

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

Company Name: TECHNO MAGIC Telephone #: (410) 761-6454
Address: 1563 OLD ANNAPOLIS RD
WOODBINE, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation
Name (Print): BORIS T. GHAZARIAN License# 3109
*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: Leroy Hewitt Telephone #: (410) 442-2753
Subdivision: Homeless Manor Lot # 7 Well Tag # HO
Site Address: 14057 Monticello dr
Cooksville, 21723

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZZI</u>	Make: <u>FRANKLIN</u>	Two piece watertight cap: <u>LP-6</u>
Model #: <u>T754712B-S2</u>	Model #: <u>PT 900</u>	Screened vented well cap: <u>✓</u>
Pump Capacity: <u>5.5</u> GPM	Depth: <u>46"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>2.5</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.C.: <u>28"</u>
Depth of well encountered at time of pump installation: <u>250</u> feet		Conduit secured to well cap: <u>✓</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4		
Torque arrestors or 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: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>160</u> psi/min	Approximate length of sleeve: _____
Depth of supply line: <u>A</u> (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: [Signature] date: 12/8/00

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

Date Insp. Requested: 11/13/00 Date Insp. Approved: 11/13/00 RJP SRG

Inspection Data

Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

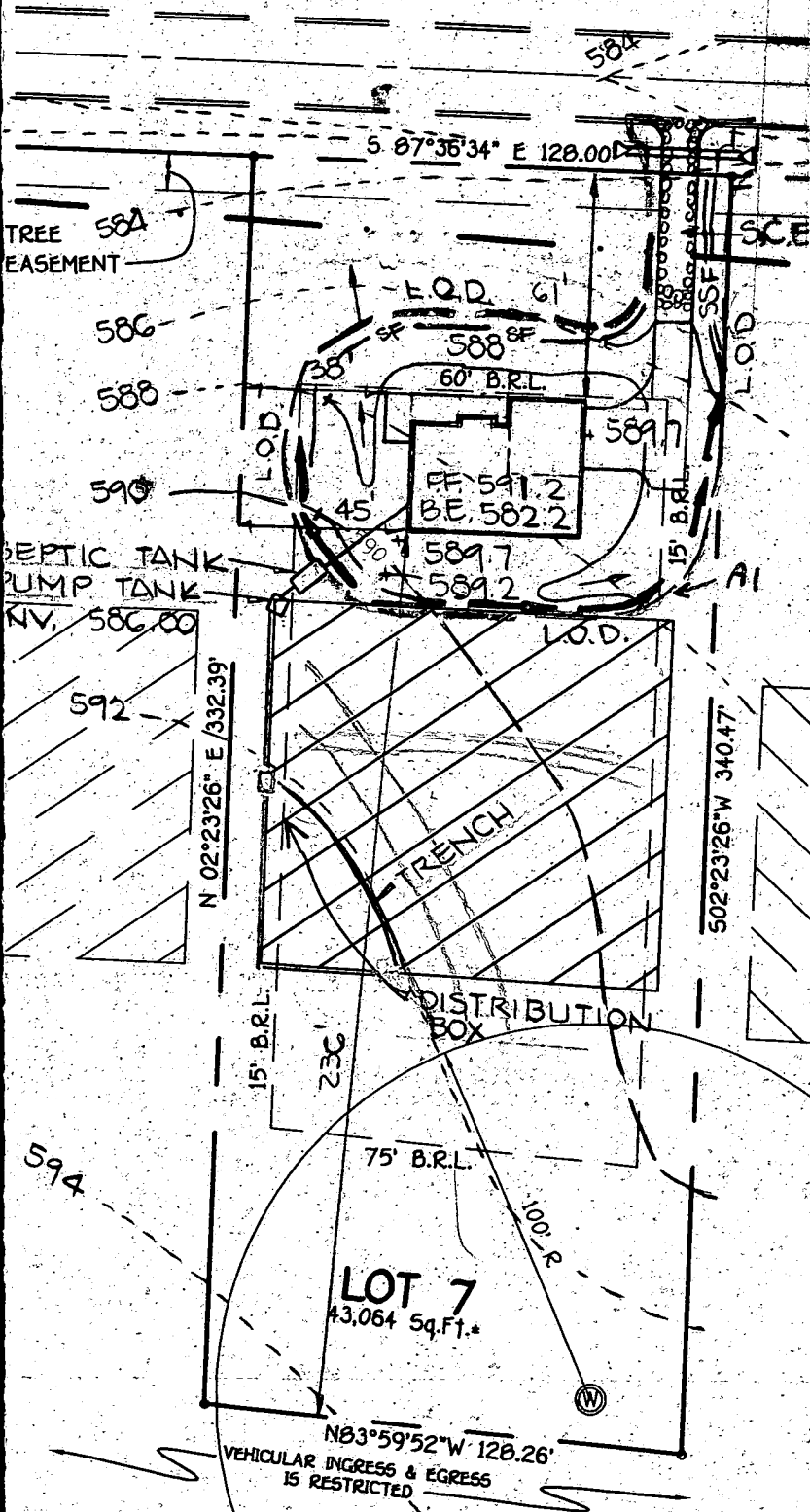
HD-215 (Rev. 8/00)

