

10/3/00
WPT-a.m.
10/1/00

INDEXED

PERMIT

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

P 514243

59915-C A 59915-C

ISSUE DATE 9/12/2000

APPROVAL DATE 11/16/00

04-363434

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 1 ADDRESS 1702 Oakdale Drive
PROPERTY OWNER D.R. Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Drive, Suite 230, Rockville, MD 20850
SEPTIC TANK CAPACITY 1250 GALLONS
PUMP CHAMBER CAPACITY N/A GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 60-180
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 265 feet up the left lot line and 70 feet off that same lot line as seen when facing the lot from Oakdale Drive. Run trenches (9 @ 60') on contour in both directions towards the 378.67' lot line.

Revised 10/6/00 ALM/SRK & 10/2/00 MR (SRK)

Septic Tanks set as highlighted on BP site plan dated 10/6/00 (SRK)

PLANS APPROVED Craig Williams DATE 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

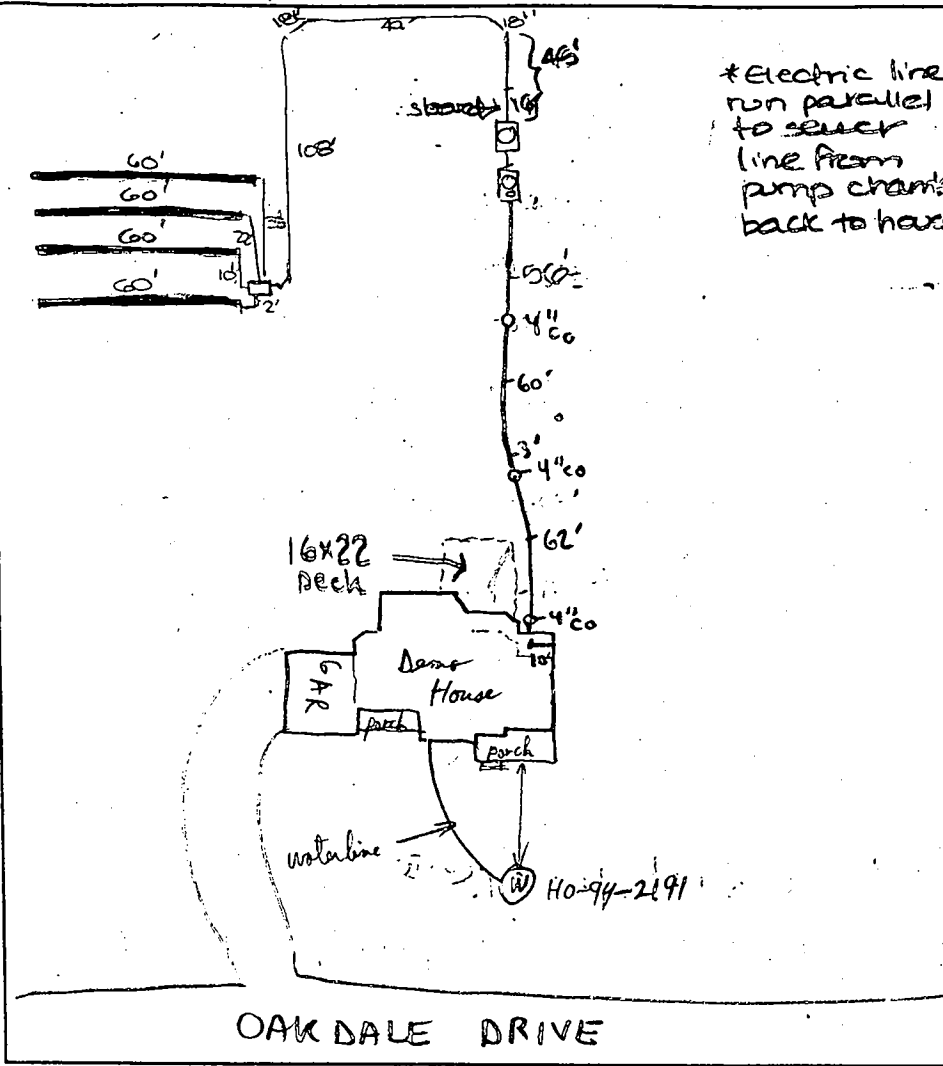
OLD PERMIT ~~5/16/01~~
AND RETURNED 5/16/01
300130224 - entrance feature monument w/ community sign 4'-7" High 19" long

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

59915-C

NOT TO SCALE



* Electric line run parallel to sewer line from pump chamber back to house

TRENCH DATA

TRENCH WIDTH	3
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	5
DEPTH OF STONE	2
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	240
ABSORBENT AREA	720
DISTRIBUTION BOX LEVEL	✓
BAFFLE IN DISTRIBUTION BOX	✓
MONITORING PIPE ON DBOX	✓

SEPTIC TANK DATA

SEPTIC TANK	1250	GALLONS
MANHOLE RISER	✓	
6 INCH INSPECTION PORT	✓	

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS	1250
MANHOLE RISER	✓
ALARM	OPERATIONAL
PUMP PERFORMANCE TEST	✓

MONTICELLO DRIVE

PRE-CONSTRUCTION INSPECTION: *site has Mini hills + depressions and part of SDA has big oak tree's largest inspection is critical. P/P 10/3/00*

10/2/00 UNPLANNED PRE-INSTALL. INSP: OK TO RUN 4" 60' TRENCHES TO LEFT (MR)

INSPECTION COMMENTS: 10/4/00 Plumbing comes out below footer - puts septic tank 5-6' below grade - don't want to re-do indoor plumbing (basement is finished) OK to install pump just w/ traffic bearing tanks 5-6' below grade

10/6/00 - PUMP SYSTEM PROPOSED ^{NEW TANK LOCATION APPROVED} (ALM) SRK 10/6/00 - OK TO CONTINUE WORK & COVER

FROM HOUSE TO TANK (SRK) 10/11/00 A.M. - P.M. OK TO CONTINUE WORK. DC

10/12/00 OK TO COVER ALL SEPTIC WORK - Need pump test for final. DC

WPI - OK to cover P/P 10/3/00 (pits adapt. OK @ 3ft) (2 pie. cap + PVC (cut) @ extends 26" below grade) 10/3/00 P/P

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 11/16/00

** To provide additional strength/protection for tanks, a top half of a 1500 gal center scum tank was placed on each 1250 gal tank w/ manhole access. (DK)

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: Eagle's Well Drilling Telephone #: 410-795-5670
Address: 580 Obercht 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# MSD009

*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: DR Horton Telephone #: 410-489-9258
Subdivision: Monticello Lot #: 1 Well Tag #: HO-94-2191
Site Address: 1702 Oakdale Drive

Submersible Pump Data

Make: Goulds 1/2 HP
Model #: 75B25422
Pump Capacity: 7 GPM
Well Yield: 1 1/2 GPM

Pitless Adapter

Make: Campbell
Model #: _____
Depth: 4' (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: 15 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house

Type: 1" Black Plastic 160
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 7
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

