

9/21/00
Layout (HAM)
9/23/00
9/25/00

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

P 514184
A 49888-R
ISSUE DATE 8/11/2000
APPROVAL DATE 9/25/00

INDEXED 04-357434

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL x ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Harless Manor LOT NUMBER 10 ADDRESS 14045 Monticello Drive

PROPERTY OWNER Kwang Lee PROPERTY OWNER'S ADDRESS 6775 Old Waterloo Road

SEPTIC TANK CAPACITY 1250 GALLONS Elkridge, MD 21075

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 15 feet from right (356.25') lot line and 200 feet from front lot line as viewed from Monticello Drive. Install trenches on contour toward rear lot line. *OK to locate trench closer parallel to property line. ST. got in also OK. PPS 9/25/00*

PLANS APPROVED Mark Rifkin *OK SRU 8/4/00* DATE 6-16-2000

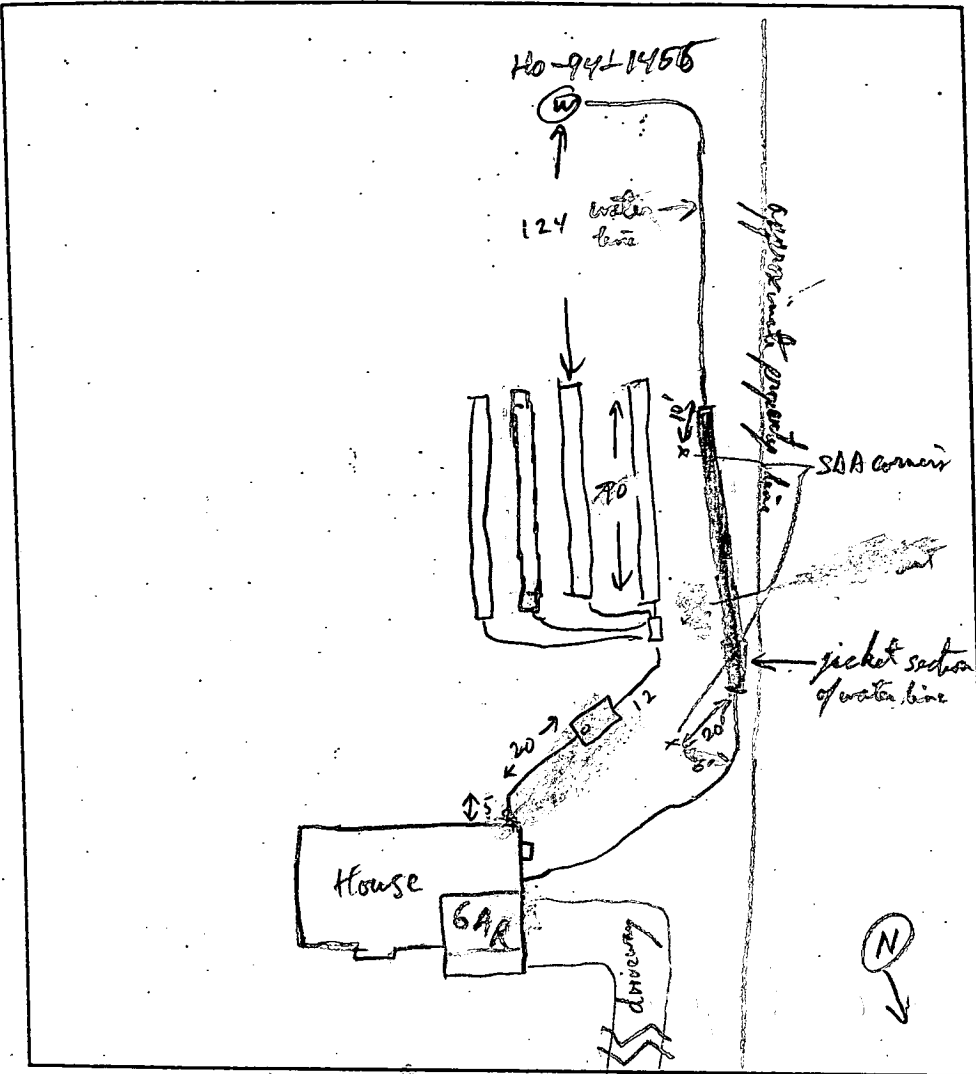
PERMIT VOID AFTER 2 YEARS

- 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

A 49888 R

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH	3
TRENCH INLET DEPTH	3 1/2
TRENCH BOTTOM DEPTH	5 1/2
DEPTH OF STONE	2
NUMBER OF TRENCHES	4 @ 70'
TOTAL TRENCH LENGTH	280
ABSORBENT AREA	1120
DISTRIBUTION BOX LEVEL	✓
BAFFLE IN DISTRIBUTION BOX	✓

