

LAYOUT 1 Dam 9/9/02 INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 8/28/2002

APPROVAL DATE: 9/10/02

**PERMIT INDEXED**

*04-363610*

P 517440-

A 59915-T

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 18

ADDRESS: 1763 Oakdale Drive PROPERTY OWNER: D. R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED


PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as per the building permit plan.
NOTES:	

PLANS APPROVED: Steven R. Krieg *OK 3/13/02*  3/01/2002

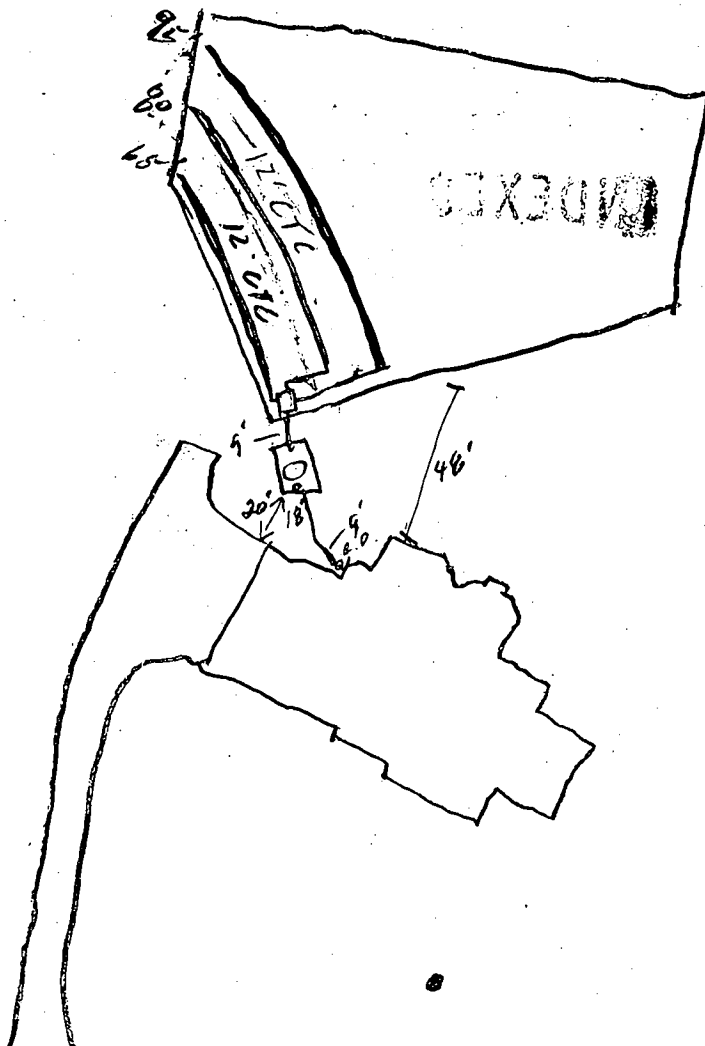
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

**BUILDING PERMIT SIGNED AND RETURNED**  
*7-17-03 160143095-DECK*

*459915-T*

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3'
TOTAL LENGTH		240'
ABSORPTION AREA		726 sq'
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST <input checked="" type="checkbox"/>	
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST <input type="checkbox"/>	

Oakdale ROAD

PRE-CONSTRUCTION 9/9/02 Lot staked, Layout per B.P. Tank set

INSTALLATION 9/10/02 OK to cover all work

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 9/10/02

BOUNDING FRAME NOT REQUIRED AND REVISIONS

PK  
1 permit  
9/22/02

Dear Avis Corbin,

D.R. Horton submits to amend  
our permit # B00133978  
at  
1763 Oakdale Drive. Our permit  
did not reflect the

