

1/11/01
To Follow
Lot 22
1/12/01
10:00

PERMIT RPS# 363892

P 514710-F

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

A 59914-S

ISSUE DATE 12/13/2000

INDEXED

APPROVAL DATE 1/12/01

Fogle's (Kenny Mayne) - Subcontractor

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 410-795-5670

SUBDIVISION Monticello LOT NUMBER 43 ADDRESS 14305 Fox Creek Court

PROPERTY OWNER JAMES SMITH ~~D R Horton Custom Homes~~ PROPERTY OWNER'S ADDRESS 1370 Piccard Dr, Ste 230

SEPTIC TANK CAPACITY 1250 GALLONS Rockville, MD 20850

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 ** WATERTIGHT SEPTIC TANK REQUIRED **

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 6 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 175 feet down the left lot line and 95 - 100 feet off this same lot line. Run trenches on contour to left side of lot.
PREFERRED LAYOUT: 2 trenches 90 feet each

PLANS APPROVED Mark Rifkin OK SRK 10/5/00 DATE 9/26/2000

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

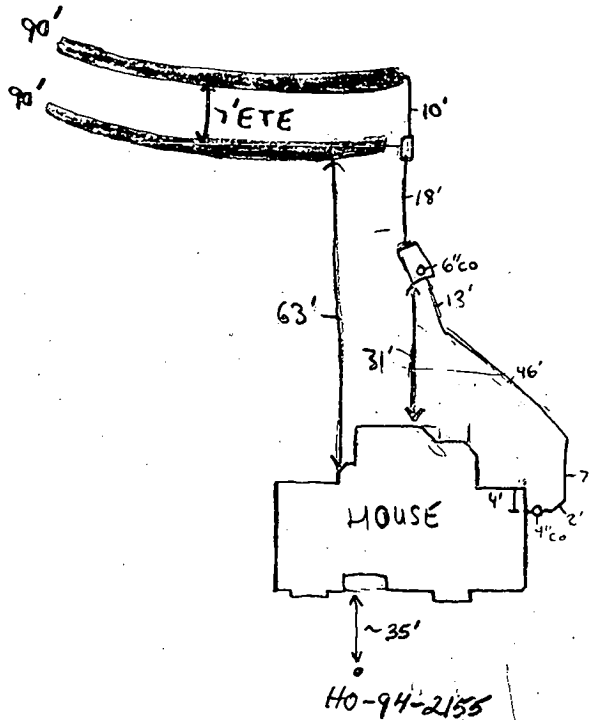
BUILDING PERMIT SIGNED AND RETURNED 4/18/02
DECK & GAZEBO

BUILDING PERMIT SIGNED AND RETURNED 7-3-02
600137311-FINISH RECON

P 514710-F

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

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 180'
 ABSORBENT AREA 180 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

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

PUMP CHAMBER DATA

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

Fox Creek Court

PRE-CONSTRUCTION INSPECTION: 1/11/01 Went over layout. (BB)

AND RETURNED

INSPECTION COMMENTS: 1/11/01 Tank O.K. (BA) 1/12/01 - OK TO COVER ALL WORK - (SRK)

BUILDING PERMIT SIGNED

AND RETURNED

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 1/12/01

4/20/98 - 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) - WELLS - 5207165
TO BE RECONSTRUCTED
4 DAYS FOR PERCOLATION
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
will provide submit
FEE'S &
IMPROVED PLAN/
APPLICATION (CW)

A 59915

P _____

DISTRICT _____

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

4/20 - 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. / SYKEVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 3480 Ballenger Neck 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 O.A.
(SIGNATURE OF APPLICANT)
STEVE SKIPPE - 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 _____

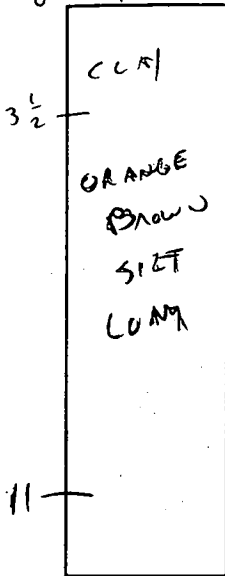
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

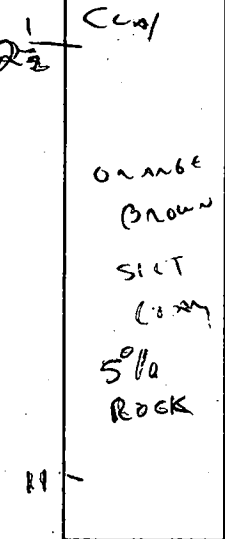
A5914/5
COUNTY#

KNAPP SUBD.

