

11/16/00 ~ noon  
MEET Fogle's to  
verify installation via road

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

P 514243  
A 59914-X  
ISSUE DATE 9/12/2000  
APPROVAL DATE 11/16/00

INDEXED

04-563949

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE 410-795-3432  
SUBDIVISION Monticello LOT NUMBER 48 ADDRESS 1705 Oakdale Drive  
PROPERTY OWNER HARMON STULTZ PROPERTY OWNER'S ADDRESS 1370 Piccard Drive,  
D.R. Horton Custom Homes Suite 230  
SEPTIC TANK CAPACITY 1250 GALLONS Rockville, MD 20850  
PUMP CHAMBER CAPACITY N/A GALLONS  
NUMBER OF BEDROOMS 4  
SQUARE FEET PER BEDROOM 180  
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 2.0 feet of stone below distribution box.  
LOCATION: Place distribution box at the midpoint of the upper edge of the platted sewage area - approximately 70 feet from the right lot line and 110 feet from the rear lot line. Run trenches of equal length (57' - 60') along contour in both directions.

PLANS APPROVED Craig Williams DATE 8/23/00

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

~~OLD PERMIT~~  
~~AND RETURNED 8/17/01~~  
500131870. Irregular shaped deck w/steps

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

59914-X

NOT TO SCALE

**TRENCH DATA**

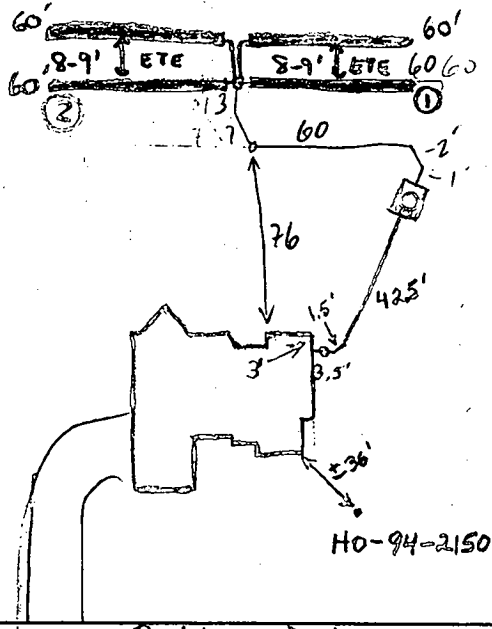
TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240  
 ABSORBENT AREA 720 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Yes  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER N/A  
 ALARM N/A  
 PUMP PERFORMANCE TEST N/A



Oakland Drive

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 9/13/00 House connection made. Hill tag strap broken. Tank O.K.

10/2/00 OK TO COVER TRENCH ①, STONE TRENCH ② (MR)

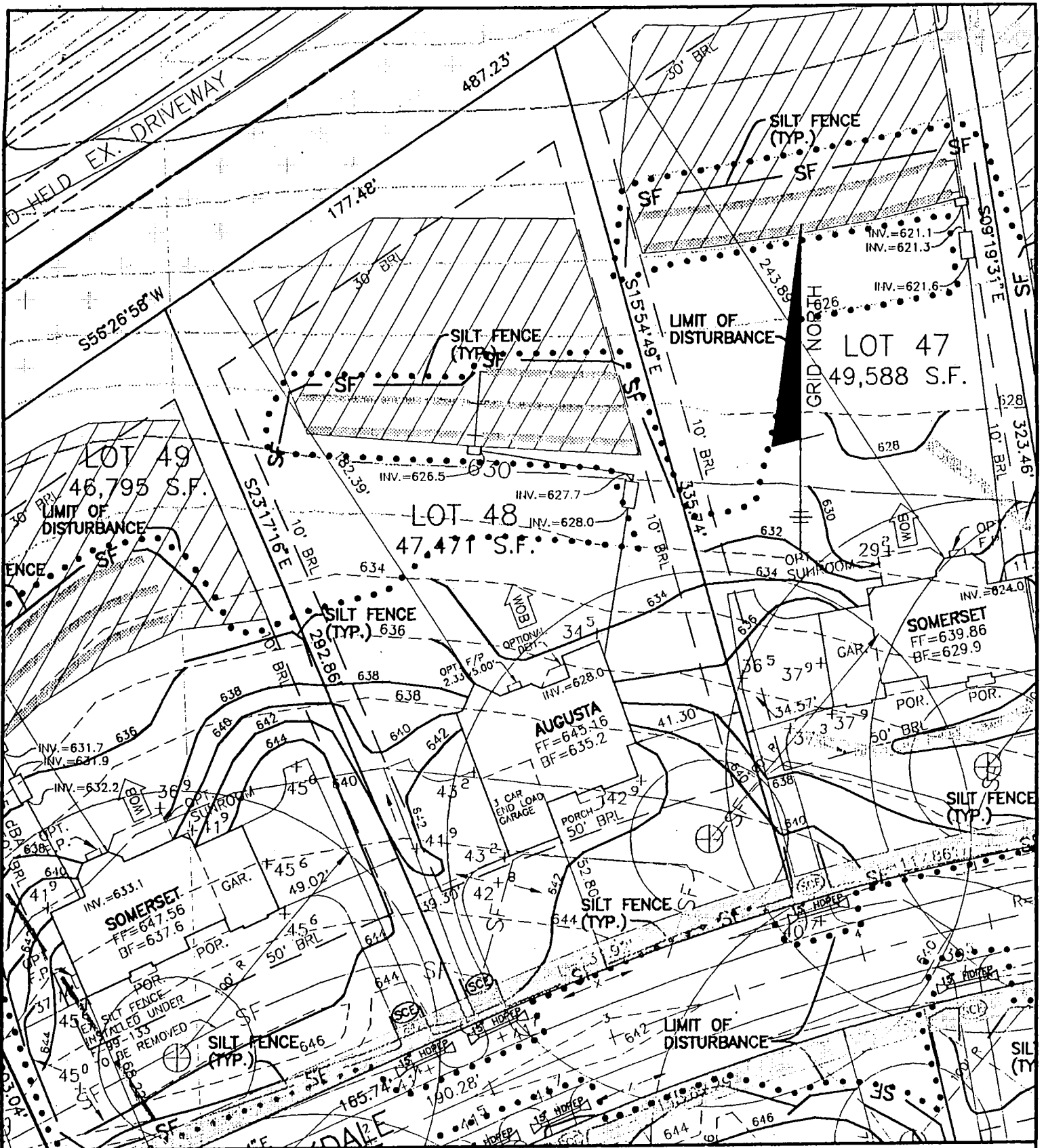
(BB)

