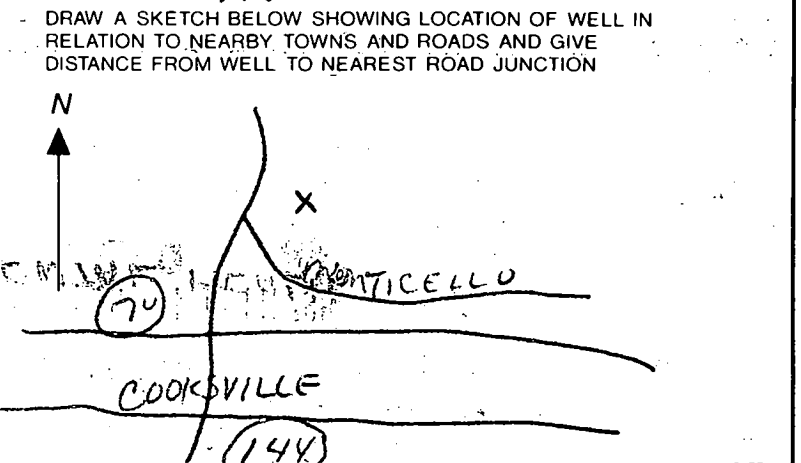
APPROXIMATE DEPTH OF WELL 200 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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

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 79x7  
N 5x46  
000 000  
8/15/90 11:00  
INSPECTOR NOT PRESENT FOR GROUT BUT DID ATTEND well PUMP TEST LATER WELL GROUTED 25 BAGS OK

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER 54 GAP 63  
FORCE M L INITIALS IN BOX PERMIT No. HD-88-1456  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
792-5000 - EX 7832  
489-7431

Plot Plan

1:42<sup>+</sup>

Scale: ~~1" = 37.5'~~ (REDUCED COPY)

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT  
*John Bell* 6-4-90  
 HOWARD COUNTY HEALTH OFFICER DATE

Lot 9.A  
 1.4646 Acres

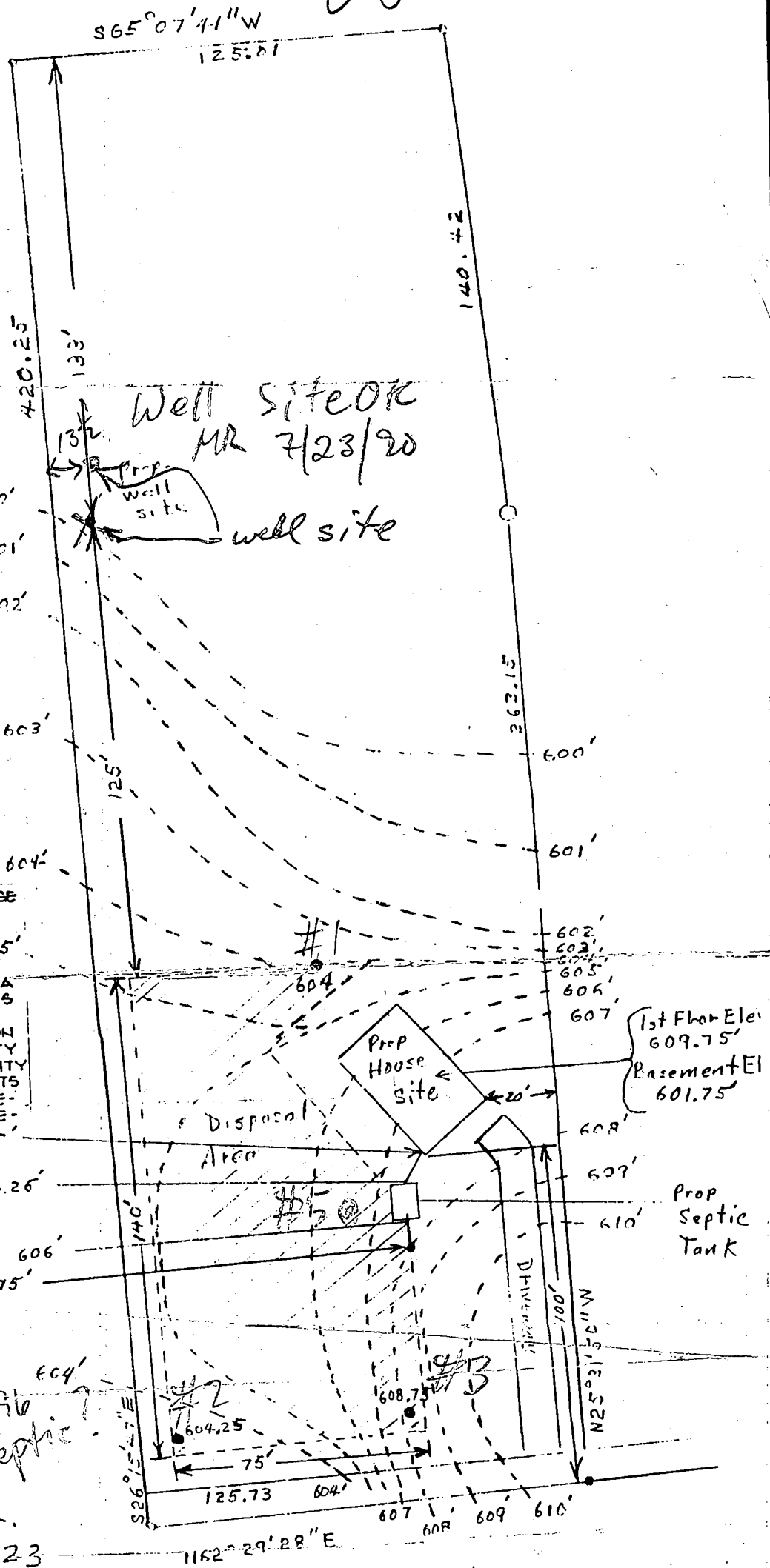
4th Election District  
 Forsythe Estates

