

12/18/00
Noon
12/11/00 1-2pm
in progress

PERMIT

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

P 514666
A 59915-G
ISSUE DATE 11/22/00
APPROVAL DATE 12/11/00

RPS# 363477

INDEXED

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Monticello LOT NUMBER 5 ADDRESS 1718 Oakdale Drive

PROPERTY OWNER D R Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Dr, #230
Rockville, MD 20850

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth
5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 290 feet down the right lot line and 10 feet off that same lot
line as seen when facing the lot from Oakdale Drive. Run trenches on contour as
shown on approved building permit plan. OK 11/22/00 DCC

PLANS APPROVED Craig Williams/Amy McMillen DATE 11/15/2000

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

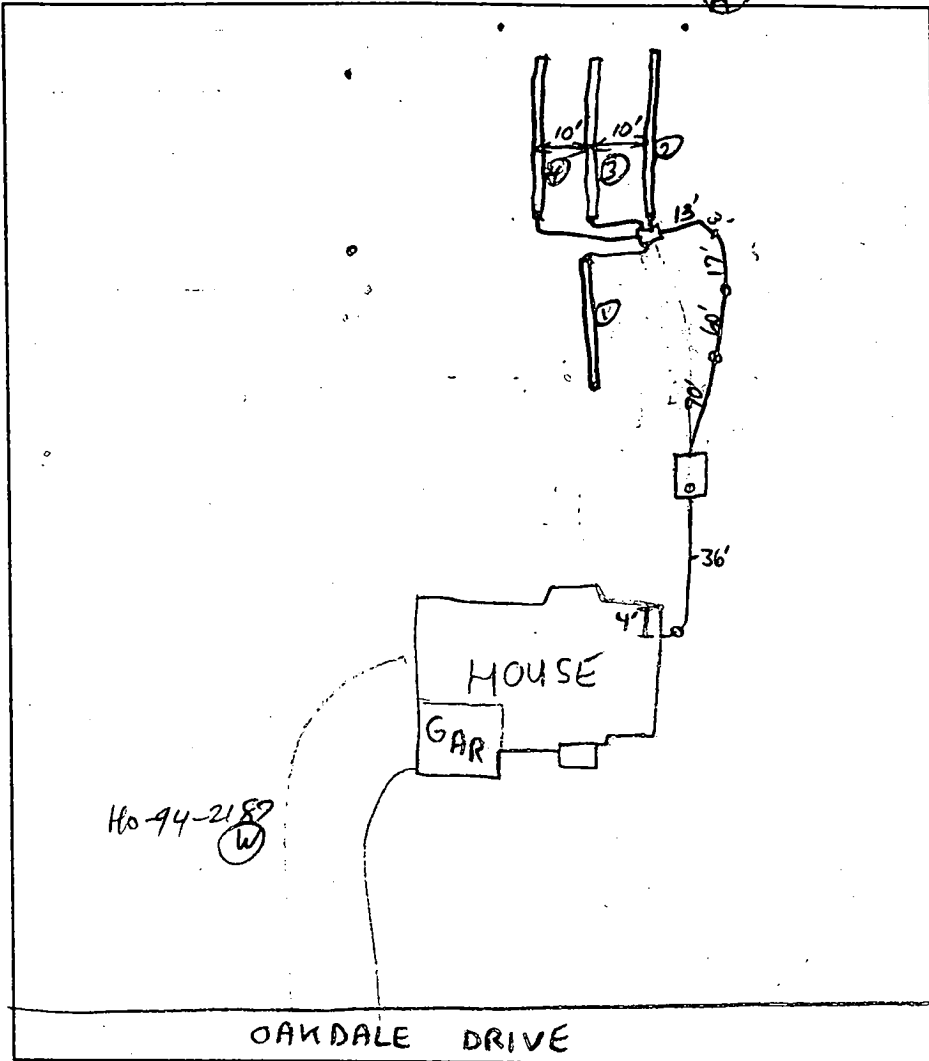
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

OG. PERMIT SIGNED
AND RETURNED 3/22/01
300129126
Wood deck on rear
of shed w/ steps
HOUSE

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

P 514666

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3 1/2' - 4' 3"
 TRENCH BOTTOM DEPTH 5 1/2' - 6' 3"
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280 LF
 ABSORBENT AREA 8 1/2
 DISTRIBUTION BOX LEVEL
 (will use auto level)
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

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

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 12/8/00 - OK TO RUN TRENCHES A LITTLE OFF CONTOUR SO THAT SOME SEPTIC AREA IS NOT WASTED, RUN TRENCHES TOWARDS UPPER RT. CORNER STAKE (A) END OF TRENCHES MAY BE 6" DEEPER THAN SPECIFIED, KEEP TRENCHES 7' EDGE TO EDGE, OK TO COVER MIDDLE OF TRENCHES AND LEAVE ENDS OPEN, EASEMENT STAKED

INSPECTION COMMENTS:

Trenches OK to cover, S.T. OK to cover, dist OK, OK to cover all work. JRP 12/11/00

INSPECTOR

DATE SYSTEM APPROVED

12/11/00

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

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) - 226-03-5207163
TO BE ELIMINATED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)
DATE 4/3/98
A 59914
P _____

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 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.