SEPTIC TANK DATA

SEPTIC TANK	✓	GALLONS
MANHOLE RISER	N/A	TOP WITHIN 18" OF FINAL GRADE
6 INCH INSPECTION PORT	✓	

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	NA
ALARM	NA
PUMP PERFORMANCE TEST	NA

PRE-CONSTRUCTION INSPECTION: Monticello Drive ST spot OK, will need to reopen well this ditch and install

jacket with leaves only on water line where it runs parallel to SDA (only have 2-5 ft from) jacket. Inspect where 10ft or less from septic system or SDA. OK to keep septic line parallel to E Right of Way (not so close to driveway).
 INSPECTION COMMENTS: Water line jacketing OK where passes beside SDA (is >10' from septic system). 9/22/00 CW

9/22/00 - HOUSE CONNECTION - TANK - DIST. BOX COMPLETE. 1ST TRENCH OK TO COMPLETE & COVER (CW)

9/22/00 PM - 2ND TRENCH COMPLETE OK TO COVER

9/25/00 - 3RD TRENCH OK 4TH TRENCH SHALY IN FIRST 50' - ACCIDENT - SEE BELOW.
 (SOILS IN 3RD TRENCH VERY SILTY - TEST HOLE NEXT TO 4TH TRENCH VERY SILTY)

* SPEED LEVER USED TO FEED 4TH (SHALY) TRENCH LAST. (CW)

INSPECTOR CW DATE SYSTEM APPROVED 9/25/00

APPLICATION

PERCOLATION TESTING

A 49888R

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. X New 10

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 1006 B AND 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. Fish (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 _____