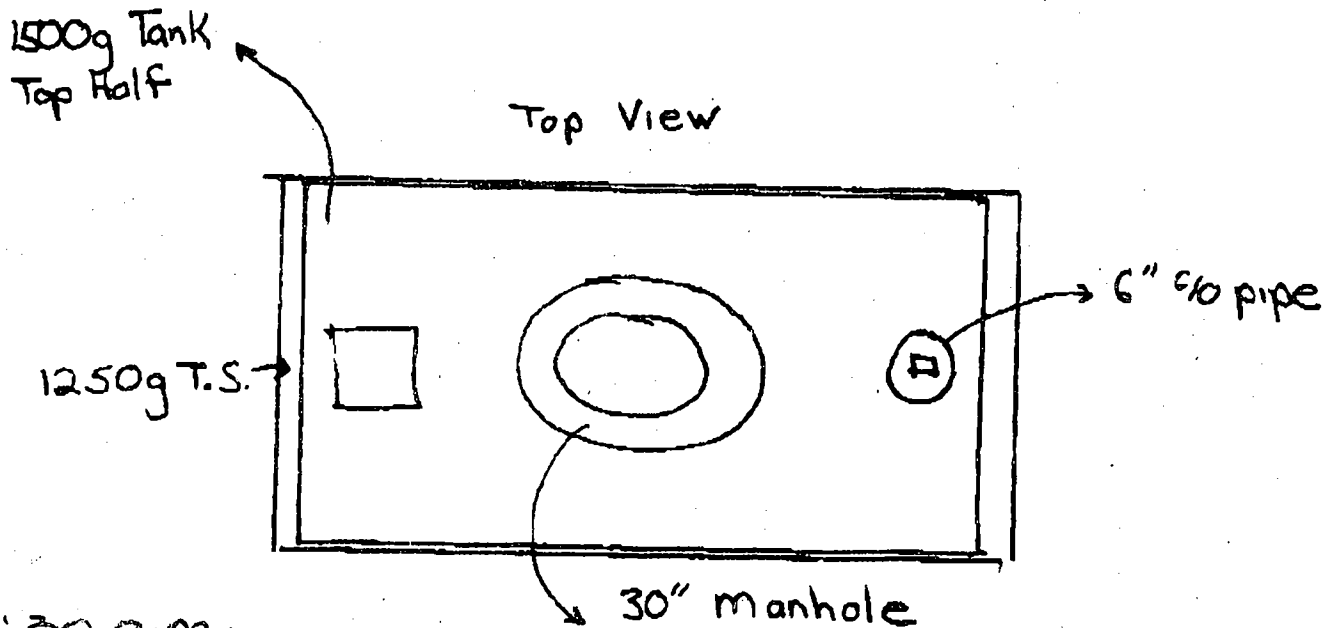
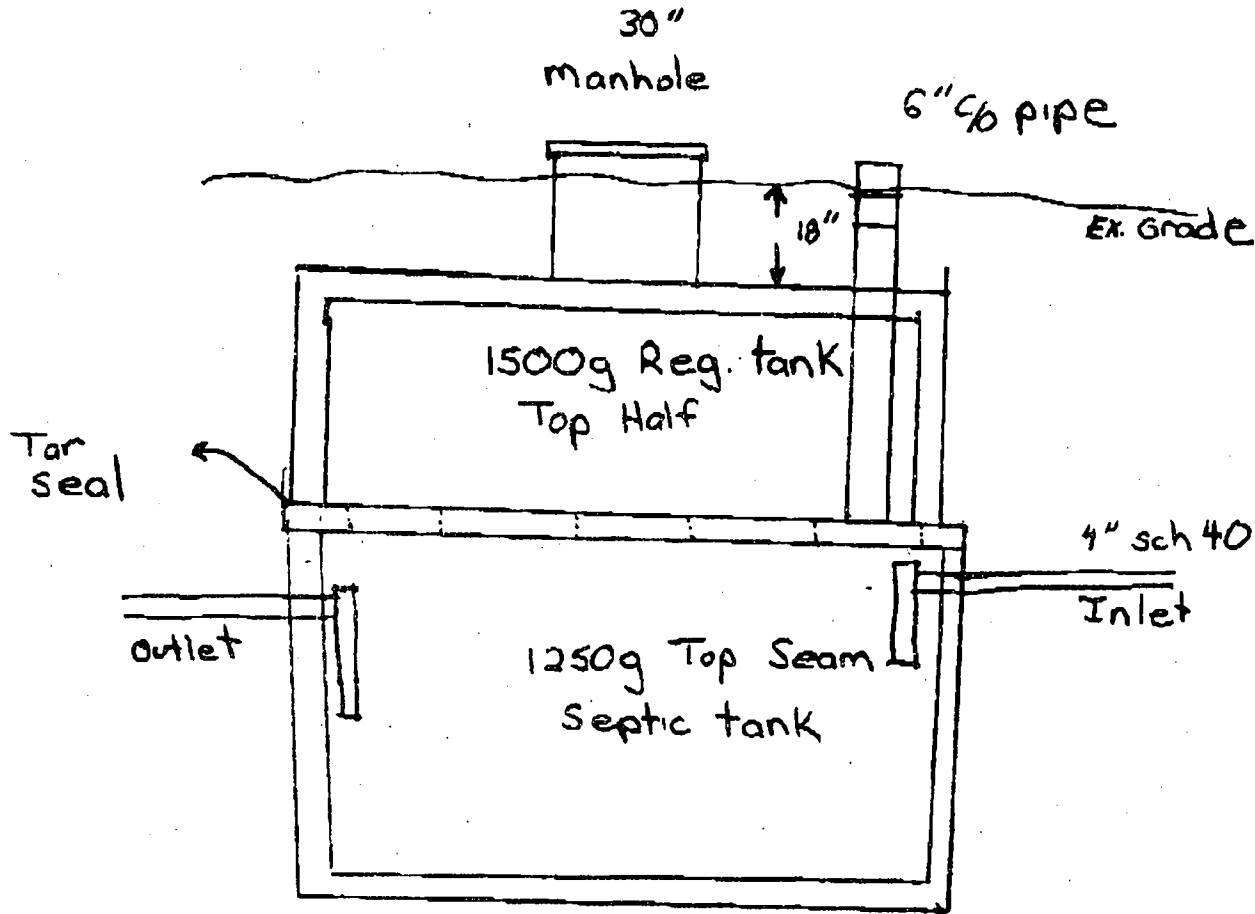
Signature of company representative responsible for installation: Allen Compton date: 9/29/00

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

Date Insp. Requested: _____ Date Insp. Approved: 10/3/00
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