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

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

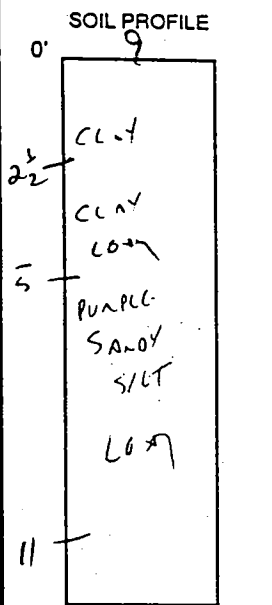
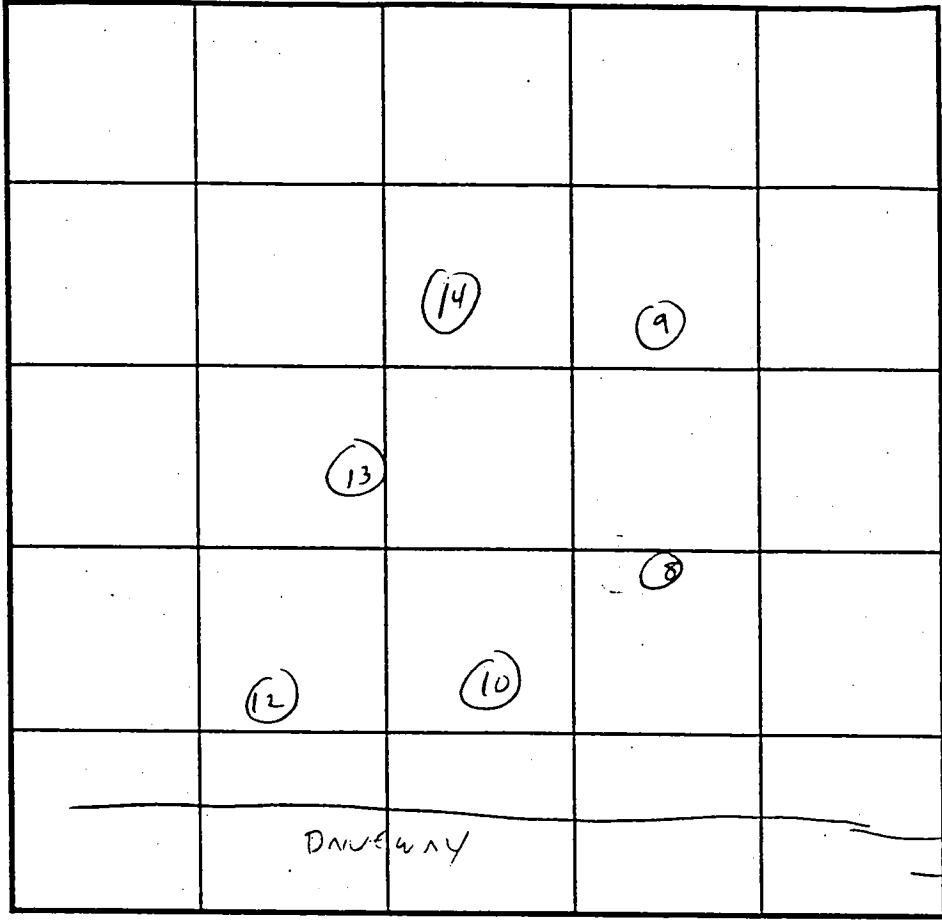
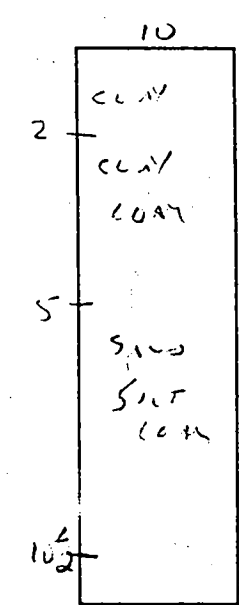
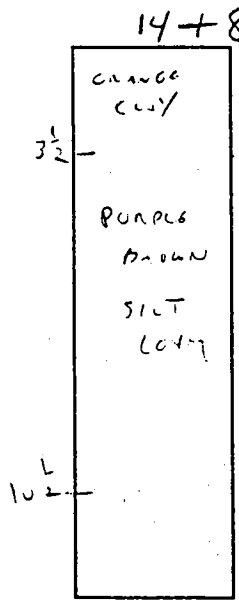
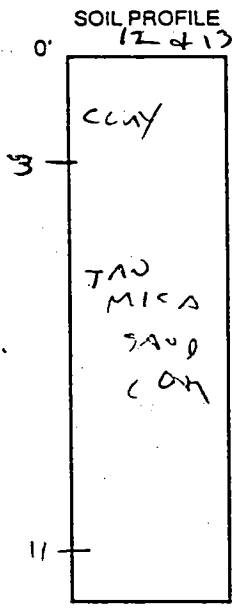
REASONS FOR REJECTION OR HOLDING _____

