

3/7/01 - Layout 12pm
3/12/01 - 12 and later pm

RPS 357930

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

P 514750

A 49889-D

ISSUE DATE 1/24/01

APPROVAL DATE 3/12/01

INDEXED

Jack Fvock Septic Service

IS PERMITTED TO INSTALL x ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Harless Manor II LOT NUMBER 29 ADDRESS 14017 Monticello Drive

PROPERTY OWNER Cornerstone Homes Inc PROPERTY OWNER'S ADDRESS 9691 Norfolk Avenue

SEPTIC TANK CAPACITY 1250 GALLONS Laurel, MD 20723

**** TOP SEAMED SEPTIC TANK REQUIRED ****

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 60 feet from right (218.00') lot line and 120 feet from front lot line as viewed from Monticello Drive. Install trenches on contour to right side of lot. 12/19/00 OK (BB)

BUILDING PERMIT SIGNED

AND RETURNED 10/2/02
B00138696-IG POOL
B00138826-IG POOL W/ KEN 10/9/02

PLANS APPROVED Mark Rifkin, R.S. DATE 12/14/2000

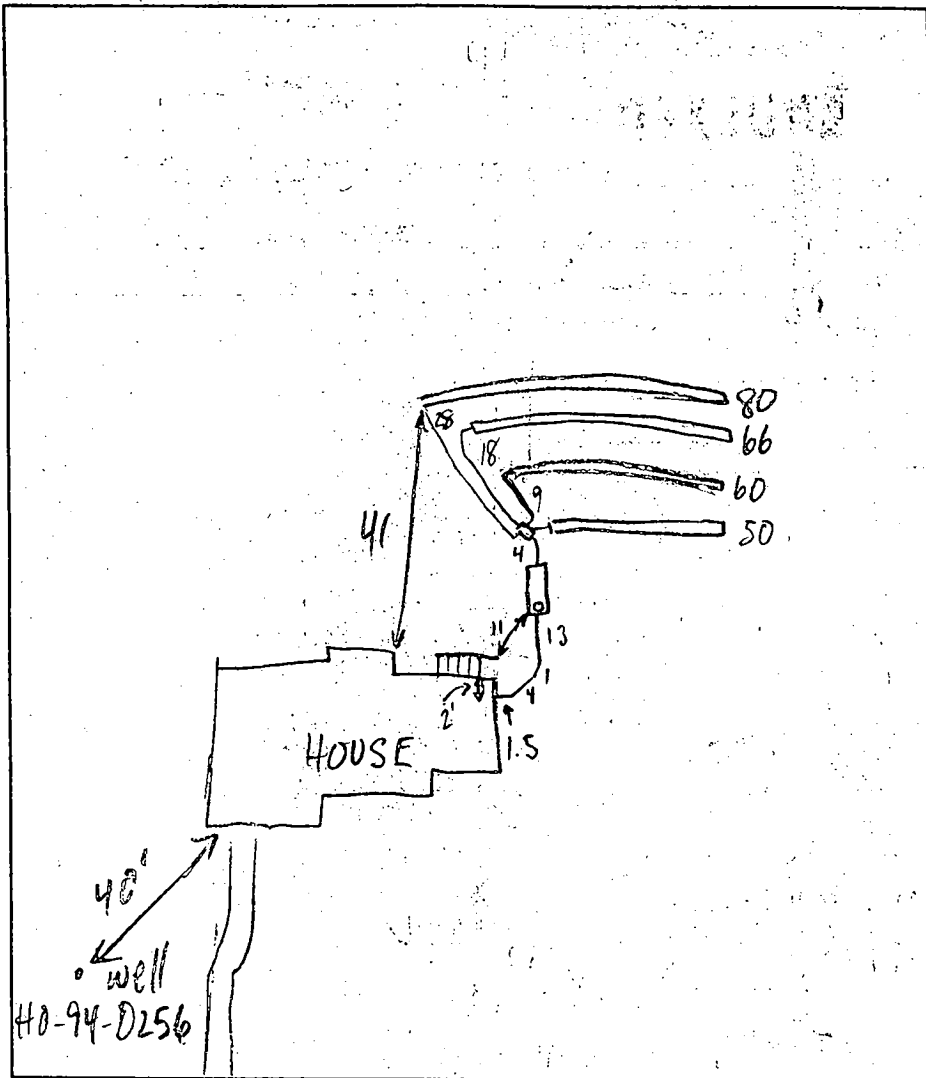
PERMIT VOID AFTER 2 YEARS

- 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

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

P514750

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 2
 TRENCH BOTTOM DEPTH 4
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 256
 ABSORBENT AREA 768
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

~~PUMP CHAMBER 2 GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST~~

PRE-CONSTRUCTION INSPECTION: 3/7/01 To run trenches as shown on BP plan. Trenches to be kept 7'-8' apart to conserve area. (BB)

INSPECTION COMMENTS: 3/12/01 12:30 OK, CONTINUE (MR)
3/12/01 OK TO COVER ALL (MR)

INSPECTOR M. Ripkin DATE SYSTEM APPROVED 3/12/01

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: FEAGA Plumbing Co Telephone #: 410-465-1401
Address: 3705 Hibernia Rd
Woodstock, MD 21163

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): HEW FEAGA License# 6318
*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: _____ Telephone #: _____
Subdivision: HATLESS MANOR Lot #: 29 Well Tag #: HO 93-0256
Site Address: 19017 Monticello Drive

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: _____ Two piece watertight cap:
Model #: 76505412 Model#: _____ Screened, vented well cap:
Pump Capacity 7 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: _____ NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 75 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 8ft
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly:

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: _____ date: 4/22/01

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

Date Insp. Requested: 3/13/01 Date Insp. Approved: 3/13/01 (MR) SRU
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

C1 0233 SEQUENCE NO. (MDE-USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY DATE Received

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 49889 D PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-93-0256

DATE WELL COMPLETED 03 02 96 Depth of Well 165 (TO NEAREST FOOT)
 OWNER Hewitt Leroy
 STREET OR RFD Monticello Dr TOWN Cooksville
 SUBDIVISION Hatless Manor SECTION 2 LOT 29 (Prolm 12)

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	
Top Soil	0	2	
Sandy	2	15	
Sand Stone MICKA	15	22	✓
Sand Stone MICKA	22	60	
Sand Stone MICKA	60	65	✓
Sand Stone MICKA	65	165	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Y) (N)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 13 NO. OF POUNDS 1300
 GALLONS OF WATER 28
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 24 ft.