Liber 0762 Folio 070

(Existing Topography)

Locations and elevations are correct to the best of my ability -

Robert J. Couruhan  
 May 30, 1990



NOTE:  
 THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION CERTIFICATION PLAT

May 20, 1990  
 Robert Couruhan  
 14592 Monticello Dr.  
 Cooksville MD 21723

(301) 489-7431  
 work phone (301) 792-5000 x 7832

6/2/97

6-6-97

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

P.A. 3.0' below grade  
Casing 10.0" above grade  
needs 2 piece watertight cap  
(KM)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Robert Couihan

Telephone 410-442-8238

License Number B00103345 N/A Home Owner Installation  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Robert Couihan Telephone 410-442-8238  
Subdivision Forth Estates Lot # 9-A Well Tag # HO-88-1456  
Site Address 14588 Monticello Drive

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make Mylers
- 3. Model # PF35T52-8
- 4. Capacity 8 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 hp
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make Campbell Martinson
- 2. Model # B-10X
- 3. Depth 42"

Tank

- 1. Capacity 42 gal
- 2. Pressure relief valve?

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 90'

Well data

- 1. Depth 100 ft.
- 2. Yield 12 GPM
- 3. Static water level 18 ft.
- 4. Will water supply be disinfected by installer? Yes

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.

Signature of Applicant: Robert Couihan

Date: April 16, 1997

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

# Plot Plan

Scale: 1" = 31.5' (Reduced copy)