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.
A59915
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/66	12	4	3:57	4:00	4:00	4:05	5 MIN
	13	VIS CR	3-11'				
	14	4	4:00	4:01	4:01	4:03	2 MIN
	10	4 1/2	4:04	4:07	4:07	4:12	5 MIN
	8	3 1/2	4:05	4:07	4:07	4:11	4 MIN
	9	4 1/2	4:07	4:08	4:08	4:10	2 MIN

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY CWilla 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

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

56 LOTS EXISTING HOUSE(S) - WELLS - 5607165
TO 1st BEHINDING
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
will PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)

A 59914
P _____

DATE 4/3/98

DISTRICT _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

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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 _____

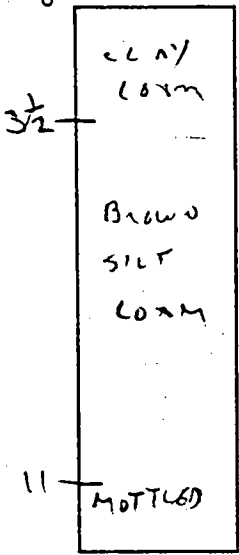
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

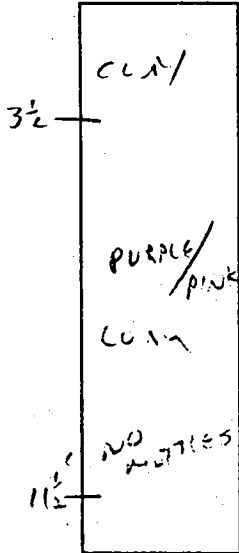
A59914/5
COUNTY#

KNAPP SUBD.

