

2/12/00
Layout (Londrae)
8/31/00
11:00
pump
8/31/00 11 AM Pump test

PERMIT

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

P 513665

A 49888-A

ISSUE DATE 6/30/2000

APPROVAL DATE 8/31/00

INDEXED

04-357329

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Harless Manor LOT NUMBER 1 ADDRESS 14077 Monticello Drive

PROPERTY OWNER Sam Richman PROPERTY OWNER'S ADDRESS 2311 Keve Way Court

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED REQUIRED

PUMP CHAMBER CAPACITY 1250 GALLONS - TOP SEAMED REQUIRED

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 60

LINEAR FEET OF TRENCH REQUIRED 240

PUMP SEPTIC SYSTEM ONLY

- Pump performance test is necessary prior to Health Dept. approval of pumped septic system.

TRENCHES: Trenches to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 3.0 feet of stone below distribution box.

LOCATION: Place the distribution box 50 feet from the right (281.80') lot line and 140 feet from the front lot line as viewed from Monticello Drive. Install trenches on contour in both directions from distribution box. Suggested layout: 70', 80', 90'.

NOTES: Maintain 100 foot separation between the well and all parts of the septic system.

BUILDING PERMIT SIGNED AND RETURNED

5/8/00 OKAL

60405 BOD 54085 - GARAGE
63005 BOD 154839 - GARAGE INTO OFFICE AREA

PLANS APPROVED Mark Rifkin DATE 4/21/00

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

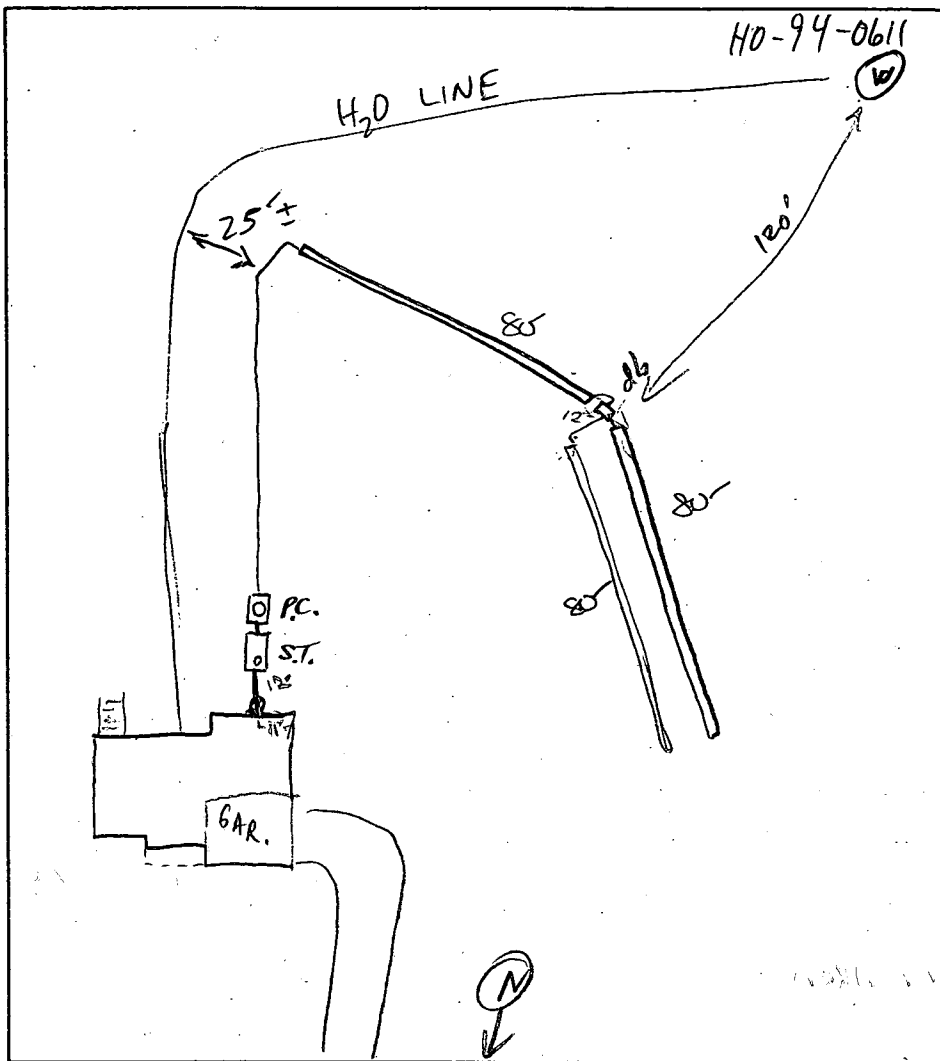
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

9/20/01
000132494. 22 x 24
deck on rear of house w/
landing & steps

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

A49888-A

Route 70
NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	6
DEPTH OF STONE	3
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	240
ABSORBENT AREA	720
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 gal ^{Top Seamed} GALLONS
MANHOLE RISER	OK
6 INCH INSPECTION PORT	OK
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1250 gal ^{Top Seamed}
MANHOLE RISER	OK
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

Monticello Dr

PRE-CONSTRUCTION INSPECTION: OK to use 80 ft open ditch for both drainline trench & pressure line (on top of drainline) #1 if deepen same as other properties.

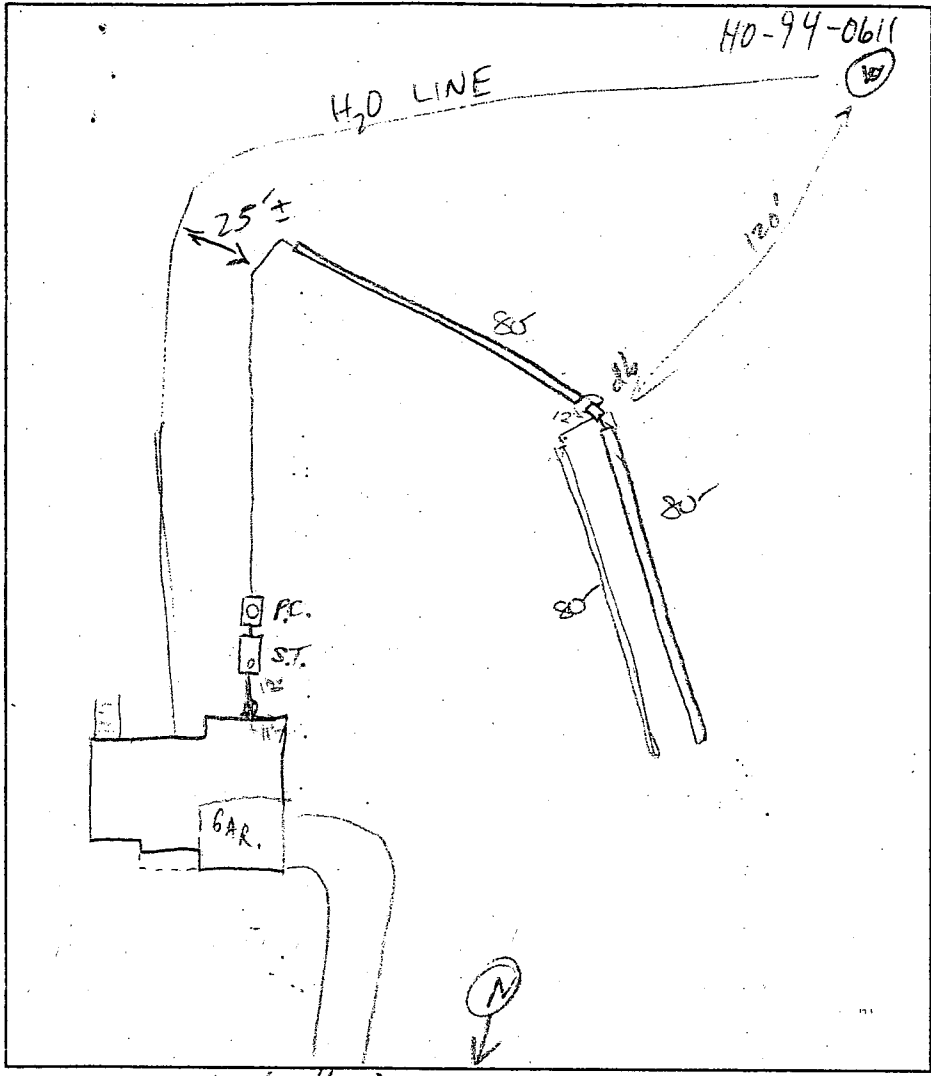
INSPECTION COMMENTS: First & second trenches OK gravel fill when dug to proper depth. ST + PC & flow connections OK.

