

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-357345

P 512717

A 49888-D

DISTRICT _____

DATE 9/20/99

DATE SYSTEM APPROVED 11/24/99

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

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

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Harless Manor Phase I LOT 3 ROAD 14073 Monticello Drive

PROPERTY OWNER Hewitt, Sr.

ADDRESS
TOP SEAMED SEPTIC TANK AND PUMP CHAMBER REQUIRED. PUMP SEPTIC SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

INSTALL: 1-1250 Gallon Top Seamed Pump Chamber
NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place distribution box 110 feet from left (301.11') lot line and 225 feet from front lot line as viewed from Monticello Drive. Install trenches on contour toward left lot line.

NOTES - MAINTAIN A MINIMUM 100' WELL TO SEPTIC SEPARATION DISTANCE. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8/23/99 OK AU

PLANS APPROVED BY Ronald J. Pinkley/Donna K. Soe DATE 8-09-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

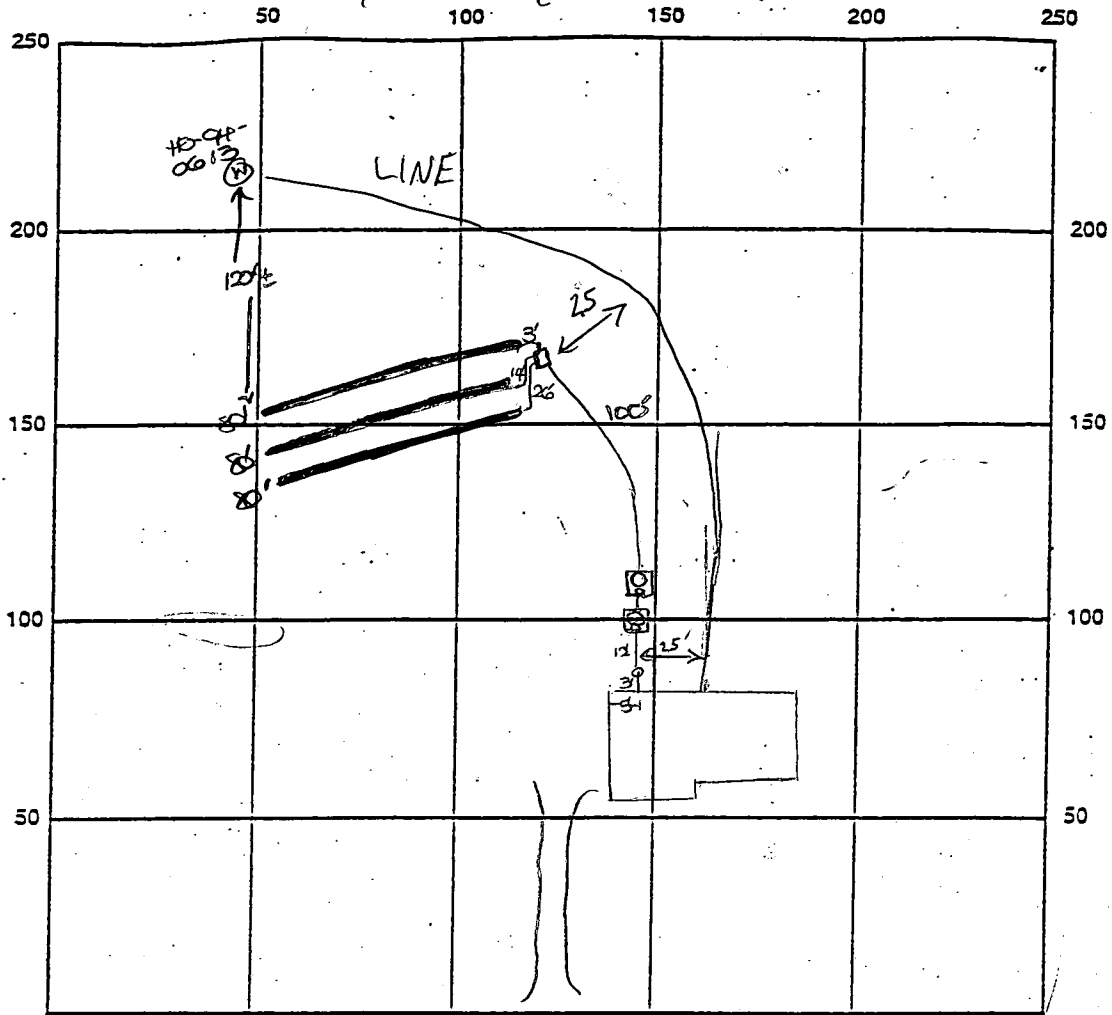
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

SEW. PERMITS SIGNED
AND RETURNED 8/19/99
000119649

49888-D

11/11/99 a.m.
11/5/99 WPI
11-24-99
11:00 meet inst.