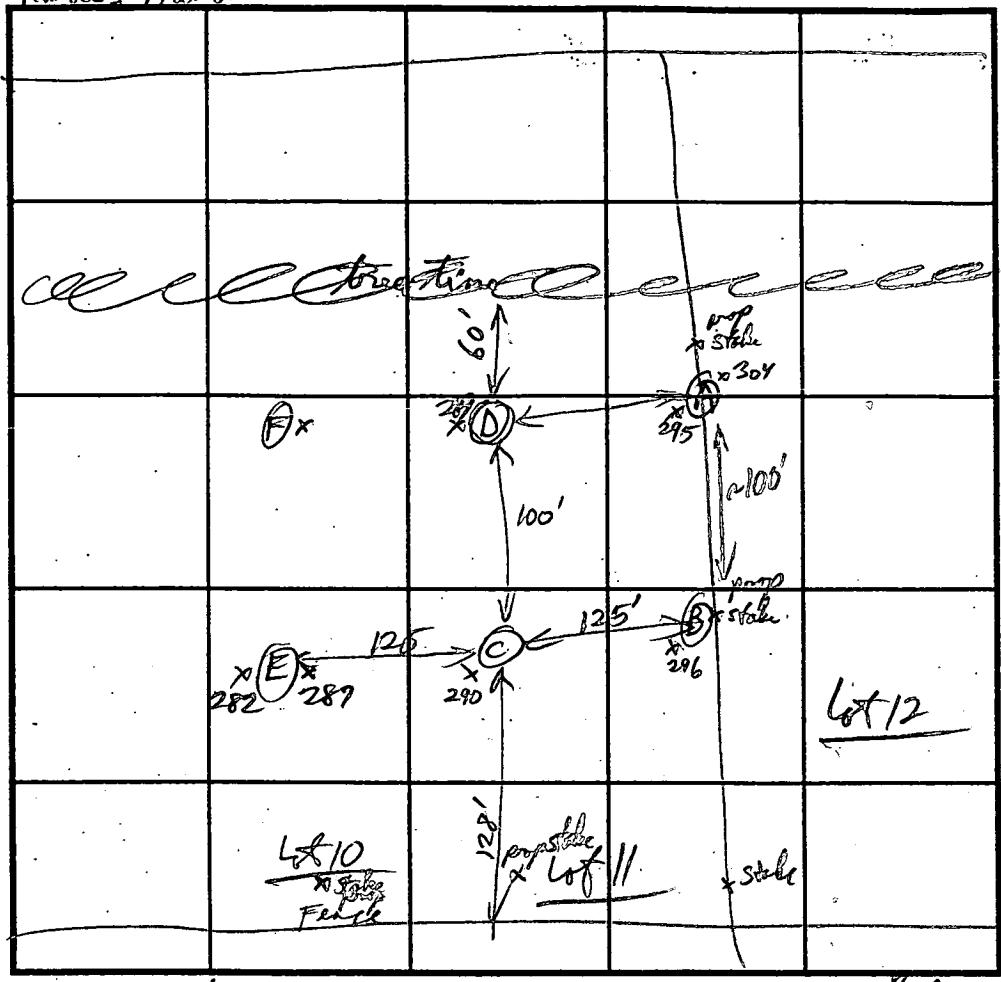
THIS IS NOT A PERMIT

LA 11 / 49888R
 COUNTY #

Horless Manor

SOIL PROFILE
 0' 290 C
 Red Brn
 1/2' silt-ll
 Str Brn
 - Red Brn
 mic loam
 - SL

SOIL PROFILE
 0'



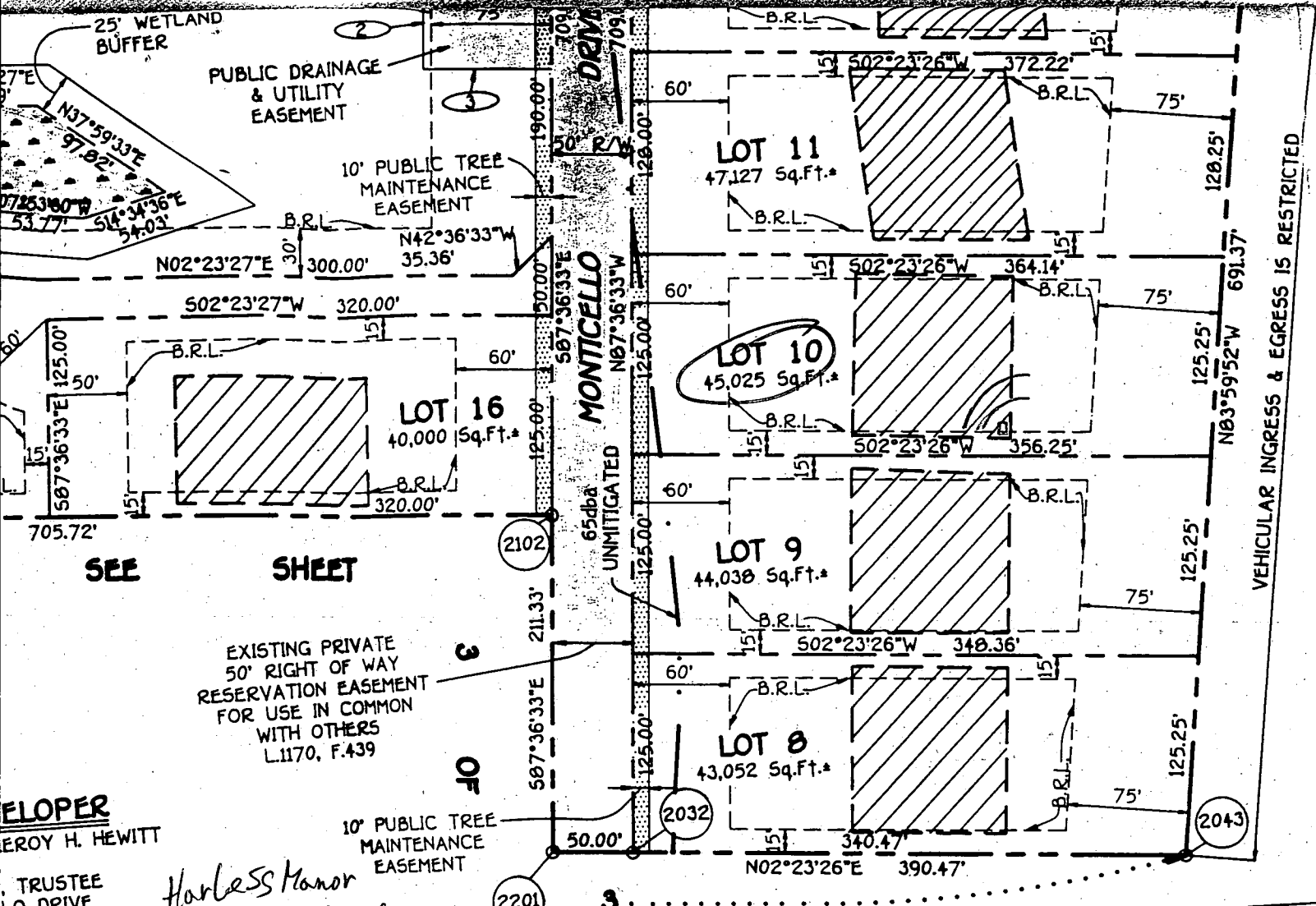
10 1/2'
 D
 6" Topsoil 6"
 11 Red hl
 2 yel Brn loam
 yel Brn
 - Str Brn
 mica SL