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

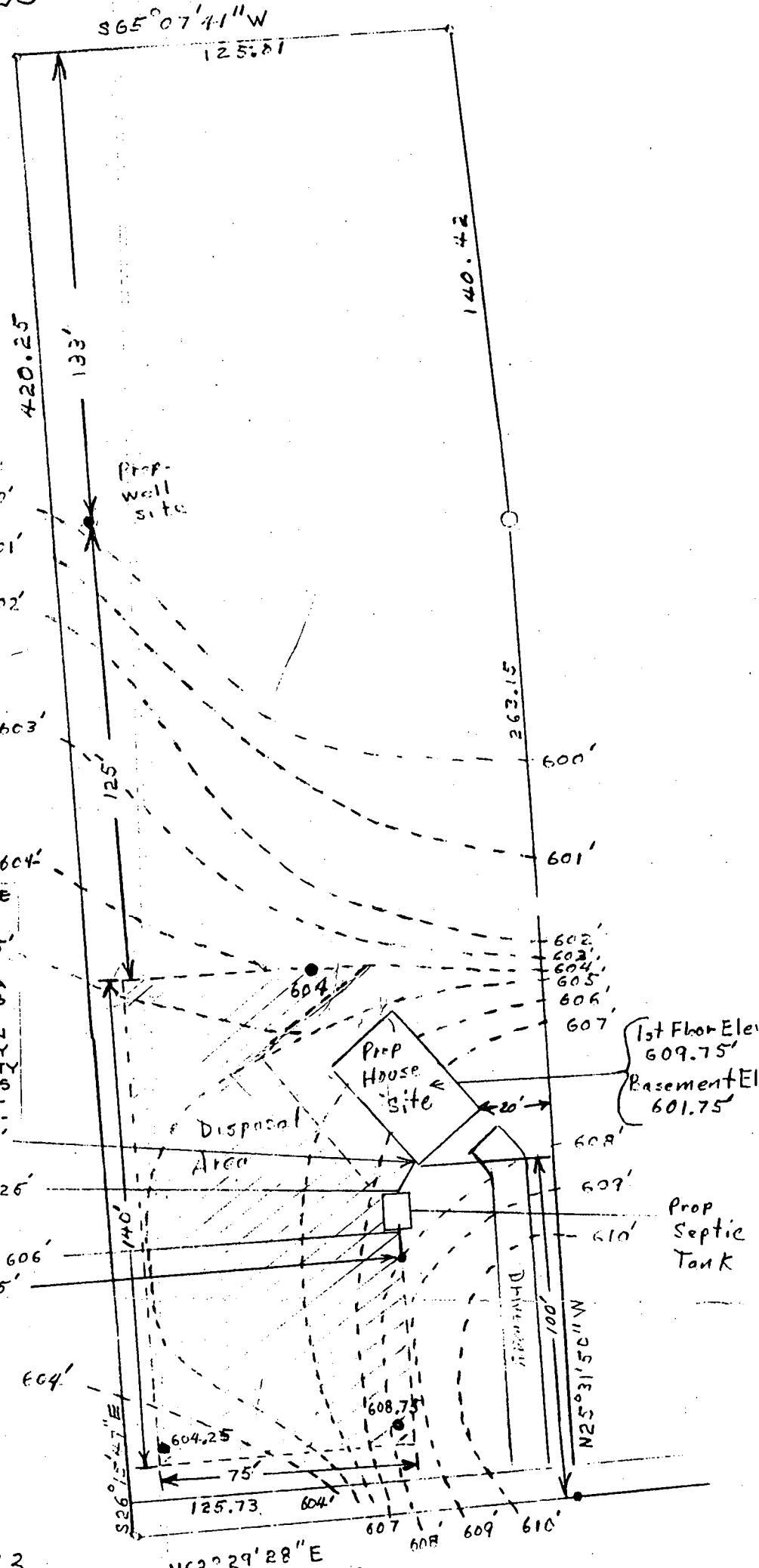
*Joseph M. Boxler* 6-4-90  
HOWARD COUNTY HEALTH OFFICER DATE

Lot 9.A  
1.4646 Acres  
4th Election District  
Forsythe Estates  
Liber 0762 Folio 070

(Existing Topography)