CASING RECORD
 casing types insert appropriate code below
 (ST) STEEL (CO) CONCRETE
 (PL) PLASTIC (OT) OTHER
 MAIN CASING TYPE (PL) 6 26
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) 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: 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.

TYPE: MWD/MSD/MGD 116
 DRILLERS LIC. NO. 116
 DRILLERS SIGNATURE

LIC. NO. 117
 DRILLERS SIGNATURE

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

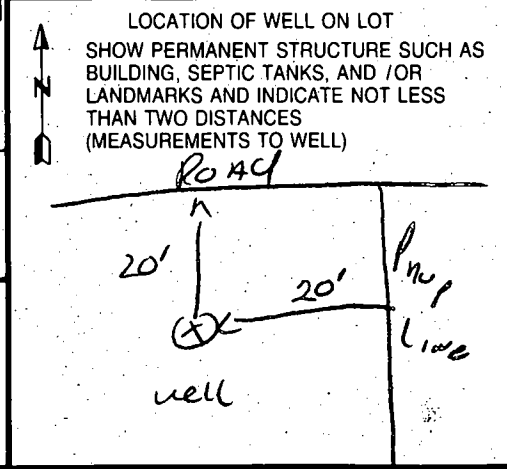
DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15 ft.
 WHEN PUMPING 20 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 WILL INSTALL 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 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 0657
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 10-93-0256
 70 fill in this form completely 79

Date Received (APA)
 012496
OWNER INFORMATION
 8 13
 HEWITT LEROY
 15 Last Name Owner First Name 34
 14070 MONTICELLO DR.
 36 Street or RFD 55
 COOKSVILLE MD 21732
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
 HOWARD
 8 COUNTY 21
 HARLESS MANOR
 23 SUBDIVISION 42
 Arlin SECTION 2 LOT 17 A49889D
 44 46 48 50
 COOKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 DRILLER'S NAME: Ralph MAYNE
 77 License No. 80: 116
 Firm Name: RALPH MAYNE WELL DRILLING
 Address: 9120 Brown Church Rd. Mt. Airy
 Signature: Ralph Mayne Date: 1/20/96

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W N N E
 8-9 8-9 8-9
 W TOWN E
 8 8
 S W S E
 8-9 8-9 8
 NEAR WHAT ROAD: MONTICELLO DR.
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 DISTANCE FROM ROAD: 20
 34 37
 ENTER FT OR MI: 44
 38 39
 TAX MAP: 8 BLK: 19 PARCEL: 324

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL PER MIN.): 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.
 OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: Howard COUNTY NO.: A49889D
 STATE SIGNATURE: [Signature] INSERT S: [] 41
 DATE ISSUED: 020596 EXP. DATE: 2/5/96
 43 48 CO SIGNATURE: [Signature] 52
 NORTH GRID: 542000 EAST GRID: 08000000
 50 55 57 63

APPROXIMATE DEPTH OF WELL: 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL: 64 INCH
 NEAREST INCH

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 800
 N 5402
 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 Monticello Dr.
 7000 ft well
 Int. 70

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED.
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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)
 APPROX. PERMIT NUMBER: H094GAP012
 FORCE: RP PERMIT No.: H0-93-0256
 67 68 70 71 72 73 74 75 76 77 78 79

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

APPLICATION

PERCOLATION TESTING

A 498890

P _____

DISTRICT FOURTH

DATE DECEMBER 8, 1993

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

page 1

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 LEROY H HEWITT

ADDRESS 13900 MONTICELLO DRIVE, COOKESVILLE, MD. 21723 PHONE 442-2753

AGENT ~~OR PROSPECTIVE BUYER~~ FISHER COLLINS & CARTER INC.

ADDRESS 9171 Balto. National Ake suite 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: Final lot 29, phase 2
Prelim lot 17

SUBDIVISION HARLESS MAJOR LOT NO. 18A + B New lot 17 + 18

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 008 B ADD 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED
(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. Zacharia J. Fisch (agent)
(SIGNATURE OF APPLICANT)

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

Lot 18A/18B

Harless Manor

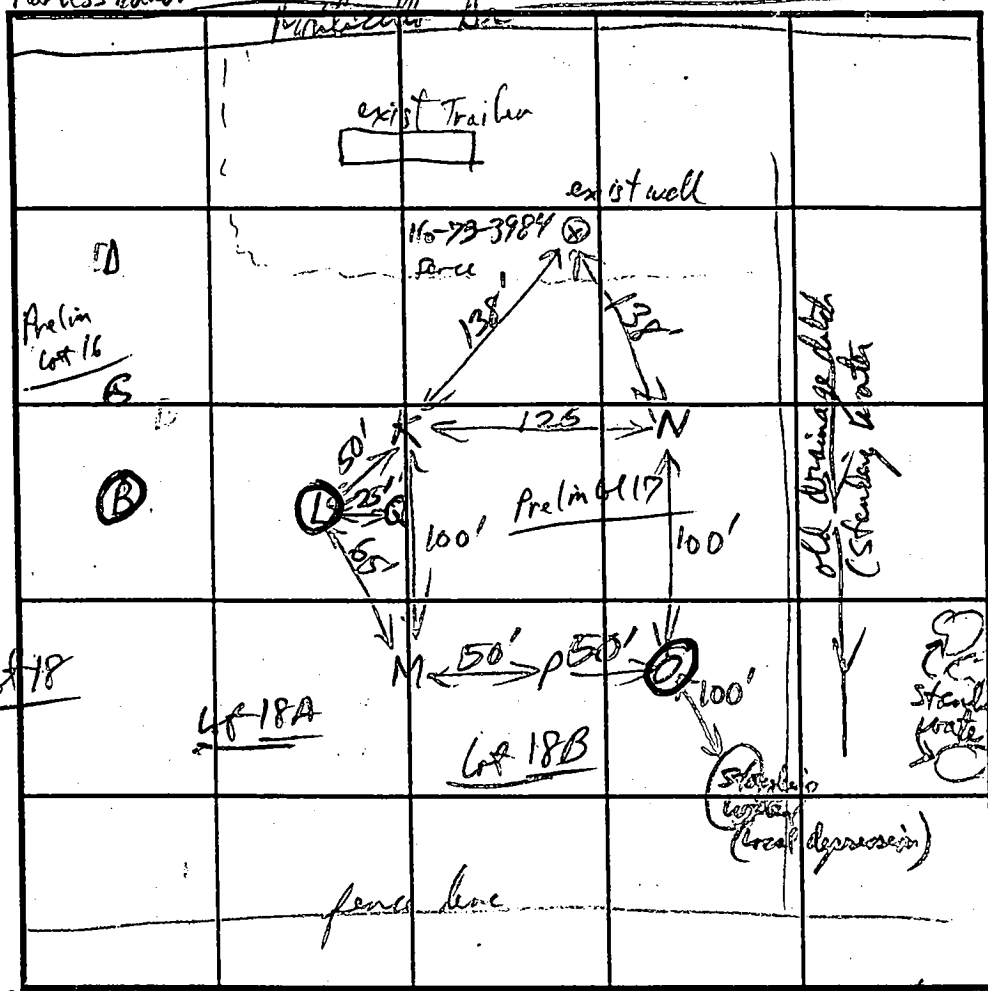
11th St

COUNTY #
A 49889D
SOIL PROFILE
K

0' Red Brn CL
3 1/2' yel Brn SL
4 1/2' mid Brn SL
9' water seepage
11' water seepage
Hole M