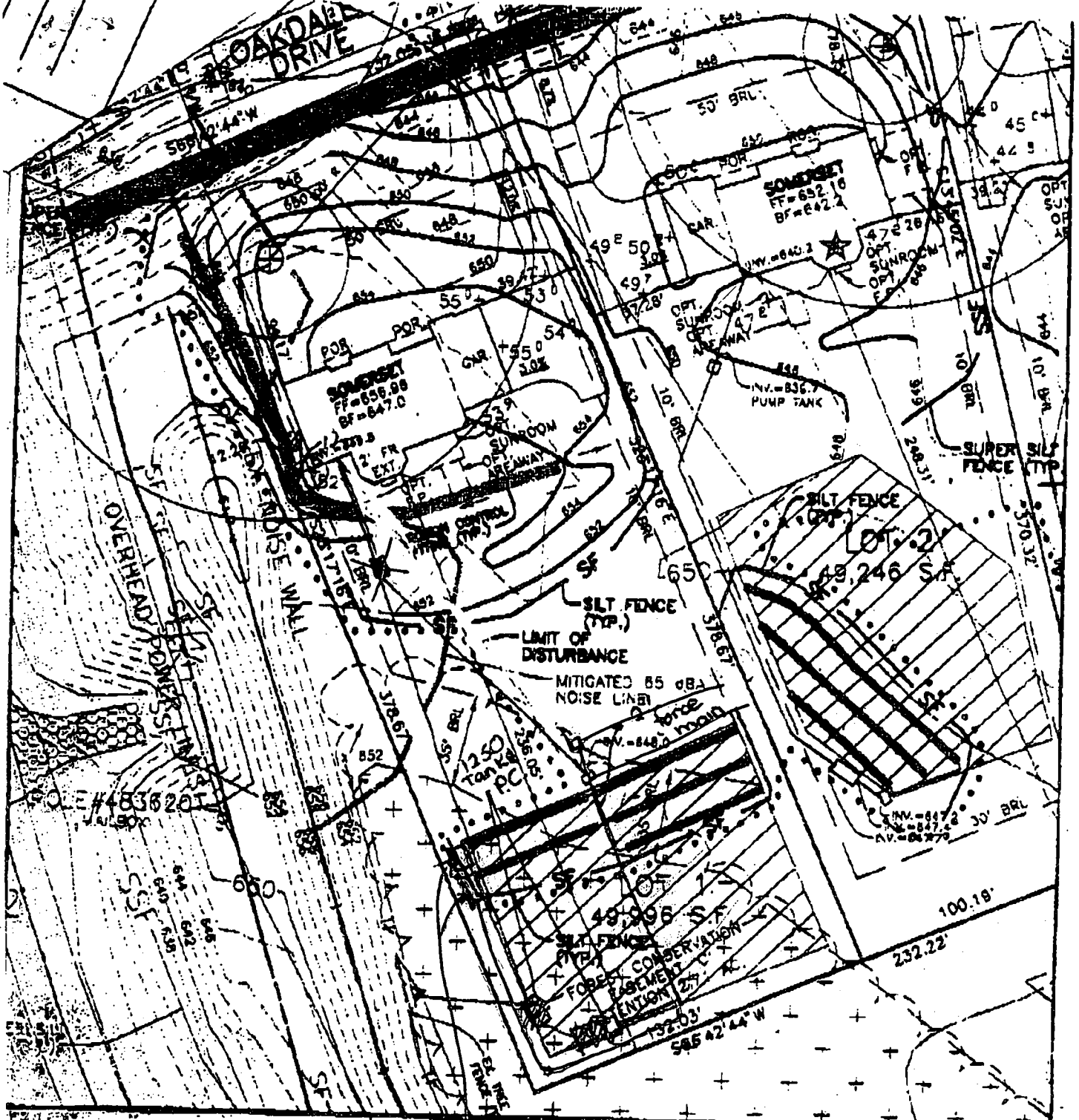
OK
RJP
BB

TO: FILE
MONTICELLO - LOT. 1
1702 OAKDALE DRIVE
RE: SEPTIC SYSTEM INSTALLATION



10/11/00 8:30 a.m.

The above arrangement was agreed to by Kurt Cassell, as agent for builder, and Health Dept. (A. McMillen, K. Clark) as solution to mistake w/ bsmt plumbing. This is not to be considered a precedence, nor to be used ever in the future as a solution to allow bsmt sewer by gravity.



FIRST FLOOR ELEVATION = 656.96
 BASEMENT ELEVATION = 647.0
 SPOT ELEVATION AT GARAGE = 655.0

BENCHMARK

ENGINEERING, INC.

2400 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-485-8005 FAX: 410-485-5844

10/6/00
 To maintain 3-4' of cover place tanks here.
 Run 4-60' trenches towards 378.67 lotline and short DBOX to

SLOPE OF DRIVEWAY = 3% & 12%
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK = 3

MONTICELLO LOT 1

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 1/17/00

○ Revised DBox location closer to house than shown **(OWSRU)**

Approved Septic System Plan
 Howard County Health Department

10/6/00
(SPU)

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

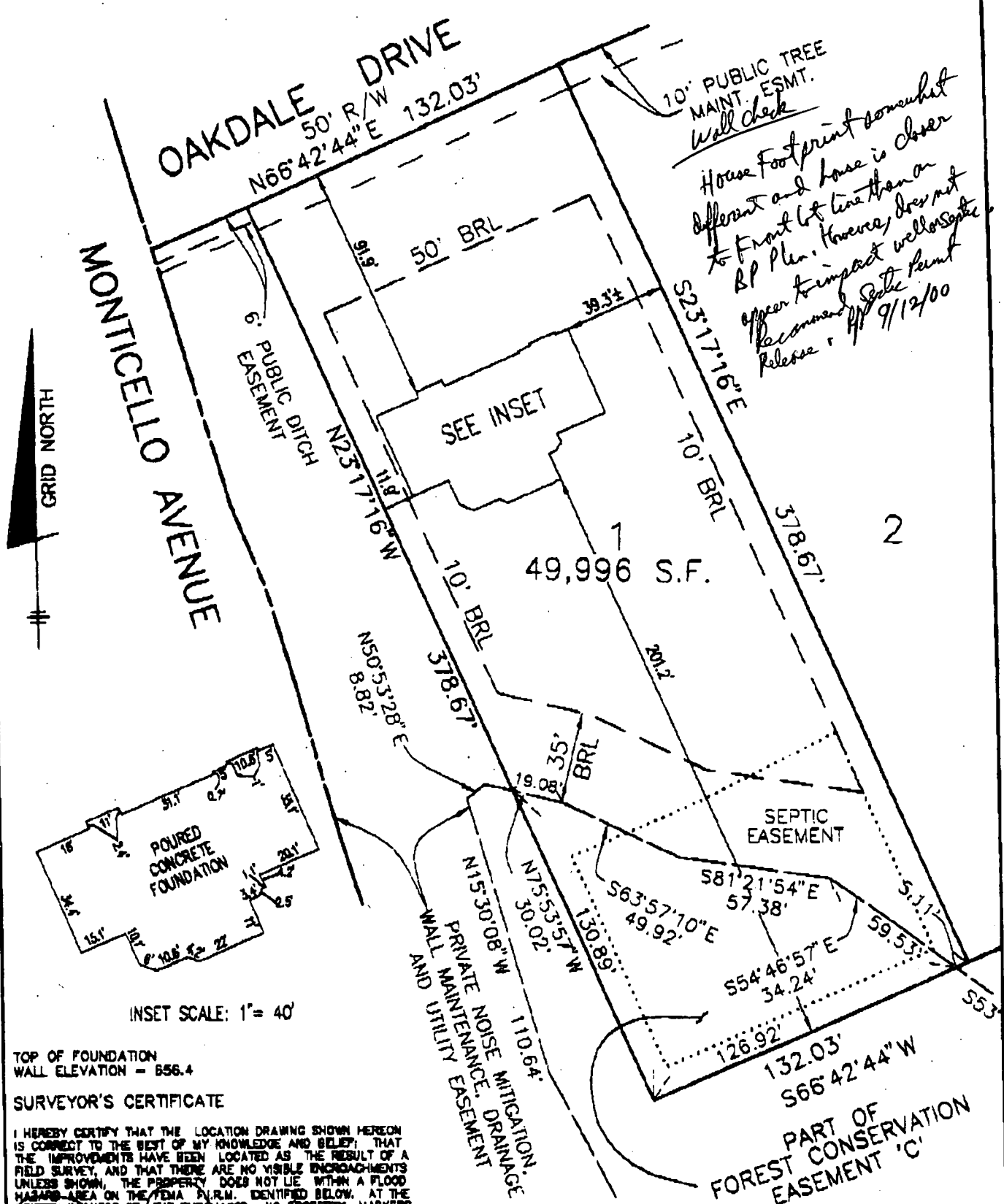
Depth of stone required in
distribution pipe 2.0 feet