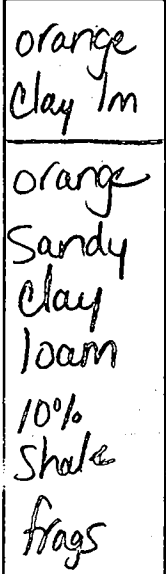
SOIL PROFILE
156



159 + 158



42-B



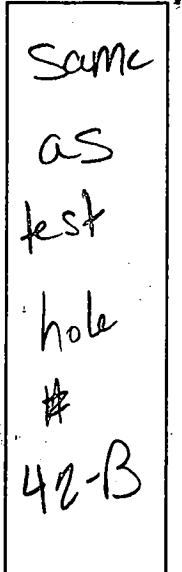
2.5'

11.05'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
43-A



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/	156	4	4:30	4:32	4:32	4:35	3 MIN
	159	4	4:33	4:35	4:35	4:37	2 MIN
	158	3 1/2	4:35	4:36	4:36	4:37	2 MIN
7.21.98	Lot 42-B	11.5'0	visual only - ok see profile				
	Lot 43-A	11.5'0	visual only - ok see profile				

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

4/21/98
5/19/98
4/28
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) - W6-65-56071CS
TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY 1500
FOLLOW-UP TESTING
will provide SUBMIT
FEES &
IMPROVED PLAN/
APPLICATION (CW)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

DATE 4/3/98

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

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PROPERTY OWNER ALFRED KNAPP

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

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 3480 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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Steve Shiple 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 _____

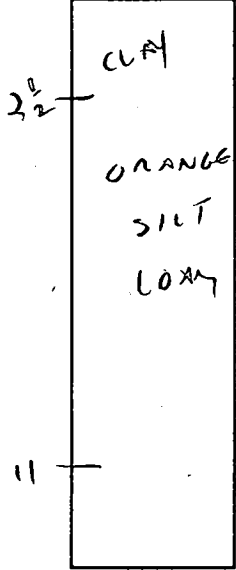
THIS IS NOT A PERMIT

A59914/5
COUNTY#

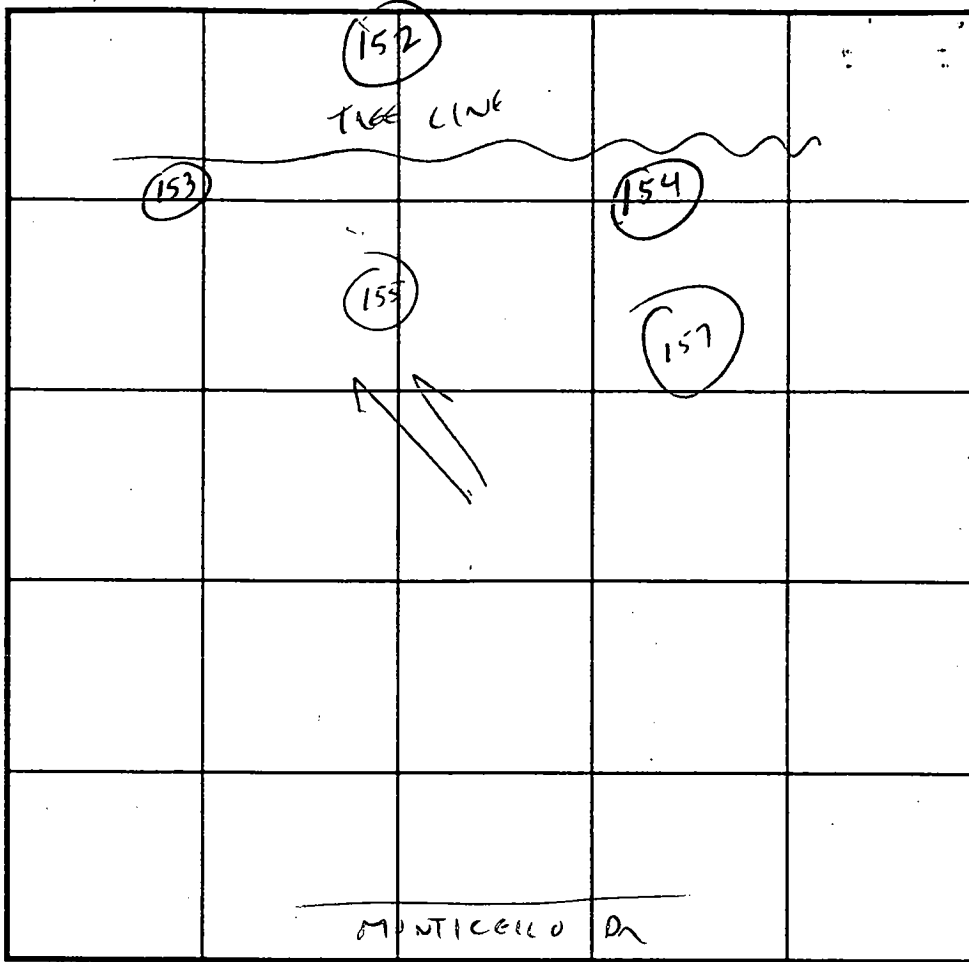
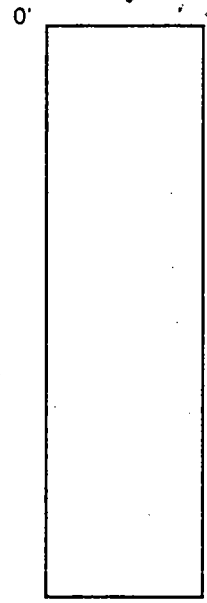
KNAPP SUBD.