I-70



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal t.s. septic tank OK - 1250 gal t.s. pump CLEANOUTS c.o. on each tank manhole
on each tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3 x 80 FT. + 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/1/99 OK to cover all septic work - Needs pump
performance check for final approval. DKS

11/23/99 Pump O.K Alarm O.K. (BB)

DATE SYSTEM APPROVED 11/24/99 INSPECTOR Brian Baker

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
 Subdivision HARLESS MANOR Lot # 3 Well Tag # HO-84-0612
 Site Address 14023 Monticello Dr

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

WPI OK 4' B.G. (MR)
 2-PC CAP & CONDUIT OK
 11/5/99

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

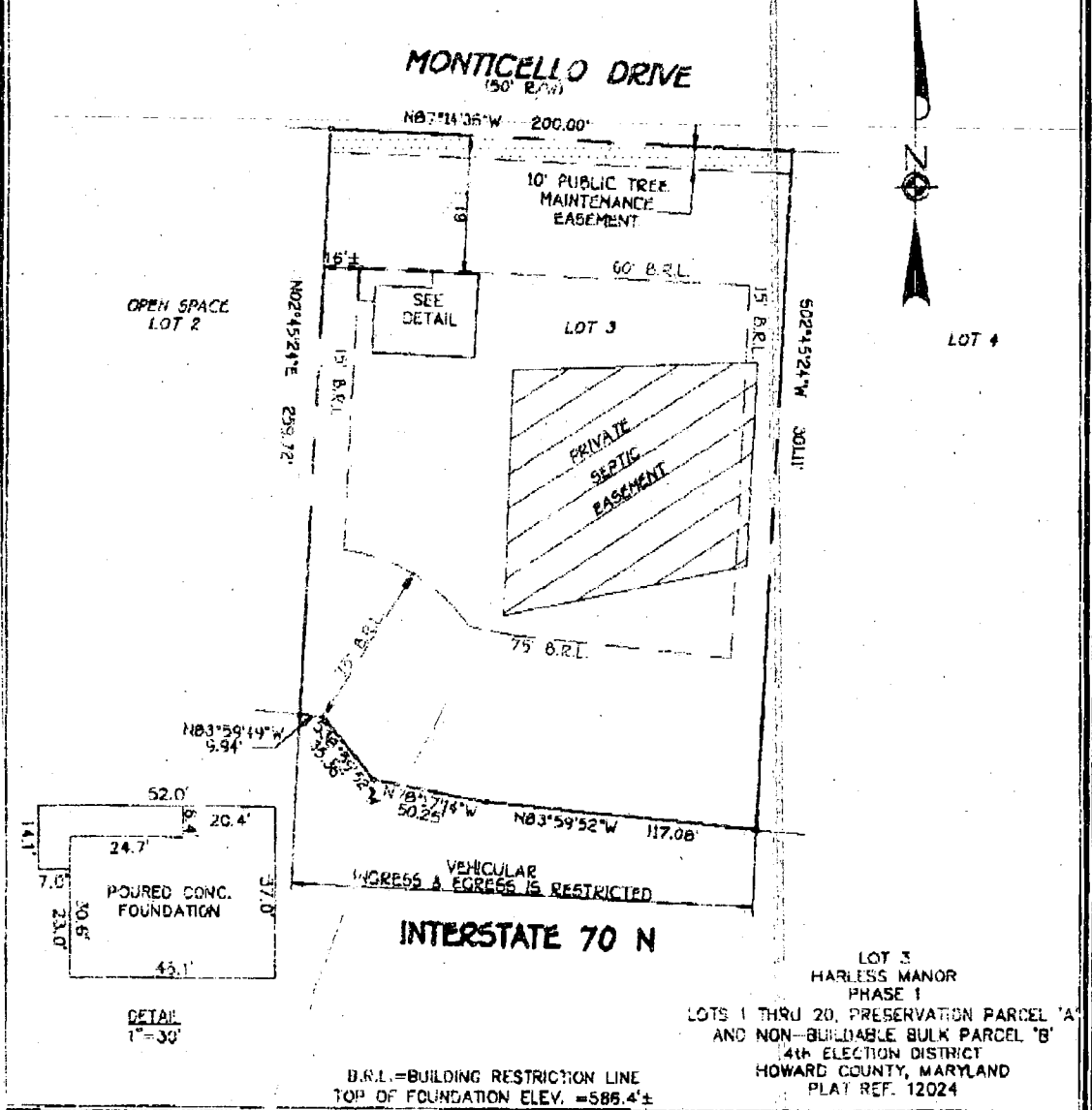
Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