Respectfully Submitted

*Mark G. Lazardusky*

Mark G. Lazardusky

D.R. Horton

REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HAWAII COUNTY

DATE: 8/28/02

BY: *[Signature]*

SUBJECT TO COMMENTS OF LETTER

SUBJECT TO FIELD INSPECTION

SUBJECT TO COMMENTS ON PLANS

AMENDMENT  FINAL

2408765431

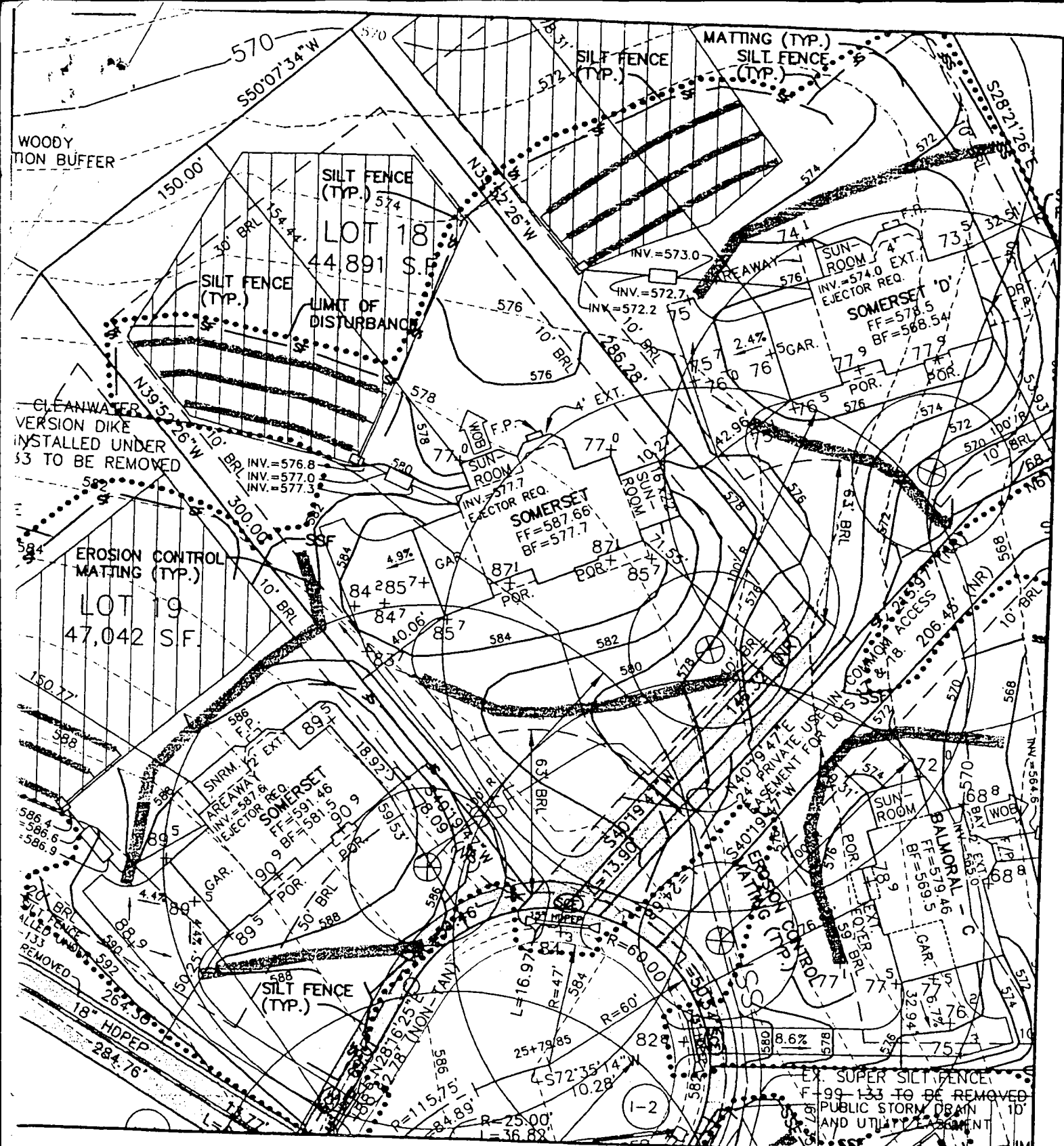
RASAP *[Signature]*  
*[Signature]*

cc: DPZ OK  
Health Dept

9/6/02 - Health Dept  
has no problem  
with proposed sunroom

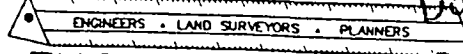
*Steven R. Krieg*

B00133978  
CR10563  
CR401968  
#50000  
8-22-02



FIRST FLOOR ELEVATION = 587.66  
 BASEMENT ELEVATION = 577.7  
 POT ELEVATION AT GARAGE = 585.7

**BENCHMARK**



**ENGINEERING, INC.**  
 480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

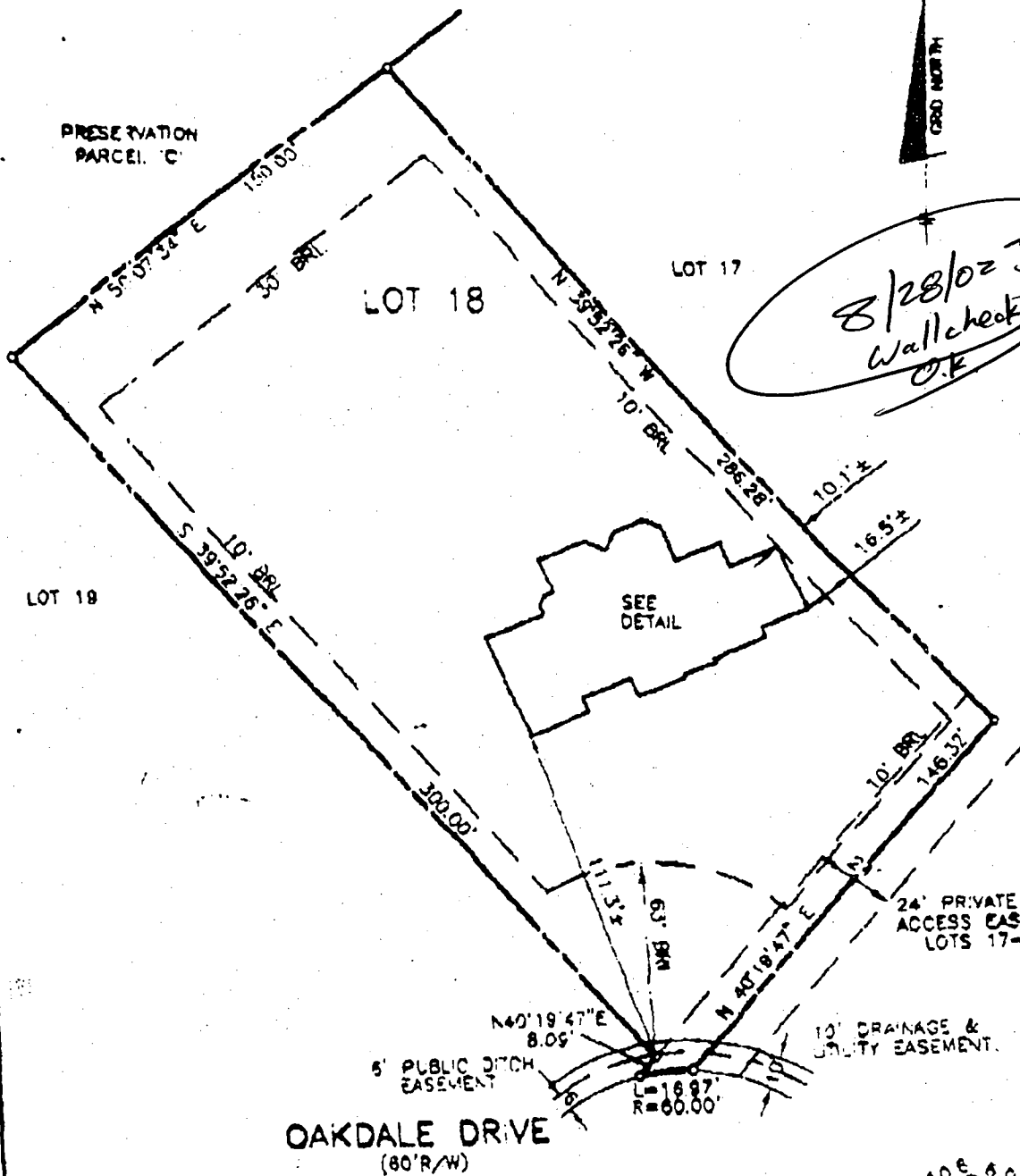