Locations and elevations are correct to the best of my ability

Robert J. Counihan  
May 30, 1990



**NOTE:**

1. THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

**PERCOLATION CERTIFICATION PLAT**

May 20, 1990

Robert Counihan  
14592 Monticello Dr.  
Cooksville MD 21723  
(301) 489-7431

# Plot Plan

14588 Monticello Dr  
Cooksville, Md 21723

Lot 9A 1.4646 Acres

Forsythe Estates

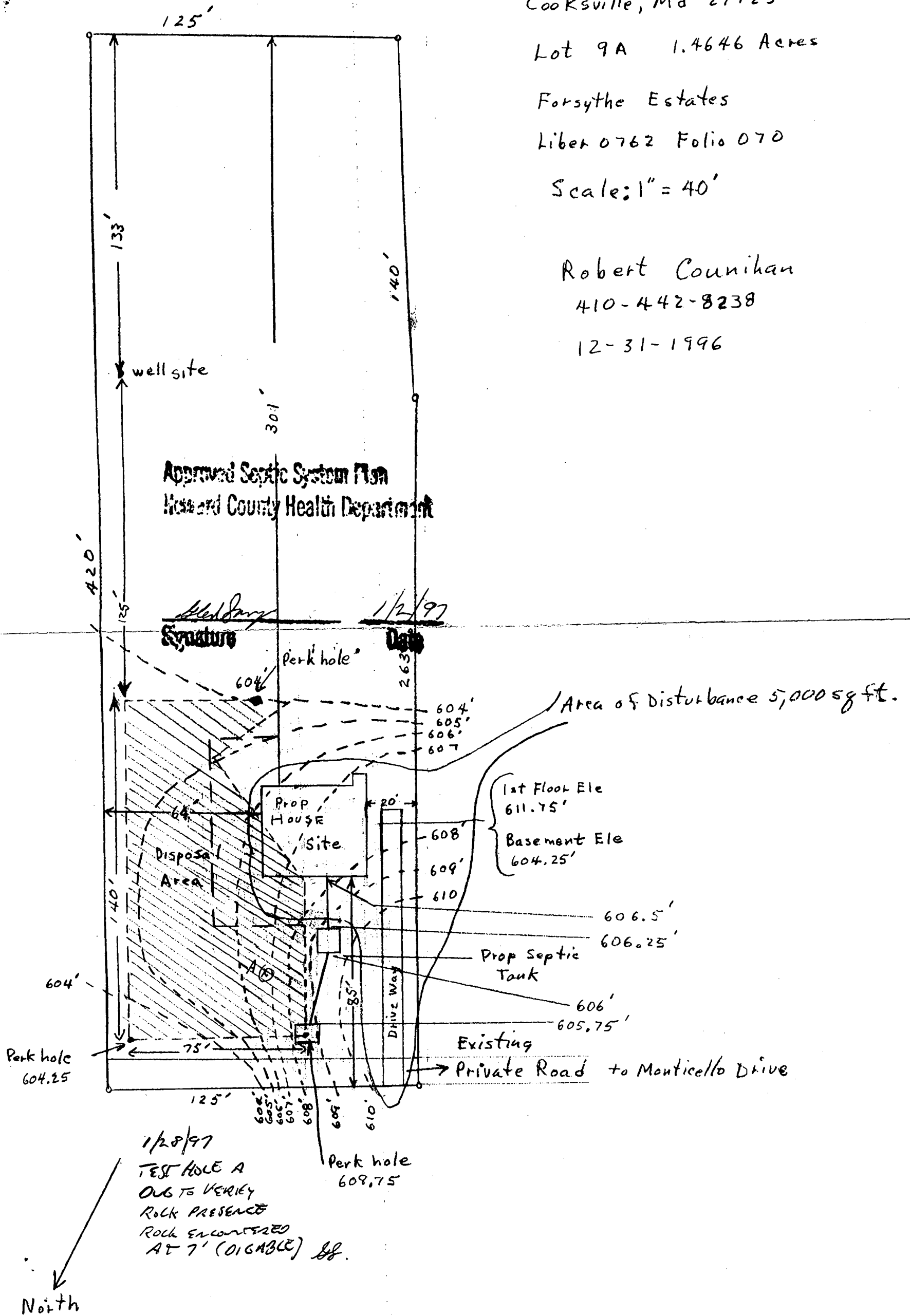
Liber 0762 Folio 070

Scale: 1" = 40'