2 1/2' Red Brn CL
Mid Brn (var.) SL
8 1/2' water seepage
9' water seepage
Hole N

2 1/2' Red Brn CL
Tan Mid Brn
water seepage



SOIL PROFILE

Hole P
0' Red Brn - Str Brn
2 1/2' Olive Brn - yel Brn HL-L
4 1/2' Red Brn - yel Brn Mic Loam - SL
8.7' water level

Hole L
3 1/2' Red Brn CL
6 1/2' water seepage

Hole O
0.9' water seepage + casing @ 5'

Hole Q Same as K, M water @ 8.7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Route 70

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-7-94	K	3'	12:03:30	12:07:10	12:07:10	12:09:10	3 min OK
		3'	11:58:30	12:01:15	12:01:15	12:03:15	OK
		6 1/2'	11:58:13	12:01:30	12:01:30	12:06:00	4 1/2 min
	(L)	10'	(Water Seepage @ 9')				(Fail)
	M	3'	12:34:34	12:36:40	12:36:40	12:41:00	4 min
	N	10'	(water seep @ 8 1/2' water level @ 9 1/2' @ 11')				
		3'	12:12:30	12:18:50	12:18:00	12:36:00	18 min
		10 1/2'	(water seepage @ 9')				
	(O)	9'	(Water Seepage + casing @ 5')				(Fail)
	(P)	4'	12:24:00	12:29:00	12:29:00	12:37:00	8 min
		3 1/2'	(Water Seepage @ 8.7' water level @ 5 PM)				
	(Q)	10'	(casing + water seepage @ 8.7' OK below 2 1/2')				

REMARKS
 TYPE OF SOIL I, Q, K, M, P, N all measured after 4" has been (No change)
 TESTED BY RW [signature] ALSO PRESENT Choro
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3
 INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 49889D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT FOURTH

DATE DECEMBER 8, 1993

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ADDRESS 9171 Balto. National Ake suite 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: Final lot 29 Phase 2

SUBDIVISION HARLESS MAJOR LOT NO. 18 New 16 17 Prelim

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 1008 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 A.C.[±] TYPE BLDG. SINGLE FAMILY DETACHED
(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. Zacharia J. Fisch (agent)
(SIGNATURE OF APPLICANT)

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 _____

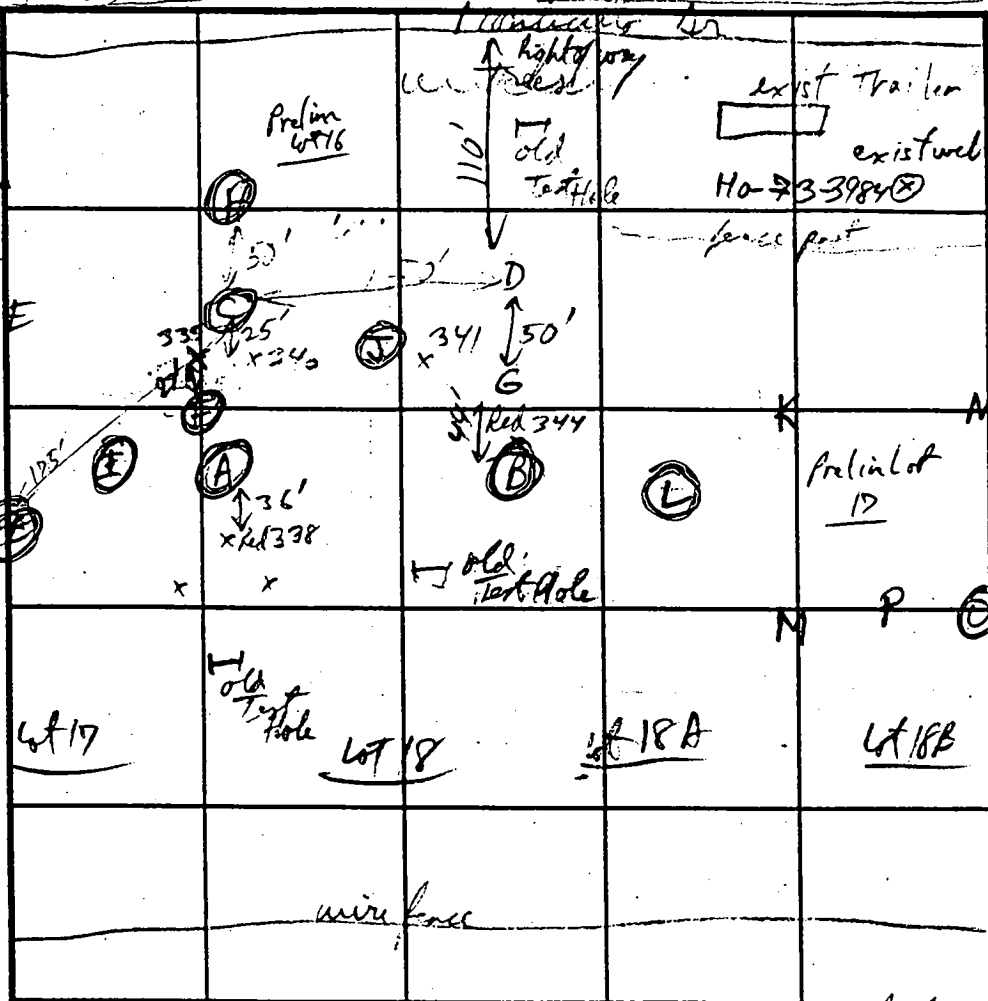
THIS IS NOT A PERMIT

Lot 18 49889D Hairless Manar

COUNTY # 49889C

SOIL PROFILE A7

0' Red Brn CL
 2 1/2' Yel Brn HSL
 3 1/2' pale olive drab var. SL
 Hard Bottom



SOIL PROFILE D

0' 3:11 D
 Red Brn CL
 2 1/2' Red Brn + Mid Brn SL
 10 1/2'