Greg Williams ? 2000
Signature Date

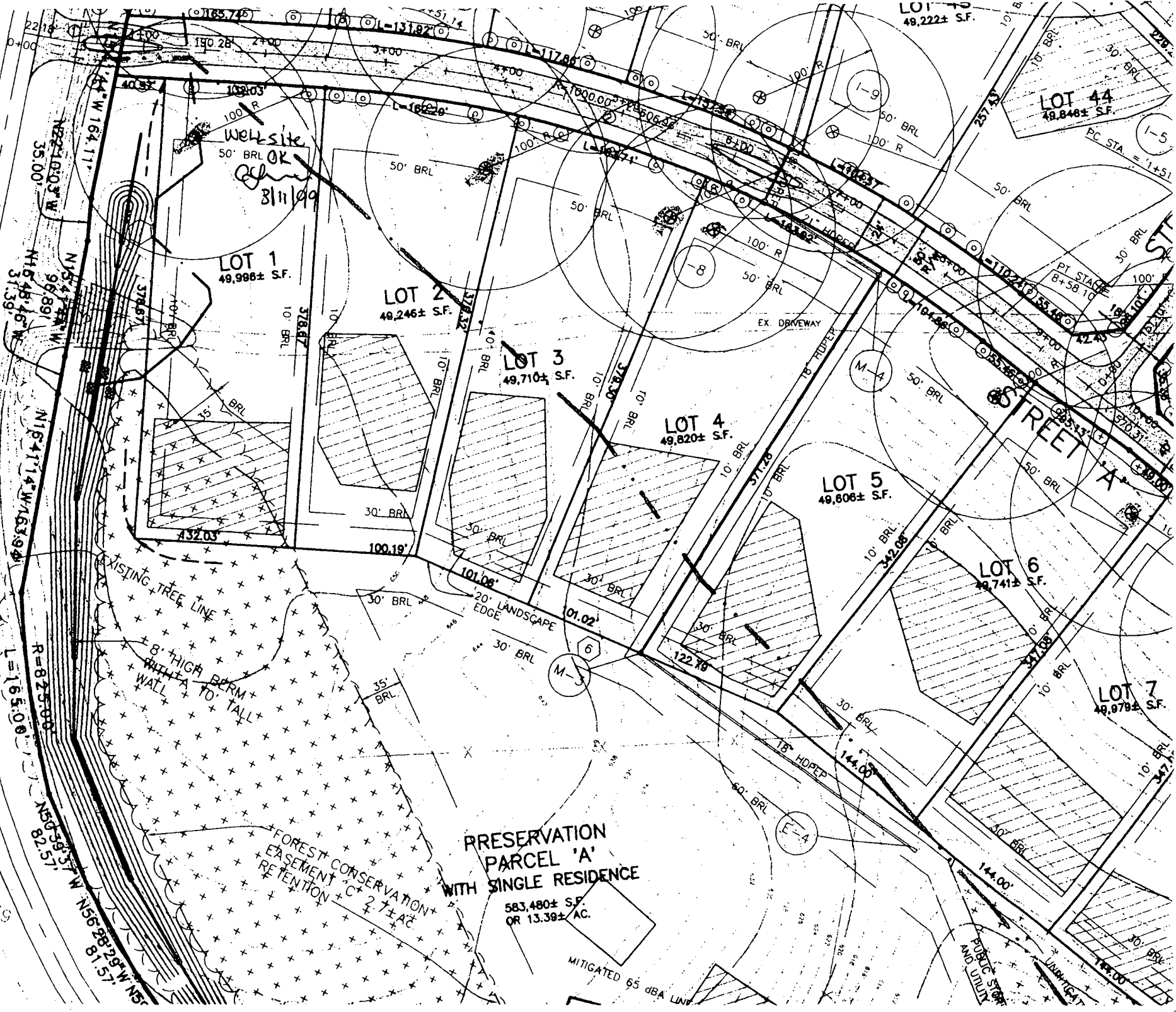
Revised 10/6/00 (ALM) SRU

NOT TO SCALE

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.



GRID NORTH



Well site
8/11/99

LOT 1
49,988± S.F.

LOT 2
48,246± S.F.

LOT 3
49,710± S.F.

LOT 4
49,820± S.F.

LOT 5
49,808± S.F.

LOT 6
49,741± S.F.

LOT 7
49,978± S.F.

PRESERVATION
PARCEL 'A'
WITH SINGLE RESIDENCE
583,480± S.F.
OR 13.39± AC.

STREET 'A'

EXISTING TREE LINE
8' HIGH BERM
WITH A 10' TALL
WALL

FOREST CONSERVATION
EASEMENT
RETENTION

MITIGATED 65 dBA LINE

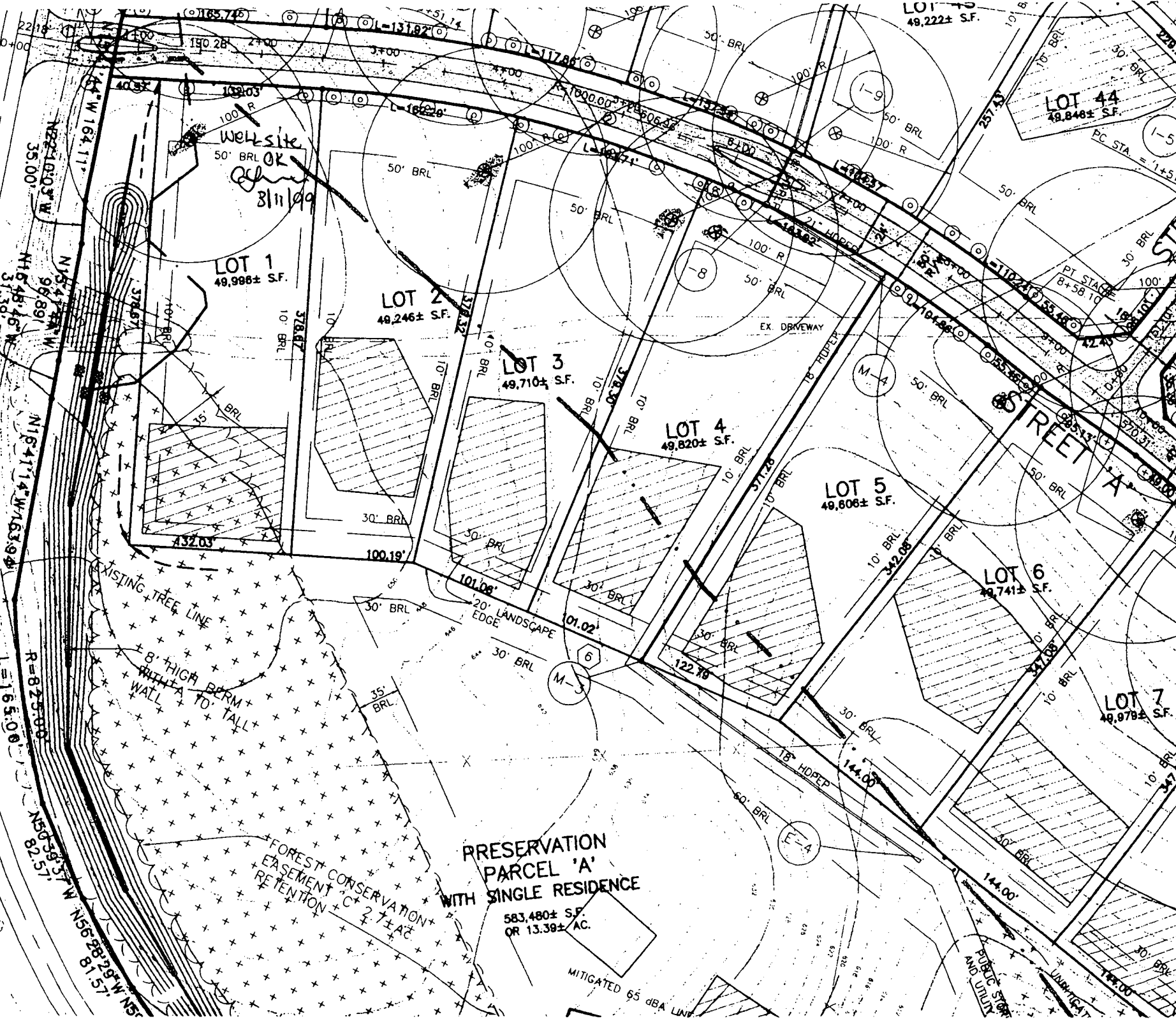
PUBLIC STREET
AND UTILITY
EASEMENT

04.400

637

642

639



APPLICATION

PERCOLATION TESTING

A 54944
P _____

56 LOTS EXISTING HOUSES - WELLS - 56071 CS
TO 1ST PERMITS
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
DATE 4/3/98
WILL PROBABLY SUBMIT FEES & IMPROVED PLAN/ APPLICATION (CW)