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. 24009A 2006.9. EFFECTIVE DATE: DEC 4 1995
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING, CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - SUITE 200 BALTIMORE, MARYLAND 21202
 ELICOTT CITY, MARYLAND 21032
 410-481-2835

STATE OF MARYLAND
 CHARLES J. CROOKS
 PROFESSIONAL LAND SURVEYOR
 No. 10763
 REG. 09/28/80

[Signature]
 PROFESSIONAL LAND SURVEYOR
 REG. 10763

3/18/99 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/18/99
 FINAL LOCATION:
 BOUNDARY SURVEY:

SCALE: 1"=60'
 DATE: 2/19/99
 DRAWN BY: T.E.E.
 CHECKED BY: C.C.
 PROJECT No. 51102

a/20/99 house location consistent w/approved POP site plan

2/22 - 2/25
1994

APPLICATION

PERCOLATION TESTING

A 49888D

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 LEROY H HEWITT, Sr

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. 3

ROAD AND DESCRIPTION 14073 MONTICELLO DRIVE

NOE. PERMITS SIGNED

AND RETURNED 4/1/99

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

Serial # 420119649

SIZE OF LOT 1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED - 4 Bdrms
(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 3 49830 Hairless Manor

COUNTY #

SOIL PROFILE
246 U

Red Brn
NSL
2 3 1/2

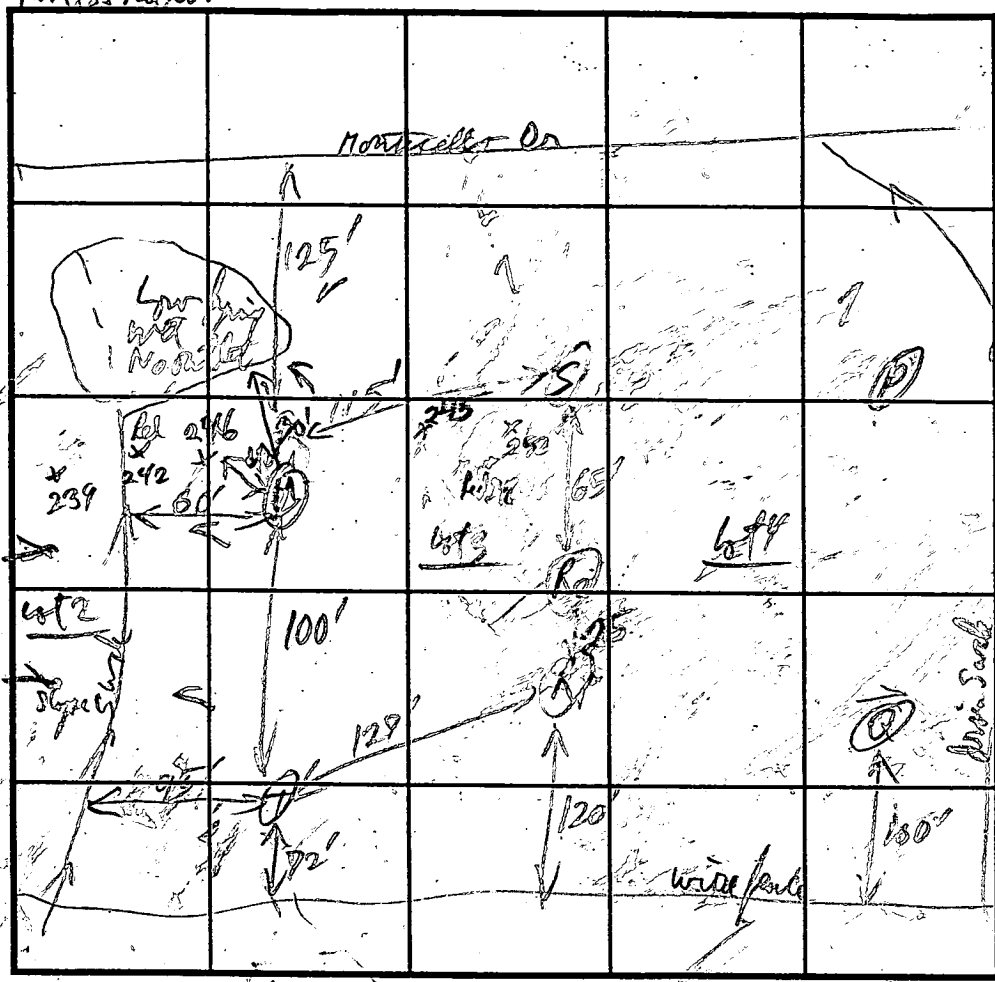
Mid Brn
SL

8 1/2
9 1/2
No Stone T

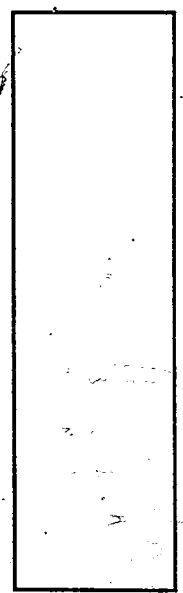
Red Brn
ht-cl

3 1/2
blue Brn
to Mid Brn

Mica
Soil



SOIL PROFILE



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/24/94	246 U	3'	3:08:10	3:12:10	3:12:10	3:19:20	7 min
		19'					OK
		3 1/2'	3:29:10				Shell
		11' 5"	3:40:30	3:48:48	3:48:48	3:51:51	3 min
		5'					3 1/2 min
		10'					Pass OK ?!
		10'					Fail
		10'					OK