344 (B)

Water Seepage @ 5 1/2'
 Change Stand water @ 6 1/2'

341-6

Red Brn CL
 Red Brn - Mid Brn SL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Route 70

Hole (B) V 10' (water seepage -) Red Brn CL - 3ft, Mid Brn L - SL - 9'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-7-94	344 (B)	v 9 1/2'	Water Seepage @ 5 1/2'	Leaving @ 6 1/2'			Fail
	338 (A)	v 9 1/2'	Water Seepage @ 4'	Leaving @ 4'			Fail
	335 (C)	3 1/2'					3 min Shallow only
		v 9 1/2'					3 1/2 min
	335 (E)	v 9 1/2'	Water @ 8' (holding 3 hrs)				7 min Fail
	341 (B)	3'	Water @ 6'				2 min ✓
		v 10 1/2'	OK below 2'				
	341 (D)	3'	11:23:00	11:25:00	11:25:00	11:29:00	4 min ✓
		v 10 1/2'	OK below 2 1/2'				
	(H)	2'	11:34:30	11:35:30	11:35:30	11:37:42	2 min Shallow only
		3'	11:31:48	11:32:20	11:32:20	11:33:30	

REMARKS Holes 6+5 Fail in place water tables stabilized

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT C. [Signature], D. [Signature]

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

Page 2

*Supplemental Testing
for Final Lbs*

A 49889C + 49889D
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

(Prelim 16 + 17) Final Lbs 30 A49889C+D DISTRICT _____
(Prelim 20 + 21) Final Lbs 25, 24 A49889S DATE _____
A49889R

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Harless Manor LOT NO. Final lots 24, 25, 29, 30 Phase II
Prelim lots 21, 15, 17 (to be removed)

ROAD AND DESCRIPTION _____

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 OF APPLICANT)

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 _____

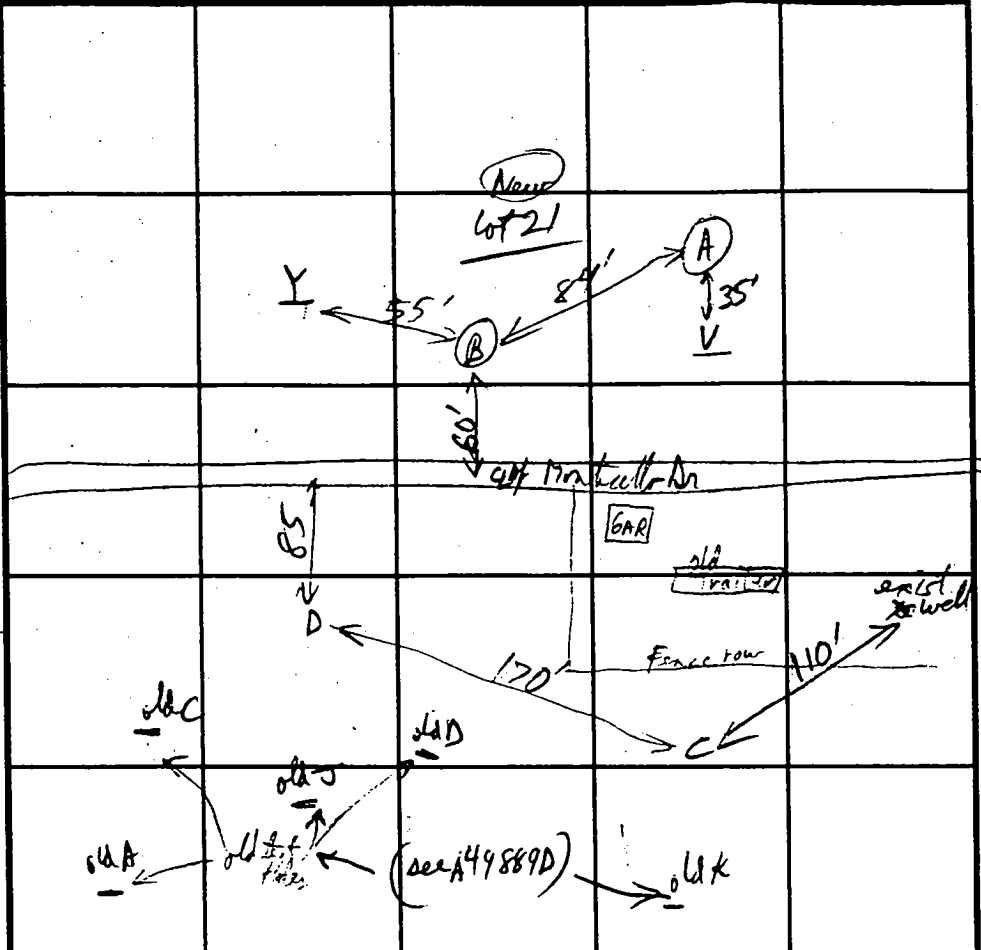
THIS IS NOT A PERMIT

Midway lot 1
A 49889 For Final Lt 29

COUNTY #

SOIL PROFILE

0' A
8" Ap Dark Br SIL
yell Br - Yell R
SIL
- CL Moist
3 3/4" Transition
3 1/2" Sandy, Glass
- Red Br
SL
5" Tan to
Mud Br
SL
7" gray to olive
gray Br
SL
11" yellow black
water after several hrs
B
8" Topsoil SIL
Red Br SIL
Moist
2 1/2" Sandy Br
SL
11" var orange
F. Mid Br
micro SL
sl moist
D
8" Topsoil SIL
yell Red
yell black
SL - HSL
1 1/2" var pale
orange sandy
Br SL
dry
8" pale yellow
to red Br
SL
12