becoming hard
 Str Spentle
 Redwood

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	295/304 (A)	v 10 1/2 3/2			10:35:50	10:46:40	11 min
	296 B	v 11					
	290 C	3 1/2	11:11:30	11:15:45	11:15:45	11:22:05	6 min
		v 10 1/2 7'	11:03:00	11:09:50	11:09:50	11:17:30	8 min
	289 D	289 4	11:18:20	11:21:20	11:21:20	11:25:00	4 min
		v 10'		hard Bottom			

REMARKS _____
 TYPE OF SOIL Chester -> Manor
 TESTED BY RJPirbler ALSO PRESENT Leffert
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 1/2 TRENCH WIDTH 3
 INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 210



FLOPER
 LEROY H. HEWITT
 TRUSTEE
 100 DRIVE
 21723

Harless Manor
Final Not Signed

CERTIFICATE
 I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT AND TRUE TO THE RECORDS AND IN CONSIDERATION OF THE PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING REQUIREMENTS AND ASSIGNS: (1) THE RIGHT TO ERECT AND MAINTAIN PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND ABOUT THE AREAS SHOWN HEREON; (2) THE RIGHT TO ERECT AND MAINTAIN STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE AREAS SHOWN HEREON; HEREBY GRANT THE RIGHT AND OPTION TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, WHERE NECESSARY; (3) THE RIGHT TO REQUIRE DEDICATION OF WATER RIGHTS AND RIGHTS OF WAY FOR THE PURPOSES OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THE RIGHT TO ERECT AND MAINTAIN STRUCTURES ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAY.

 WITNESS

 WITNESS

 WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT AND TRUE TO THE RECORDS AND IN CONSIDERATION OF THE PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING REQUIREMENTS AND ASSIGNS: (1) THE RIGHT TO ERECT AND MAINTAIN PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND ABOUT THE AREAS SHOWN HEREON; (2) THE RIGHT TO ERECT AND MAINTAIN STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE AREAS SHOWN HEREON; HEREBY GRANT THE RIGHT AND OPTION TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, WHERE NECESSARY; (3) THE RIGHT TO REQUIRE DEDICATION OF WATER RIGHTS AND RIGHTS OF WAY FOR THE PURPOSES OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THE RIGHT TO ERECT AND MAINTAIN STRUCTURES ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAY.

 TERRELL A. FISHER, L.S. 16892
 SURVEYOR

into the
1 3/4" diameter
posts will be
near foot.
wire ties
requirements
GMT 509
GMT 509
GMT 322
GMT 322

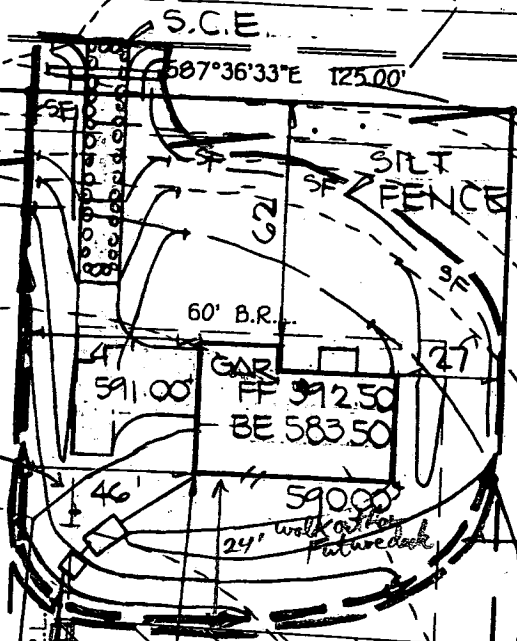
MONTICELLO DRIVE

EXISTING PRIVATE 50'
RIGHT OF WAY
PRESERVATION EASEMENT
FOR USE IN COMMON
WITH OTHERS
L. 1170 F. 439

overlapped.
maintained when
fabric height.