7/12/00: Needs house connection. OK to cover all septic work. Needs pump performance test for final. DKS

8/30/00 Contractor not present. Builder stated that manhole cover repairs needed to be made. (BB) 8/31/00 Pump performance test OK - FINAL INSP. DKS

INSPECTOR DKS DATE SYSTEM APPROVED 8/31/00

Route 70
NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	6
DEPTH OF STONE	3
NUMBER OF TRENCHES	2
TOTAL TRENCH LENGTH	240
ABSORBENT AREA	T.O.
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 gal Top Seamed GALLONS
MANHOLE RISER	OK
6 INCH INSPECTION PORT	OK
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1250 gal Top Seamed
MANHOLE RISER	OK
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

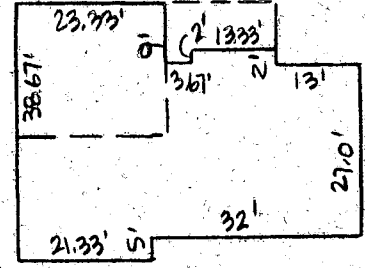
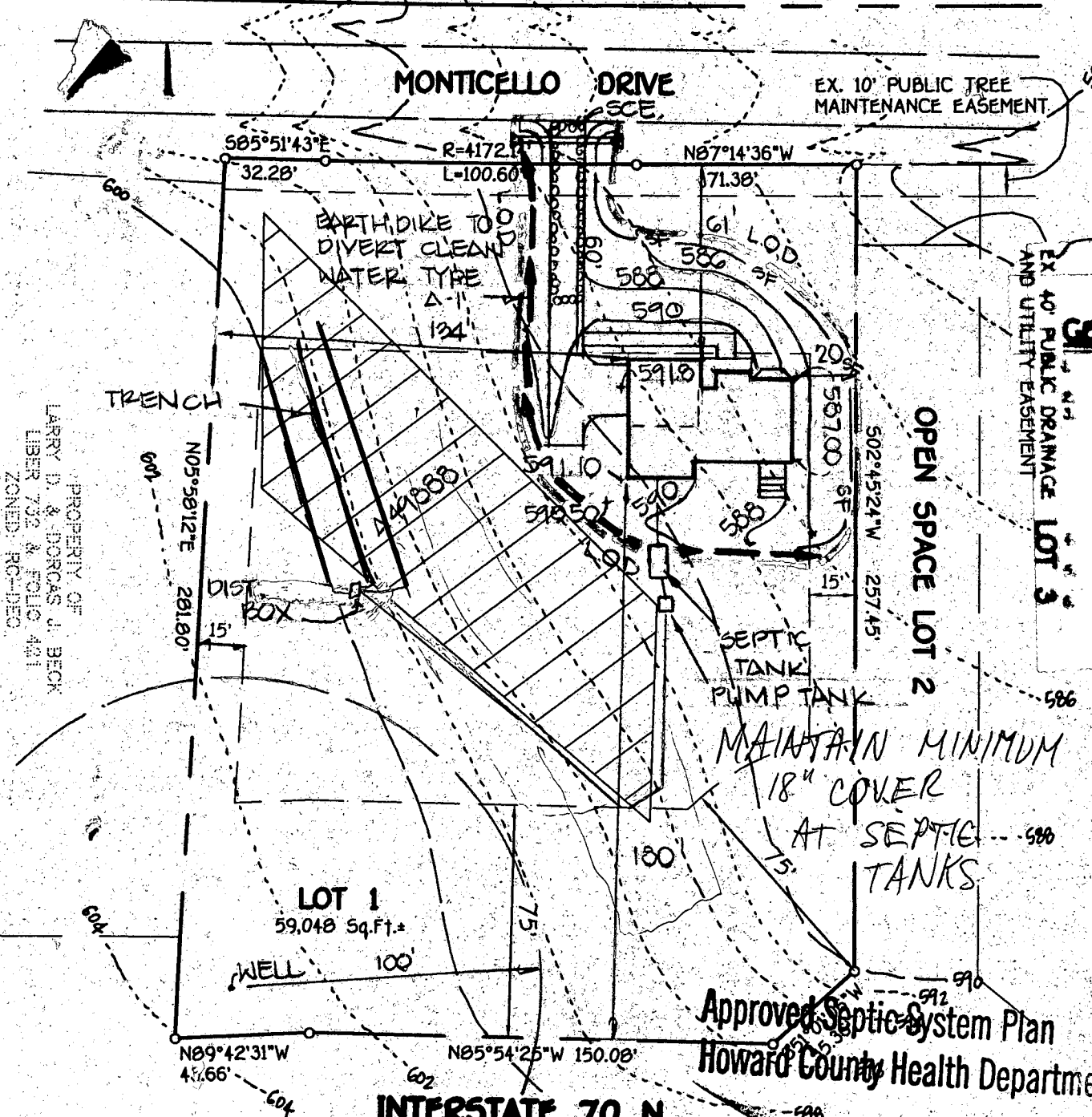
Pre-construction Inspection: OK to use 80 pipe for both drainline trench + pressure line (on top of drainline) #1 if happen same as other per spec.

Inspection Comments: First + second trenches OK gravel fill when dug to proper depth. ST + PC + House Connections OK.

7/12/00 Needs house connection. OK to cover all septic work. Needs pump performance test for final. DIS

8/30/00 Contractor not present. Builder stated that manhole cover repairs needed to be made. (BB) 8/31/00 pump performance test OK. DIS

INSPECTOR DIS DATE SYSTEM APPROVED 8/31/00



FOOTPRINT

GENERAL NOTES

- 1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- 2. PROPOSED 1500 GALLON SEPTIC TANK
- 3. A. FIRST FLOOR ELEVATION: 593.30
- 4. B. BASEMENT ELEVATION: 584.30
- 5. C. INVERT OF SEPTIC SYSTEM AT HOUSE: 588.50
- 6. D. INVERT IN AT SEPTIC TANK: 588.00
- 7. E. INVERT OUT AT SEPTIC TANK: 587.70
- 8. F. PROPOSED GRADE OVER SEPTIC TANK: 590.00
- 9. G. INVERT AT DISTRIBUTION BOX: 595.00
- 10. H. EXISTING GROUND OVER DISTRIBUTION BOX: 590.00
- 11. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- 12. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- 13. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

Total linear feet of trench required 240 feet

Width of trench(es) 2 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 3 feet

GP-00-732

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

HARLESS MANOR LOT 1

LOTS 1-21 AND PRESERVATION PARCEL "A" ZONED RC-DEO FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50'
MARCH, 2000

PROPERTY OF LARRY D. & JORCAS J. BECK
LIBER 732 & FOLIO 421
ZONED RC-DEO

INTERSTATE 70 N
PLAT Nos. 42393, 42503 & 42504

Approved Septic System Plan
Howard County Health Department

1"=50' by FCC

Mark E. Refkin
Signature Date 4/21/00

Building Address 14077 Alondra Dr
Cooksville, Md 21723

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

Census Tract 6040 Subdivision HARLEN MANOR

Section PHASE 1 Area N/A Lot 1

Tax Map 1878 Parcel 574 Grid 24

Zoning RC-DEU Map Coordinates 4F12 Lot size _____

Owner's Name SAMUEL RICHMAN

Address 2311 KEVWAY CT.