11/16/00-MET INSTALLER AT SITE, REST OF SYSTEM VERIFIED TO HAVE BEEN INSTALLED BY RICKY FROM FOGLES, MARK RIFKIN

(INSPECTOR) FORGOT TO WRITE IN AND REINSPECT ON 10/3/00 (SRK)

INSPECTOR Mark Rifkin (SRK)

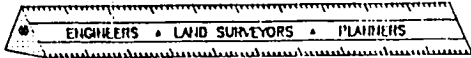
DATE SYSTEM APPROVED 11/16/00



FIRST FLOOR ELEVATION = 645.16  
 BASEMENT ELEVATION = 635.2  
 SPOT ELEVATION AT GARAGE = 643.2

SLOPE OF DRIVEWAY = 4%  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3

**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

**MONTICELLO  
 LOT 48 - REVISED**

FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 2/17/00

*Craig Willard*  
*8/23/00*

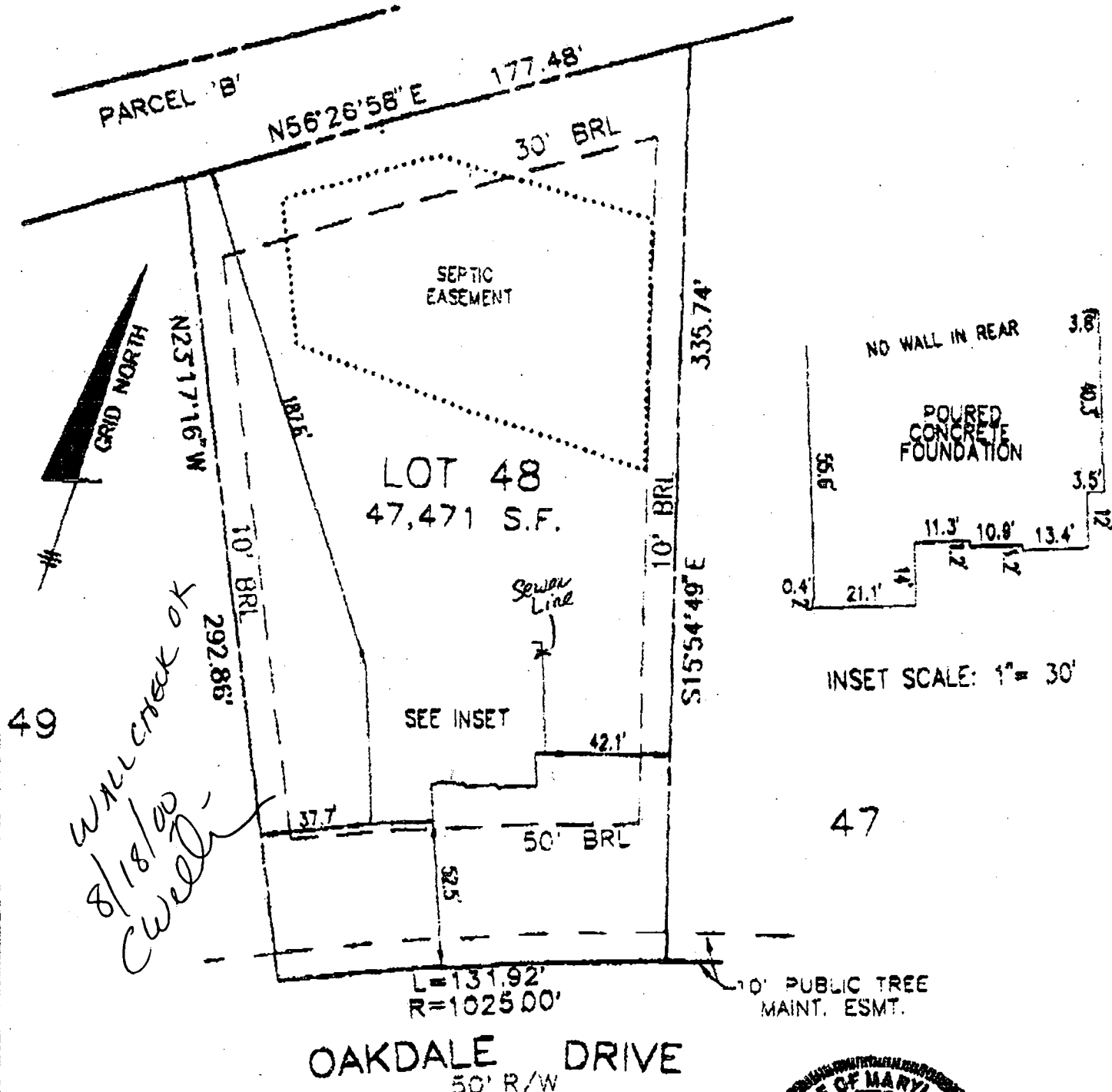
Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