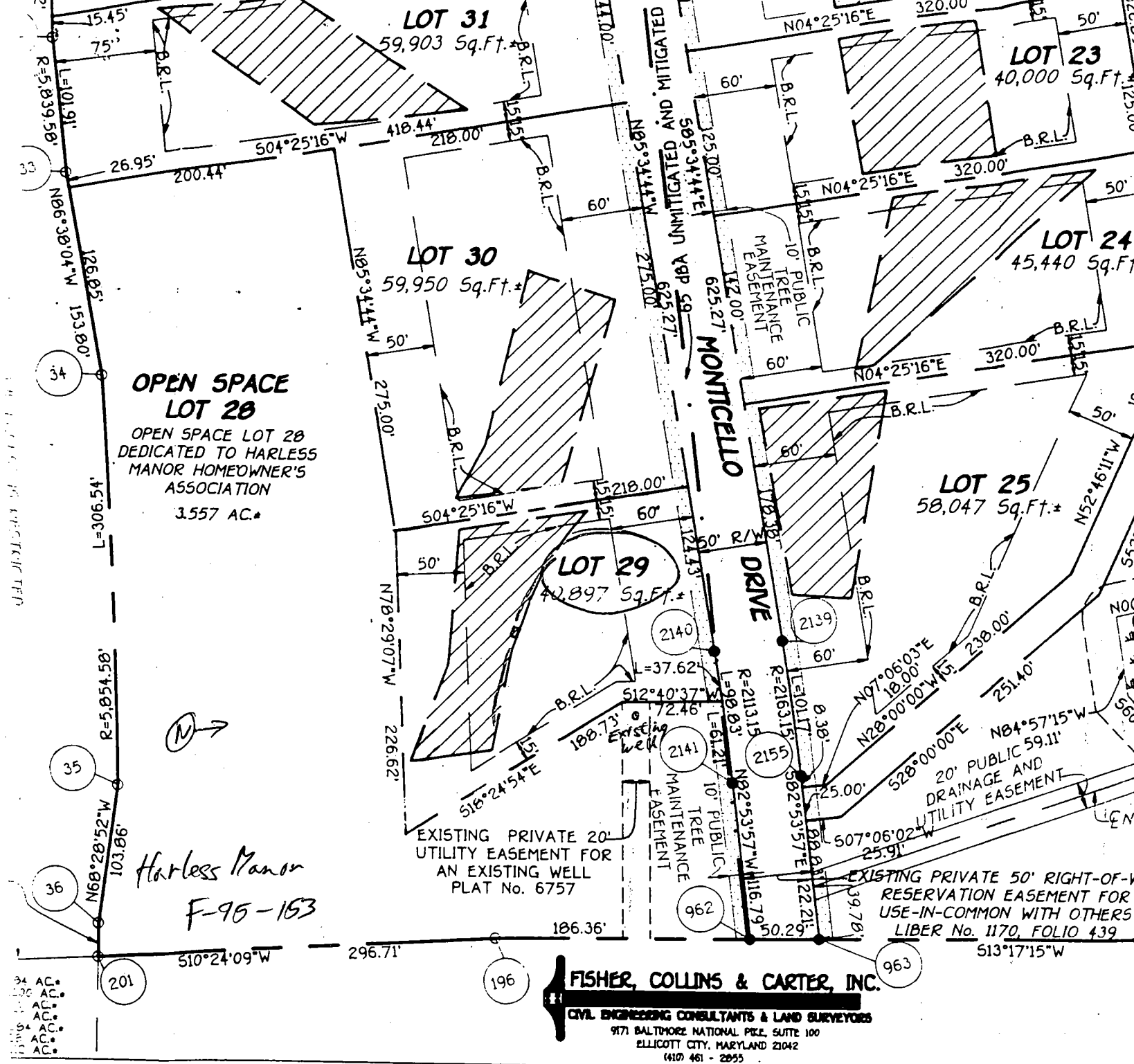
SOIL PROFILE

0' C
8" Br SIL Topsoil
Red Br
HSL - SCL
3 1/4" Red Br
SL - HL
3 1/2" Mid Br
Micro SL
5" var orange
& Tan & Br
Micro SL
8" pale
Mid Br
SL
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
7/1/94	Lt 21	A	3 1/2	10:42:09	10:45:00	10:45:02	10:49:10	4 min	OK
			vll	water after 1 hr @ 11'					
		B	4'	10:54:00	10:55:50	10:55:50	10:59:00	3 min	OK
			vll	No water observed					
		D	3 1/2	11:18:46	11:20:27	11:22:00			
			3 1/2	11:16:23	11:17:22	11:18:22			
			4 1/2	11:22:15	11:24:20	11:24:30	11:26:30	2 min	OK
				OK below 1 1/2 ft					
		C	4 1/2	11:31:45	→ (2") →	11:36:30		2 min	OK
				11:29:59	→ (2") →	11:31:20			
			vll	OK below 2 1/2'					

REMARKS: Holes gave OK (WT from Spring testing)
 TYPE OF SOIL: Chapter / Minor
 TESTED BY: RPP / [Signature]
 ALSO PRESENT: Co Crew / [Signature]
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