MONTICELLO DRN

EXISTING PRIVATE 50'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 591.20
- B. BASEMENT ELEVATION: 582.20
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 587.20
- D. INVERT IN AT SEPTIC TANK: 586.70
- E. INVERT OUT AT SEPTIC TANK: 586.40
- F. PROPOSED GRADE OVER SEPTIC TANK: 590.50
- G. INVERT AT DISTRIBUTION BOX: 584.00
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 592.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



Approved Septic System Plan
Howard County Health Department

Mark E. Ralston 4/21/00
Signature Date

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

LOT 8 GP. 00-150

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

LOT 7

HARLESS MANOR

ZONING: RC-DEO

TAX MAP No.: 9 PART OF PARCEL No.: 324

SCALE: 1"=50' DATE: MARCH 14, 2000

INTERSTATE 70N
PLAT Nos. 42593, 42593 & 42504
PRINCIPAL ARTERIAL ROADWAY

VEHICULAR INGRESS & EGRESS IS RESTRICTED

LOT 7
43,064 Sq.Ft.

Building Address 14057 Monticello Rd
Cooksville Md 21773

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

Census Tract 0551 Subdivision Harlicks Manor

Section A1A Area A1A Lot 7

Tax Map 9 Parcel 324 Grid 19

Zoning RCP Map Coordinates 41F12 Lot size 43064

Property Owner's Name Leroy Hewitt
 Address 14070 Monticello Rd
 City Cooksville State MD Zip Code _____

Home Phone 410-700-2778 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
William E Franklin
Co Box 124
Woodburn Md 21797
 Phone 410-700-1832 Fax Same

Existing Use None
 Proposed Use new SFD
 Estimated Construction Cost \$ 150,000

Description of Work The Catcher's Case
2 story new two story garage
SFD FRUF. Gas Fire Pl.

Contractor Company R.W. STEPHENSON
 Contact Person William E Franklin
 Address Co Box 124
 City Woodburn State MD Zip Code 21797
 License No. CR08024
 Phone 410-700-1832 Fax Same

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person DOON APOSTOLAKIS
 Address 1818 QUINCY ST.
 City SEVIER State MD Zip Code 21144
 Phone 410-519-7200 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height: _____	No. of stories: _____	Gross area, sq. ft. per floor: _____	Use group: _____
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression _____ # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>35</u> <u>45</u> 2nd floor: <u>28</u> <u>36</u> Basement: <u>28</u> <u>25</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <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 THEREIN; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name William E Franklin
 Title/Company R.W. STEPHENSON Date 4-24-00