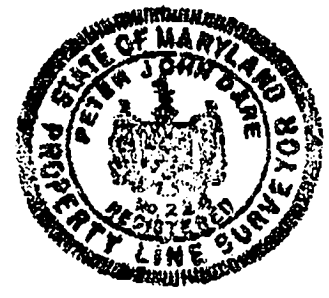
THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



TOP OF FOUNDATION WALL ELEVATION = 644.7

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY MARKERS HAVE BEEN SET.



ATTN: DAVE

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: Fogles Well Drilling Telephone #: 410-755-5670  
Address: 580 Obrecht Rd.  
Sykesville MD 21784

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

Name (Print): Allen Compton License# MSP 009

\*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: D.R. Horton Telephone #: 301-670-6144  
Subdivision: Monticello Lot #: 48 Well Tag #: HO-77-2150  
Site Address: Monticello Dr  
Timber Valley Drive

Submersible Pump Data

Make: Goulds  
Model #: 55805422  
Pump Capacity 5 GPM  
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell  
Model#: \_\_\_\_\_  
Depth: 46" (36" min)  
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 265 (feet)  
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: NONE

Piping to house

Type: Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 46' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly: YES Fernox

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.

Allen Compton  
Signature of company representative responsible for installation 11-6-00  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/31/00  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

ON Monday

4/21/98  
4/28  
5/19/98  
5/22

# APPLICATION

## PERCOLATION TESTING

A 59915

P \_\_\_\_\_

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

56 LOTS  
EXISTING HOUSE(S) - 26003-5607165  
TO BE PERMITTED  
4 DAYS FOR PERMITS  
W/ 26003 TESTING  
4 DAY FOR  
FOLLOW-UP TESTING  
will provide submit  
fees &  
improved plan/  
application (CW)

DISTRICT \_\_\_\_\_

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

4/21 - 4/24  
&  
5/19 - 5/22

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 Ballenger Not. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_ (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.

[Signature] Security Div.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

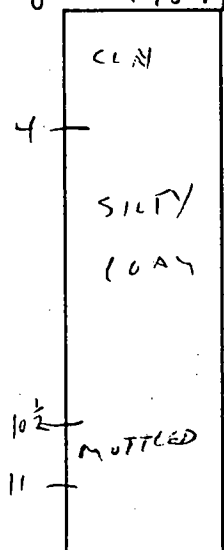
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