**REVISED**

Date: 8-22-02

SLOPE OF DRIVEWAY = 4.9% @ GAR.  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3

**MONTICELLO**

LOT 18  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 1/07/02  
 REVISED: 2/5/02



8/28/02 JB  
Wallcheck  
O.K.

24' PRIVATE USE-IN-COMMON  
ACCESS EASEMENT FOR  
LOTS 17-18

10' DRAINAGE &  
UTILITY EASEMENT

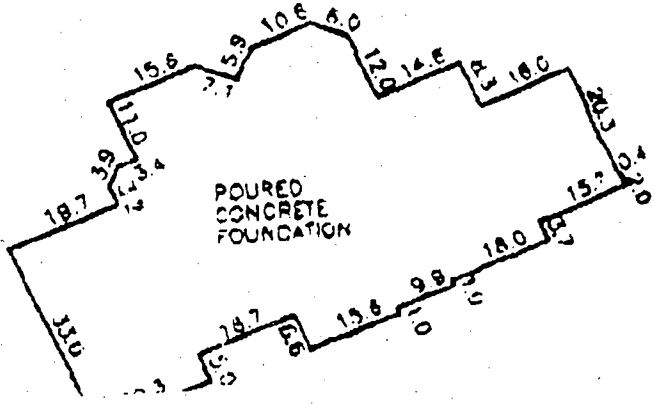
5' PUBLIC DITCH  
EASEMENT

OAKDALE DRIVE  
(80' R/W)

FIRST FLOOR ELEVATION = 887.7'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

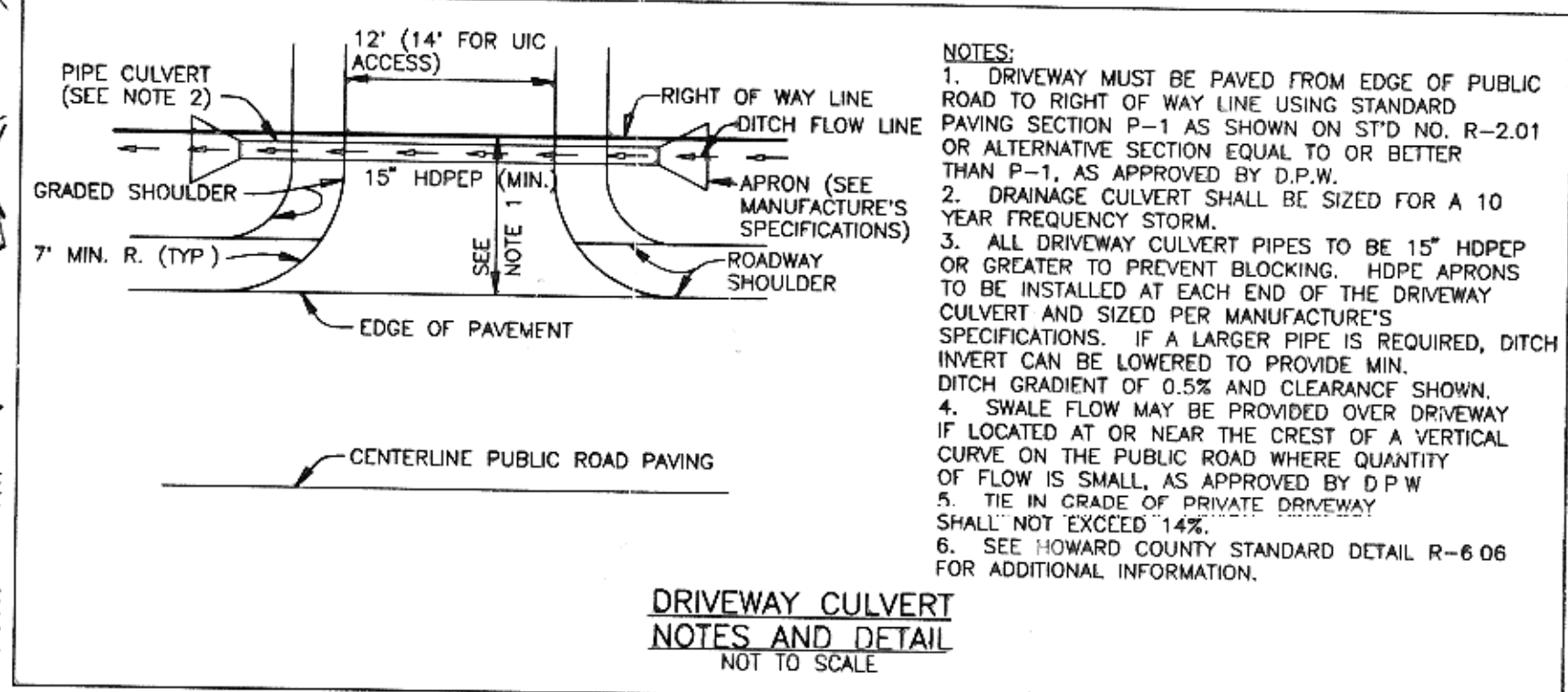
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 05/21/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "MONTICELLO LOTS 1 THRU 80" AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14C88





- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 14088. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
  2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
  3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-00-92 AND MODIFIED FOR THIS SPECIFIC USE.
  4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
  5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
  6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
  7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
  8. ALL STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.

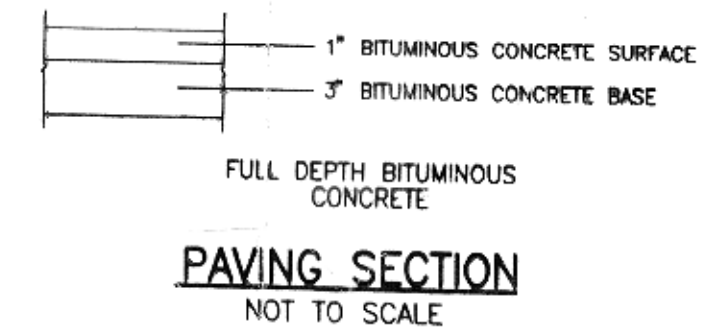


- LEGEND**
- LIMIT OF DISTURBANCE
  - EX. SILT FENCE
  - PROP. SILT FENCE
  - EX. SUPER SILT FENCE
  - PROP. SUPER SILT FENCE
  - EX. EARTH DIKE
  - PROP. EARTH DIKE
  - STABILIZED CONSTRUCTION ENTRANCE
  - EXISTING CONTOUR
  - PROPOSED CONTOUR
  - EROSION CONTROL MATTING

No Gravity Basement Service  
Approved Septic System Plan  
Howard County Health Department

Signature: *Steven King* (with initials) 2/19/02  
Date

Total linear feet of trench required **240** feet  
Width of trench(es) **3** feet  
Depth of trench(es) **5** feet  
Depth of stone distribution pipe **2** feet



NO.	DATE	REVISION
<p><b>BENCHMARK ENGINEERS LAND SURVEYORS PLANNERS</b></p> <p><b>ENGINEERING, INC.</b></p> <p>8480 BALTIMORE NATIONAL PIKE Δ SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE. 410-465-6105 Δ FAX. 410-465-6644 EMAIL. benchmark@ccia.com</p>		
OWNER/BUILDER:		PROJECT:
D.R. HORTON, INC. SUITE 230 1370 PICCARD DRIVE ROCKVILLE, MARYLAND 20850 1-301-670-6144		<b>MONTICELLO LOT 18</b>
LOCATION:		TITLE:
1763 OAKDALE DRIVE COOKSVILLE, MD 21723 TAX MAP 14 - BLOCK 19 - P/O PARCEL 246 4th ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND		<b>PERMIT PLAN</b>
HOUSE TYPE:		DATE:
<b>SOMERSET</b>		JAN 9, 2002
DESIGN:	DRAFT:	PROJECT NO.
JMC	JMC	1304
SCALE:		DRAWING
1" = 30'		<b>1</b> OF <b>1</b>

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 #: 410-795-5670  
Address: 580 Obrecht Rd  
Sylkesville 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: 301-674-4922  
Subdivision: Monticello Lot #: 18 Well Tag #: HO 94-2176  
Site Address: 1763 Carlisle Dr

Submersible Pump Data

Make: Goulds  
Model #: 6SB05  
Pump Capacity: 6 GPM  
Well Yield: 4 GPM

Pitless Adapter

Make: Campbell  
Model #: \_\_\_\_\_  
Depth: 42" (36" min)  
NSF/WSC 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.C.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 240 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used - Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" Black Plastic  
PSI: 60 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: yes  
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: 9-20-02

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

Date Insp. Requested: 7/16/02 Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter, watertight & 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 not seen outside of well cap/casing   
Correct well tag attached properly and casing 3" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

7/16/02  
House Connection  
Buried 50'  
Rev. 12/00

C1 **9678** SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓  
 COUNTY NUMBER

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

DATE WELL COMPLETED  
 MM DD YY  
 6 3 99  
 Depth of Well  
 22 240 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
MO-94-2176  
 28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND DEVELOPMENT STREET OR RFD \_\_\_\_\_ TOWN BLENWOOD  
 SUBDIVISION KNAPP PROPERTY SECTION \_\_\_\_\_ LOT 18

**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	
Sand	0	76	
Gray Granite	76	240	

**GROUTING RECORD** (yes) (no)  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 21 NO. OF POUNDS 1974  
 GALLONS OF WATER 126  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 65 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) 80  
 60 61 63 64 66 70

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

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

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. M SDO 24  
Joseph & Maize  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