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: <u>127' 3/4"</u>	Filing fee \$ _____
State Highway			Rear: <u>175' 3/4"</u>	Permit fee \$ _____
Building Official			Side: <u>127' 3/4"</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
Health	<u>4/21/00</u>	<u>Mark E. Lippin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1177</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

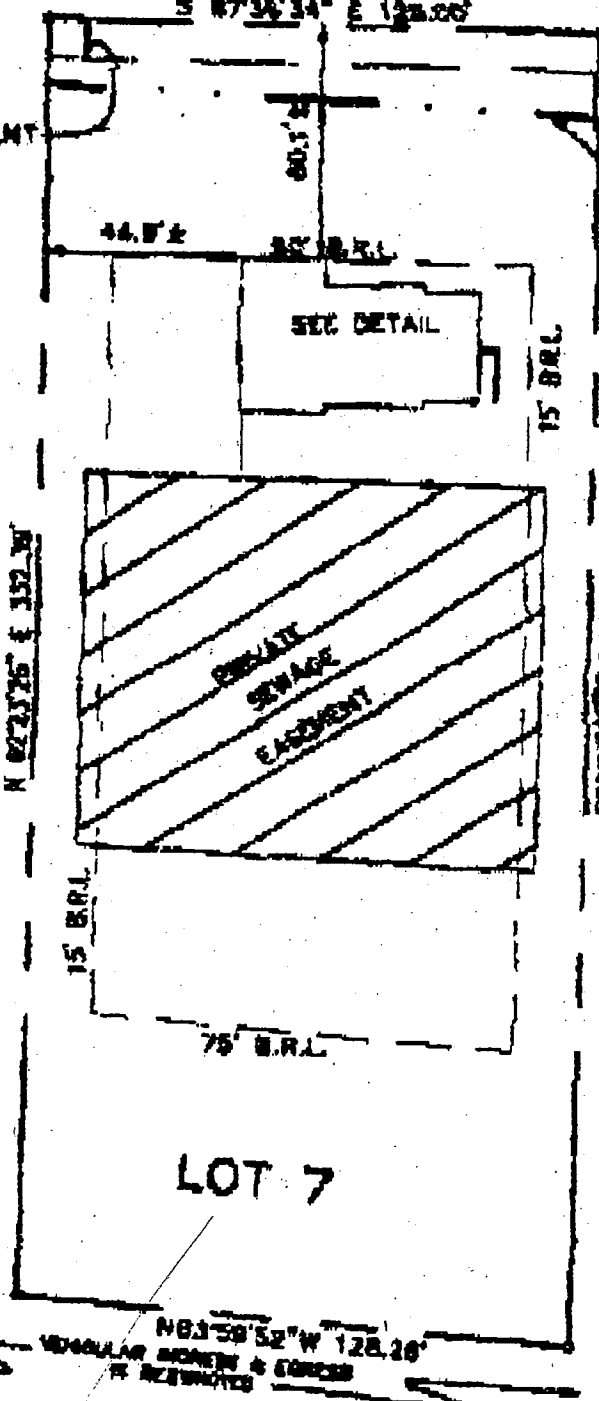
MONTICELLO DRIVE

10' PUBLIC TREE MAINTENANCE EASEMENT

S 87°36'34" E 128.00'

5' SE LIMITING METEORIC NOISE

1" = 50'
1/24/00
Changed house model.
House moved toward LOT 6
left lot line.
Minimal impact on well and septic. (BB)



APDPT 04047
340

LOT 8

LOT 7

N 83°58'52" W 128.26'
MONICELLAR BOUNDARY & CORNER
BY RECONSTRUCTION

INTERSTATE 70N

B.R.L. - BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. = 588.0' ±

APPLICATION

PERCOLATION TESTING

A 49888K

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

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. 8 *Final*

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 008 B AND 9 PARCEL # 9,252 and 324

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. Recharia 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 _____