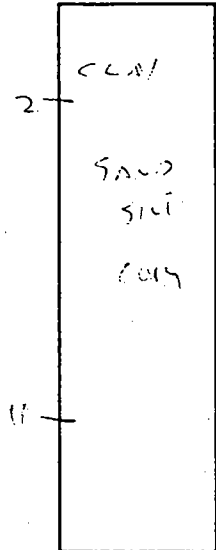
# THIS IS NOT A PERMIT

KNAPP SUBD,  
A 59915  
COUNTY #

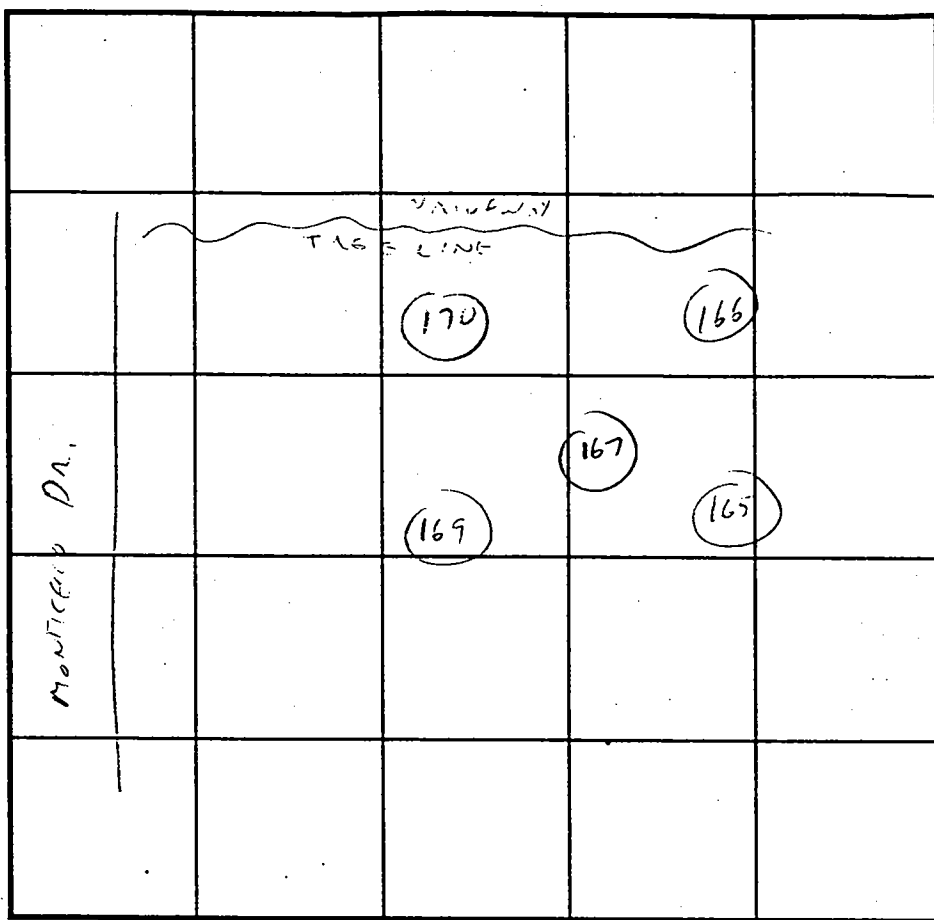
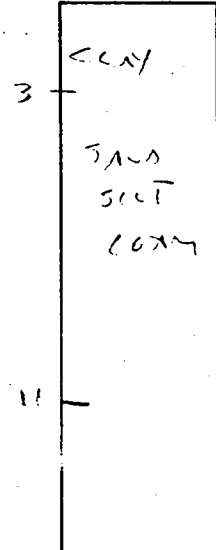
SOIL PROFILE  
170 + 166



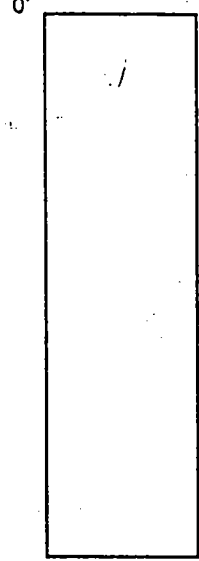
169



167 + 165



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/98	170	5	5:07	5:09	5:09	5:11	2 MIN
	169	3	5:11	5:12	5:12	5:14	2 MIN
	167	VIS	OK	3-11			
	166	4	5:18	5:21	5:21	5:25	4 MIN
	165	VIS	OK	3-11			

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY C. William ALSO PRESENT SPERRY  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

## PERCOLATION TESTING

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

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE. / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 BELLEMEAD NOT. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE OF APPLICANT) STEVE SHIPLE - TSA

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

4/21/98 - 4/28  
5/19/98 - 5/22

4/21 - 4/24  
5/19 - 5/22

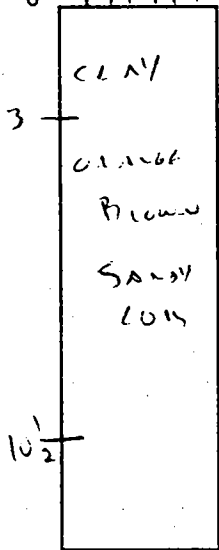
56 LOTS EXISTING HOUSE(S) - 226003-5207105  
TO BE RECONSTRUCTED  
4 DAYS FOR PERMITS  
W/OT SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
WILL PROBABLY SUBMIT IMPROVED PLAN/APPLICATION (LW)  
DATE 4/3/98  
DISTRICT \_\_\_\_\_  
A 59915  
P \_\_\_\_\_

KNAPP SUBD.