SOIL PROFILE

152+157

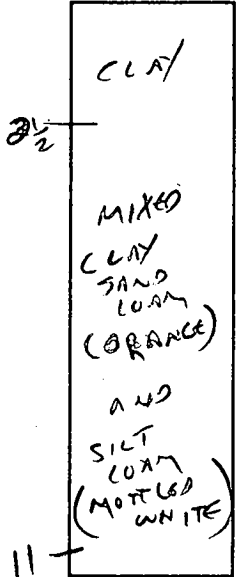


SOIL PROFILE

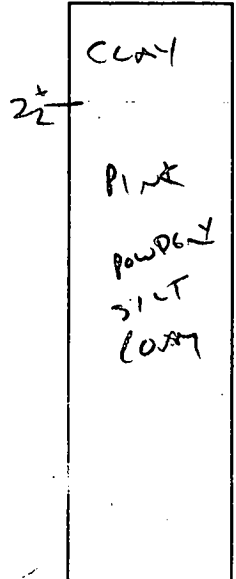


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

153+155



154



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/98	155	3	4:11	4:12	4:12	4:14	2 MIN
	153	3 1/2	4:13	4:15	4:15	4:17	2 MIN
	152	3 1/2	4:25	4:27	4:27	4:30	3 MIN ✓
	154	3 1/2	4:27	4:29	4:29	4:32	3 MIN ✓
	157	3	4:28	4:31	4:31	4:36	5 MIN