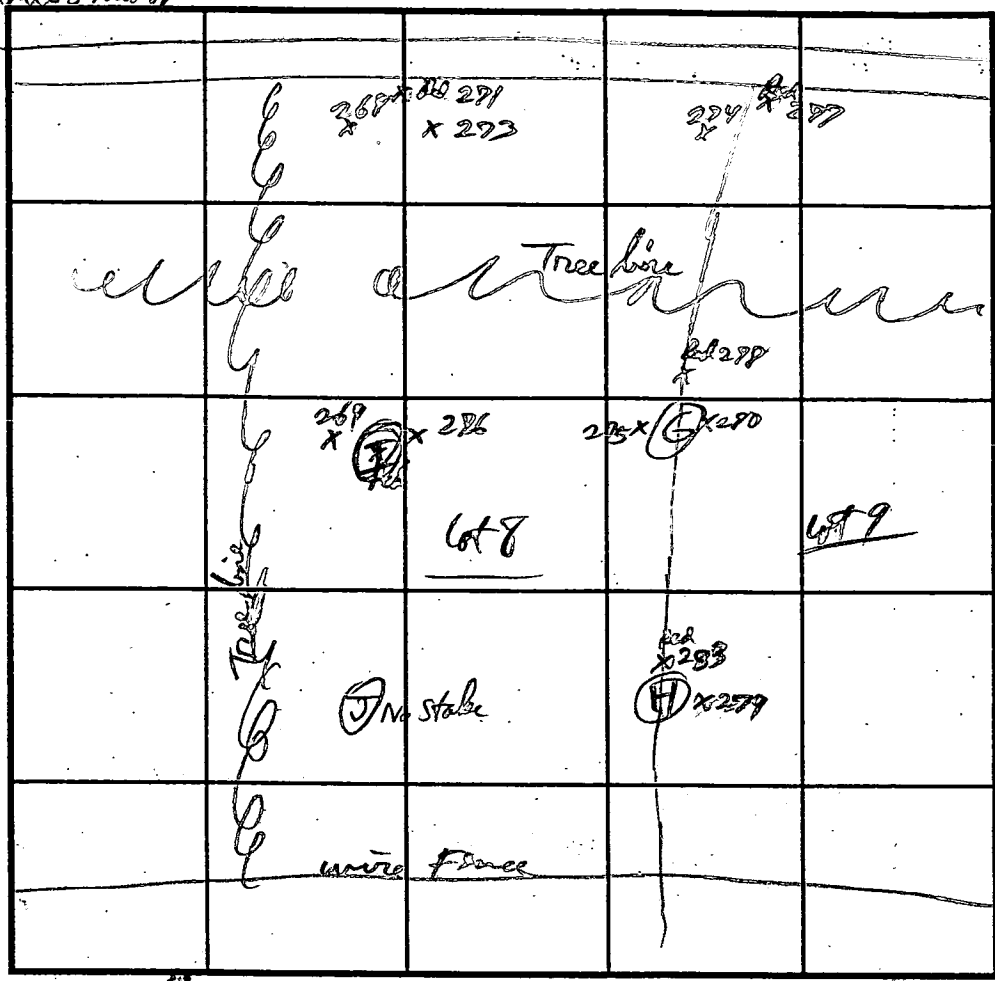
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
 0' 269/276 F
 Red Brn hSL
 2' Str Brn - yel Brn mic SL
 4' Mix Brn - olive Brn coSL
 ± 25% hard m. pi
 Saprophytic
 chumbers
 10' Hard Bottom

1 1/2' Red SCL
 Mix Red/yel-Red Brn
 L-SL
 Saprophytic
 3 1/2' Some E
 20% hard Saprophytic
 5' Lt Brn - yel Red SL

275/280 6
 Str Brn - yel Brn CL
 3 1/2' Mid yel Brn mic
 Loam sp.
 5 1/2' pale Red Brn - Tan SL
 (mic) loose
 12'