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

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 BALLEW NEAR 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 _____
Steve Shiple - TSA SECURITY DIV.
(SIGNATURE OF APPLICANT)

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

Monticello Drive

COUNTY #

SOIL PROFILE
306

0'
3.0'
11.0'

or/red
cl lm

pink
brown
mica
Sandy
clay
loam

↓

305

3.0'
2.0'

or/red
cl lm

orange
pink
Silty
clay
loam
powdery

↓

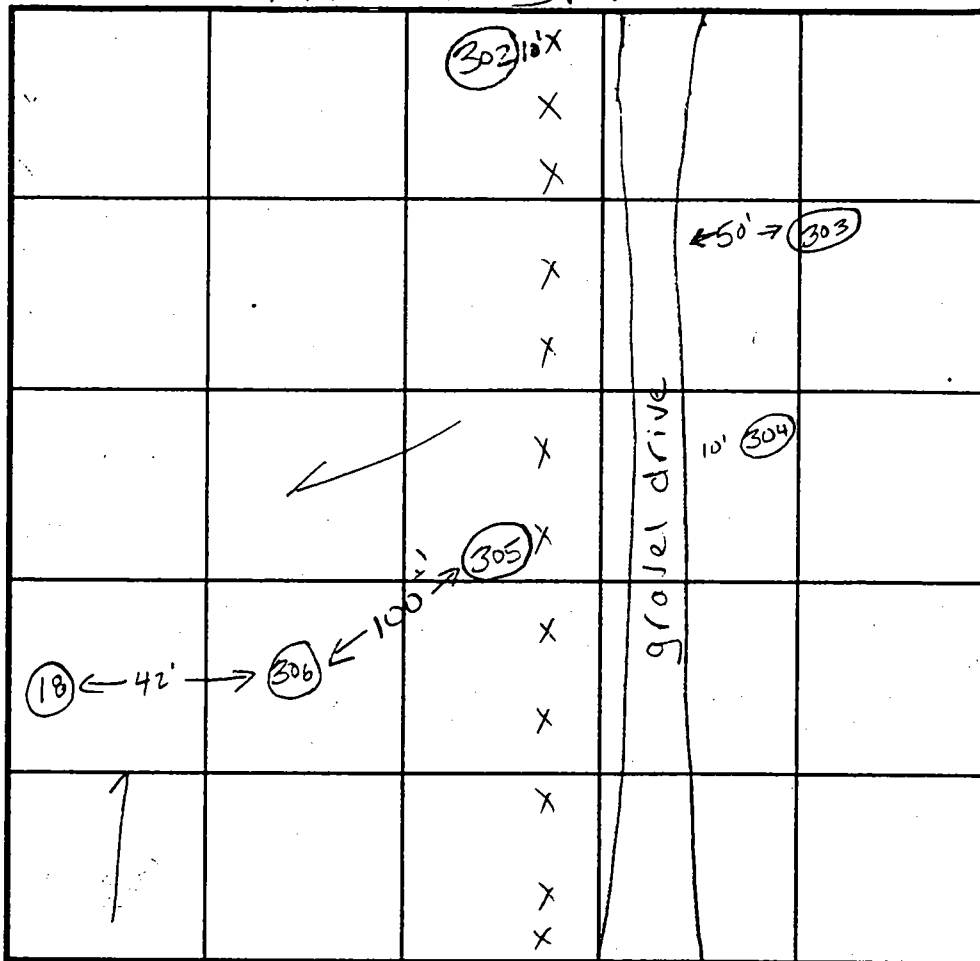
304

35'
12.0'

orange
clay
loam

pink
yellow
Silty
clay
loam

↓



SOIL PROFILE
~~305~~ 302

0'
3.0'
12.0'

or/red
cl lm

tan
orange
Silty
clay
lm

↓

303

3.0'
11.5'

orange
clay lm

pink, tan,
yellow
Silt lm
20% rx
frags

↓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5.19.98	306	4.0'S	10:02	10:03 ³⁰	10:03 ³⁰	10:05 ³⁰	2min	
		11.0'D	visual	ok - see profile				
	305	12.0'D	visual	only - see profile				
	304	4.0'S	10:14 ¹⁵	10:18	10:18	10:24 ³⁰	6:30	
		12.0'D	visual	ok - see profile				
	303	11.5'D	visual	only - ok see profile				
	302	3.5'S	10:52	10:52 ³⁰	10:52 ³⁰	10:53	30 sec	
		12.0'D	visual	ok - see profile				
			(hole re-poured 3 times)					

REMARKS test holes staked

TYPE OF SOIL Clm Maiste

TESTED BY Jim Maiste ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 1/2 minutes TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

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

APPLICATION

PERCOLATION TESTING

A 59915

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) - W6-03-5207
TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
WILL PROMPTLY SUBMIT APPLICATION

DATE 4/3/98

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 410-465-4212

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 BALLEWINE NOT PIKE PHONE 410-465-4014

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 UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCE ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____ (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR STEVE SHIPLE - TS DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

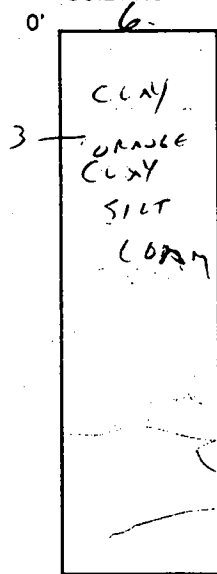
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