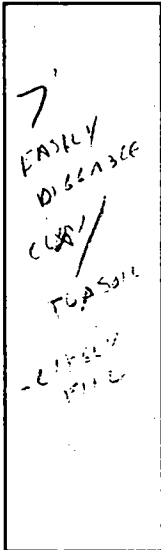
A59915

COUNTY #

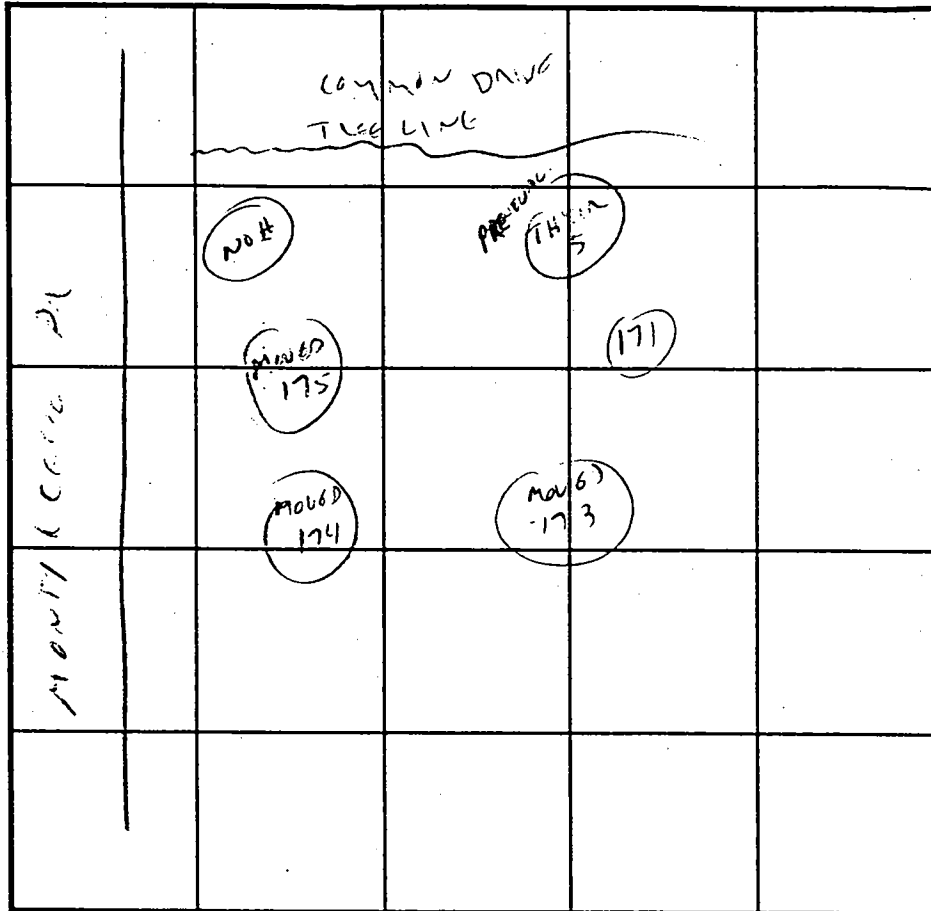
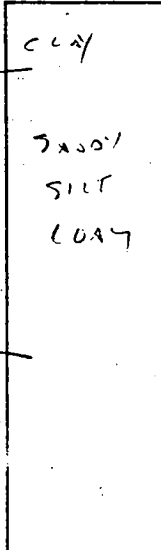
SOIL PROFILE 174+175



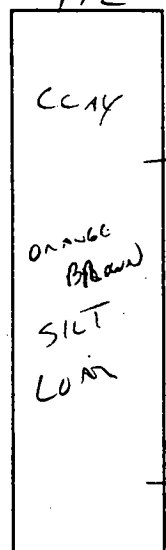
NOTE



173+171



SOIL PROFILE 172



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/23/98	174 <sup>MOVED</sup>	4	4:52	4:53	4:53	4:55	20M
	175 <sup>MOVED</sup>	3	4:55	5:00			
			VIS OK (A) 3 1/2 - 4'				
	173 <sup>MOVED</sup>	3 1/2	5:00	5:07	5:07	5:19	12 MIN
			VIS FINE BCL W 4'				
	171		VIS OK 3 - 10 1/2				
	172	5	5:05	5:11	5:11	5:27	16 MIN

REMARKS \_\_\_\_\_

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

TESTED BY CWILLIAMS ALSO PRESENT S PERAY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4/25/98  
5/19/98 = 5/20  
4/28

# APPLICATION

## PERCOLATION TESTING

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

56 LOTS  
EXISTING HOUSE(S) - W66-63-5207/63  
TO BE ELIMINATED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
DATE 4/3/98  
DISTRICT \_\_\_\_\_  
A 59914  
P \_\_\_\_\_  
will provide SUBMIT FEES & IMPROVE PLAN APPLICATION (CW)

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 Bellemore Not. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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[Signature] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