REMARKS #153+155 - RE-EVALUATE - IRREGULAR CLAY LENSES

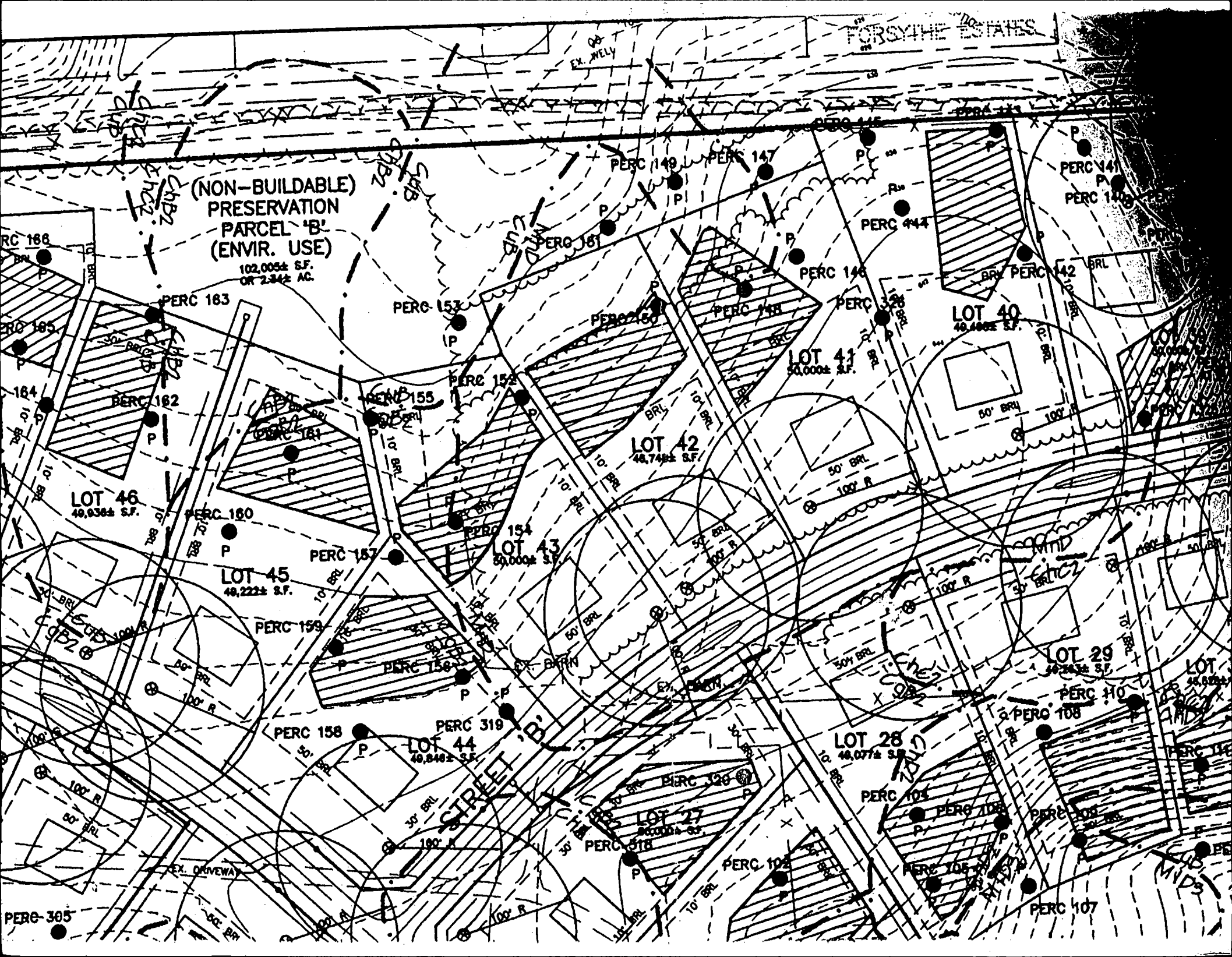
TYPE OF SOIL _____

TESTED BY Willie ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
(ENVIR. USE)
102,005± S.F.
OR 2.34± AC.



PERC 168

PERC 165

PERC 164

LOT 46
49,036± S.F.

LOT 45
49,222± S.F.

LOT 43
50,000± S.F.

LOT 42
48,748± S.F.

LOT 40
49,400± S.F.

LOT 41
50,000± S.F.

LOT 29
49,243± S.F.

LOT 28
48,077± S.F.

LOT 27
50,000± S.F.

LOT 44
49,848± S.F.

PERC 305

EX. DRIVEWAY

EX. WELY

STREET 'B'

PERC 183

PERC 182

PERC 160

PERC 157

PERC 159

PERC 158

PERC 158

PERC 319