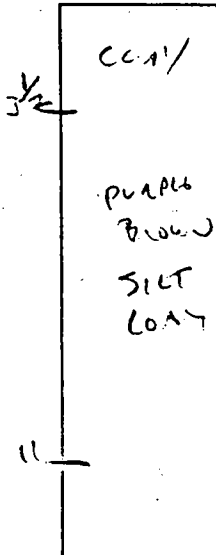
SOIL PROFILE
20



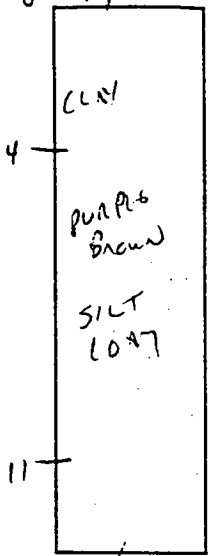
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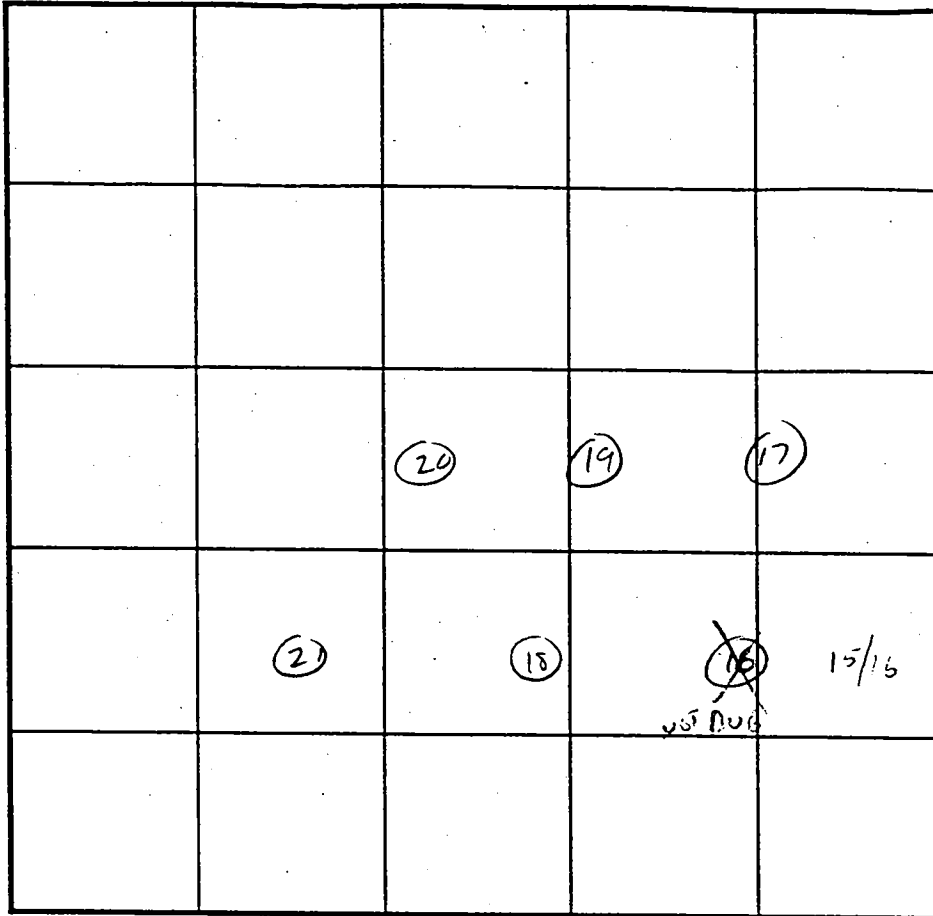
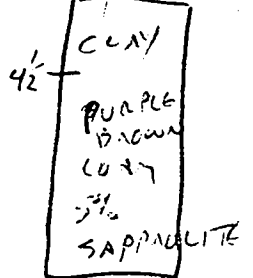
18



SOIL PROFILE
17



15/16



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	20	4'	2:00	2:02	2:02	2:06	4 MIN
	19	4'	2:03	2:05	2:05	2:09	4 MIN
	MOVED 25' FROM SURFACE						
	18	3 1/2'	2:04	2:10	2:10	2:18	8 MIN
	17	4 1/2'	2:07	2:09	2:09	2:12	3 MIN
	15/16	5'	2:12	2:17	2:17	2:25	8 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Perc Holes That Correspond To Different
Lots For Knapp Property - (Lots 1-28)

Lot # -

Perc Hole Numbers for Lot -

1	1, 2, 2A, 3, 4, 5, 7C, 302
2	6, 7B, 7C, 8, 303
3	6, 8, 9, 10, 304
4	10, 11, 12, 13, 14, 305
5	13, 14, 15, 16, 17
6	15, 16, 18, 19, 306
7	18, 19, 20, 21, 22, 23
8	23, 24, 25, 26, 27
9	37, 38, 39, 40
10	39, 40, 41, 42, 43, 44
11	43, 44, 45, 46, 47, 48
12	47, 48, 49, 50, 51, 52
13	51, 52, 53, 54, 55, 56
14	55, 56, 57, 58
15	59, 60, 61, 62
16	62, 63, 64, 65, 317
17	69, 70, 71, 72, 314, 315, 315A, 316
18	72, 73A, 74, 312, 313, 314
19	78, 78A, 80, 311, 311A, 312, 313
20	80, 81, 82, 83, 84, 310
21	83, 84, 85, 86, 87, 309, 310
22	85, 86, 87, 87A, 88, 89, 90, 91A, 309
23	90, 91, 91A, 92, 93
24	91, 92, 94, 95, 96, 308
25	95, 96, 97, 101, 103, 308
26	100, 101, 102, 103, 105, 320
27	102, 318, 320
28	103, 104, 105, 106, 107, 108, 109

C1 9685 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

DATE WELL COMPLETED MM DD YY 5 18 99 DEPTH OF WELL 320' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO 94-2187

OWNER HIGHLAND Development STREET OR RFD Street A TOWN GLENWOOD SUBDIVISION Knapp Property SECTION LOT 5

WELL LOG. Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing. Sand 0 46 Gray Granite 46 320

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL (C) CEMENT, (B) BENTONITE CLAY. NO. OF BAGS 18, NO. OF POUNDS 1692. GALLONS OF WATER 108. DEPTH OF GROUT SEAL 0 to 45 ft.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE (S) STEEL, (C) CONCRETE, (P) PLASTIC, (O) OTHER. Nominal diameter top (main) casing 6 inch, Total depth of main casing 49 feet.

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

SCREEN RECORD. screen type or open hole (S) STEEL, (B) BRASS, (H) OPEN HOLE, (P) PLASTIC, (O) OTHER. insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y) YES, (N) NO.