City BALTO State MD Zip Code 21247

Home Phone 410-298-0201 Work Phone _____

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

Phone 410-298-0201 Fax _____

Existing Use VACANT LOT

Proposed Use SF HOME

Estimated Construction Cost \$ 100,000.00

Description of Work CONSTRUCTION OF
HOME UNFINISHED BASEMENT & 460
2 1/2 bath, FRONT PORCH.

Contractor Company JST BUILDERS

Contact Person JOHN STARTT

Address 3545 ELLICOTT MILLS DR SUITE
307

City ELLICOTT CITY State MD Zip Code 21043

License No. _____

Phone 410-203-2320 Fax _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>28</u> <u>57</u> 2nd floor: <u>38</u> <u>59</u> Basement: <u>38</u> x <u>35</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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>	No. of Bedrooms <u>4</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <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 #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	Other: _____ Dimensions: _____ Footings: _____ Roof: _____	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THEREON; (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.

John S. Startt John S. Startt
 Applicant's Signature Print Name

JST Builders 3/26/00
 Title/Company Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

VALIDATION

FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: <u>60' Min</u>	<u>27691</u>
<input type="checkbox"/> State Highways			Rear: <u>75' min (FROM E/W)</u>	Filing Fee \$ <u>0.00</u>
<input type="checkbox"/> Building Official			Side: <u>15' min</u>	Permit Fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/2/00</u>	<u>Mark R. Pfen</u>	Side St.: <u>45' min</u>	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
<input type="checkbox"/> Health			All minimum setbacks met? <input checked="" type="checkbox"/>	Excise Tax \$: _____
<input type="checkbox"/> Fire Protection			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Is Entrance Permit required?	TOTAL FEES: _____
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # <u>1098</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Validation # <u>28468</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Accepted by: <u>RD</u>
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	

9/11/00
Any

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: ROBT. L. FEEZER CO. Telephone #: 410-711-4655
Address: 6321 BARANT AVE.
SYKEVILLE 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): ROBERT L. FEEZER License # 2122

*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: J ST BUILDINGS Telephone #: 410-203-2320
Subdivision: HANLON WATSON Lot #: 1 Well Tag #: HO-94-0611
Site Address: 14077 MONTICELLO DRIVE
COCKEVILLE, MD 21223

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>HANLON</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>57205412</u>	Model #: <u>PTA00</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u> </u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>32</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required. Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>YES</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1/2" PEX</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSL: <u>160</u> (150 psi min)	Approximate length of sleeve: <u>8'-10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES BOTH ENDS</u>

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: [Signature] date: 9/7/2000

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

Date Insp. Requested: 9/11/00 Date Insp. Approved: 9/11/00 [Signature]

- 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

NOT OBSERVED BUT REPORTED BY 1ST. BLDG

2-22-94

APPLICATION

PERCOLATION TESTING

A 49888A

P _____

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

DISTRICT FOURTH

DATE December 8, 1993

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 LEBOY H HEWITT

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

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

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

PROPERTY LOCATION:

SUBDIVISION HARLESS MAJOR LOT NO. 1

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 1006 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 A.C.I. 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. Catharina J. Fisher (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 1 49888A

Hardless Mason

COUNTY #

SOIL PROFILE
232 W

0'
1'
2'
3'
11'

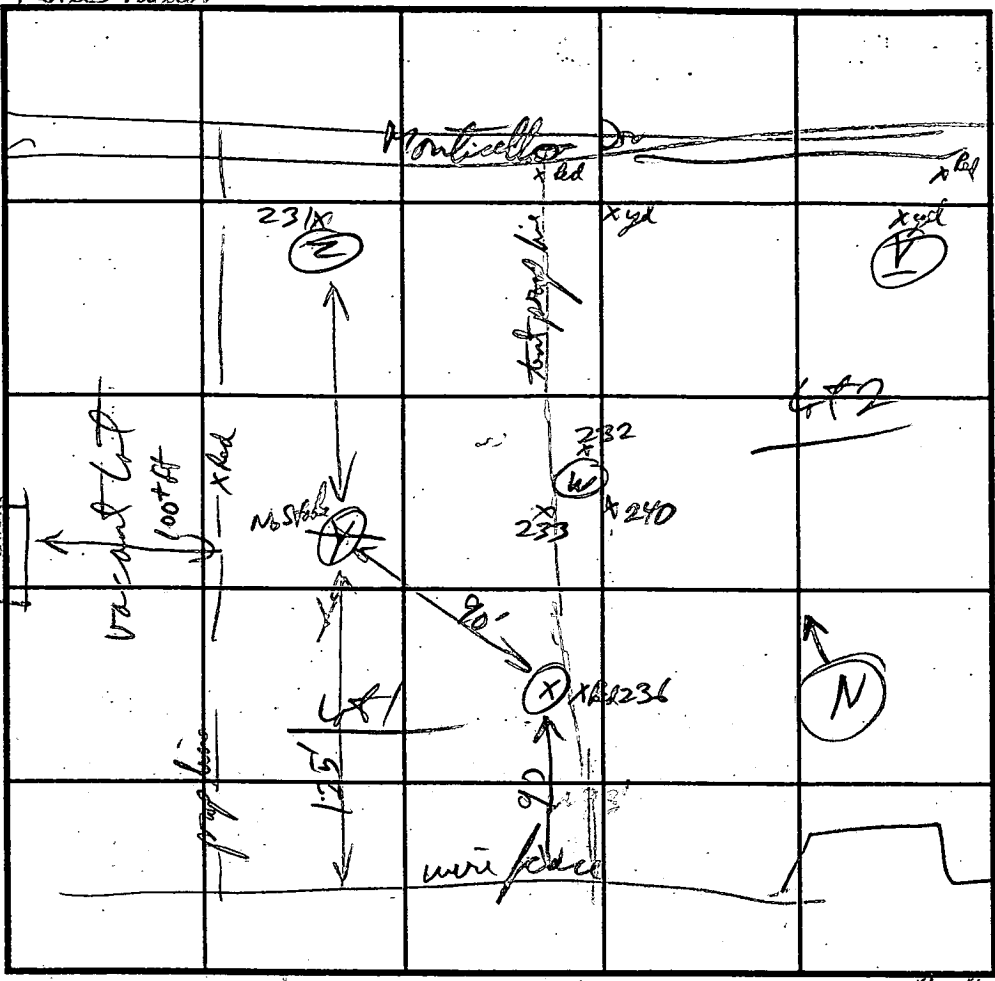
Red-bk Brn
cl
Med Brn
Mica
L-SL

236 X
1 1/2'
5'
12'

Yel Brn Silty
Yel Brn (v. med)
Mica loam
Sandy
Mix Lt Brn
- grey (Tan)
(Mica)
SL - Loam