10' PUBLIC TREE
MAINTENANCE EASEMENT 590

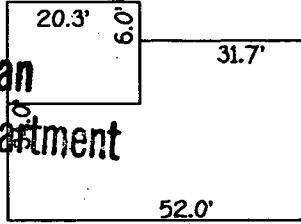
35 dBA
UNMITIGATED &
MITIGATED
NOISE LINE



WELL LINE
AT LEAST 94
10' FROM
SEWER LINE
AND TANKS 9C

WELL LINE
TO BE MARKED
BY PVC
STANDPIPES

Approved Septic System Plan
Howard County Health Department



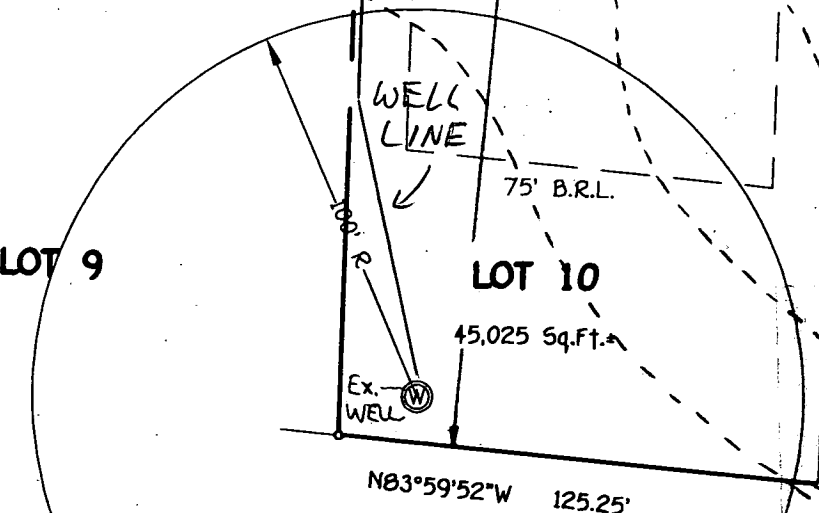
Mark Liffen
Signature Date 6/16/00

- Total linear feet of trench required 280 feet
- Width of trench(es) 3 feet
- Depth of trench(es) 4 1/2 feet
- Depth of stone required below distribution pipe 2 feet

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK.
3.

A. FIRST FLOOR ELEVATION:	592.50	583.50
B. BASEMENT ELEVATION:		
C. INVERT OF SEPTIC SYSTEM AT HOUSE:	588.50	588.10
D. INVERT IN AT SEPTIC TANK:	587.80	590.00
E. INVERT OUT AT SEPTIC TANK:	587.80	590.00
F. PROPOSED GRADE OVER SEPTIC TANK:	594.00	597.00
G. INVERT AT DISTRIBUTION BOX:		
H. EXISTING GROUND OVER DISTRIBUTION BOX:		
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.



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

SCALE: 1"=50'

1=50

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00123948

Building Address 14045 Matricello Drive
Cockeville, MD 21773
 Suite/Apt. #: _____ SDP/WF/Petition #: 6P 00-172
 Census Tract 6040 Subdivision Harless Manor
 Section N/A Area N/A Lot #10
 Tax Map 9 Parcel 346 Grid 9
 Zoning R-10A Map Coordinates 4612H Lot size 45,055 sq ft

Property Owner's Name Kyoung Duck Lee
 Address 6715 Old Waterloo Road
 City Elkridge State MD Zip Code 21075
 Home Phone 410-799-9445 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family House
 Estimated Construction Cost \$ 100,000
 Description of Work 5100 sq ft (incl. porch) and
14 Room (4 Bed, 2 1/2 Bath, 1 Garage)

Contractor Company Master Homes, LLC, INC
 Contact Person MIKE SCOB
 Address 6410 Pace Road
 City Elkridge State MD Zip Code 21075
 License No. _____
 Phone 410-796-2477 Fax _____

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company 2
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular Manufactured Home

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 HERETO; (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]
 Title/Company Manager

Print Name KIC SEOR SEO
 Date 5/3/06

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	46017
<input checked="" type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>6/16/06</u>	<u>Mark Kaplan</u>	Side St: _____	
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
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"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Add'l permit fee \$ _____
			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
				Balance due \$ _____
				Check # <u>10216</u>
				Validation # <u>21726</u>

GENERAL NOTES:

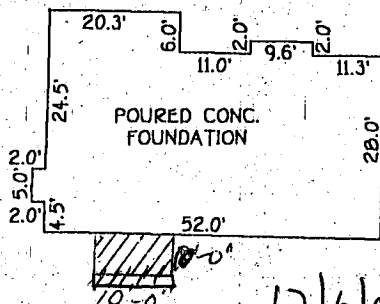
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, 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. 240044 0002 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 PLUS OR MINUS (+).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

MONTICELLO DRIVE

(50' R/W)
587°36'33"E 125.00'

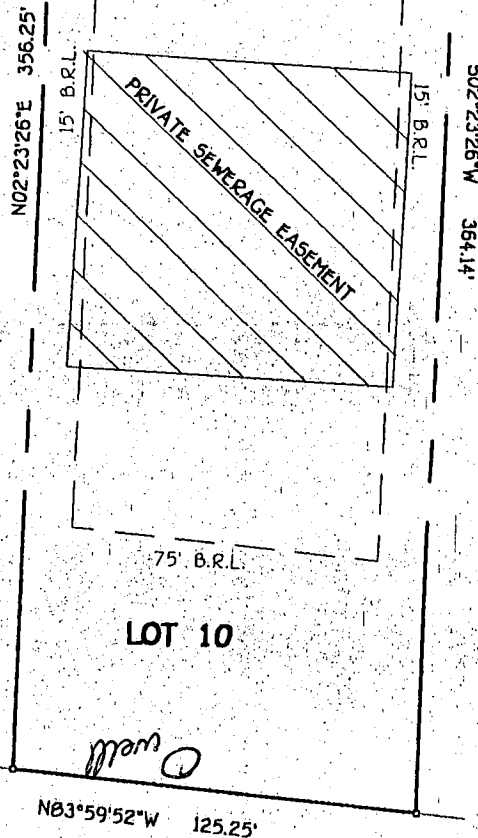
10' PUBLIC TREE MAINTENANCE EASEMENT

65 dBA UNMITIGATED & MITIGATED NOISE LINE



DETAIL 1"=30'

12/6/00
Proposed Deck has no ~~impact~~ impact to well or LOT 9 septic
OK SRH



N03°59'52"W 125.25'

INTERSTATE 70N

PLAT Nos. 42393, 42503
PRINCIPAL ARTERIAL ROADWAY

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. =600.2'±

LOT 10 HARLESS MANOR PHASE 1
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
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855



[Signature] 7/24/00
PROFESSIONAL LAND SURVEYOR DATE
REG. 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/24/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 7/25/00
DRAWN BY: L.F.F.
CHECKED BY: C.C.
PROJECT No.: 61517

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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 3 N Main St Mt. Airy MD 21771

(Must circle one) Licensed Plumber License # and name of individual responsible for the field installation:
Name (Print): Hanford A. Van Sant License# 1467

*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: Master Homes Telephone #:
Subdivision: Hairless Manca Lot #: 10 Well Tag #: HO-94-1455
Site Address: 14045 Monticello Dr. Cooleville, MD 21723

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: [checked]
Model #: TG507422 Model #: 510X Screened, vented well cap: [checked]
Pump Capacity: GPM Depth: 4' (36" min) Cap secured to casing: [checked]
Well Yield: GPM NSF approved: Yes Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: [checked]
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 NO

Piping to house House Connection
Type: 200 PSI 1" polyethylene PVC sleeved to undisturbed soil at wall penetration: 15 ft
PSI: (160 psi min) Approximate length of sleeve: 15 ft
Depth of supply line: 4' (36" min) Sleeve caulked and sealed properly: [checked]

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: Hanford A. Van Sant date: 10.13.00

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

Date Insp. Requested: 9/21/00 Date Insp. Approved: 9/21/00
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

RTP SRK

C1 05187

SEQUENCE NO. (MDE USE ONLY)

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.

10

COUNTY NUMBER A-49888R

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

ST/PO USE ONLY DATE RECEIVED MM 7 10 98

DATE WELL COMPLETED

MM 04 15 98

Depth of Well

22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1456

OWNER HEWITT LEROY STREET OR RFD MONTICELLO OR TOWN COOKSVILLE SUBDIVISION HARLESS MANOR SECTION LOT 10

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter (6) Total depth (45)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below

Table for depth and diameter of screen with columns for depth (ft.) and diameter (inches).