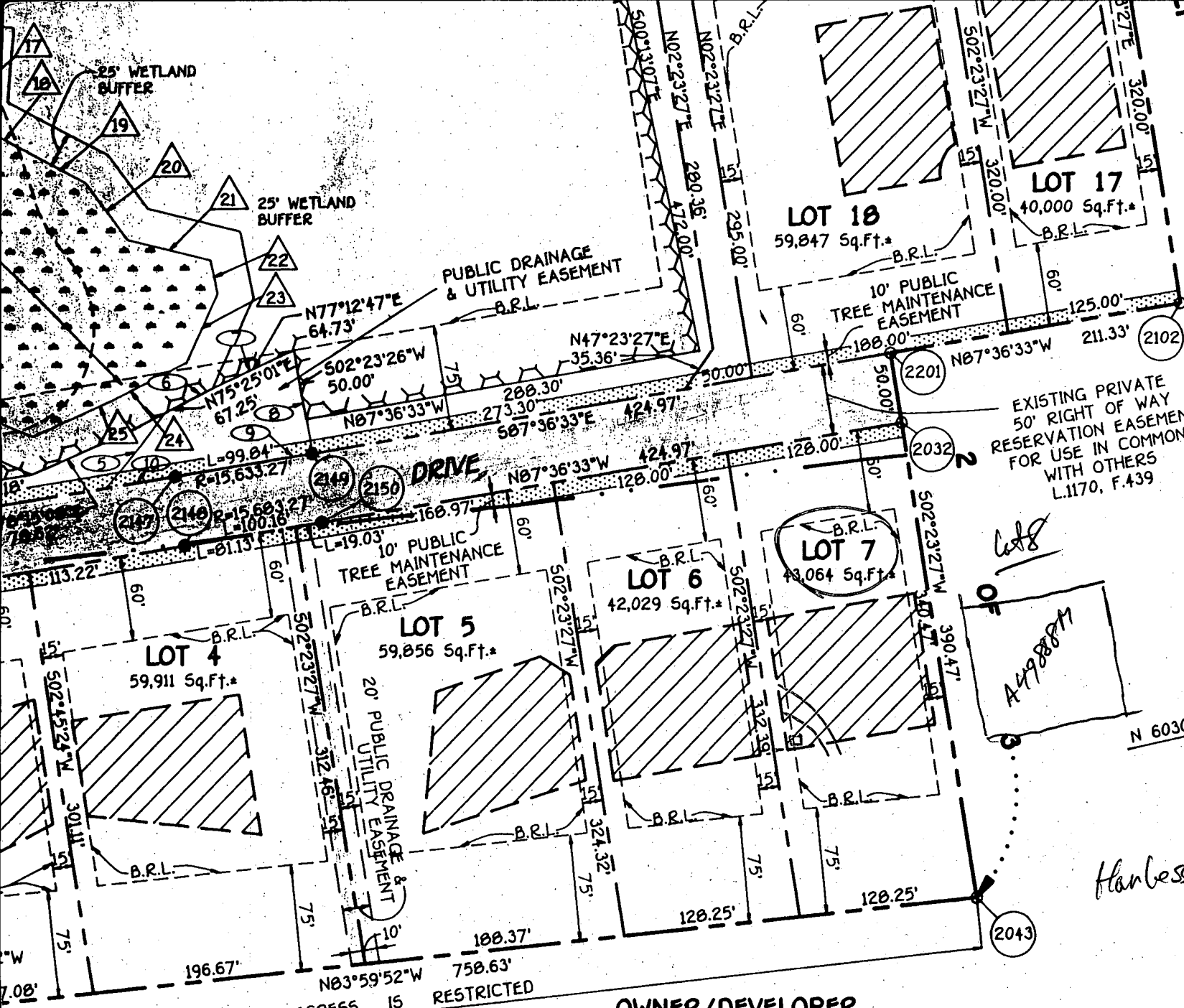


SOIL PROFILE
 0' 279 H
 Red SCL
 2 1/2' yel Red - yel Brn hL-SL
 5 1/2' Mix Red Brn - yel Brn SL
 (mic)
 11 1/2' 90% Brn SL
 12'