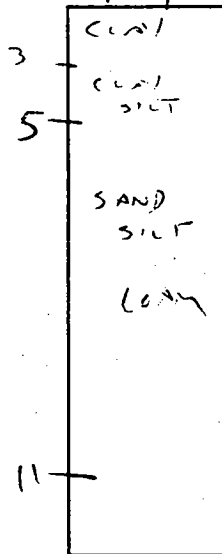
THIS IS NOT A PERMIT

KNAPP SUBD.
A59914/5
COUNTY#

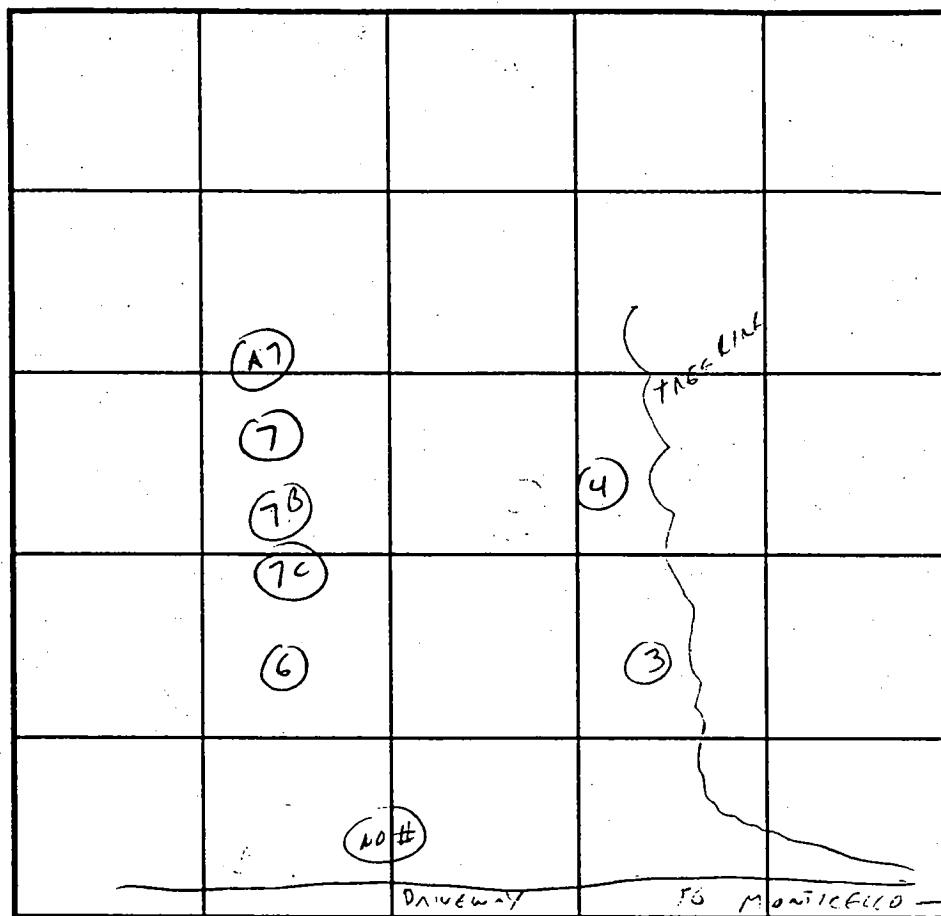
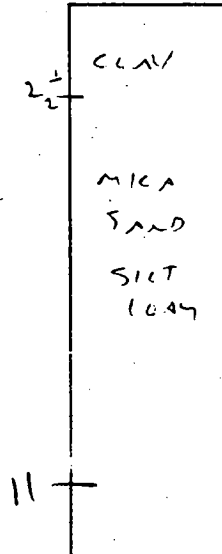
SOIL PROFILE



A7

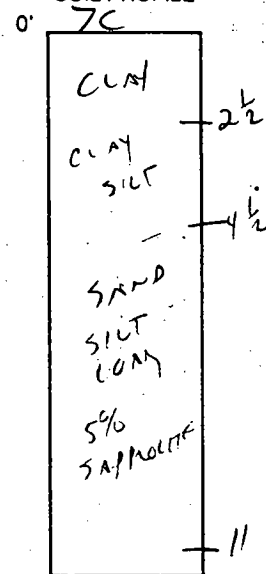


NO #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/98	6	5	4:11	4:16	4:16	4:23	7MIN
	A7i	VIS OK	4-11'				
	7	NOT SEEN	- ABANDONED BY CONTRACTOR				- ROCK
	7B	NOT SEEN	- ABANDONED				
	7C	VIS OK	4-11'				
	(303)	NO #	VIS OK	3-11'			
	1						

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Willson ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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) - W6603-5607/CS
TO BE RECONSTRUCTED
4 DAYS FOR PERCOLATION
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
will provide submit
FEES &
IMPROVED PLAN/
APPLICATION (CW)

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 Ballman 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 _____

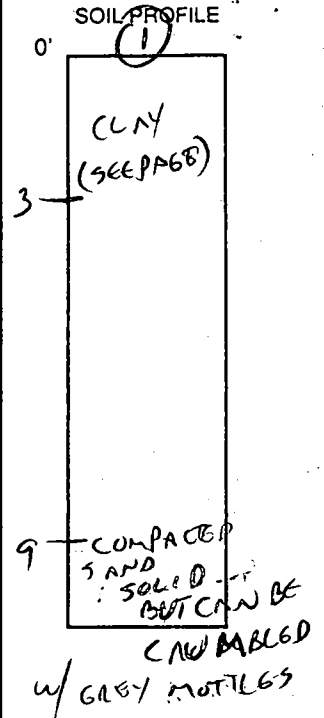
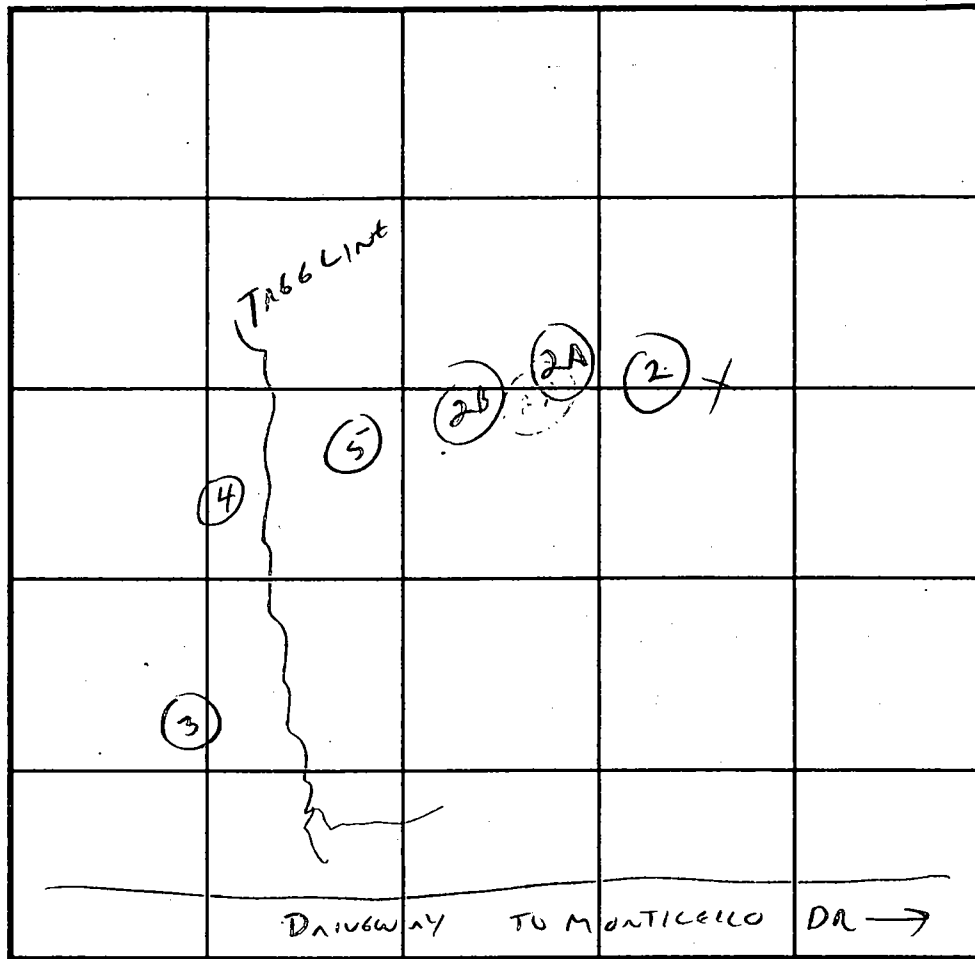
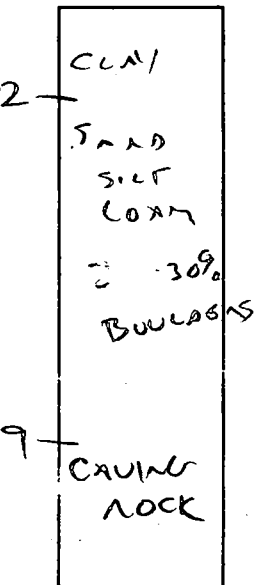
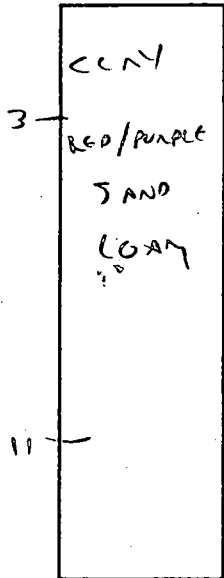
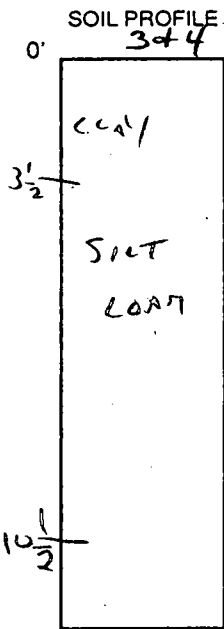
REASONS FOR REJECTION OR HOLDING _____