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

C 3

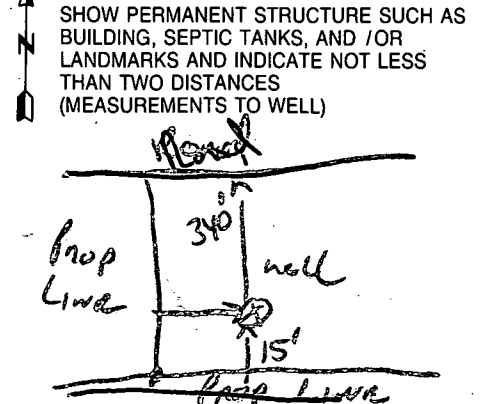
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (26), WHEN PUMPING (32), TYPE OF PUMP USED (S)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE-POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N) CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD116 DRILLERS SIGNATURE (Must match signature on application)

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

EMERGENCY/TEMP NO. IF ANY

B 1 **8728** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

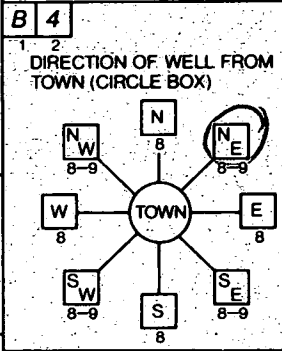
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-1456
 fill in this form completely

Date Received (APA) **012398**
 OWNER INFORMATION
Hewitt LEROY
 15 Last Name Owner First Name 34
14070 Monticello Dr
 36 Street or RFD 55
COOKSVILLE MD 21723
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
HARLESS MARJOR
 23 SUBDIVISION 42
 SECTION **10** LOT **10**
 44 46 48 50
COOKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
 CIRCLE: **MSD** MGD/MWD
Ralph Mayne
 Driller's Name 77 License No. 80 **116**
Ralph Mayne (well drilling)
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Ralph Mayne 1-23-98
 Signature Date



Monticello Dr.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 N
 WEST W
 EAST E
 SOUTH S
340
 34 DISTANCE FROM ROAD 37
 ENTER FT. OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

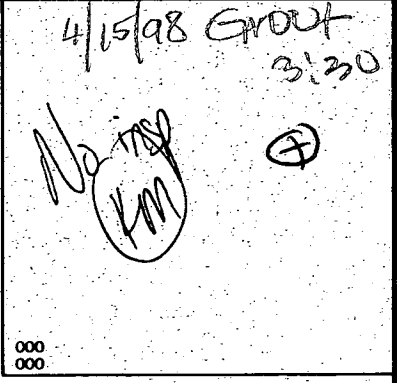
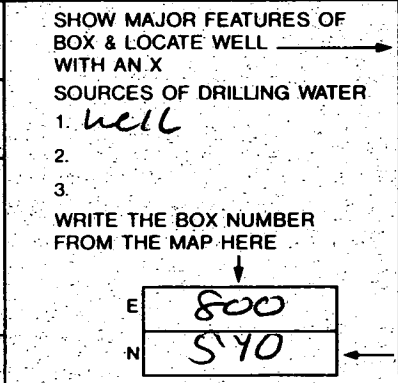
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 3 4 5 6 7 8 9 10 11 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 13 14 15 16 17 18 19 20

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
HOWARD **A 49888R**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **030598** **Ralph Mayne** **3/5/99**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **540000** EAST GRID **800000**
 50 55 57 63

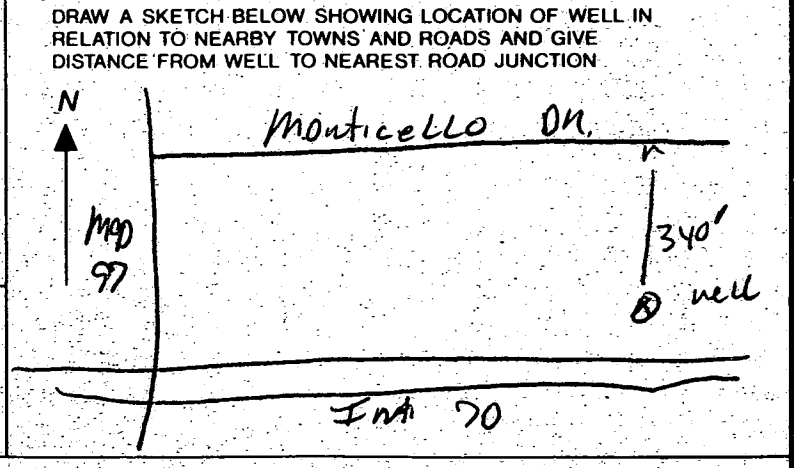
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 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 _____