South No Stake Y North
4'

Red Brn
CL
CL
Cobbles
Pockets
Med Brn
to olive grey
Blk
SL



SOIL PROFILE
231 Z

0'
4'
6'

Red Brn
CL
olive drab
SL (Mica)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Route 70

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/25/94	232 W	10' 31'	10:27:15	10:28:08	10:22:07	10:34:43	2 1/2 min
		V 11'	OK below 2 1/2'				
	236 X	3 1/2'	10:38:30	10:42:48	10:42:48	10:48:54	6 min
		V 12'					
	No Stake Y	5 1/2'	Repaired (2 holes) both prob of Feet in Red		7 reads	12" fall	10 of foot
		V 10'	10:45:50	10:46:30	10:45:30	10:48:14	4 min
			10:51:50	10:53:50	10:53:50	10:57:20	4 min
	231 Z	6 1/2'	11:03:06	11:05:30	11:05:30	11:08:06	2 1/2 min
		V 11'	OK below 6 ft				

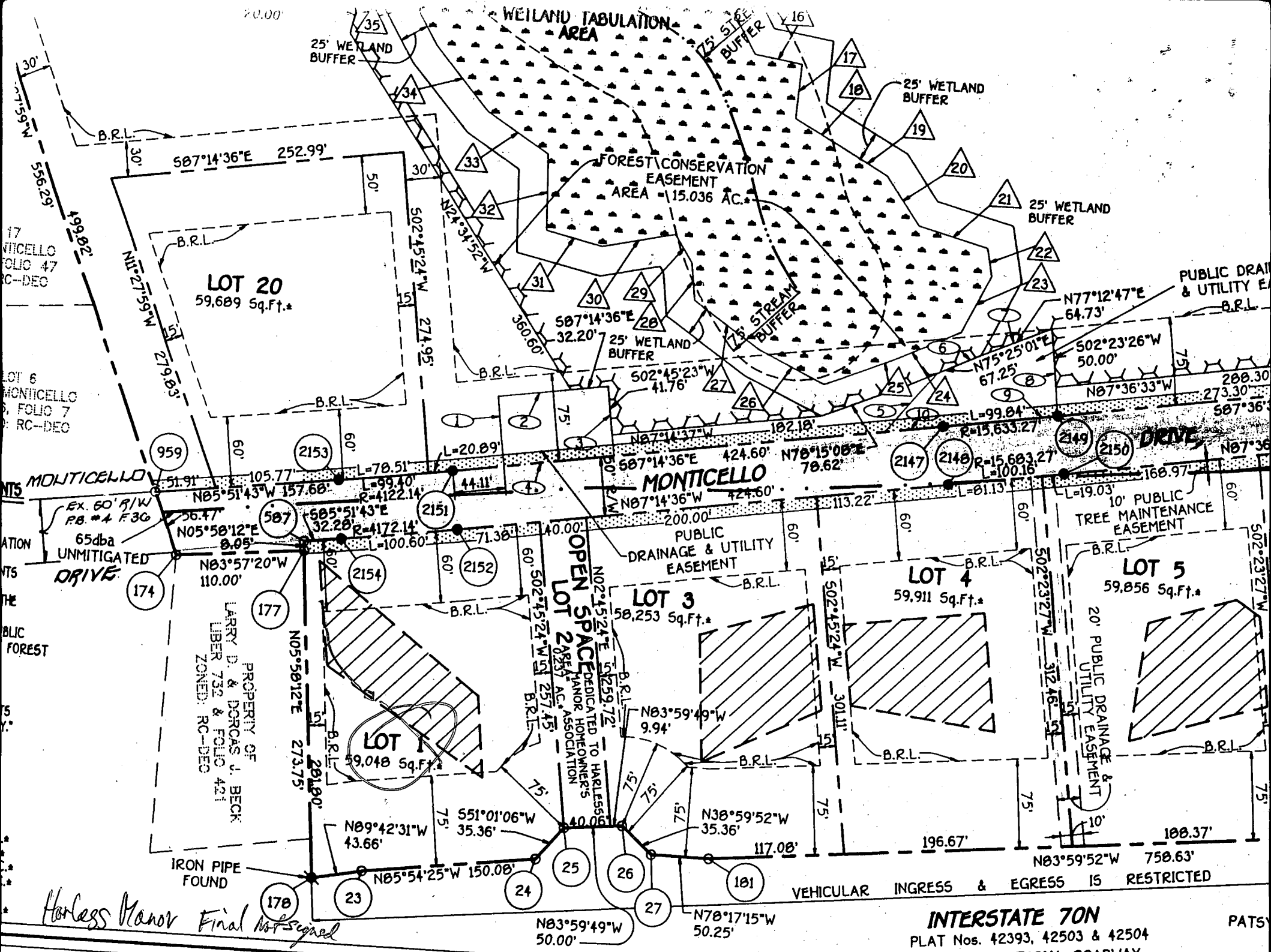
REMARKS Hole Y OK below 4' on North side only (Check trenches on South Side)

TYPE OF SOIL _____

TESTED BY R. P. Kelly ALSO PRESENT C. P. ... O. K. ...

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2 or 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180