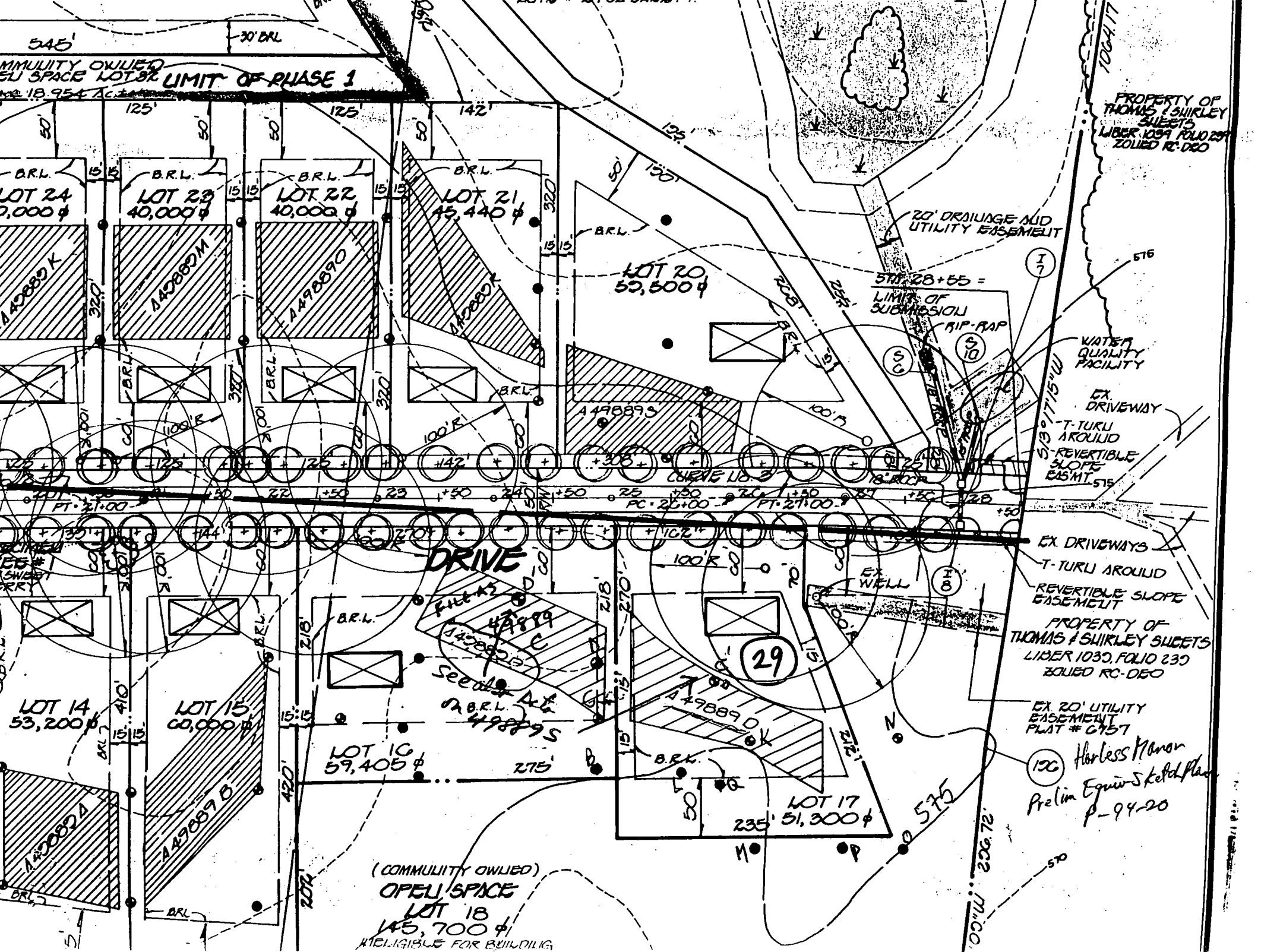
OPEN SPACE LOT 28
 OPEN SPACE LOT 28 DEDICATED TO HARLESS MANOR HOMEOWNER'S ASSOCIATION
 3.557 AC.

Harless Manor
 F-96-153

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 9171 BALTIMORE NATIONAL PIKE, SUITE 100
 ELICOTT CITY, MARYLAND 21042
 (410) 461-2855

OWNER'S CERTIFICATE

PATSY KAY HEWITT, TRUSTEE, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAT SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE DEPARTMENT OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS; (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATER WAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY. WITNESS MY HAND THIS 25TH DAY OF APRIL, 1995.



545'
30' DRL
COMMUNITY OWNED
OPEN SPACE LOT 18
LIMIT OF PHASE 1

LOT 24 2,000 φ
LOT 23 40,000 φ
LOT 22 40,000 φ
LOT 21 15,440 φ

LOT 20 59,500 φ

LOT 14 53,200 φ
LOT 15 60,000 φ

LOT 16 59,405 φ

29

LOT 17 51,300 φ

(COMMUNITY OWNED)
OPEN SPACE
LOT 18
145,700 φ
ELIGIBLE FOR BUILDING

PROPERTY OF
THOMAS & SHIRLEY
SWEETS
LIBER. 1094 FOLIO 239
ZONED RC-DEO

WATER
QUALITY
FACILITY

EX.
DRIVEWAY

T-TURK
AROUND
REVERTIBLE
SLOPE
EASEMENT

EX. DRIVEWAYS

T-TURK
AROUND
REVERTIBLE SLOPE
EASEMENT

PROPERTY OF
THOMAS & SHIRLEY SWEETS
LIBER 1030, FOLIO 239
ZONED RC-DEO

EX. 20' UTILITY
EASEMENT
PLAT # C157

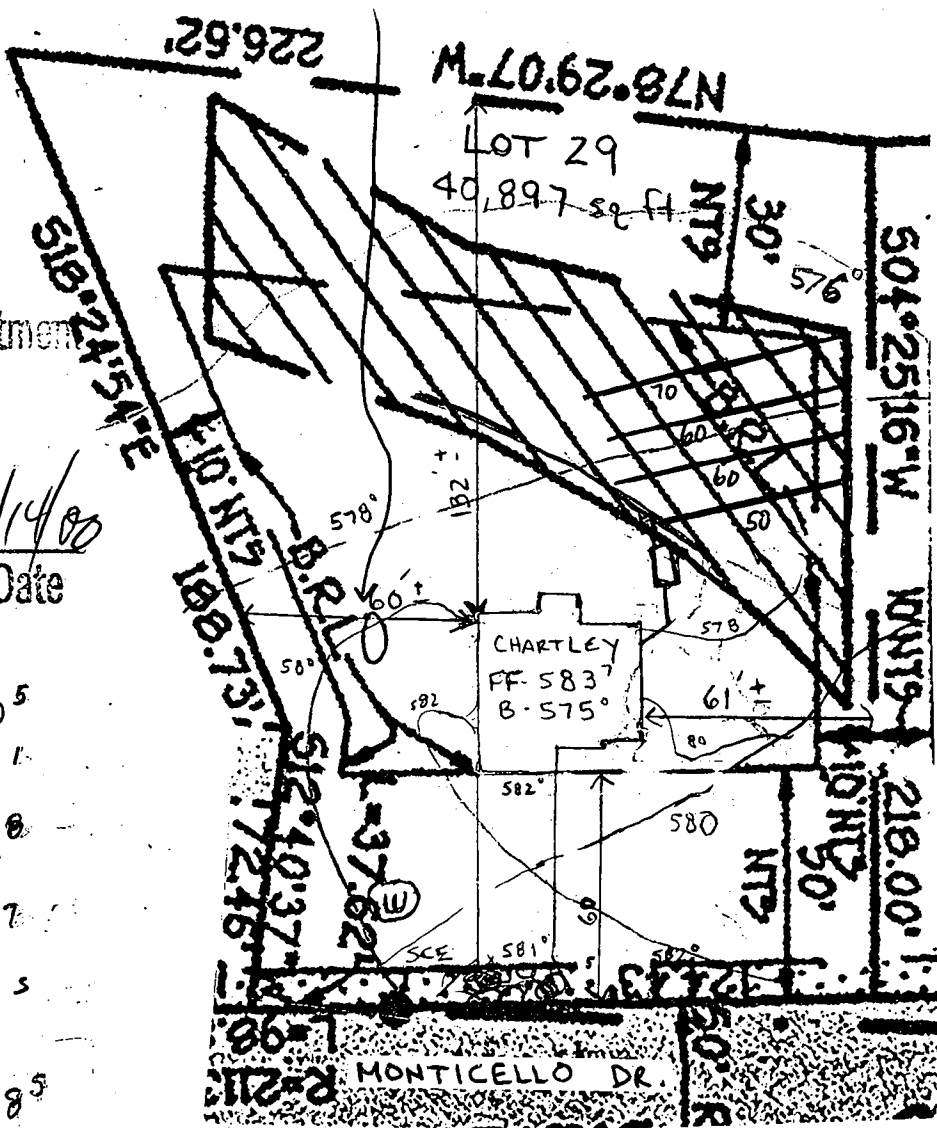
120 Horless Manor
Prelim Equip Sketch Plan
p-94-20

PROPANE TANK
 INSTALLED 3/13/01
 NO BP KNOWN ML.