Robert Counihan

410-442-8238

12-31-1996



# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-332938

P \_\_\_\_\_

A 57626

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 14588 Monticello Dr

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

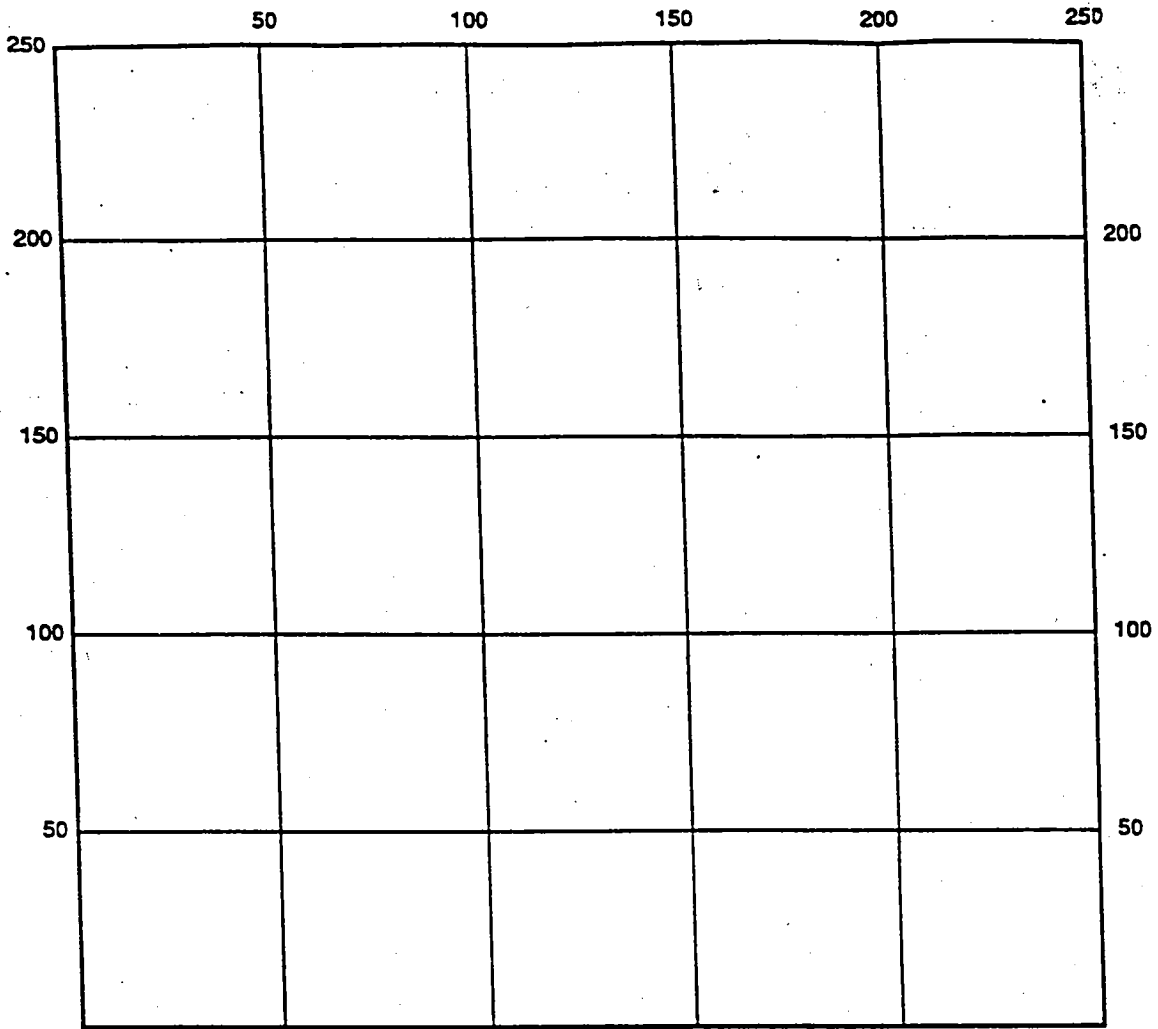
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

457626



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level \_\_\_\_\_  
 Dosing Chamber Level \_\_\_\_\_  
 Dual Pump \_\_\_\_\_  
 Controls \_\_\_\_\_  
 Alarm \_\_\_\_\_  
 Pump Test \_\_\_\_\_  
 Piezometers \_\_\_\_\_  
 Observation Ports \_\_\_\_\_  
 Float Settings High Off: \_\_\_\_\_  
                   High On: \_\_\_\_\_  
                   Low Off: \_\_\_\_\_  
                   Low On: \_\_\_\_\_  
 Alarm Float: \_\_\_\_\_

Trench: \_\_\_\_\_  
 Width \_\_\_\_\_  
 Length \_\_\_\_\_  
 Bottom \_\_\_\_\_  
 Depth \_\_\_\_\_  
 Inlet \_\_\_\_\_  
 Depth \_\_\_\_\_  
 Gravel \_\_\_\_\_  
 Depth \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date System Approved \_\_\_\_\_ Inspector \_\_\_\_\_

A21496 P57626

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BOOK 9731

Building Address 14588 Monticello Drive  
Cooksville, MD 21723

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6010 Subdivision Forest Heights

Section 104. E. 4. 6131(B) Area \_\_\_\_\_ Lot 9A

Tax Map 8 Parcel 324 Grid 17

Zoning RCO Map Coordinates 41011 Lot size: \_\_\_\_\_

Property Owner's Name Robert Curran

Address 14588 Monticello Dr

City Cooksville State MD Zip Code 21723

Home Phone 410-442-2228 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residence

Proposed Use Garage detached

Estimated Construction Cost \$ 15,000.00

Description of Work Masonry Garage

24x22 detached

PA Case # 14-32V

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Robert Curran

Contact Name \_\_\_\_\_

Address 14588 Monticello Dr

City Cooksville State MD Zip Code 21723

Phone 410-442-2228 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>7'</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>ONE</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>24'</u> <u>22'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Garage</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Robert J. Curran  
Applicant's Signature  
Robert Curran  
Title/Company

Robert J. Curran  
Print Name  
8-4-99  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>8/4/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:	
<u>27211</u>	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>17</u>
Balance due	\$ _____
Check	# <u>605</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Plot Plan