OWNER'S CERTIFICATE

Horless Manor Final Not Signed

PROPERTY OF
LARRY D. & DORCAS J. BECK
LIBER 732 & FOLIO 421
ZONED RC-DEO

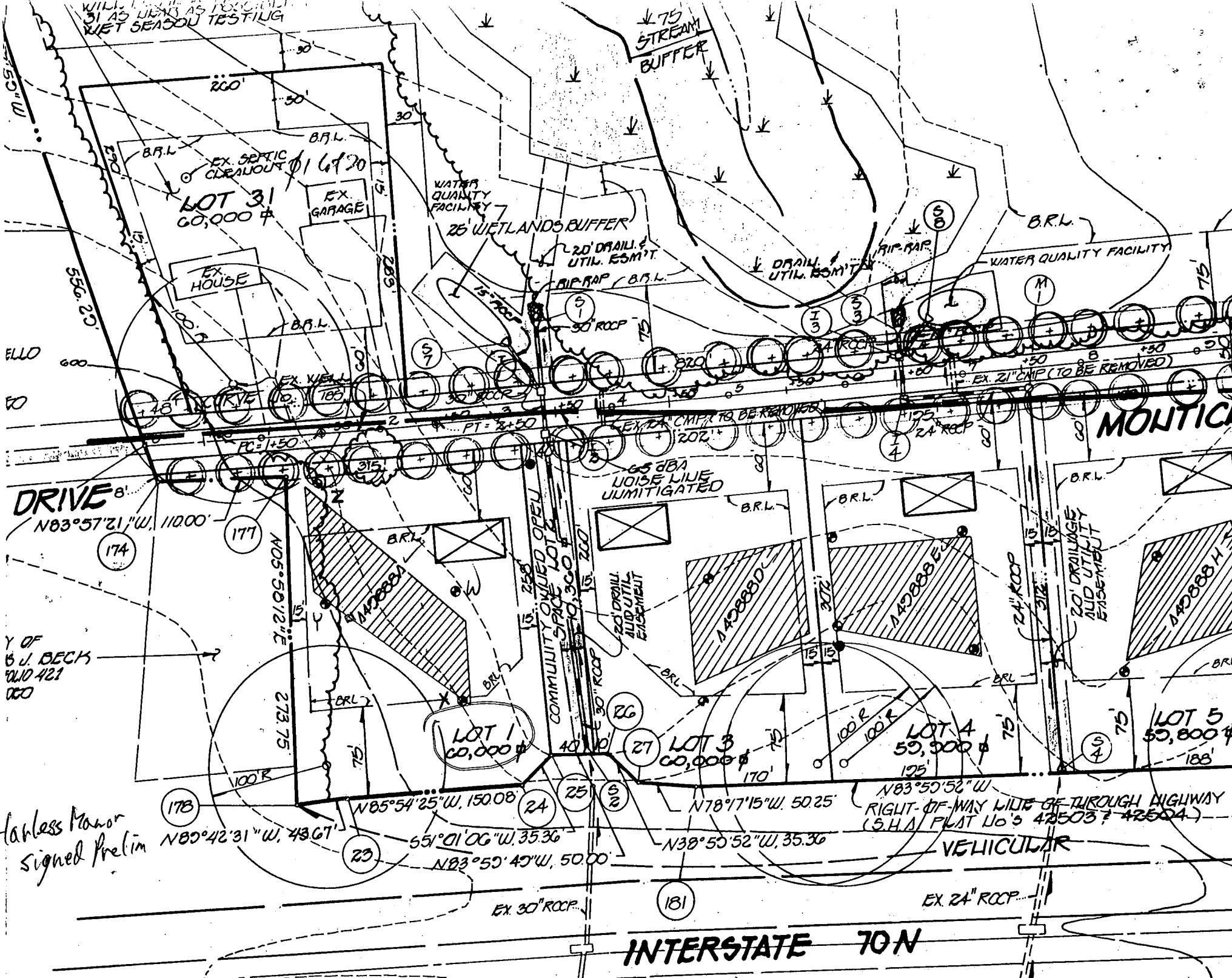
IRON PIPE FOUND

OPEN SPACE
DEDICATED TO HARLESS MANOR HOMEOWNERS ASSOCIATION

INTERSTATE 70N
PLAT Nos. 42393, 42503 & 42504
PRINCIPAL ARTERIAL ROADWAY

PATSY

WILL BE AS LIGHT AS POSSIBLE
31 AS LIGHT AS POSSIBLE
WET SEASON TESTING



MONTICELLO

Hartless Mason
Signed Prelim

INTERSTATE 70 N

VEHICULAR

SPECIMEN TREE # 3
37" WHITE OAK

SPECIMEN TREE
4, 35" TULIP
FORLAR

NOTE: PRIOR TO FINAL PLAT
RECOGNITION, A PERC TEST
WILL BE REQUIRED ON LOT
31 AS NEAR AS POSSIBLE TO
WET SEASON TESTING.

WETLANDS

75'
STREAM
BUFFER

LOT 3
60,000 #

HOUSE

GARAGE

WATER
QUALITY
FACILITY

25 WETLANDS BUFFER

20' DRAIN &
UTIL. ESM'T
BIP RAP / B.S.L.

DRAIN &
UTIL. ESM'T

DRIVE

N63°57'21"W, 11000'

65 dBA
NOISE LINE
UNMITIGATED

LOT 1
60,000 #

LOT 3
60,000 #

LOT 4
59,900 #

well site OK
8/24/95

INTERSTATE 70 N

Harless Manor

C 1 2770 SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 49888A

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0611

DATE WELL COMPLETED 090695 Depth of Well 325 (TO NEAREST FOOT)

OWNER Fisher, Collins, Carter last name first name TOWN Cooksville

STREET OR RFD Monticello Dr SUBDIVISION Harless Manor SECTION 1 LOT 1

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone	60	65	
MICKA	65	80	
Sand Stone	80	85	
MICKA	85	280	
Flint Rock	280	285	✓
MICKA	285	325	

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 23 NO. OF BOUNDS 2300

GALLONS OF WATER 2300

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.

CASING RECORD

cases types insert appropriate code below

ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main casing) (nearest inch)! 6 Total depth of main casing (nearest foot) 20

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 BRONZE 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: MWB/MSD/MGD

DRILLERS LIC. NO. 116

Ralph E. Thomas

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117

Ralph E. Thomas

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

C 2

DEPTH (nearest ft.)

A C H S C R E E N

H0 68 325

SLOT SIZE 1 2 2 3 3 (NEAREST INCH)

DIAMETER OF SCREEN 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) (E.R.O.S.)

T 70 72 W.Q. 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 90 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 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

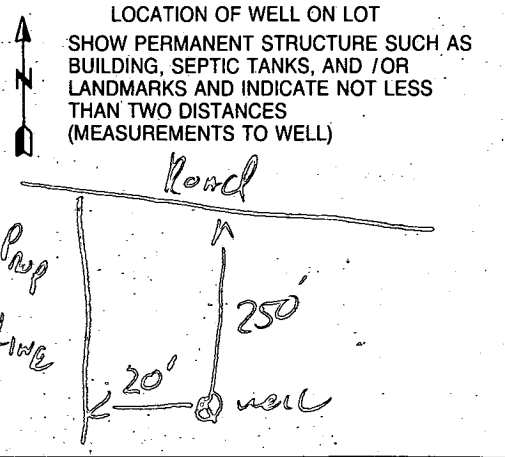
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE 2 (nearest foot)
- below }



B 1 0630 SEQUENCE NO. (MDE USE ONLY)

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
 H0-99-0611
 fill in this form completely

Date Received (APA) 070785

OWNER INFORMATION

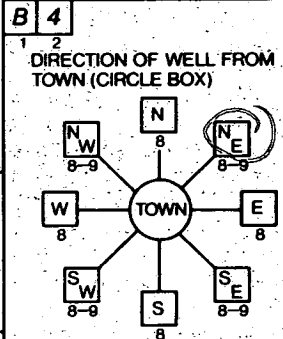
FISHER COLLINS CARTER
 9121 BALT WATL MIKE
 ELLICOTT CITY MD 21093

B 3 LOCATION OF WELL

HOWARD COUNTY
 HARLESS MANOR
 SECTION 4+ LOT 1
 COOKSVILLE
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

RALPH MAYNE 116
 RALPH MAYNE well Drilling
 9120 Brown Church Rd. Mt. Airy
 Ralph Mayne 7/3/95



MONTICELLO DR.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 250 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 TAX MAP: 8 BLK: 19 PARCEL 324

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 599

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

Howard A 49888A
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 072495
 NORTH GRID 592000 EAST GRID 0799000
 EXP. DATE 7/24/96

APPROXIMATE DEPTH OF WELL 150 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