REMARKS Shallow along

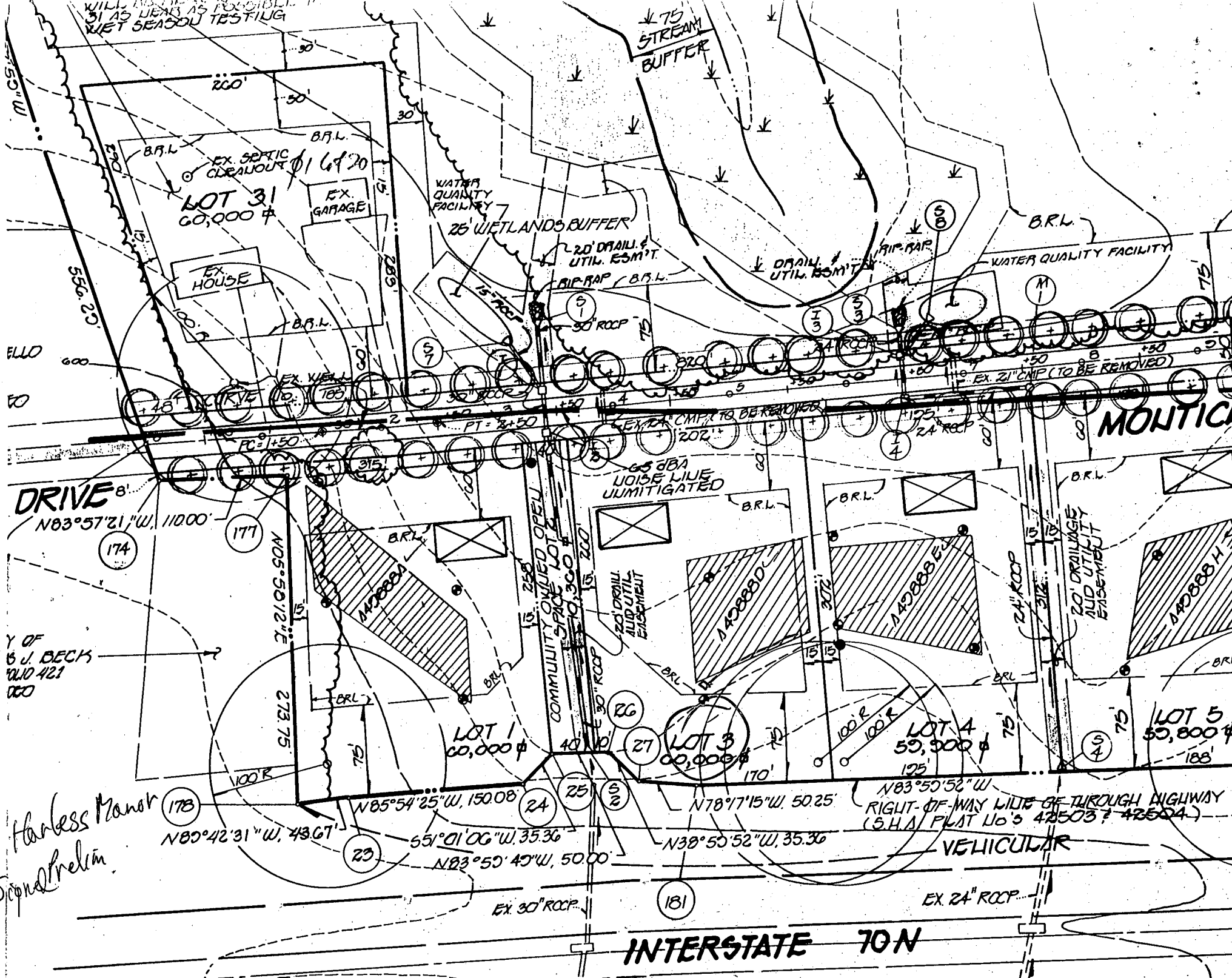
TYPE OF SOIL

TESTED BY [Signature] ALSO PRESENT Osborn, D. L. [Signature]

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH

INLET DEPTH 2 1/2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180

WILL BE AS NEAR AS POSSIBLE TO
31 AS LEANS AS POSSIBLE TO
WET SEASON TESTING



DRIVE 8'
N83°57'21"W, 11000'

Y OF
B.J. BECK
PLAT 421
200

Harkless Manor
Scond Melin

MONTICELLO

INTERSTATE 70 N

VEHICULAR

LOT 5
55,800 sq ft

LOT 4
55,500 sq ft

LOT 3
60,000 sq ft

LOT 1
60,000 sq ft

N80°42'31"W, 43.67'

N85°54'25"W, 150.08'
551°01'06"W, 35.36'
N83°50'49"W, 50.00'

N78°17'15"W, 50.25'

N83°50'52"W
RIGHT-OF-WAY LINE OF THROUGH HIGHWAY
(S.H.A. PLAT No's 42503 & 42504)

EX 30" ROCP

EX 24" ROCP

EX 24" ROCP

B 1 **0629** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

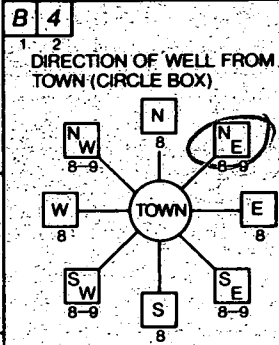
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-94-0612
 fill in this form completely

Date Received (APA) **090796**
OWNER INFORMATION
FISHER COLLINS CARTER
 Last Name Owner First Name
9171 BALT MATL MIKE