PERC 318

PERC 102

PERC 105

PERC 106

PERC 107

PERC 108

PERC 110

PERC 153

PERC 155

PERC 152

PERC 154

PERC 150

PERC 148

PERC 146

PERC 149

PERC 147

PERC 144

PERC 141

PERC 140

PERC 142

PERC 143

Handwritten notes and scribbles in the upper left corner.

Handwritten notes and scribbles in the lower right area.

N 605.500

PARCEL 330
RICHARD H. AND SUSAN OYSIER
L 1225 F. 0652

PARCEL 274
MICHAEL E. AND BEIH A. VARNEY
L 1591 F. 0198

PARCEL 272
TIMOTHY L. AND
CAROLE E. SIMRSON ET AL
L 1832 F. 0491

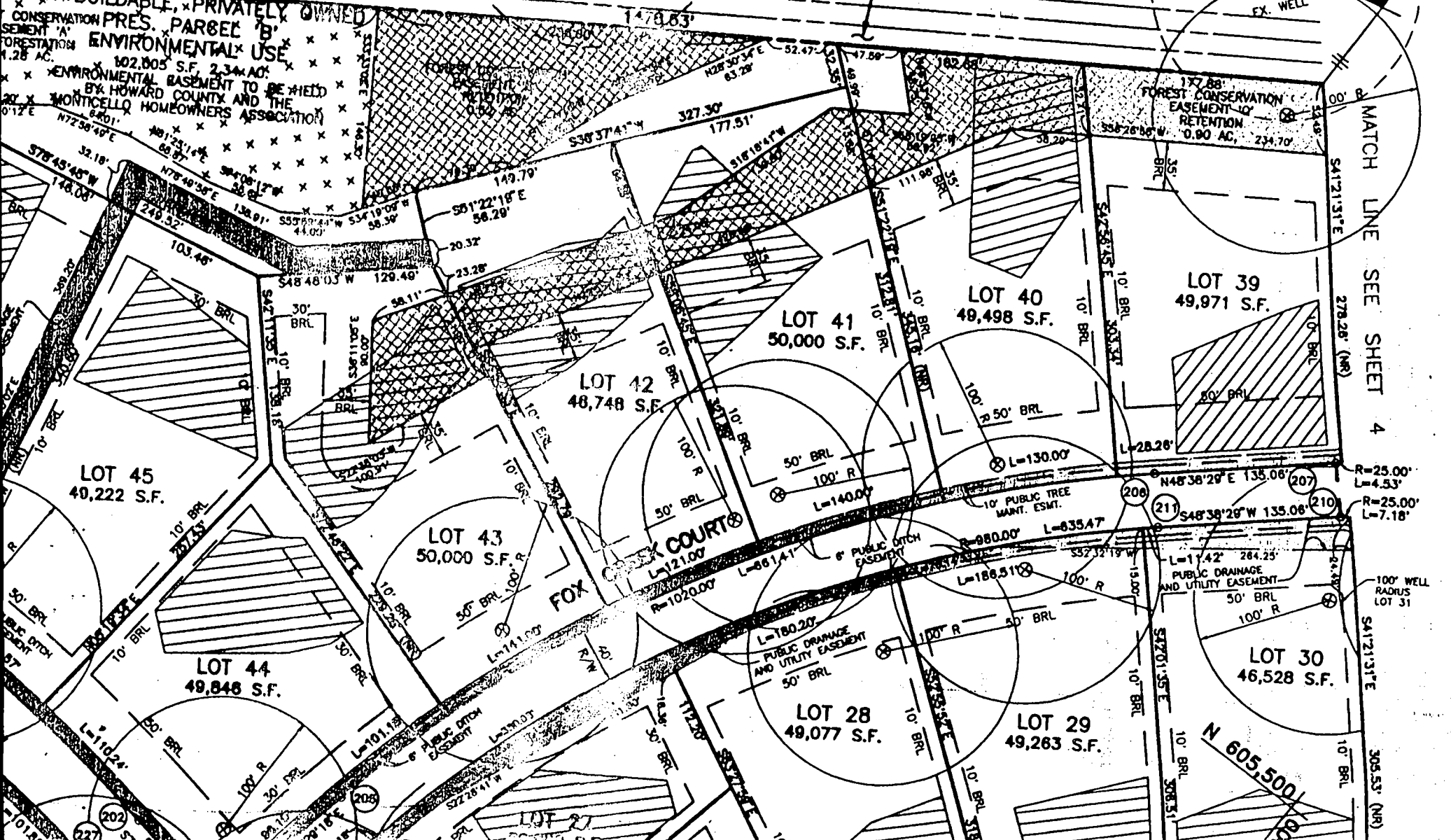
PARCEL 329
FRANCES A. LAUMANN
L 2758 F. 0351