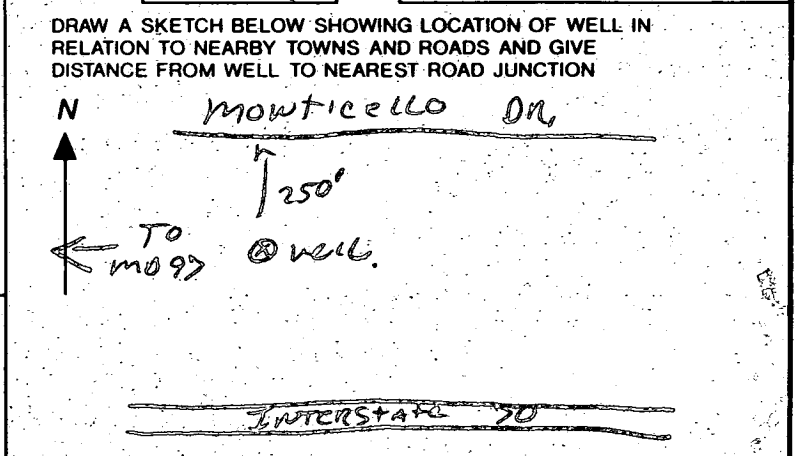
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 5909
 5902

grout 9/6/85
 casing 70'
 pipe 40'
 grout 23 bags
 2/91

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

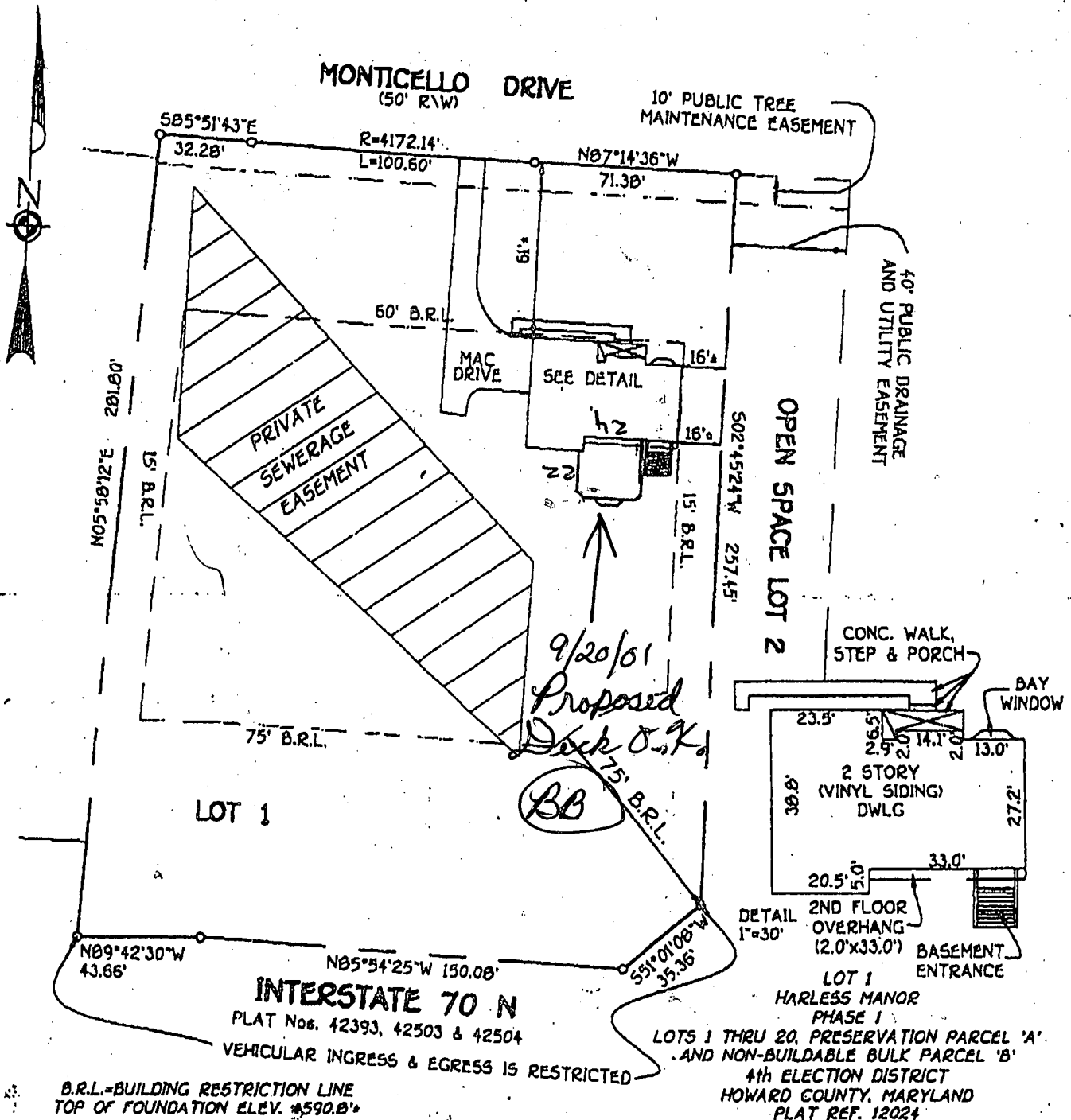


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

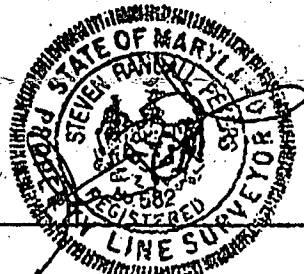
APPROX. PERMIT NUMBER GAP
 FORCE RA WRITE INITIALS IN BOX PERMIT No. H0-99-0611
 SPECIAL CONDITIONS

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. 232044 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 0.5' PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PKWY.
ELLCOTT CITY, MARYLAND 21042
(410) 461-2855



PROFESSIONAL LAND SURVEYOR
REG. # 582
DATE 2/7/00

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 5/3/00
FINAL LOCATION: 9/16/00
BOUNDARY SURVEY:

SCALE: 1"=50'
DATE: 9/7/00
DRAWN BY: T.P.F.
CHECKED BY: C.C.
PROJECT No.: 61489

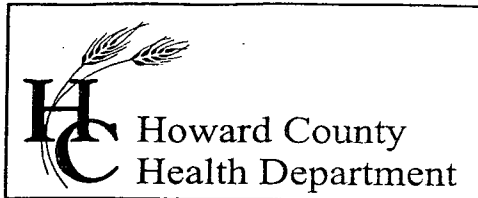
FILE INQUIRY FORM

Property Address: 14077 Monticello

4/26/05 For proposed garage building permit
we need a scale drawing, with
well + septic location + Proposed
garage location. Will need to
delete area around garage, + add
area for future repairs. One
hand auger should be performed
once we have drawing w/
proposed new area. (PAY)

Need a ~~variance~~ variance requesting a
10' setback from sewage easment
to ^{proposed} garage. (20' is the setback)

To John Boris / 7178 Columbia Gateway Dr.
Attention ↑



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 12, 2005

Noel & Sam Richman
14077 Monticello Drive
Cooksville, MD 21723

RE: Detached Garage

Dear Mr. & Mrs. Richman;

We have received a variance requesting the required 20' setback to a foundation for a detached garage to the sewage disposal area (SDA) at the above referenced property be waived to 10'. This agency will grant your approval for the variance at the property as long as no part of the foundation is closer than 10' to the SDA. An scaled drawing, utilizing an engineered scale, must be submitted showing the area of the SDA deleted and where it was added in order for the building permit to be approved.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'John A. Boris, Jr.'.

John A. Boris, Jr., R.S., Supervisor
Well and Septic Program

cc: File

April 21, 2005

14077 Monticello Drive
Cooksville, MD 21723

Mr. John Boris
Howard County Health Department
Environmental Sanitation
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mr. Boris:

I am writing to you in regards to a project we are starting. It is a detached garage, built immediately next to our existing driveway at the above address. Although the garage itself may not impact our septic field, the 20' setback from the sewage easement will, and after discussing this with Mr. Yencsik at your office, he suggested I write to you. Therefore, we are requesting a variance from the 20' to a 10' setback from the sewage easement to the proposed garage.