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
HARLESS MANOR SUBDIVISION
 SECTION **4** LOT **3**
COOKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
RALPH MAYNE
 Driller's Name
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. N.W. ARY
 Address
Ralph Mayne **7/3/95**
 Signature Date



MONTICELLO DR. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
280 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) **500**

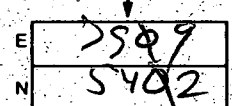
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A4988D COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **072495** EXP. DATE **7/24/96**
 NORTH GRID **542000** EAST GRID **0799000**

APPROXIMATE DEPTH OF WELL **150** FEET

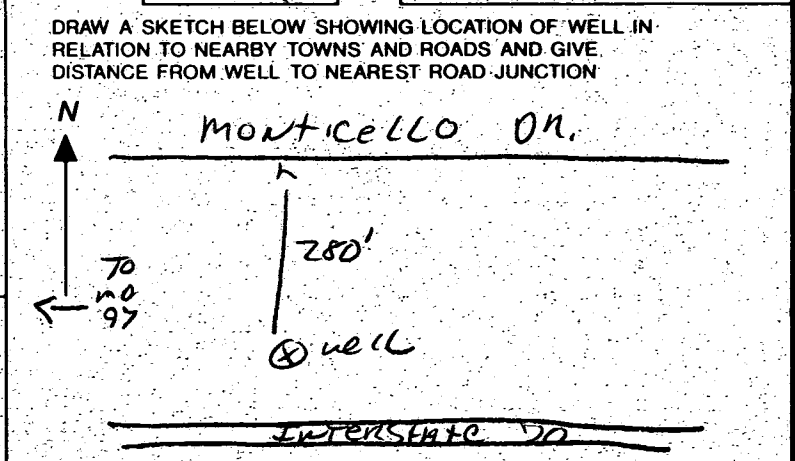
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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


grout 9/1/95
 10'00'
 location ok
 casing 46'
 open 35'
 grout 14 bags
 (4)

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **RA** WRITE INITIALS IN BOX
 PERMIT No. **H0-94-0612**

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