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

KNAPP SUBD,
 AS9914/5
 COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/27/98	3	4	4:25	4:28	4:28	4:32	4 MIN	
	4	4	4:27	4:28	4:28	4:30	2 MIN	
	5	4	4:31	4:32	4:32	4:34	2 MIN	
	2	NOT SEEN	- ABANDONED BY CONTRACTOR - ROCK					
	2A	NOT SEEN	- ABANDONED BY CONTRACTOR - ROCK					
	2B	2 1/2	4:34	PENCING SLOWLY -		TEST DISCONTINUED FOR ROCK		
	1	4	4:37	4:39	4:39	4:41	2 MIN	

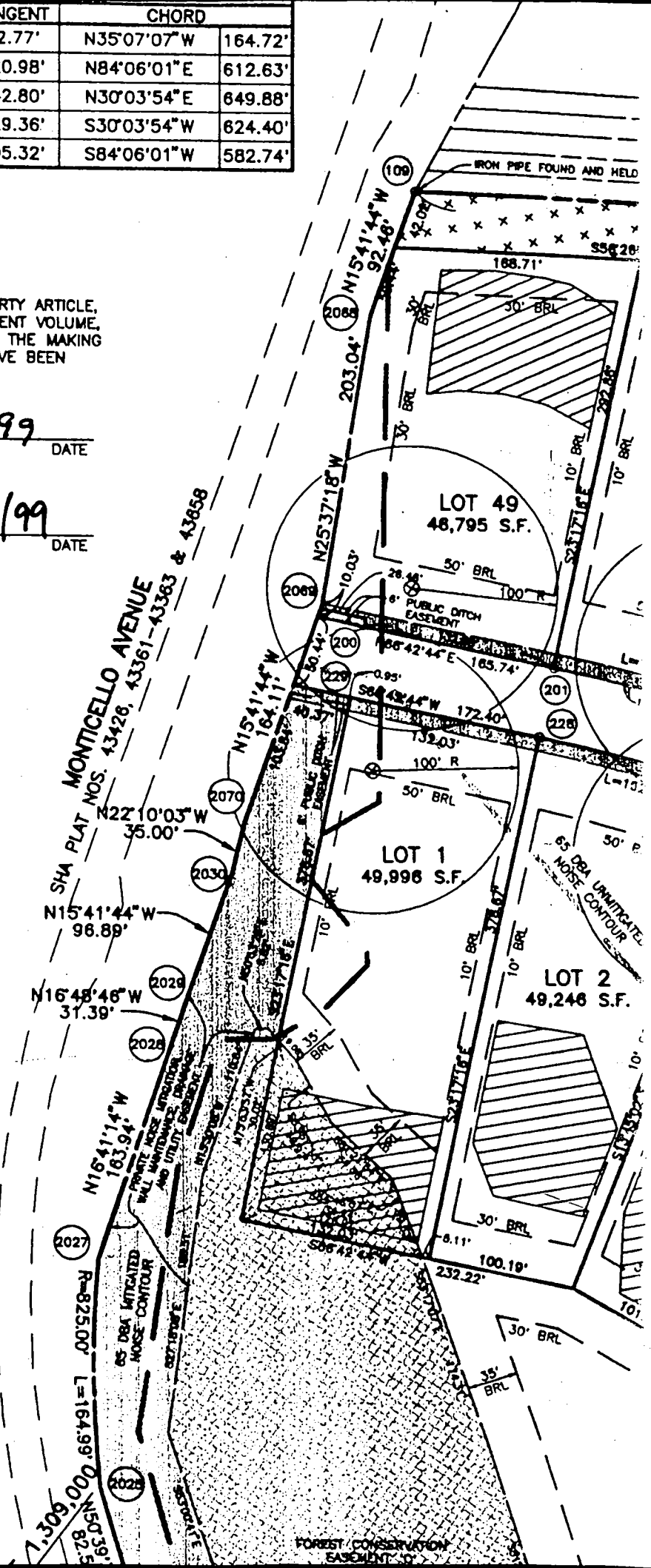
REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. Wilton ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

CURVE	RADIUS	ARC	DELTA	TANGENT	CHORD	
2025-2027	825.00'	164.99'	11°27'32"	82.77'	N35°07'07"W	164.72'
201-202	1025.00'	622.13'	34°46'34"	320.98'	N84°06'01"E	612.63'
205-206	1020.00'	661.41'	37°09'11"	342.80'	N30°03'54"E	649.88'
211-212	980.00'	635.47'	37°09'11"	329.36'	S30°03'54"W	624.40'
227-228	975.00'	591.78'	34°46'34"	305.32'	S84°06'01"W	582.74'

THE REQUIREMENTS § 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

Peter J. Dare 11/4/99
 PETER J. DARE DATE
 MARYLAND PROPERTY LINE SURVEYOR #224

John M. Flaherty 11/9/99
 JOHN M. FLAHERTY, VICE PRESIDENT DATE
 D. R. HORTON, INC.



OWNER (S)

SEQUENCE NO. 7007 (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

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

DATE WELL COMPLETED MM DD YY 4 13 99 Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2191 28 29 30 31 32 33 34 35 36 37

OWNER Highland Development STREET OR RFD 22001A TOWN Glenwood SUBDIVISION Knapp Property SECTION LOT 1

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 FROM TO check if water bearing. Sand 0 70 Gray Granite 70 220

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 6.5 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 74

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.) Ho 72 220

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. MSDO 24 DRILLERS SIGNATURE Joseph E. Mearns LIC. NO. MSDO 27

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

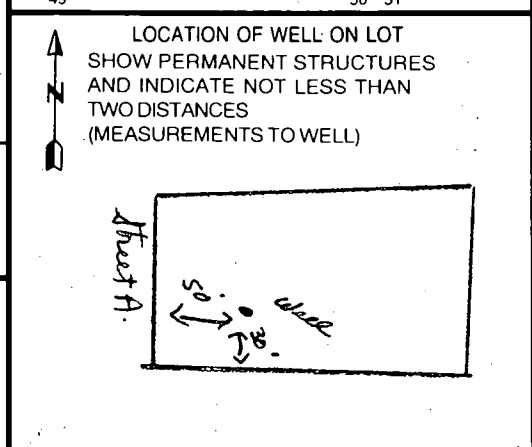
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)



B 1 7477

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2191 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