Our contractor, Mr. Mike Kapelewski, will come to your office in the next day or so, bringing with him a scale drawing with the well, septic, and proposed garage locations relative to each other. Then, as we understand it from Mr. Yencsik, on our house plat drawings, there will need to be a section deleted from the septic field around the garage and another piece added for future repairs. In reviewing the drawings, Mr. Yencsik felt there was more than enough room to accomplish this task, and then we could proceed to the hand auger test (scheduled for May 2nd) and receive our final permit to build and finally get this project underway.

We thank you for your prompt attention to this matter. Please feel free to involve our contractor with any questions or concerns as well as contact us if need be. We appreciate your time and effort.

Sincerely,

A handwritten signature in cursive script that reads "Noel Richman".

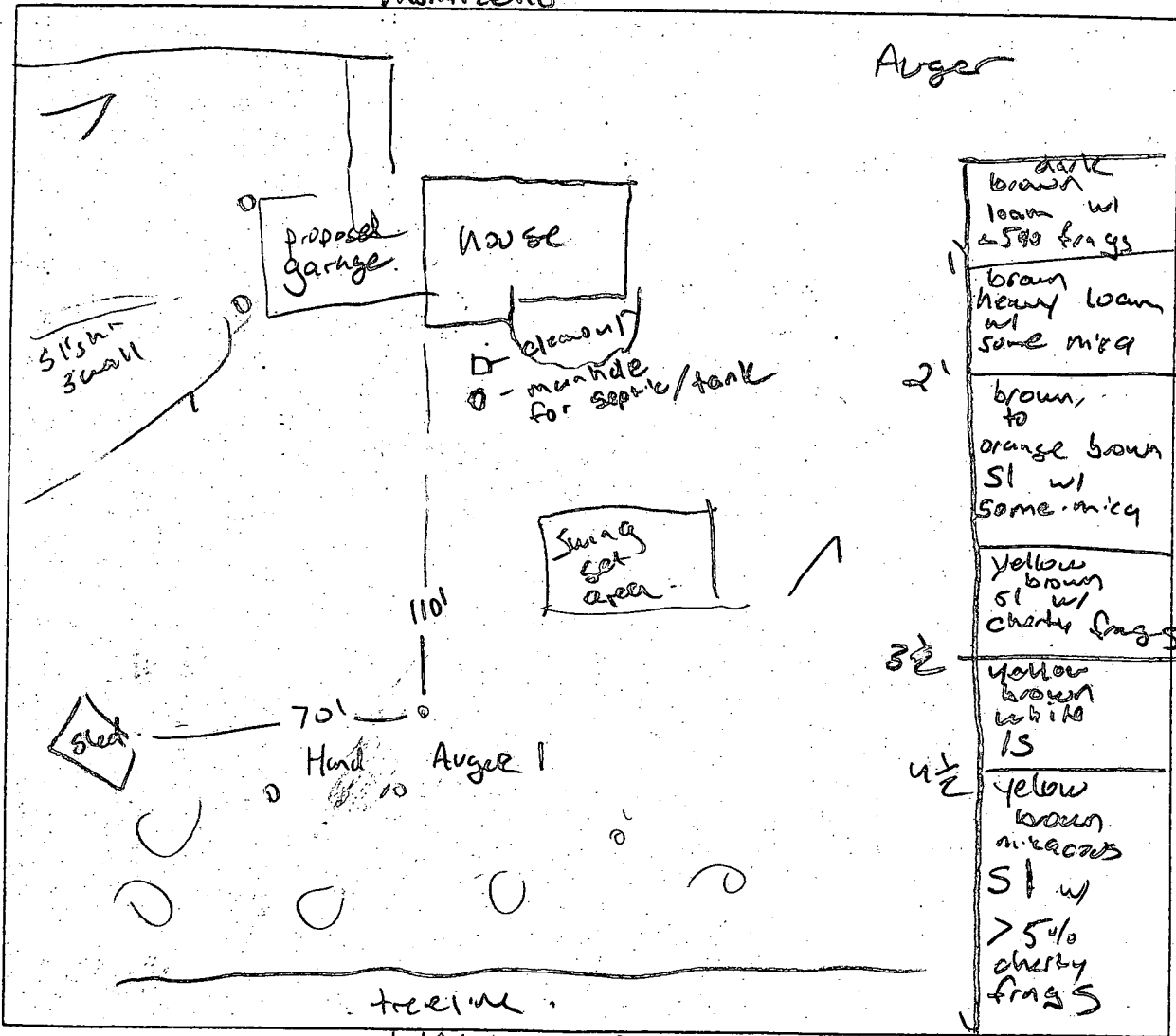
Noel and Sam Richman
Homeowners
14077 Monticello Drive
Cooksville, MD 21723
410.489.0589

SITE INSPECTION SHEET

OWNER: Redman's PHONE #: _____
 ADDRESS: 14077 Monticello Ave CONTRACTOR: _____
 SUBDIVISION: Harkness Manor LOT: 1 WELL TAG #: _____
 PROPOSAL: garage COUNTY #: _____

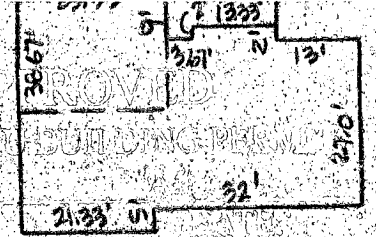
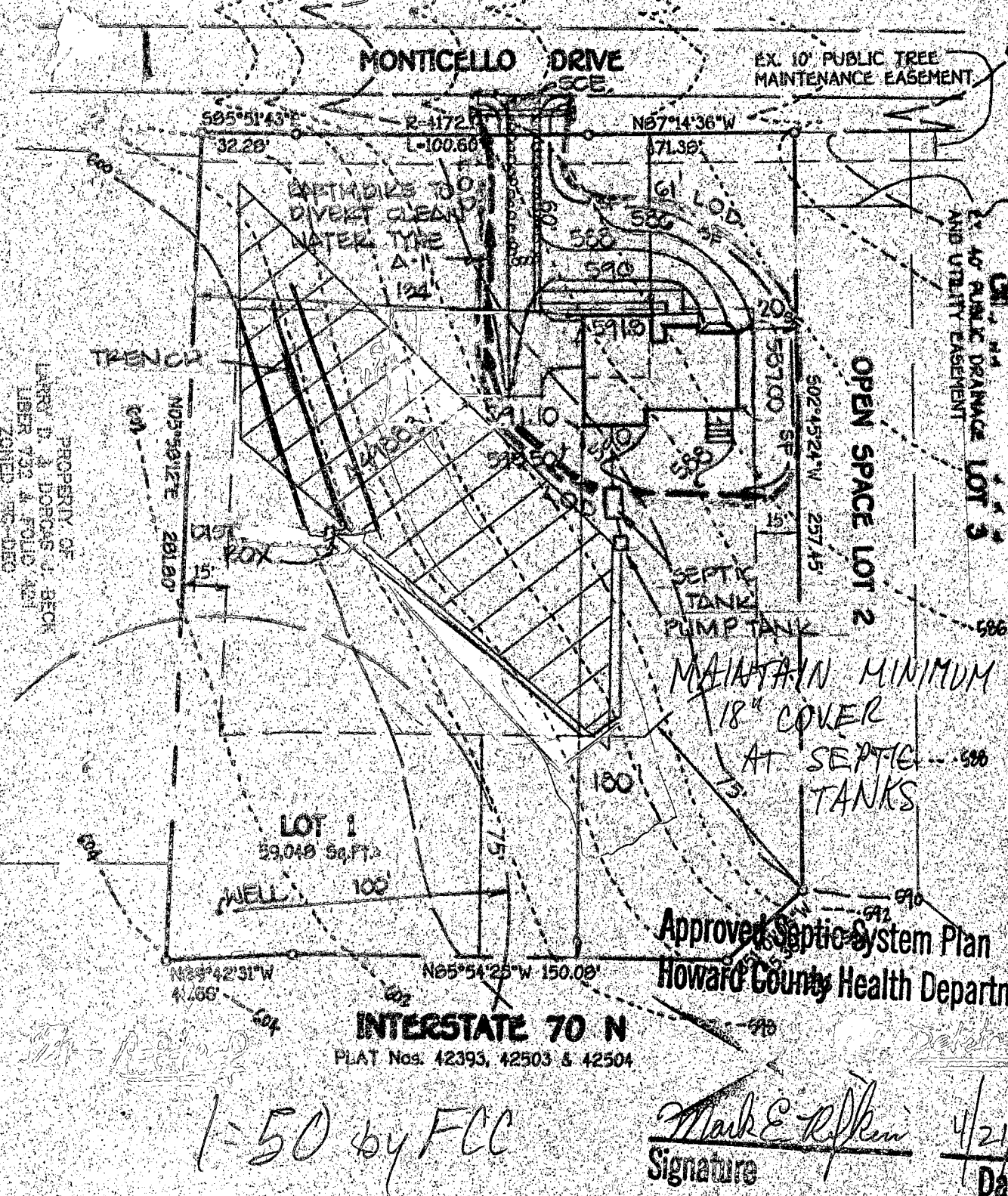
LOCATION DIAGRAM