327

or/red  
cl lm  
↓

brown,  
pink  
mica  
silt  
loam  
very fine  
10% shale  
frags

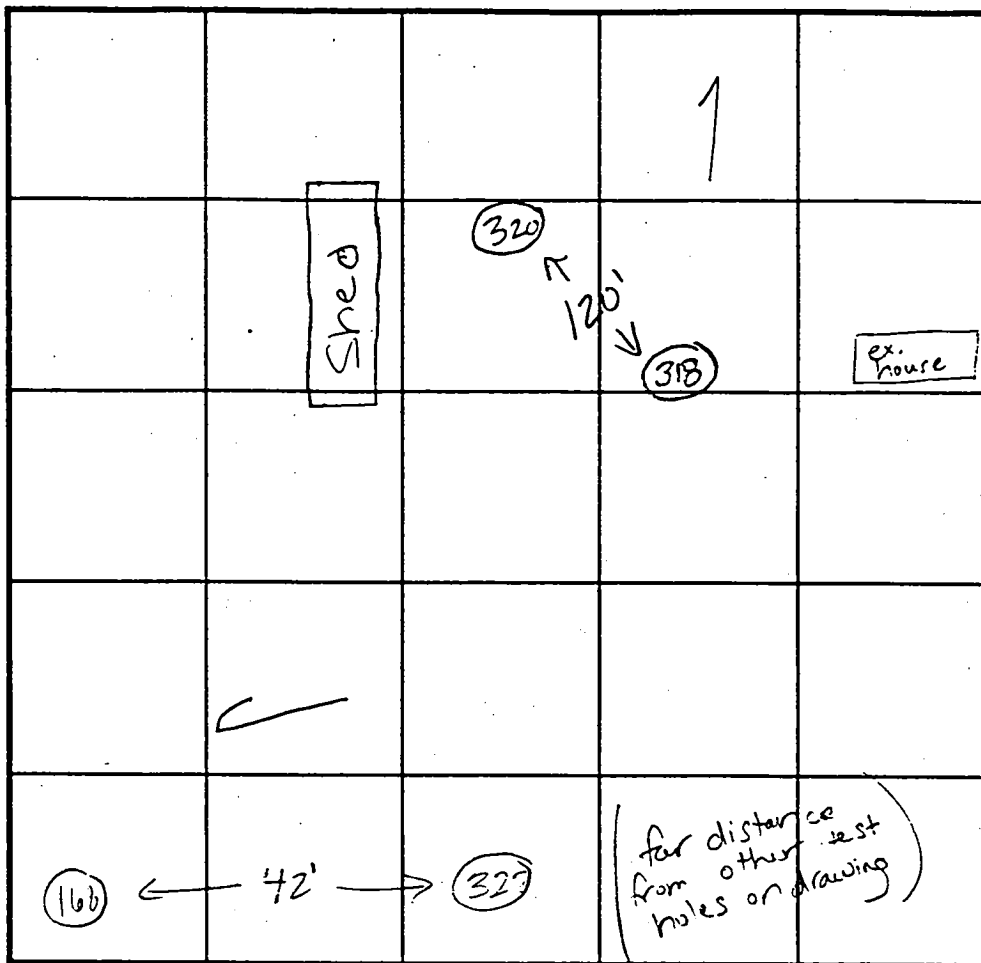
318

or/red  
cl lm

red/br  
Silty  
Clay  
loam  
15%  
shale  
frags  
↓

320

Same  
as  
hole  
#  
318



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

314

or/red  
cl lm

tan/or  
sandy  
clay  
loam  
↓

3.0

12.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5.19.98	327	12.0'D	visual	only - ok see	profile		
	318	3.5'S	10:35 <sub>30</sub>	10:36	10:36	10:37	1min
		12.5'D	visual	ok - see	profile		
		(repair)	10:37 <sub>20</sub>	10:38 <sub>30</sub>	10:38 <sub>30</sub>	10:40 <sub>30</sub>	2min
	320	3.5'S	10:43 <sub>30</sub>	10:44 <sub>50</sub>	10:44 <sub>50</sub>	10:46 <sub>20</sub>	1.30
		11.0'D	visual	ok - see	profile		

REMARKS test holes staked

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

TESTED BY Kim Maize ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM 180



DELTA	TANGENT	CHORD	
11°27'32"	82.77'	N35°07'07"W	164.72'
34°46'34"	320.98'	N84°06'01"E	612.63'
37°09'11"	342.80'	N30°03'54"E	649.88'
37°09'11"	329.36'	S30°03'54"W	624.40'
34°46'34"	305.32'	S84°06'01"W	582.74'