PARCEL 327
JUSTIN JAMES
AND DARLENE FIELD
L 3110 F. 0044

PARCEL 276
RICHARD C. HUDSON
L 971 F. 0587

PARCEL 273
JAMES M. HENNESSY
L 1322 F. 0419

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



MATCH LINE SEE SHEET 4

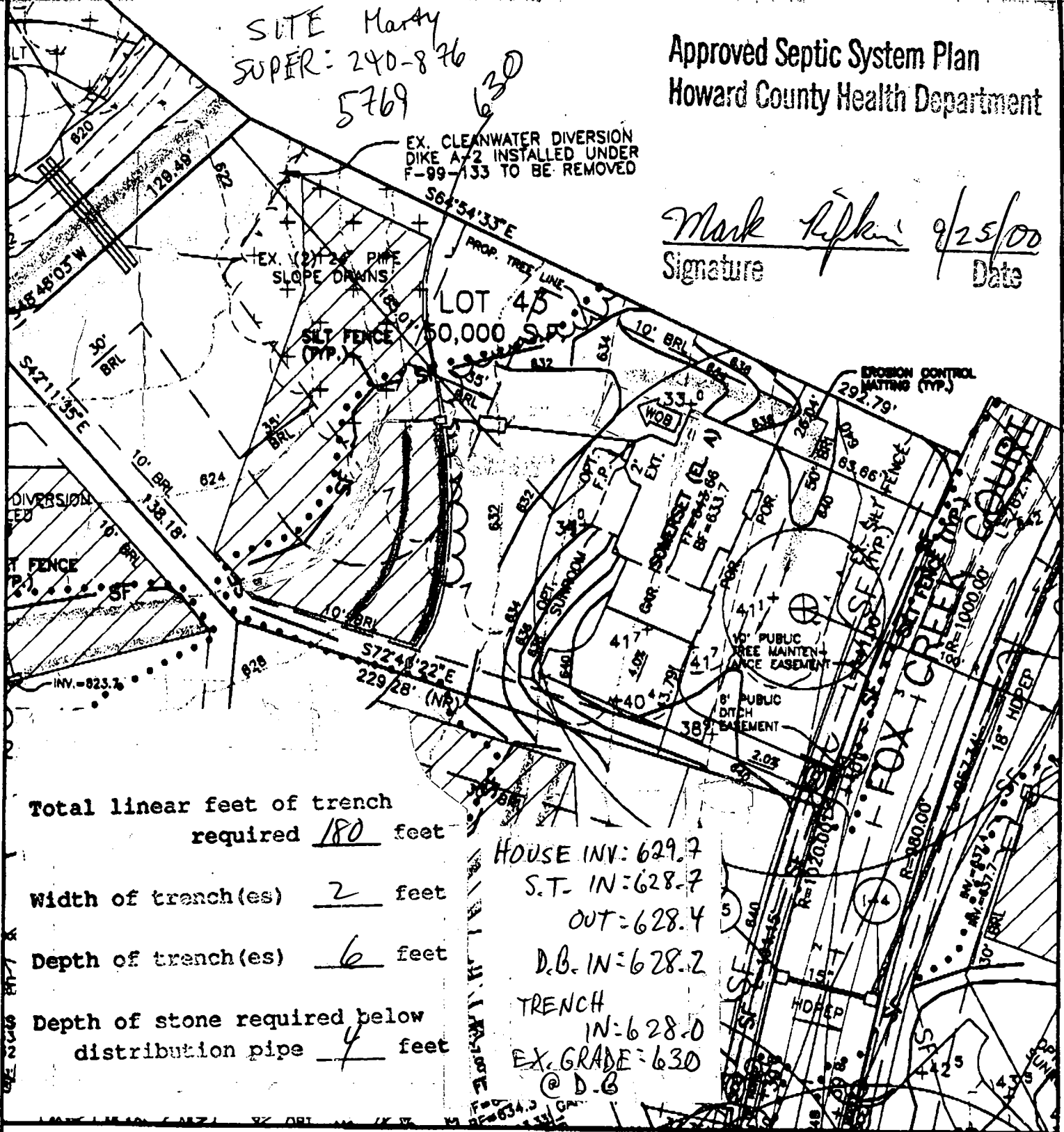
GRID NORTH

N 605.500

SITE Mary
 SUPER: 240-876
 5769 630

Approved Septic System Plan
 Howard County Health Department

Mark Ripkin 9/25/00
 Signature Date



Total linear feet of trench required 180 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 4 feet

HOUSE INV: 629.7
 S.T. IN: 628.7
 OUT: 628.4
 D.B. IN: 628.2
 TRENCH IN: 628.0
 EX. GRADE: 630
 @ D.B.

FIRST FLOOR ELEVATION = 643.66
 BASEMENT ELEVATION = 633.7
 SPOT ELEVATION AT GARAGE = 641.7

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

BENCHMARK
 ENGINEERING, INC.

MONTICELLO
 LOT 43 - REVISED

6480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-485-8105 FAX: 410-485-8644

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9/6/00

Building Address 14305 Fox Creek Ct.
Woodstock, MD 21163

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Monticello

Section _____ Area _____ Lot 43

Tax Map 8 Parcel 110 Grid 18

Zoning RC Map Coordinates 11612 Lot size _____

Property Owner's Name D. R. Horton Custom Homes
1370 Piosard Dr., St. 230
Rockville, MD 20850

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.

Phone 410-602-8779 Fax 486-5185

Existing Use VACANT LOT

Proposed Use NEW SINGLE FAM. DWELL.

Estimated Construction Cost \$ 250,000

Description of Work SOMERSET 3 BR/2.5 BATH
2 STAIRS, FULL BSMT, 11R, 3FB, 1HB,
FP, SINK & 3 CUBICAL (LRR) FIN BSMT

Contractor Company D. R. Horton Custom Homes
1370 Piosard Dr., St. 230
Rockville, MD 20850

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone 301-6706144 Fax _____

Occupant or Tenant NO OCCUPANT

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company BENCHMARK ENG.

Contact Person JOHN CARNEY

Address 8490 14th No. NAT'L PK.

City ELLICOTT CITY, MD State MD Zip Code 21043

Phone 410-485-1105 Fax 485-6644

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>80' x 52'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>80' x 46'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>	Basement: <u>60' x 52'</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
<input type="checkbox"/> State Certified Modular		No. of Bedrooms: <u>4</u>	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THIS INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREUNTO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DISCLOSED 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 V. Meyer
 Title/Company Maryland Bldg. Permits, Inc.

Print Name Victoria Meyer
 Date 9/11/00

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	<u>7/26/00</u>	<u>Mark Rippen</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID: <u>17927</u>
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>400971</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

**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.
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): _____ License# MSD 009

***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: Dr. Horton Telephone #: 410-
Subdivision: Monticello Lot #: 43 Well Tag #: HO-94-2155
Site Address: Lot 43 Fox Leaf Ct.

Submersible Pump Data

Make: Coulds
Model #: 85B0722
Pump Capacity 7 GPM
Well Yield: 20 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: 285 (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, other - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt. No

Piping to house

Type: 1" Black plastic
PSI: 160 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve 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.