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.

DRILLERS LIC. NO. MSD024. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION). LIC. NO. MSD027.

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

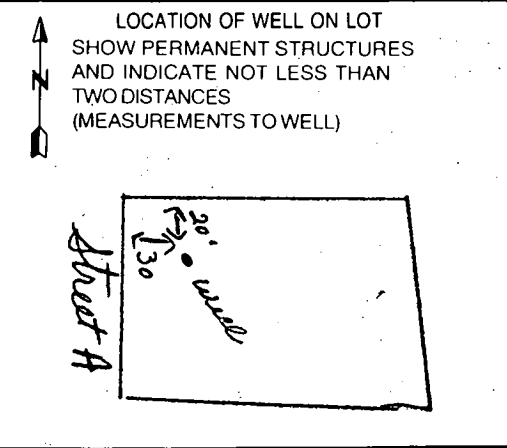
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Values: 48, 320.

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. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 10 gal. per min. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL 45 ft. BEFORE PUMPING, 70 ft. WHEN PUMPING. TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP (NO). TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE 31 to 35. PUMP HORSE POWER 37 to 41. PUMP COLUMN LENGTH 43 to 47. CASING HEIGHT (+) above, (-) below LAND SURFACE.



B 1 1 2 3 6 7482	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2187 <small>70 fill in this form completely 79</small>
-------------------------------	--------------------------------	--	---

Date Received (APA) **03 08 99**

OWNER INFORMATION:

8 MM DD Y 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 **Howard** LOCATION OF WELL

8 COUNTY **Howard** 21 ✓

23 SUBDIVISION **Knapp Property** 42

SECTION **5** LOT **5**

52 NEAREST TOWN **Clenwood** 71

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

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne MS D 024** 76 License No. 81

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy 21711**

Signature **Joseph L. Mayne** Date **3/8/99**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Street A** 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**

APPROX. PUMPING RATE (GAL. PER MIN.) **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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 COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **03/10/99** **Chopin** **03/09/00**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **544** 0 0 0 EAST GRID **0797** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** 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 _____

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-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 54 _____ 63

PERMIT No. **HO - 94 - 2187**
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

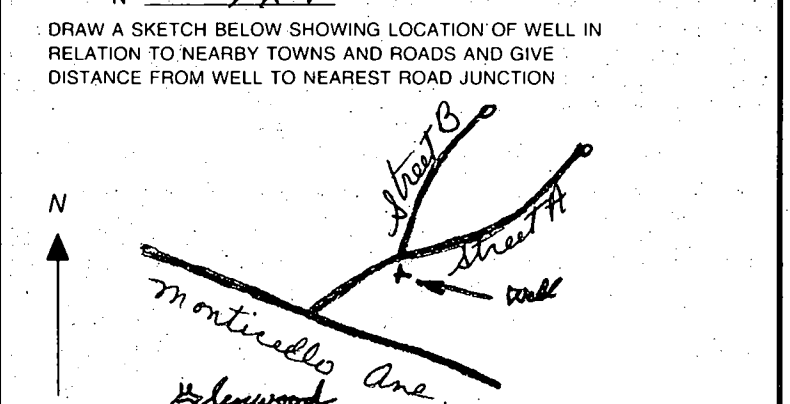
- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7927**

N **5484** ←

5/18/99
 Tag O.K.
 49 ft. casing
 45 open.
 Grout in process
 Location O.K.
 B.B. 5/18/99



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 (All Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5870
Address: 870 Obercht Rd.
Extonville, 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: Frankie DeMott Telephone #: 410-489-9258
Subdivision: Hamlet Meadows Lot #: 5 Well Tag #: HO-99-2187
Site Address: 1718 Oak Dale Dr

Submersible Pump Data
Make: Grundfos Pitless Adapter Make: Compell Well Cap and Electric Conduit
Model #: 506422 Model #: _____ Two piece watertight cap: Yes
Pump Capacity 574 GPM Depth: 4' (36" min) Screened, vented well cap: Yes
Well Yield: 6 GPM NSF approved: Yes Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: _____ feet Conduit secured to well cap: Yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches 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 House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 80 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4' (36" min) 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: 1-09-01