**C 2** DEPTH (nearest ft.)  
 1 No 2 78 3 240  
 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ 22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_ 25 \_\_\_\_\_ 26 \_\_\_\_\_ 27 \_\_\_\_\_ 28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_ 31 \_\_\_\_\_ 32 \_\_\_\_\_ 33 \_\_\_\_\_ 34 \_\_\_\_\_ 35 \_\_\_\_\_ 36 \_\_\_\_\_ 37 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_ 40 \_\_\_\_\_ 41 \_\_\_\_\_ 42 \_\_\_\_\_ 43 \_\_\_\_\_ 44 \_\_\_\_\_ 45 \_\_\_\_\_ 46 \_\_\_\_\_ 47 \_\_\_\_\_ 48 \_\_\_\_\_ 49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_ 52 \_\_\_\_\_ 53 \_\_\_\_\_ 54 \_\_\_\_\_ 55 \_\_\_\_\_ 56 \_\_\_\_\_ 57 \_\_\_\_\_ 58 \_\_\_\_\_ 59 \_\_\_\_\_ 60 \_\_\_\_\_ 61 \_\_\_\_\_ 62 \_\_\_\_\_ 63 \_\_\_\_\_ 64 \_\_\_\_\_ 65 \_\_\_\_\_ 66 \_\_\_\_\_ 67 \_\_\_\_\_ 68 \_\_\_\_\_ 69 \_\_\_\_\_ 70 \_\_\_\_\_ 71 \_\_\_\_\_ 72 \_\_\_\_\_ 73 \_\_\_\_\_ 74 \_\_\_\_\_ 75 \_\_\_\_\_ 76 \_\_\_\_\_ 77 \_\_\_\_\_ 78 \_\_\_\_\_ 79 \_\_\_\_\_ 80 \_\_\_\_\_ 81 \_\_\_\_\_ 82 \_\_\_\_\_ 83 \_\_\_\_\_ 84 \_\_\_\_\_ 85 \_\_\_\_\_ 86 \_\_\_\_\_ 87 \_\_\_\_\_ 88 \_\_\_\_\_ 89 \_\_\_\_\_ 90 \_\_\_\_\_ 91 \_\_\_\_\_ 92 \_\_\_\_\_ 93 \_\_\_\_\_ 94 \_\_\_\_\_ 95 \_\_\_\_\_ 96 \_\_\_\_\_ 97 \_\_\_\_\_ 98 \_\_\_\_\_ 99 \_\_\_\_\_ 100 \_\_\_\_\_

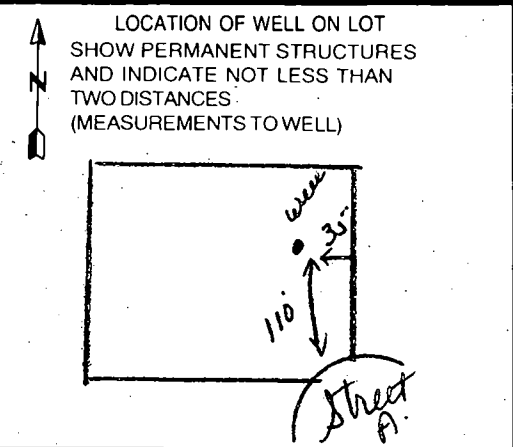
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_

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

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 8 9  
 PUMPING RATE (gal. per min.) 4  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 44 ft.  
 17 20  
 WHEN PUMPING 153 ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 \_\_\_\_\_  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 35  
 PUMP HORSE POWER \_\_\_\_\_ 37 \_\_\_\_\_ 41  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 43 \_\_\_\_\_ 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 2 (nearest foot)  
 49 50 51



B 1 7471

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2176

fill in this form completely

OWNER INFORMATION: Date Received (APA) 030899, Highland Development, P.O. Box 228, Clarksville Md. 21029

LOCATION OF WELL: Howard County, Knap Property, Section 44, Lot 18, Glenwood, 3 miles from town

DRILLER INFORMATION: Joseph L. Mayne, MS 0024, Joseph L. Mayne Well Drilling, 5512 Ridge Rd. Mt. Airy Md. 21771, Signature: Joseph L. Mayne 3/8/99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N, S. DISTANCE FROM ROAD 110 FT. TAX MAP, BLK, PARCEL

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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

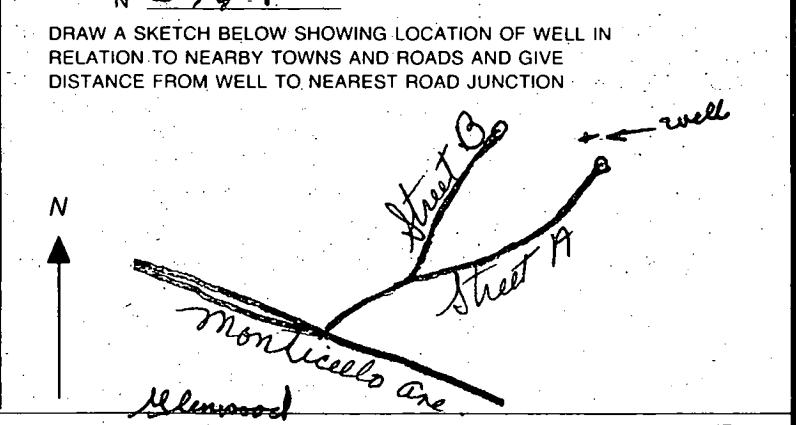
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD COUNTY NAME, 13 COUNTY NO., STATE SIGNATURE, DATE ISSUED 03/10/1999, CO SIGNATURE, EXP. DATE 03/09/00, NORTH GRID 544 000, EAST GRID 0798 000

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 6/3/99 - No insp SRM. SOURCES OF DRILLING WATER: 1. Well. WRITE THE BOX NUMBER FROM THE MAP HERE: E 798, N 5404