Allen Conroy 2-13-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/24/01 Date Insp. Approved: 1/24/01 Inspector: (MR) BB
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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 9648 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
7 14 99
Depth of Well
22 28.5 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HM 94-2155
28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND Development
STREET OR RFD Fox Creek Court TOWN Glennwood
SUBDIVISION Monticello - Knapp SECTION LOT 43

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	24	
Gray Granite	24	28.5	✓

Dry well 440'
Backfilled
440-40 drilling material
40-0 cement

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 8 NO. OF POUNDS 752
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 25 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) 28
60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 1
WELL HYDROFRACTURED YES 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD024
Joseph R. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

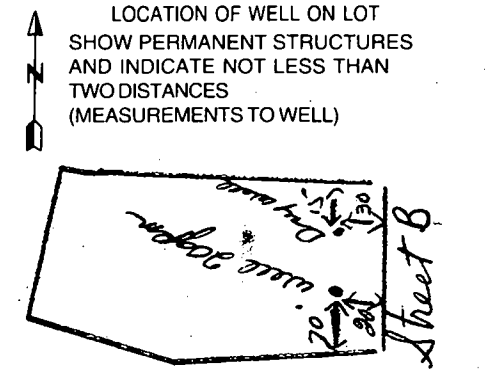
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

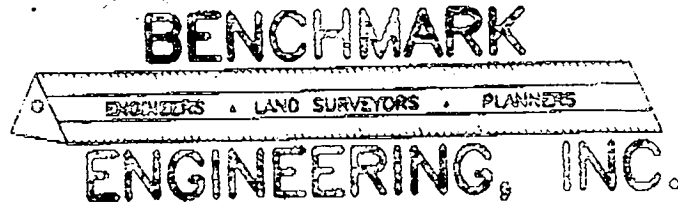
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 44 ft.
WHEN PUMPING 46 ft.
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 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)





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

FAX COVER SHEET

DATE: 4/8/99

PLEASE DELIVER THE FOLLOWING TO:

NAME: AMY

COMPANY: HO Co HEALTH DEPT.

FAX NO.: 410-313-7618 PHONE: _____

NO. OF PAGES INCLUDING TRANSMITTAL 2

FAX TRANSMISSION FROM: DON MASON

RE: MONTICELLO (KNAPP PROPERTY)

REMARKS: THE WELL ON LOT 43 DOES NOT HAVE ADEQUATE WATER
AS DRILLED WE WOULD LIKE TO MOVE AND DRILL AT THE
ALTERNATE 1 OR ALTERNATE 2 LOCATION SHOWN ON THE
PLAN TRANSMITTED HEREWITH PLEASE ADVISE US OF
THESE ACCURABILITY

ORIGINALS WILL WILL NOT FOLLOW BY MAIL

B 1 6739 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2155 fill in this form completely

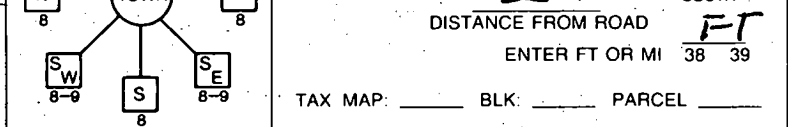
Date Received (APA) OWNER INFORMATION Highland Development P.O. Box 228 Clarksville Md. 21029

LOCATION OF WELL Howard Knapp Property Glenwood

DRILLER INFORMATION Joseph L. Mayre M S D 024 Joseph L. Mayre Well Drilling 5512 Ridge Rd. Md. Army 21771

Street B NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 25 FT

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

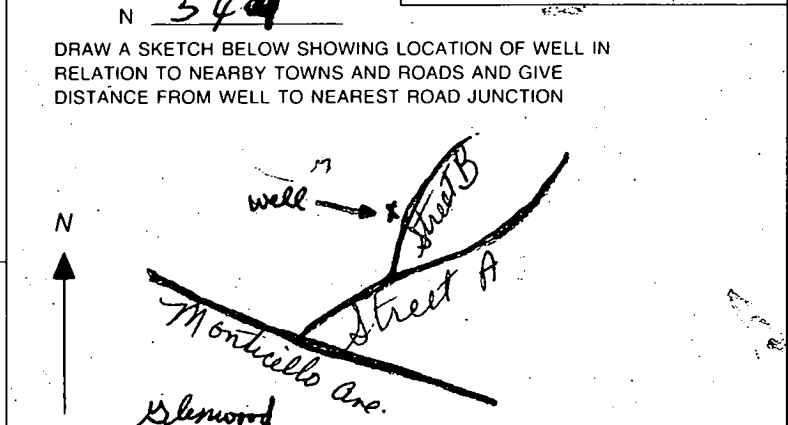
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 03/23/99 CO SIGNATURE EXP. DATE 03/22/00