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/22/94	275/280 6	v12 4 1/2					12 hrs
	279 H	v12	Visual only ok below			3 ft	
	269/276 F	2'	Mixed	1:08:40	1:09:40	1:13:11	4 min
		v10'					
	v10 stable J	3 1/2					9 min 2 min
		v11' 7'					

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY J.P. Wilby ALSO PRESENT O. Kettnerman, C. Provo
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 TRENCH WIDTH 3
 INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210



▲	N08°59'24"W	101.32'
▲	N03°34'39"E	58.30'
▲	N18°53'33"W	44.11'
▲	N28°22'41"W	73.83'
▲	N33°19'11"W	60.95'
▲	N16°44'57"W	53.86'
▲	N00°44'00"W	52.58'
▲	N08°56'20"W	39.51'
▲	N05°04'37"E	33.07'
▲	S10°31'46"W	38.87'
▲	S34°28'17"W	67.33'
▲	S24°56'59"W	47.50'
▲	S41°00'23"W	48.60'
▲	S57°40'22"W	37.21'
▲	N49°30'40"W	57.56'
▲	N18°18'38"E	61.38'
▲	N61°18'30"E	35.18'
▲	N45°45'24"E	55.07'

PUBLIC DRAINAGE AND UTILITY EASEMENT	
SYM.	BEARING & DISTANCE
①	S02°45'24"W 60.00'
②	N07°14'36"W 95.00'
③	N02°45'24"E 60.00'
④	S07°14'36"E 95.00'
⑤	N49°31'10"E 67.22'
⑥	N75°25'00"E 40.00'
⑦	N77°12'47"E 64.73'
⑧	S02°23'27"W 75.00'
⑨	R=15633.27' L=99.84'
⑩	N07°14'36"W 50.16'

OWNER/DEVELOPER
 PATSY K. HEWITT and LEROY H. HEWITT
 HUSBAND AND WIFE
 PATSY K. HEWITT, TRUSTEE
 1407 MONTICELLO DRIVE
 COOKSVILLE, MD 21723

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

flawless Monor Final

C1 **2774** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A49888K**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
083095

Depth of Well
305
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-99-0615

OWNER **Fisher, Collins, Carter**
 STREET OR RFD **Marticello Dr** TOWN **Cooksville**
 SUBDIVISION **Harless Manor** SECTION **1** LOT **7**

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	30	✓
Sandstone	30	40	
MICKA	40	80	
Sandstone	80	85	✓
MICKA	85	305	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS **14** NO. OF POUNDS **1400**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** 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 PL S 45
 Nominal diameter top (main) casing (nearest inch)! 6 45
 Total depth of main casing (nearest foot) 60 63 64 66 70

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 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.

TYPE: **MWD/MSD/MGD** **116**
 DRILLERS LIC. NO. **Ralph Wayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph S. Wayne
 LIC. NO. **117**

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

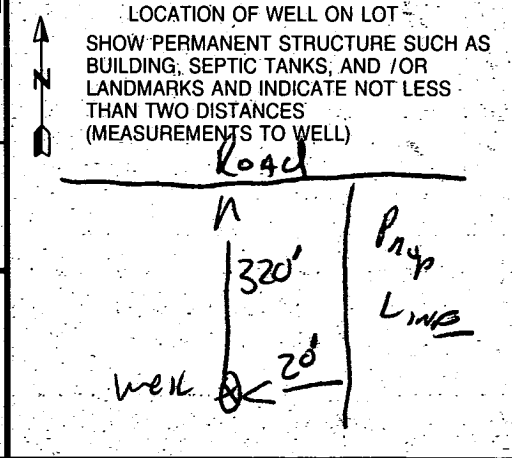
C2
 DEPTH (nearest ft.)
 A1 **H043** **305**
 S2
 S3
 S4
 S5
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 S100

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **29** ft.
 WHEN PUMPING **86** 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
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **24** (nearest foot)