PARCEL 331  
RICHARD H. AND SUSAN OYSIER  
L. 1225 F. 0652

RICHARD L  
MICHAEL L

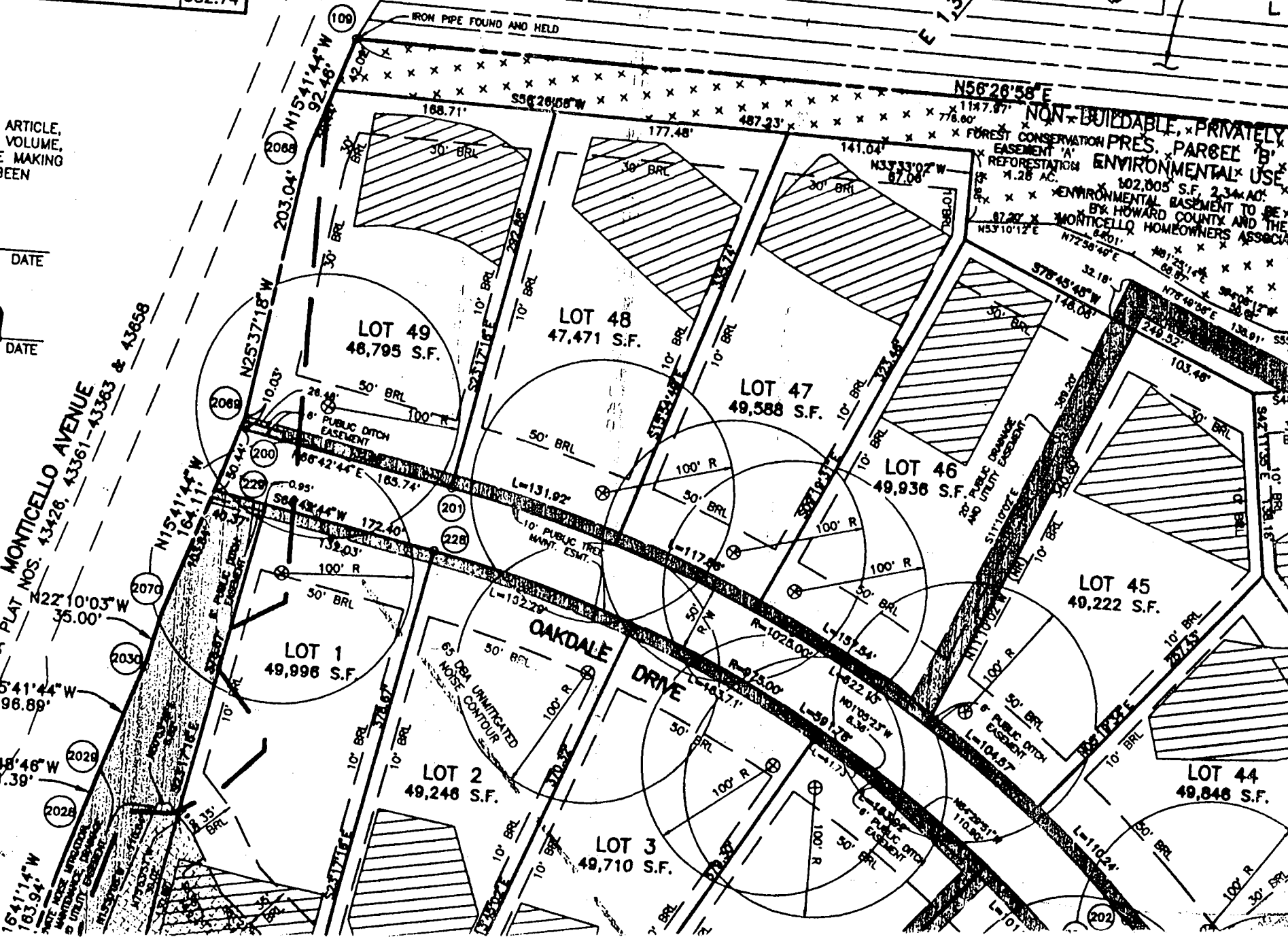
THE REAL PROPERTY ARTICLE,  
1988 REPLACEMENT VOLUME,  
THEY RELATE TO THE MAKING  
OF MARKERS HAVE BEEN

11/4/99 DATE  
OR #224  
11/9/99 DATE

E 1,309,000  
N 605,500

NON-BUILDABLE, PRIVATELY  
FOREST CONSERVATION PRES. PARCEL 'B'  
EASEMENT 'A' REFORESTATION ENVIRONMENTAL USE  
1.26 AC.  
102,005 S.F. 2.34 AC.  
ENVIRONMENTAL BASEMENT TO BE BY HOWARD COUNTY AND THE  
MONTICELLO HOMEOWNERS ASSOCIATION

SHA PLAT NOS. 43426, 43361-43363 & 43658  
MONTICELLO AVENUE



LOT 49  
48,795 S.F.

LOT 48  
47,471 S.F.

LOT 47  
49,588 S.F.

LOT 46  
49,936 S.F.

LOT 45  
40,222 S.F.

LOT 1  
49,998 S.F.

LOT 2  
49,246 S.F.

LOT 3  
49,710 S.F.

LOT 44  
49,846 S.F.

OAKDALE DRIVE

65 DBA UNITICATED  
NOSE CONTOUR

PUBLIC DITCH  
AND UTILITY EASEMENT

6" PUBLIC DITCH  
EASEMENT

IRON PIPE FOUND AND HELD

16°41'14"W  
163.94'

16°48'46"W  
31.39'

N15°41'44"W  
98.89'

N22°10'03"W  
35.00'

N25°37'18"W

N25°37'18"W

N15°41'44"W

N15°41'44"W

S56°26'55"W

177.48'

487.23'

141.04'

N33°33'02"W

87.08'

N58°26'58"E

1117.97'

776.60'

1117.97'

16°41'14"W  
163.94'

16°48'46"W  
31.39'

N15°41'44"W  
98.89'

N22°10'03"W  
35.00'

N25°37'18"W

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N15°41'44"W

N15°41'44"W

S56°26'55"W

177.48'

487.23'

141.04'

N33°33'02"W

87.08'

N58°26'58"E

1117.97'

776.60'

1117.97'

C 1 9853

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 205 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-44-2150

OWNER HIGHLAND DEVELOPMENT STREET OR RFD TIMAR VALLEY DR TOWN SUBDIVISION SECTION LOT 48

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Sand and Gravel.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, 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.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

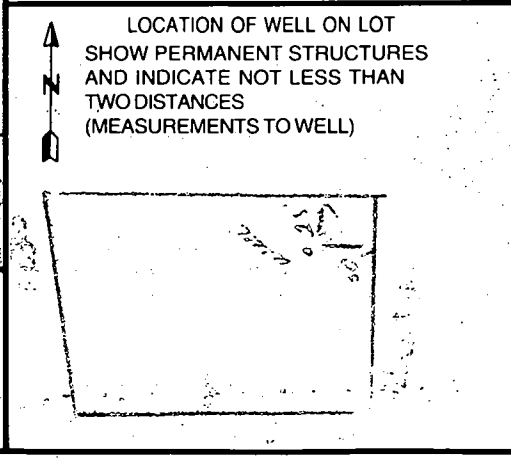
DEPTH (nearest ft.) table with columns for depth intervals and handwritten values.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, LOG INDICATOR, OTHER DATA.