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

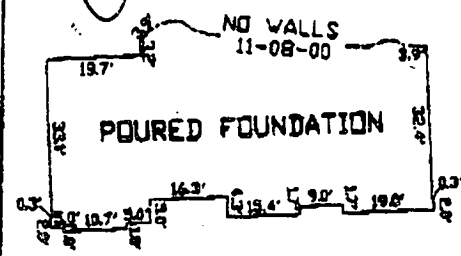
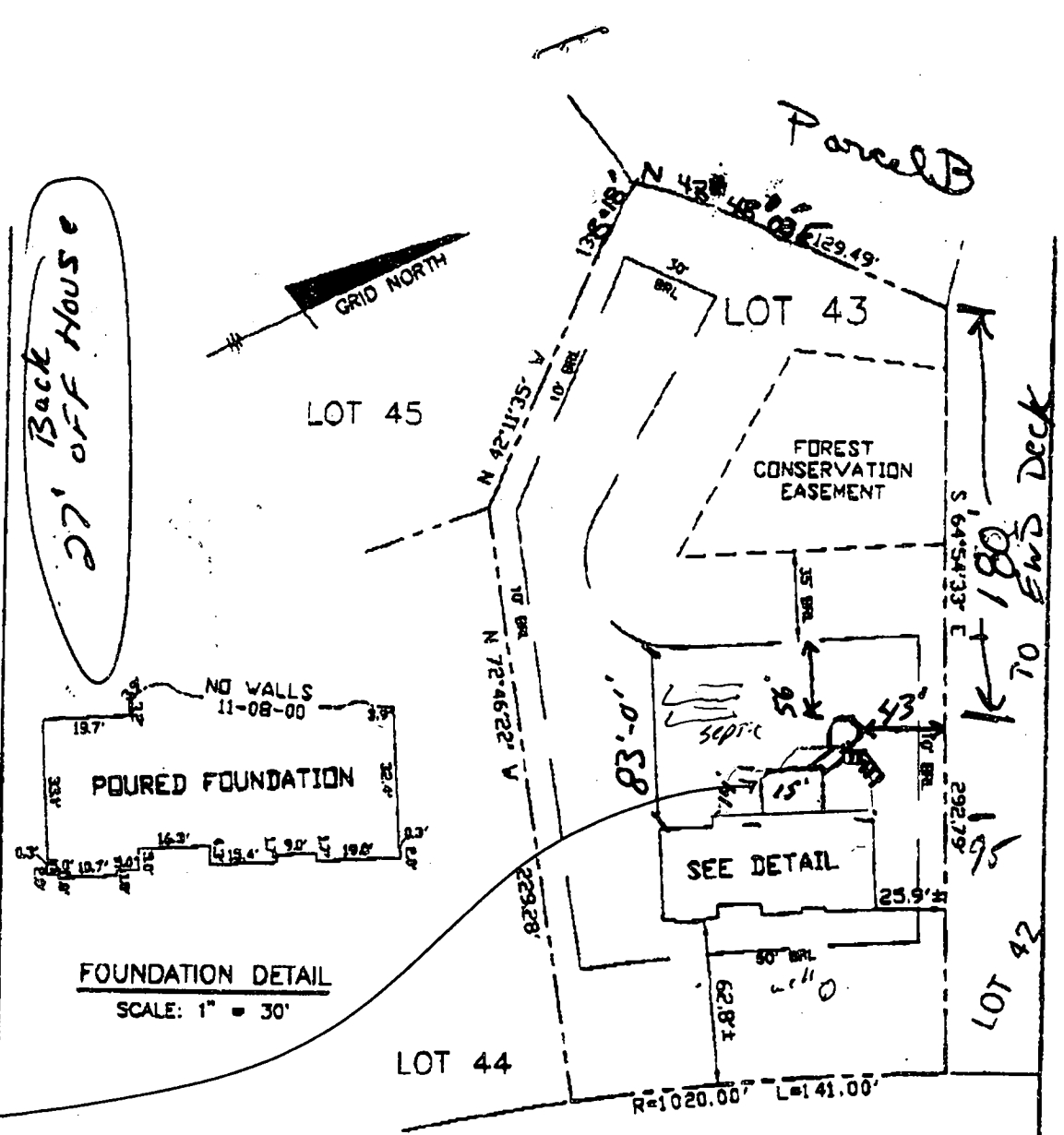
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 799 N 544

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2155



FOUNDATION DETAIL
SCALE: 1" = 30'

4/18/02
Proposed
deck &
gazebo
OK SRK

TOP OF FOUNDATION
WALL ELEVATION = 842.4
OFFSET DISTANCES 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 11-08-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAN PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED MONTICELLO, LOTS 1-50, PRESERVATION PARCELS A-D AND NON-BUILDABLE PARCEL E; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14086.

David M. Harris
DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351

RECORD PLAT No. 14086
FEMA FIRM No. 240044 0008 B
ZONE: C
DATED: 12-04-88
BENCHMARK



FOX CREEK COURT
40' R/W

WALL CHECK
MONTICELLO
LOTS 1-50, PRESERVATION
PARCELS A-D, AND
NON-BUILDABLE PARCEL E

LOT No. 43
14305 Fox Creek Cr
4th Election District
Howard County, MD