Approved Septic System Plan
 Howard County Health Department

Mark Reffkin 12/14/00
 Signature Date

- Septic ELEV
- HOUSE OUT - 577⁵
 - TANK IN - 577¹
 - TANK OUT - 576⁰
 - BOX IN - 576⁷
 - BOX OUT - 576³
 - EXISTING ELEV - 578⁵
 AT BOX



SEE BP AMENDMENT

Total linear feet of trench
 required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below
 distribution pipe 2 feet

HARLESS MANOR
 PHASE 2
 LOT 29

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1
 PLAT Nos. 12025 AND 12026)

ZONING: 'RC-DEO'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: MARCH 16, 1996

Scale: 1" = 50'

SHEET 2 of 2

594-19 P94-20 F95-153

Building Address 14017 Monticello Drive
Cockeville, MD, 21723

Suite/Apt. #: _____ SDP/WP/Petition #: GP-01-86

Census Tract 6040 Subdivision Hartless Manor

Section _____ Area _____ Lot 29

Tax Map 9 Parcel 9 Grid 19

Zoning RE50 Map Coordinates 4012 Lot size 1 Acre

Property Owner's Name Cornerstone Homes Inc
Address 9891 Norfolk Avenue
Laurel, MD 20723

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone (410) 772-2565

Applicant's Name & Mailing Address, (if other than stated hereon):
Same

Phone _____ Fax (410) 772-2567

Existing Use Vacant Lot

Proposed Use New S.F.D.

Estimated Construction Cost \$ 103,400

Description of Work Brickly 2-story, full
bent, 9R, 2FB, 11B, 4BR, 9 garage, FP

Contractor Company Simon Co

Contact Person Quinn

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Simon Co

Contact Name Quinn

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Escher, Collins, & Carter

Contact Person Randy Pat...

Address 10272 Baltimore National Pike

City Ellicott City State MD Zip Code 21043

Phone (410) 461-2855 Fax (410) 750-3717

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"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Depth _____ Width _____	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"/>	1st floor: <u>44'</u> <u>42'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>30'</u> <u>42'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <u>38'</u> <u>42'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Dimensions: Footings: <u>16" x 8"</u> Roof: <u>5/12 Gable</u>
		No. of Bedrooms: _____	Other: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: <u>Exterior 4" Lows</u>	

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

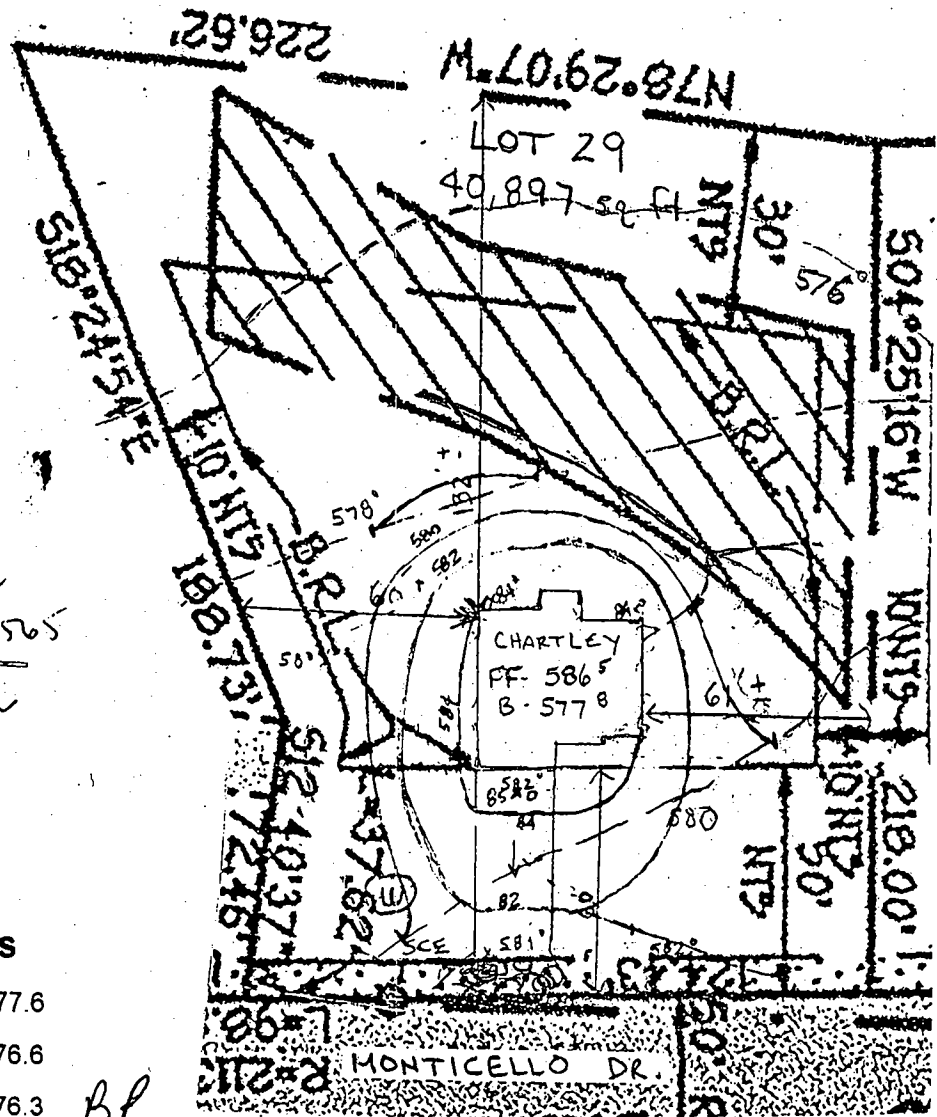
Blair D. Boy, President
Applicant's Signature
Blair D. Boy, President
Title/Company