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

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: WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M D 222 DRILLERS SIGNATURE LIC. NO. 1 MS D 222

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

B 1 **6721**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**HO-94-2150**

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD. YY 13  
**Highland Development**  
15 Last Name Owner First Name 34  
**P.O. Box 228**  
36 Street or RFD 55  
**Clarksville Md. 21029**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

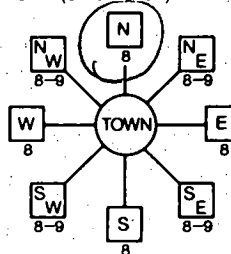
8 COUNTY **Howard** 21  
**Knapp Property**  
23 SUBDIVISION 42  
SECTION **48** LOT **48**  
44 46 48 50  
**Glenwood**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** M I  
73 76 77 78

DRILLER INFORMATION

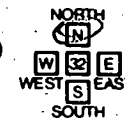
**Joseph L. Mayne** MS D 024  
76 License No. 81  
**Joseph L. Mayne Well Drilling**  
Firm Name  
**5512 Ridge Rd. Mt. Airy Md. 21771**  
Address  
**Joseph L. Mayne** **3/1/99**  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Street A**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **25** 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

B 2 WELL INFORMATION

1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** **13**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED **03/23/99** **Rehi** **03/22/00**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **544** 0 0 0 EAST GRID **0796** 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 **AIR-ROTary** AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTary DRIVE-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- 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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 63

PERMIT No. **HO-94-2150**  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

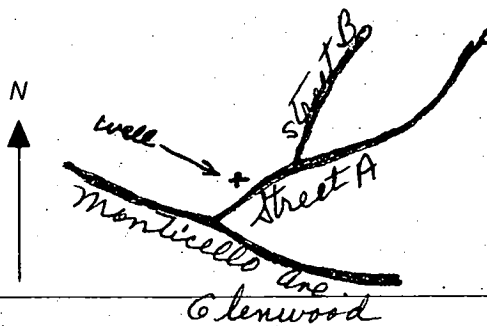
- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **796**  
N **544**

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



SPECIAL CONDITIONS

NOIF APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 9653

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 4 20 99

Depth of Well 22 205 26 (TO NEAREST FOOT)

10/30/00

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-94-2150

OWNER HIGHLAND Development STREET OR RFD TIMBER VALLEY Dr TOWN SUBDIVISION Knappa Beach SECTION LOT 48

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Sand and Gray Granite.

GROUTING RECORD form with fields for WELLS 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 (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, and screen material options.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A, E, P

DRILLERS LIC. NO. 1 MS DO 24

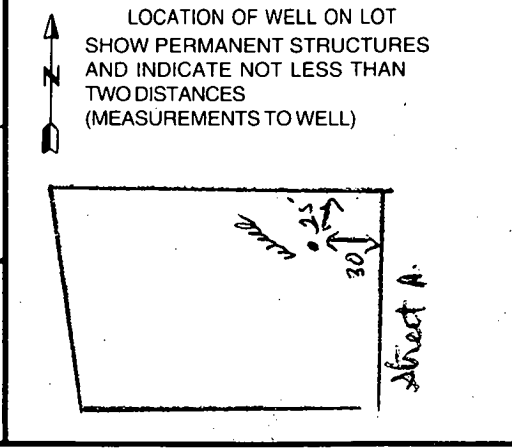
DRILLERS SIGNATURE (LARRY MAINE)

SITE SUPERVISOR (signature)

DEPTH (nearest ft.) table with columns for depth ranges and well status.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2486 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

300131870

Building Address 1705 Oakdale Drive  
Cooksville Md. 21723  
 Suite/Apt. #: \_\_\_\_\_ SDP/N/P/Petition #: \_\_\_\_\_  
 Census Tract 6090 Subdivision M. Anticello  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 48  
 Tax Map 8 Parcel 110 Grid 18  
 Zoning RC Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Harmon Stults  
 Address 1705 Oakdale Drive  
 City Cooksville State Md Zip Code 21723  
 Home Phone 410-489-0560 cell 443-745-5405  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family  
 Proposed Use Deck  
 Estimated Construction Cost \$ 9000  
 Description of Work Irregular shape  
36' x 16' Deck with steps  
on rear of home

Contractor Company Blake Contractors  
 Contact Person Paul Blake  
 Address 4401 Walther Ave  
 City Baltimore State Md Zip Code 21214  
 License No. 18140  
 Phone 410-254-8447 Fax 509C

Occupant or Tenant \_\_\_\_\_  
 Contact Name Same  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth  Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: PILE/POST  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

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 THEREIN; (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.

Applicant's Signature Larry Tupis  
 Title/Company Sales

Print Name Larry Tupis  
 Date 8/7/01

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  
 Health  
 Fire Protection  
 Is Sediment Control approval required prior to issuance?  
 YES  NO

PROPERTY ID# 44928  
 Filing fee \$ 50  
 Permit fee \$ 200  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 200  
 Validation # \_\_\_\_\_  
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by CWC

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