Monticello



COMMENTS: Relocating SDA w/ a 10- variance for garage to easement
Easy Augering, Good Soils

DATE: 5/2/05 INSPECTOR: Pete Yencik



GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK.
- A. FIRST FLOOR ELEVATION: 593.30
- B. BASEMENT ELEVATION: 584.30
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 588.50
- D. INVERT IN AT SEPTIC TANK: 588.00
- E. INVERT OUT AT SEPTIC TANK: 587.70
- F. PROPOSED GRADE OVER SEPTIC TANK: 590.00
- G. INVERT AT DISTRIBUTION BOX: 595.00
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 590.00
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO EASEMENT SERVICE TO SEPTIC SYSTEM.

Total linear feet of trench required 240 feet

Width of trench(es) 2 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 3 feet

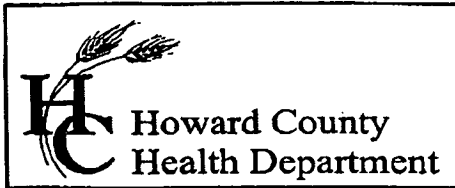
GP-00732

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

HARLESS MANOR
LOT 1

LOTS 1-21 AND PRESERVATION PARCEL "A"
 ZONED RC-DEO FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=50'
 MARCH 2000

Mark E. Ripken
 Signature Date 4/21/00



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 12, 2005

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Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,



John A. Boris, Jr., R.S., Supervisor
Well and Septic Program

cc: File

6-14-05

A-DJ OF SDA

800154088

APPROVED

MADE-OK

KN

GARAGE

WALK-THRU BUILDING PERMIT

BP# 800154839 A# 49888-A

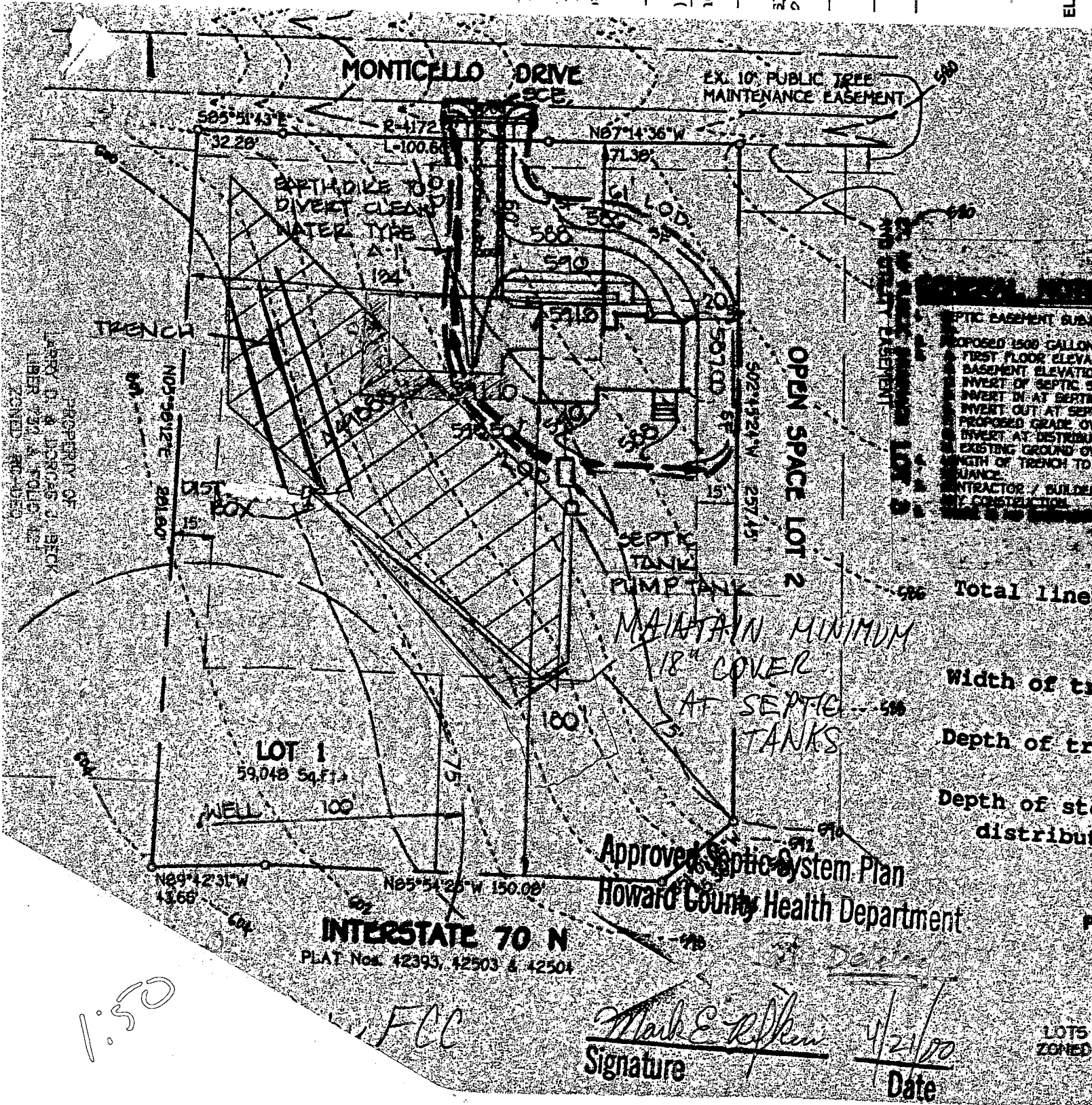
APP. SAN 997 DATE: 5/17/05

DESC. OF WORK: GARAGE

5 A 00 100 R 70 e rt

LY*	st is	Health	umped) feet	ies	70'	ystem	2 012 14
-----	-------	--------	-------	--------	-----	-----	-------	----------

ELBOWS



CS.1

FCC

Signature Mark E. R. [unclear]

Date 4/21/05

LOTS ZONED