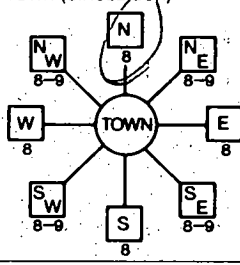
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 Knapps Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name MS D024 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy 21771
Signature Joseph L. Mayne Date 3/8/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street A
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 50 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: BLK: PARCEL

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 COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 03/10/99 CO SIGNATURE EXP. DATE 03/09/00
43 MM DD YY 48
NORTH GRID 544 0 0 0 EAST GRID 0796 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

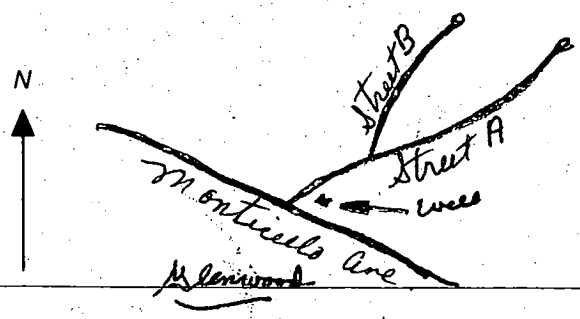
SOURCES OF DRILLING WATER

- 1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796
N 5424

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



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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

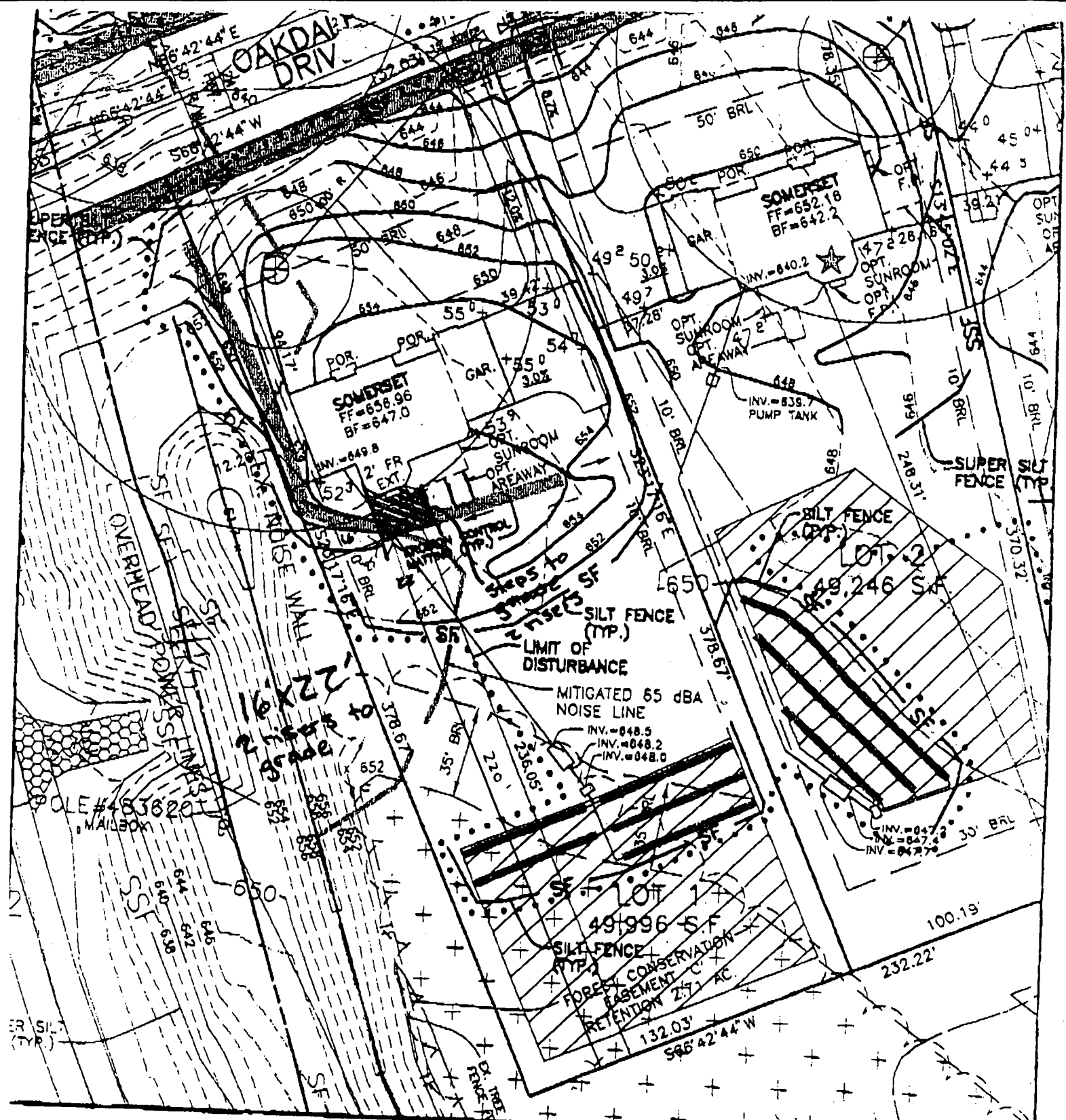
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2191

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



FIRST FLOOR ELEVATION = 656.96
 BASEMENT ELEVATION = 647.0
 SPOT ELEVATION AT GARAGE = 655.0

SLOPE OF DRIVEWAY = 3% & 12%
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK = 3

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

MONTICELLO
LOT 1

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD. 21043
 PHONE: 410-465-6105 FAX: 410-465-8644

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 1/17/00

D W
16' x 22'

10/4/00
Shown 16x22
Deck will have
no impact on ex
well or septic
A

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS: (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00130224

Building Address 1699 Calhoun Dr.
Cooksville, TN 21723
 Suite/Apt. # _____ SDP/WP/Petition #: P-01-111
 Census Tract 6040 Subdivision Monticello
 Section _____ Area _____ Lot 1
 Tax Map 8 Parcel 110 Grid 18
 Zoning RC Map Coordinates 4E12 Lot size _____

Property Owner's Name D.R. HORTON
MR. JOHN FLATTERY JR.
 Address 1370 Pecan Lane Ste. 130
 City Rockville State MD Zip Code 20850
 Home Phone _____ Work Phone 301-670-6144
 Applicant's Name & Mailing Address, (if other than stated hereon):
JANE
 Phone _____ Fax _____

Existing Use OPEN SPACE
 Proposed Use EXT. SIGN
 Estimated Construction Cost \$2,000.00 (est)
 Description of Work ENTRANCE FEATURE
MONUMENT w/ COLUMN
SIGN - 4'-7" HIGH 19' LONG

Contractor Company A.F. Smith Masonry
 Contact Person John Smith OWNER
 Address 6000 ...
 City ... State _____ Zip Code _____
 License No. _____
 Phone 410-989-0477 Fax 410-787-0470

Occupant or Tenant N/A
 Contact Name MA
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company SLATER AND ASSOC.
 Contact Person JOHN SLATER
 Address 5560 JEFFERSON PIKE STE. 302
 City COLUMBIA State MD Zip Code 21044
 Phone 410-992-0001 Fax 410-992-0212

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Michael Flattery
 Title/Company: ...

Signature: Michael Robert Leve
 Date: 5/16/01

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	<u>5/16/01</u>	<u>...</u>
Dev. Engineering DPZ		
Health	<u>5/16/01</u>	<u>Brian Baber</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>49966</u>
Rear: _____	Filing fee \$ <u>30</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>413 250 5425</u>
Accepted by <u>...</u>	Validation # <u>37213</u>