EMERGENCY/TEMP NO. IF ANY

B 1 **0627** 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

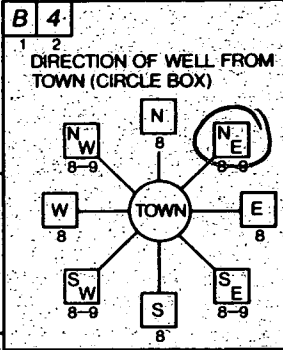
STATE PERMIT NUMBER
HO-94-0615
 fill in this form completely

Date Received (APA)
070795

OWNER INFORMATION
FISHER COLLINS CARTER
 Last Name Owner First Name
9121 BALT WATL PIKE
 Street or RFD
ELLICOTT CIFMMO21093
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
HARLESS MANOR SUBDIVISION
 SECTION **H** LOT **7**
COOKSUILKE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Ralph MAYNE
 Driller's Name 77 License No. **116**
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne > 3/95
 Signature Date



Monticello On, NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **320**
 ENTER FT OR MI **FK**
 TAX MAP: **8** BLK: **19** PARCEL: **91324**

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
A 49888K COUNTY NO.
 STATE SIGNATURE DATE ISSUED **072499** INSERT S
Ralph Mayne CO SIGNATURE **7/24/96** EXP. DATE
 NORTH GRID **542000** EAST GRID **0800000**

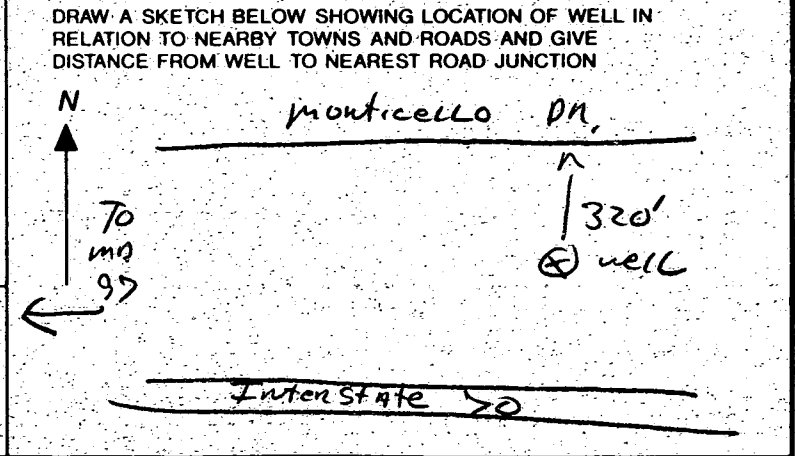
APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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) _____