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

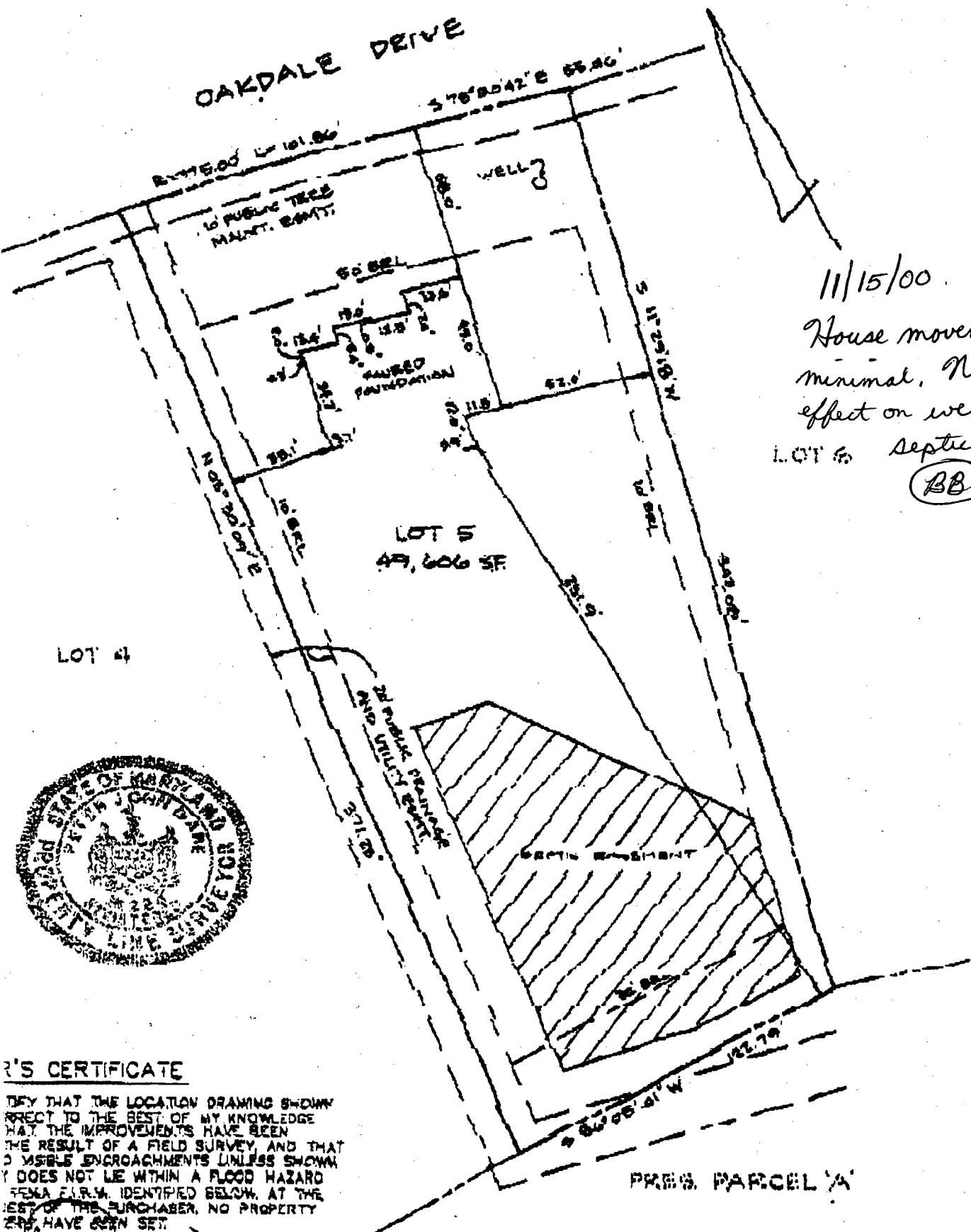
Date Insp. Requested: 12/21/00 Date Insp. Approved: No insp on SRU
Inspection Data: Pitless adapter and water supply line at least 36" below grade MADE?
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Conduit well mg attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection MADE?
Adequate grout observed below pitless adapter MADE?

1/10/01 - Discussion w/ installer & builder about inspection procedures. (SRU)

1/11/01 Well barrier O.K. (BB)
2- Concrete Manhole Sections and Concrete Lid.

THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS, SHOWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

OAKDALE DRIVE



11/15/00

House movement minimal. No effect on well or

LOT 5 Septic. **BB**



LAND SURVEYOR'S CERTIFICATE

I CERTIFY THAT THE LOCATION DRAWING SHOWN IS CORRECT TO THE BEST OF MY KNOWLEDGE THAT THE IMPROVEMENTS HAVE BEEN THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. I DO NOT LIE WITHIN A FLOOD HAZARD ZONE AS F.A.R.M. IDENTIFIED BELOW. AT THE REQUEST OF THE PURCHASER, NO PROPERTY CORNER PINS HAVE BEEN SET.