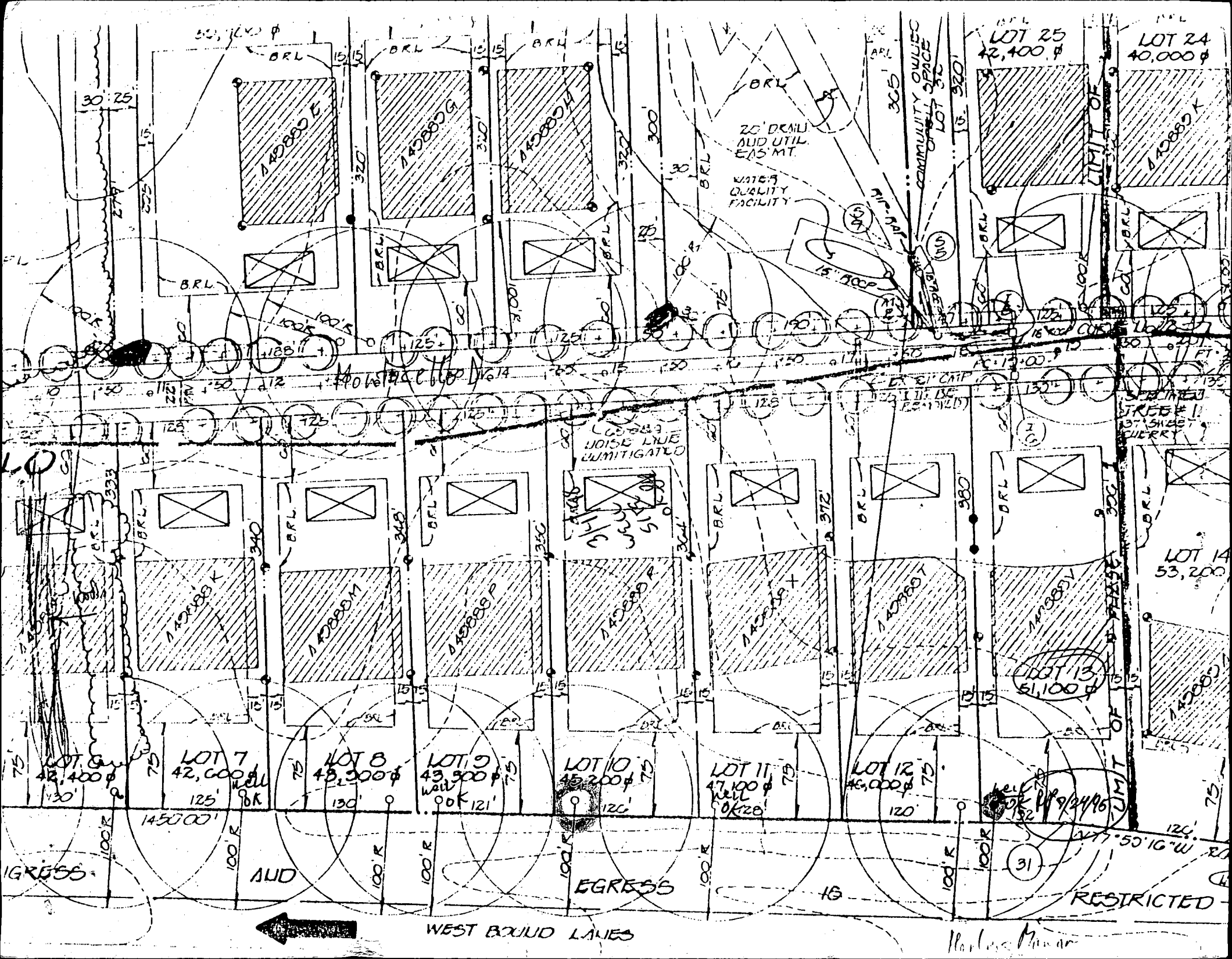


REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **40-94-1456**
 67 68 70 71 72 73 74 75 76 77 78 79

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



50,000[±]

LOT 25
42,400[±]

LOT 24
40,000[±]

30' 25'

LOT 7
42,600[±]

LOT 8
43,300[±]

LOT 9
43,500[±]

LOT 10
45,200[±]

LOT 11
47,100[±]

LOT 12
46,000[±]

LOT 14
53,200[±]

LOT 13
51,100[±]

WEST BUILD LINES

RESTRICTED

Harlow Munnar