

ISSUE DATE: 5/25/2001

APPROVAL DATE: 6/5/01

PERMIT INDEXED

P 515261

A 49889-J

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-357485

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Harless Manor, Phase I LOT NUMBER: 15

ADDRESS: 14034 Monticello Drive PROPERTY OWNER: Cornerstone Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOP SEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 75 feet from the left (253.80') lot line and 105 feet from the front (125.00') lot line as viewed from Monticello Drive. Install trenches on contour.
NOTES:	

PLANS APPROVED: Amy Mc Millen OKSRK 4/12/01 DATE: 4-5-01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

BUILDING PERMIT SIGNED

AND RETURNED

7-16-01 800131320-UG PROPOSED TANK
1-5-05 800151716-FINISHED BASEMENT

49889-J



Cornerstone Homes, Inc.

9691 Norfolk Avenue ■ Laurel, Maryland 20723
(410) 792-2565 ■ Fax (410) 792-2567

CR 50253
CK 5025

Amy

5/14/01
May 3, 2001

RECEIVED

MAY 14 2001

LICENSES & PERMITS
DIVISION

Howard County Department of Inspections,
Licenses, and Permits
Attn: Avis Corbin
3430 Court House Drive
Ellicott City, MD 21043

Dear Ms. Corbin:

This letter is to request that the Plot Plan for the lot listed below be amended to reflect a change in the first floor elevation:

SUBDIVISION:	Harless Manor
LOT# / ADDRESS:	15 - 14034 Monticello Drive
PERMIT NUMBER:	B00129188
HOUSE TYPE:	Arlington II
ORIGINAL FIRST FLOOR ELEVATION:	584.7
NEW FIRST FLOOR ELEVATION:	581.6

Your consideration in this matter is greatly appreciated. If you have any questions, please feel free to call me at (410) 792-2565.

Sincerely,

Theresa M. Bowman
Theresa M. Bowman
Office Manager
Cornerstone Homes, Inc.

REVIEWED FOR
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
HOWARD COUNTY

Enclosures

DATE: *5/22/01*

BY: *[Signature]*

SUBJECT TO COMMENTS OF LETTER

SUBJECT TO FIELD INSPECTION

SUBJECT TO COMMENTS ON PLANS

AMENDMENT FINAL

5/2
RASA P
Note will not release prior to your approval
cc Health Dept
OK - No objections
(FID) How. Co. Health
6/7/07

ARLINGTON II
 2250 sq. Ft
 4 Bedrooms
 2 1/2 BATHS

Total linear feet of trench required 240 feet
 Width of trench(es) 30 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Septic Elevations

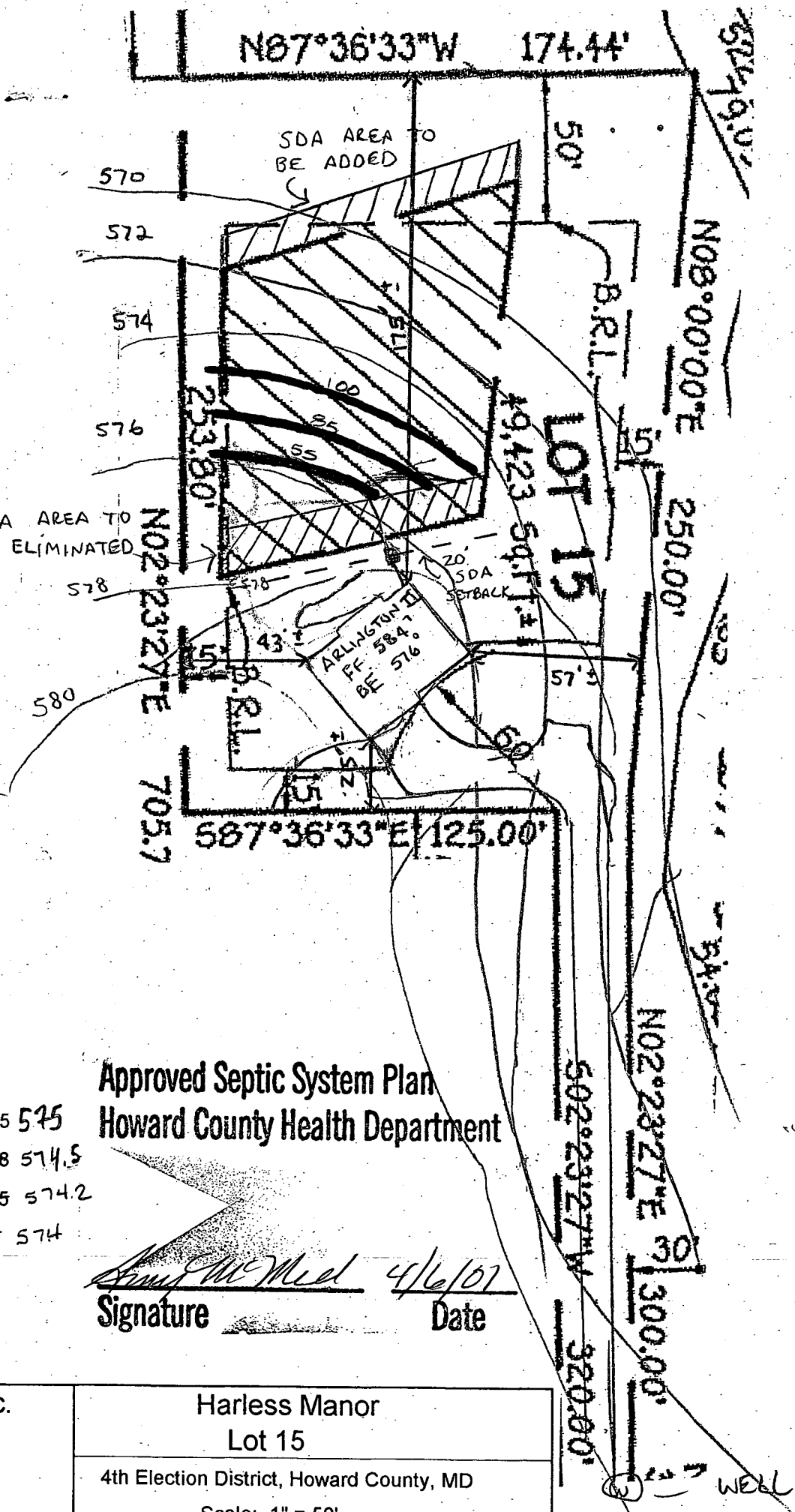
House Out	574.5	575
Tank In	573.8	574.5
Tank Out	573.5	574.2
Dist.Box In	573	574
Exist Elev @ Box	576	