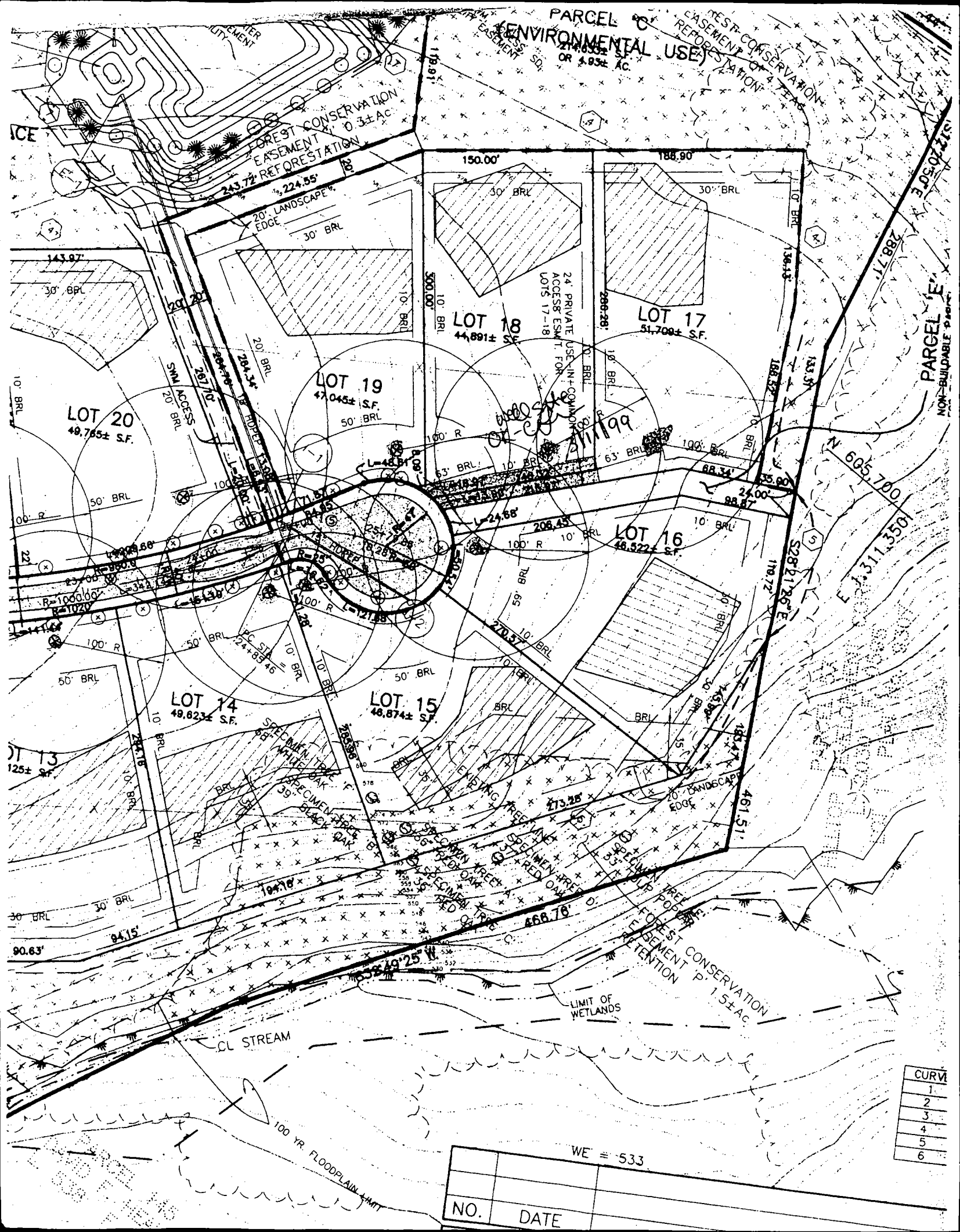
METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTary, Drive-POINT

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 DEEPEN AN EXISTING WELL. PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 54 63, PERMIT No. HO - 94 - 2176