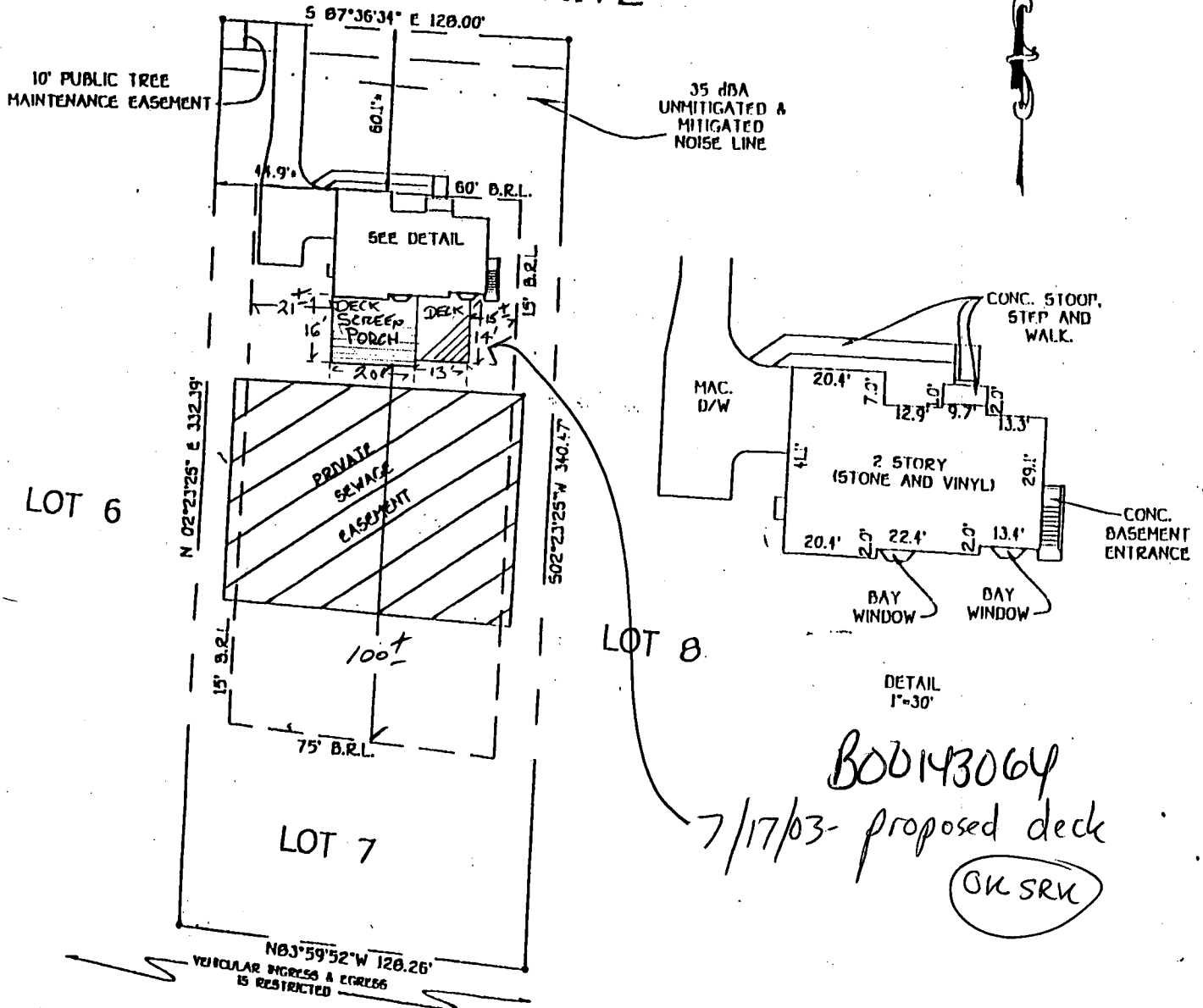


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **RP** INITIALS IN BOX PERMIT No. **HO-94-0615**

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. 210044 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 0.1 PLUS OR MINUS (").
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

MONTICELLO DRIVE



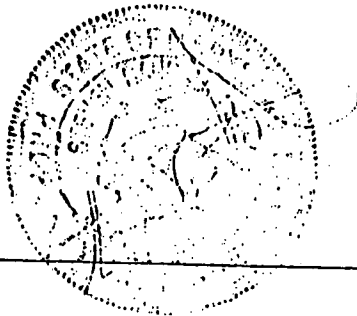
BOUNDOARY
 7/17/03- proposed deck
 (OK SRK)

INTERSTATE 70N
 PLAT Nos. 12241, 12503 & 12504
 FEDERAL ARTERIAL ROADWAY

B.R.L.=BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. =586.0'±

LOT 7
 HARLESS MANOR
 PHASE I
 LOTS 1 THRU 20, PRESERVATION PARCEL 'A'
 AND NON-BUILDABLE BULK PARCEL 'B'
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 12024

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 481 - 2055



PROFESSIONAL LAND SURVEYOR DATE
 REG. •

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/29/00
 FINAL LOCATION: 2/20/01
 BOUNDARY SURVEY: _____

SCALE: 1"=60'
 DATE: 10/10/00
 DRAWN BY: A.K.O.
 CHECKED BY: S.R.P.
 PROJECT No.: 61402