14588 Monticello Dr  
 Cooksville, Md 21723

Lot 9A 1.4646 Acres

Forsythe Estates

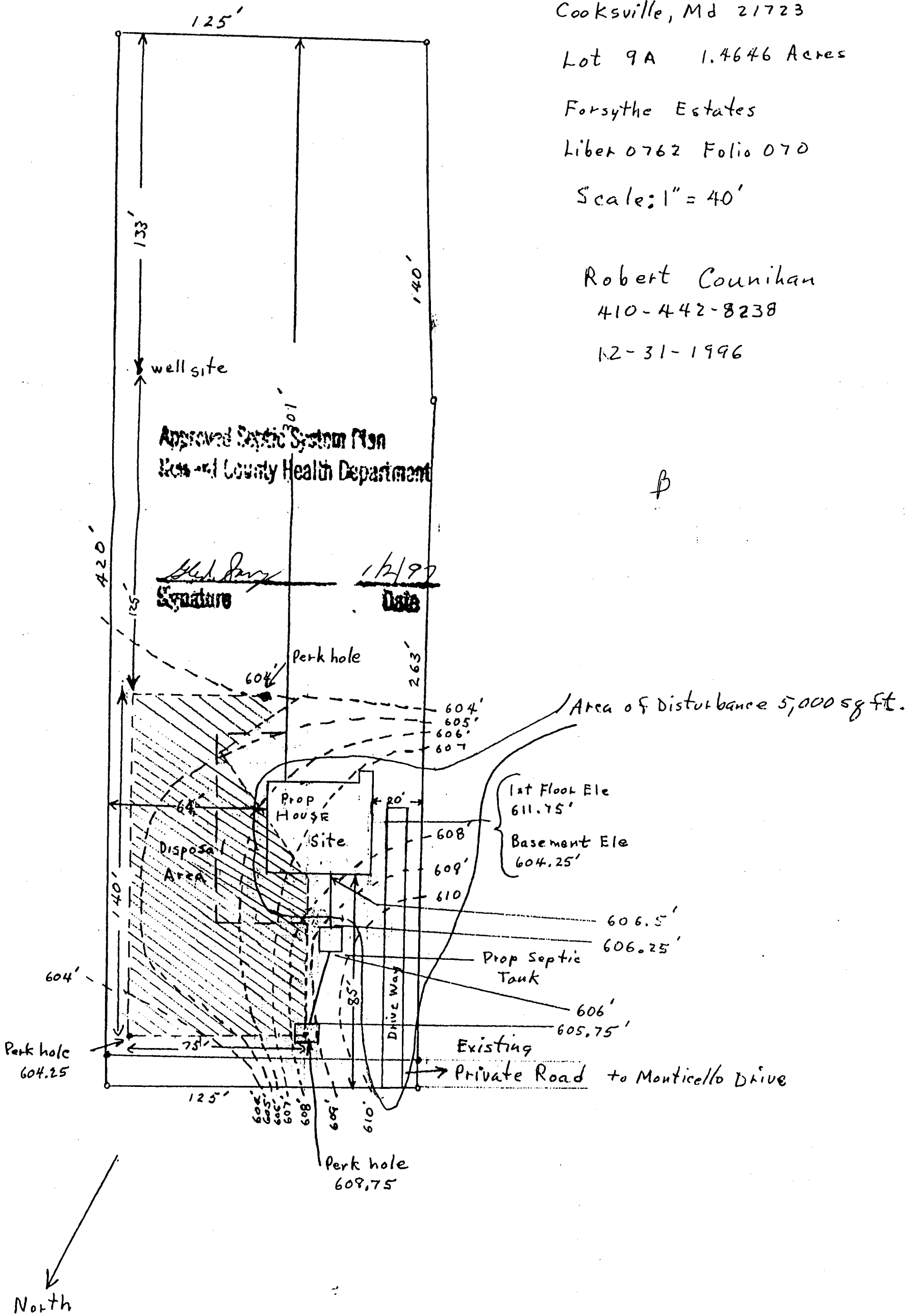
Liber 0762 Folio 070

Scale: 1" = 40'

Robert Counihan

410-442-8238

12-31-1996



Approved Septic System Plan  
 Kent and County Health Department

*Glen Perry*  
 Signature Date 12/97

β

Area of Disturbance 5,000 sq ft.

1st Floor Ele 611.75'  
 Basement Ele 604.25'

Prop Septic Tank

Existing Private Road to Monticello Drive

North