SPECIAL CONDITIONS: NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



CURV
1
2
3
4
5
6

WE = 533

NO. DATE

COUNTY #

SOIL PROFILE  
312

0' or/red  
clay  
loam

0.0 pink  
red  
mica  
silty  
clay  
loam  
powdery

313

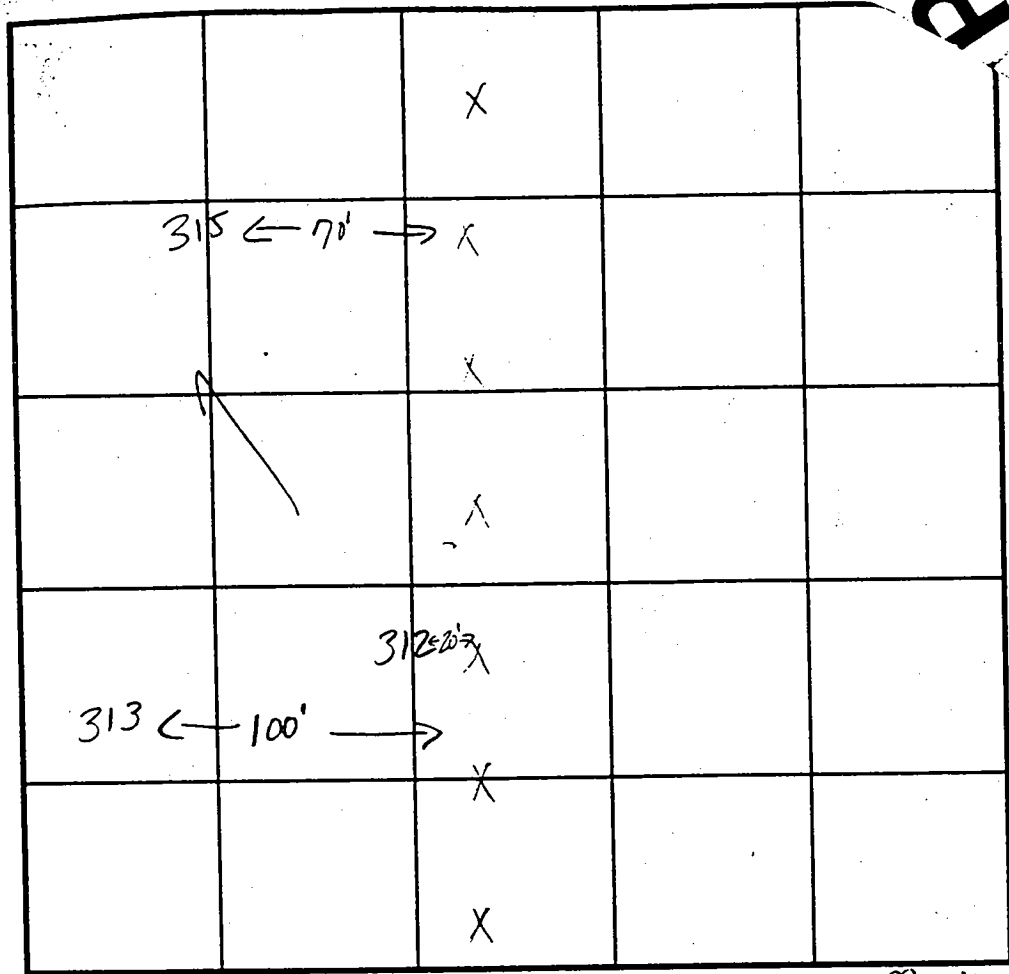
Same  
as  
hole  
#  
312

315

0 or/or  
clay  
loam

2.5 pink  
tan  
powdery  
mica  
silt/clay

11.0' 10%  
rock  
frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *Monticello*

0' or/red  
clay  
loam

2.0' pink  
brown  
mica  
sandy  
clay  
loam  
20% shale

2.0'

9.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	312	12.0' D	visual	only - ok	see	profile	
	313	11.0' D	visual	only - ok	see	profile	
	315	3.5' S	2:12:20	2:13:20	2:13:20	2:15	140
		11.0' D	visual	ok - see	profile		
	319	9.0' D	visual	ok - see	profile		
		(near old, existing barn)					

REMARKS test holes staked

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

TESTED BY Kim Miste ALSO PRESENT Clark Spry

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

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

AS9914/5  
COUNTY #

KNAPP SUBD.

SOIL PROFILE  
73A

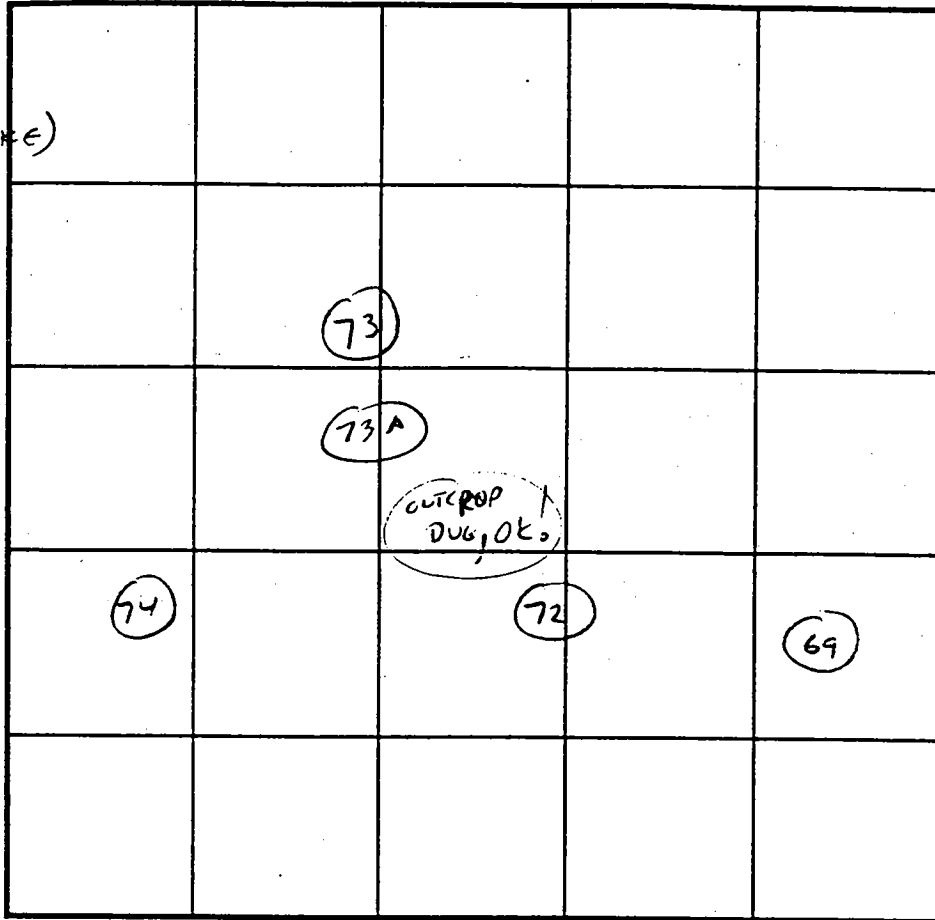
0' (30' FROM 73 STAKE)  
CLAY w/ Boulders  
4'  
SAND  
CLAY  
NO  
ROCK  
11'