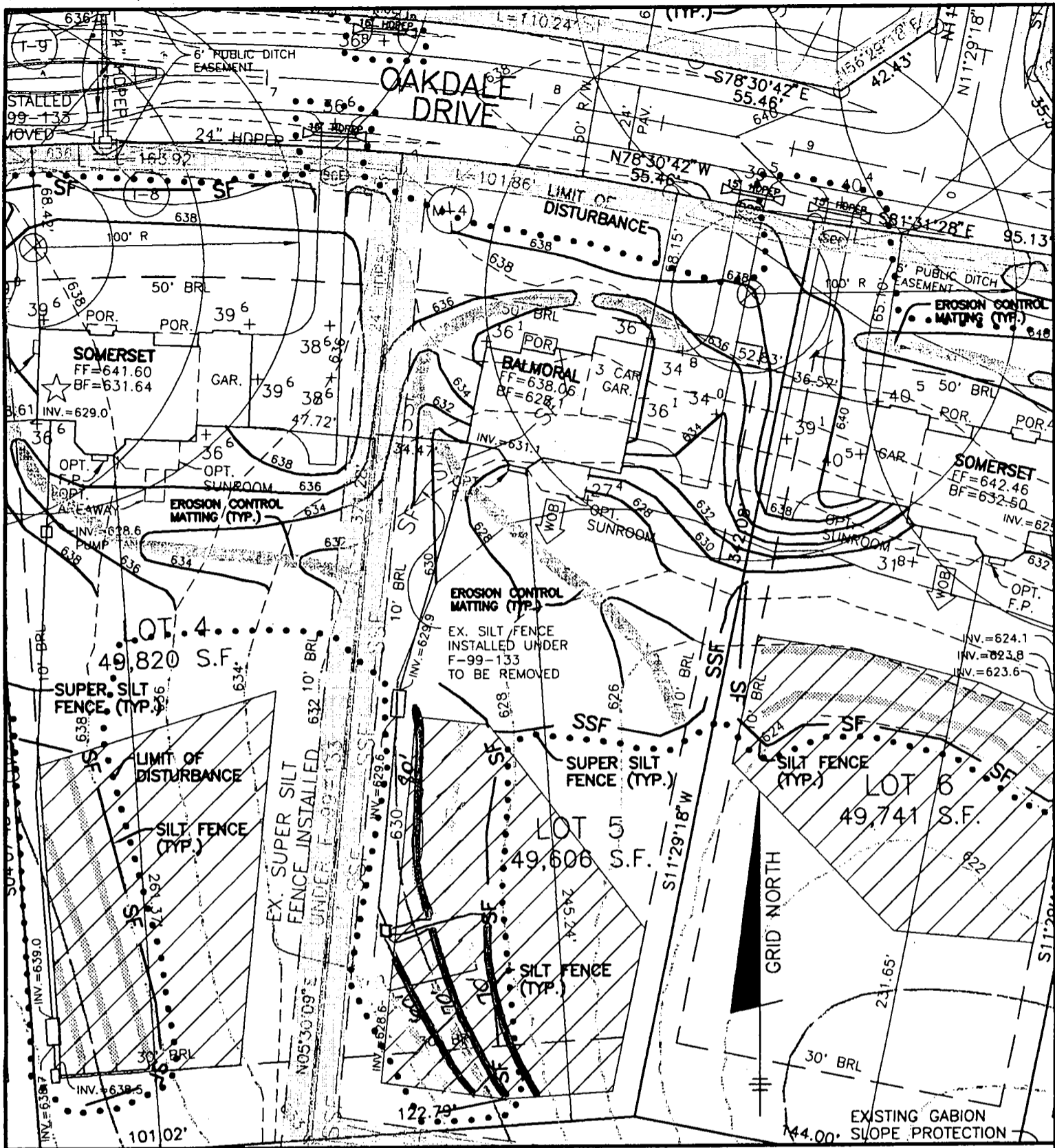
[Signature]

LAND SURVEYOR #224

TOP OF FOUNDATION WALL = 641.0

AT No. 14086

PREV. PARCEL 'A'

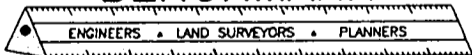


FIRST FLOOR ELEVATION = 638.06
 BASEMENT ELEVATION = 628.1
 SPOT ELEVATION AT GARAGE = 636.1

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

BENCHMARK

**MONTICELLO
 LOT 5**



ENGINEERING, INC.