Blair D. Boy, President
Print Name
11/27/02 11:29
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	43360
State Highways			Rear: _____	Filing fee \$ 25
Building Official			Side: _____	Permit fee \$ 139
Dev. Engineering, DPZ	<u>12/4/02</u>	<u>Mark Lipton</u>	Side St: _____	Excise tax \$ 221
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ 3,370
			Lot Coverage for NewTown Zone _____	Balance due \$
			SDP/Red-line approval date _____	Check # 4877
				Validation #
				Accepted by _____

FAKED TO
BLDR
3/2/01



REVISED

Date: 2-14-01
14017 Monticello Dr
Comments: B00127565
revise elevation

Septic Elevations

House Out	577.6
Tank In	576.6
Tank Out	576.3
Pump Chamber In	575.8
Dist.Box In	575.5
Exist Elev @ Box	579

BP
AMENDMENT OK (PUL)
Ho. Co. Health 3/2/01

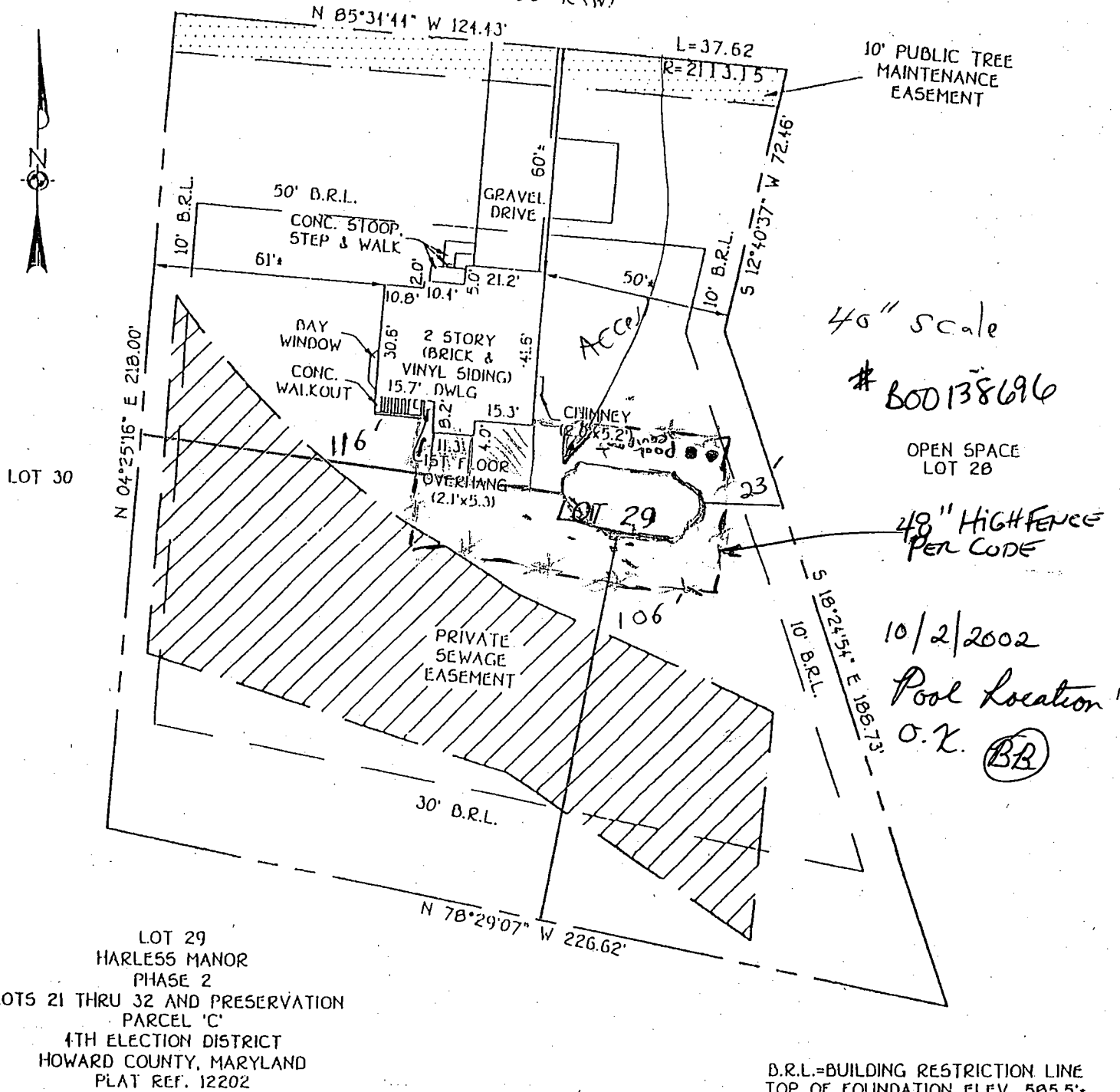
BUT ORIG
SEPTIC ELEVATIONS
STILL APPLY

HARLESS MANOR
PHASE 2
LOT 29
A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1
PLAT Nos. 12025 AND 12026)
ZONING: 'RC-DE0'
TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: MARCH 16, 1996
Scale: 1" = 50'

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No 210011 0000 B EFFECTIVE DATE: DEC. 4, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

MONTICELLO DRIVE
(50' R/W)



40" scale
800138696

OPEN SPACE
LOT 28

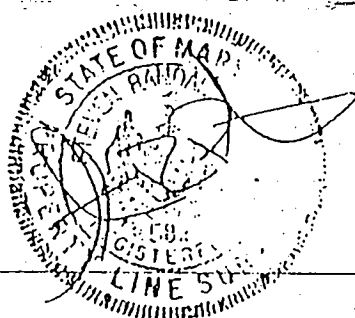
48" HIGH FENCE
PER CODE

10/2/2002
Pool Location
O.K. (BB)

LOT 29
HARLESS MANOR
PHASE 2
LOTS 21 THRU 32 AND PRESERVATION
PARCEL 'C'
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12202

D.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 585.5±

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 661-2855



PROFESSIONAL LAND SURVEYOR
REG. 582
DATE 4/9/01

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 1/1/01
FINAL LOCATION: 1/6/01
BOUNDARY SURVEY: _____

SCALE: 1"=10'
DATE: 1/6/01
DRAWN BY: I.P.F.
CHECKED BY: S.R.P.
PROJECT No: 61527