72

4'  
CLAY  
PINK  
PURPLE  
SAND  
CLAY  
11'

74

2 1/2'  
CLAY  
MICA  
SILT  
CLAY  
12'



SOIL PROFILE  
69

0'  
CLAY  
4 1/2'  
70%  
ROCK  
9'  
REFUSAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/98	73	NE SEEN - ABANDONED BY CONTRACTOR - ROCK					X
	73A	3 1/2'	4:35	SLOW	OUT VIS OK	(A) 4 1/2'	OK
	*	ROCK OUTCROP 30' ABOVE + WAS ALL SAND CLAY			73A, EXCAVATED	AFTER UPPER 3'	
	72	VIS OK	4-11'				OK
	74	3'	4:27	4:28	4:28	4:30	2MIN
	69	ABANDONED - ROCK	4 1/2'	-9'			X

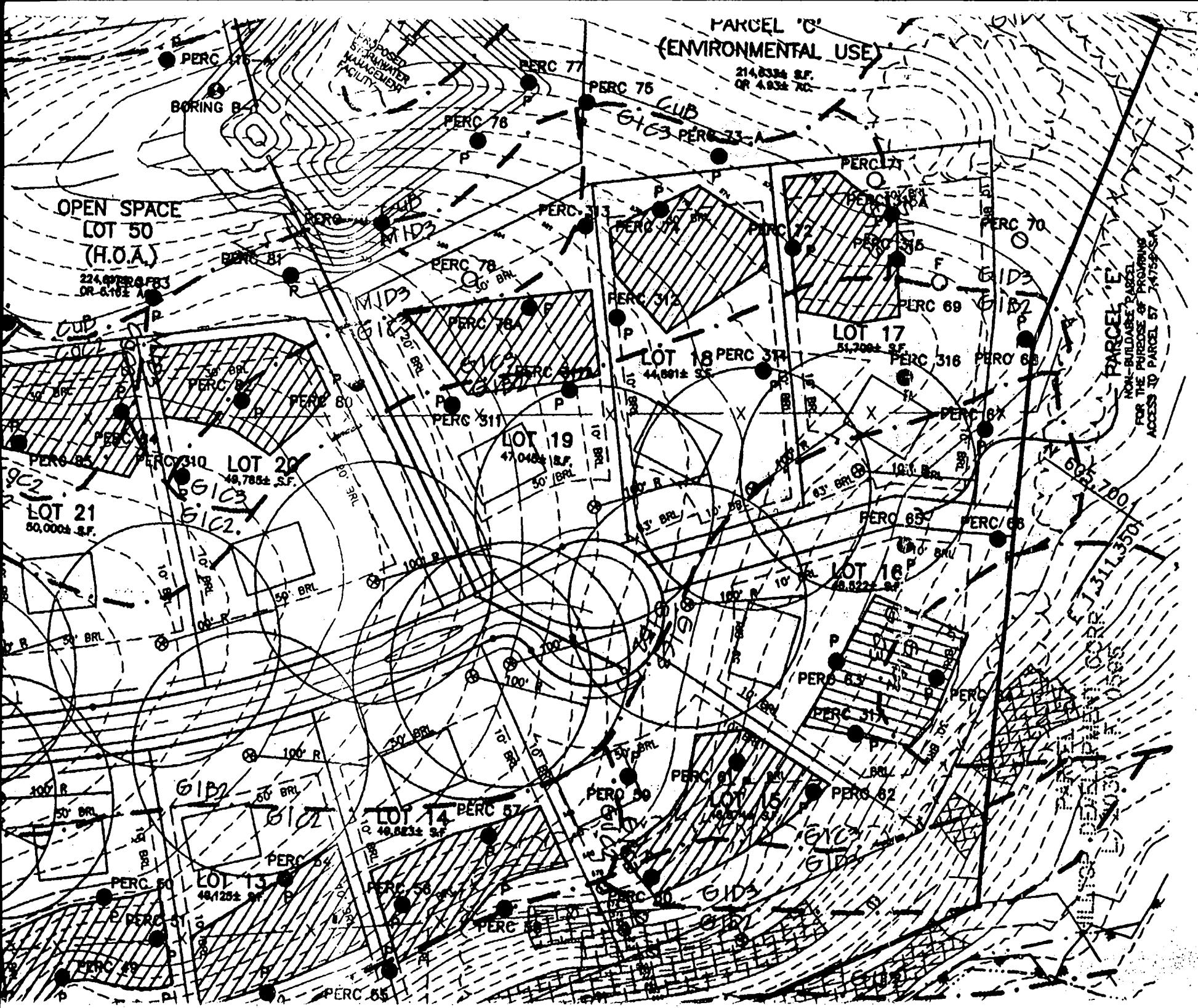
REMARKS \_\_\_\_\_

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


TESTED BY C. Willen ALSO PRESENT SPEARY

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

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












**GENERAL**

1. ALL SHOW RESTRICTED
2. THE LOT WIDTH AN DEPARTMENT
3.  OF 10,000 DEPARTMENT DISPOSAL RESTRICTED SHALL BE SEWERAGE THE AUTHORITY THE PRIVATE SEWERAGE
4. EXISTING 100 FEET FROM THE
5. GROUND V OBTAINED
6. TOPOGRAPH GEOGRAPH
7. ALL WELLS

**NOTE:**  
THIS PLAN  
FINAL PER  
PRIOR TO

**LEGEND**

-  PERC 90
-  PERC 119
-  PERC 119
-  PERC 119
-  PERC 119
-  PERC 119
-  PERC 119
-  PERC 119
-  PERC 119