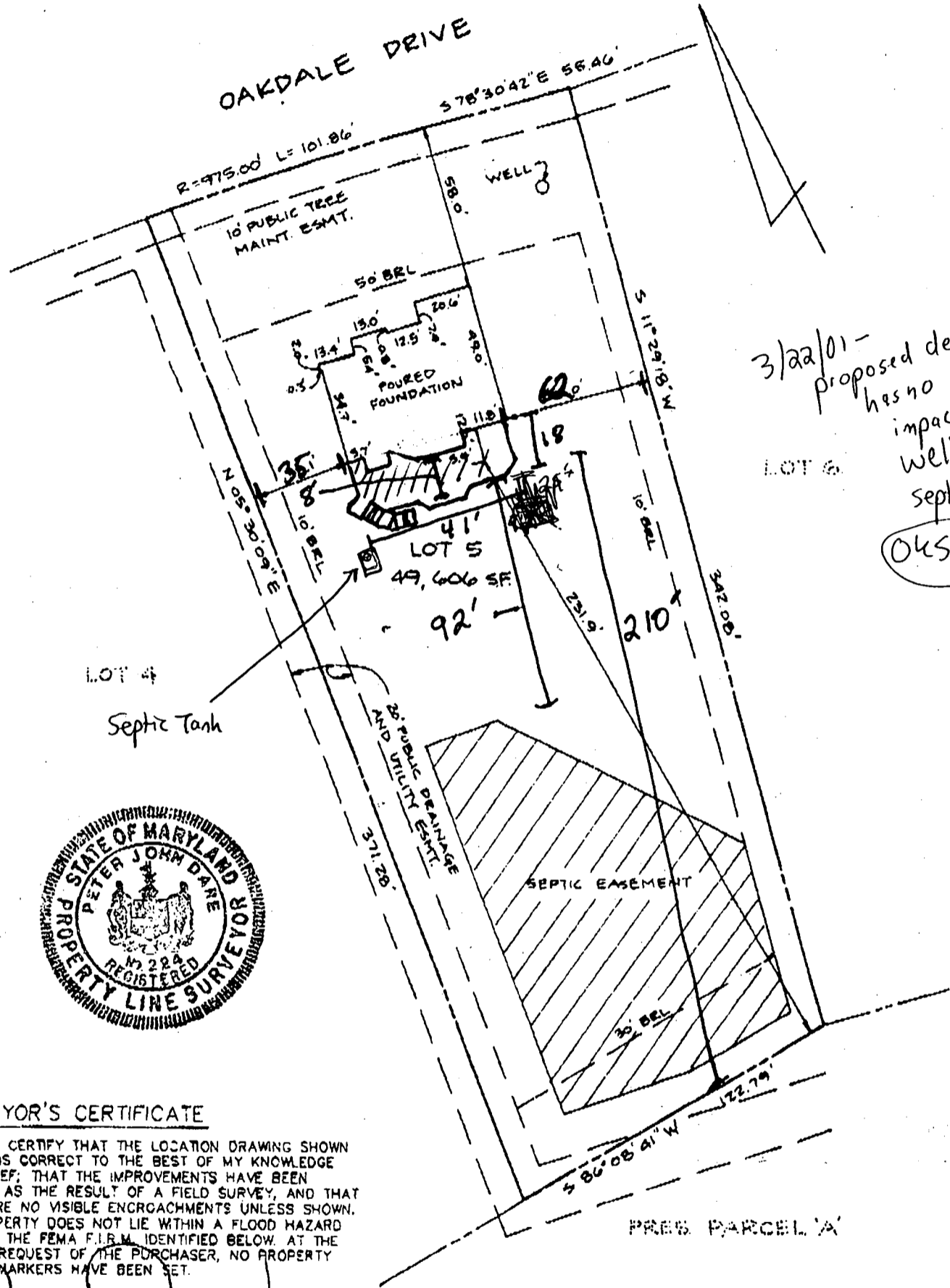
FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 2/17/00

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

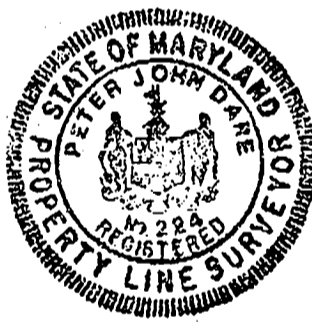
Craig Williams 3/14/00

Total linear feet of trench required 280 feet
 Width of trench (as) 3.0 feet
 Depth of trench 5.5 feet
 Depth of stone placed below distribution 2.0 feet

THIS LOCATION DRAWING IS OF BEN. TO A CONSUMER ONLY INsofar AS 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.



3/22/01 -
Proposed deck
has no
impact to
well or
septic
OKSRK



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.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 14086
FEMA FIRM No. 240044 0008 B
DATED: 12-4-86

TOP OF FOUNDATION WALL = 641.0

LOCATION DRAWING

MONTICELLO
LOT 5
1718 OAKDALE DRIVE



8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLICOTT CITY, MD 21043
PHONE: 410-465-6103 FAX: 410-465-6644

ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 5-15-00