Approved Septic System Plan
Howard County Health Department

James McMed 4/6/07
 Signature Date

Cornerstone Homes Inc.
 9691 Norfolk Ave
 Laurel, MD 20723
 (410) 792-2565

Harless Manor
 Lot 15
 4th Election District, Howard County, MD
 Scale: 1" = 50'



7/18/01
WPI
After
Lot 31

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: FEAGA Plumbing & Htg Co Telephone #: 410-461-144
Address: 3301 Herndon Rd
Woodstock, MD 21162

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Ken Feaga License # 6318
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: _____ Telephone #: _____
Subdivision: Hartless Manor Lot #: 15 Well Tag #: HO-93-0252
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Scudis</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7650542</u>	Model #: <u>B/ox</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>210</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or <u>Cable glands</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PC</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>FT</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 7/17/01

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

Date Insp. Requested: 6/12/01 Date Insp. Approved: 7/18/01 **BB**
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 6600

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A49 885 J

SYCO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 030590

Depth of Well grid: 245

PERMIT NO. grid: 70-93-0253

OWNER Hewitt Leroy last name Monticello Dr. first name TOWN Cooksville SUBDIVISION Harless Manor SECTION 1 LOT 26 FIVEALTS

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE, CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (40)

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL-HYDROFRACTURED (Y/N)

- 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"

DRILLERS IDENT. NO. 116

DRILLERS SIGNATURE (Must match signature on application)

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

C2

DEPTH (nearest ft.) grid: 38, 245. SLOT SIZE, DIAMETER OF SCREEN

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 grid

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

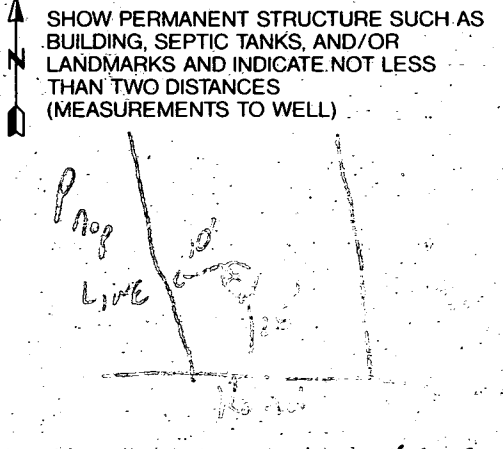
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (BUCKET), WATER LEVEL, 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



B 1 0661 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H0-93-0253
70 fill in this form completely 79

6 Date Received (APA) 012496 **OWNER INFORMATION**
 15 Last Name HEWITT Owner First Name LEROY
 36 Street or RFD 14070 MONTICELLO DR.
 57 Town COOKSVILLE 70 State 72 MD Zip 76 21723

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD MWD
 Driller's Name Ralph Mayne 77 License No. 80 716
 Firm Name Ralph Mayne Well Drilling
 Address 9120 Brown Church Rd. Mt. Airy
 Signature Ralph Mayne Date 1/20/96

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)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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-ROTOR **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVerse-ROtary** **DRive-POINT**
 other _____

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER H099GAP012
 FORCE RI WRITE INITIALS IN BOX PERMIT No. H0-93-0253

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

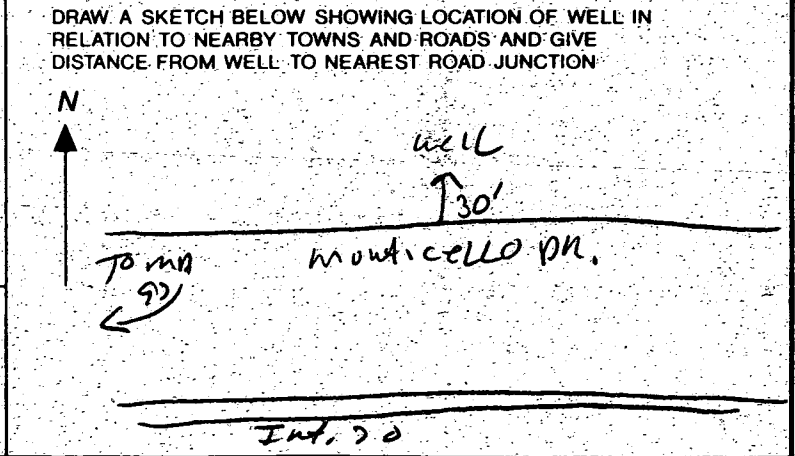
B 3 **LOCATION OF WELL**
HOWARD COUNTY
HARLESS MAROK SUBDIVISION
 SECTION 26 LOT A49889J
COOKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 MI

B 4 **DIRECTION OF WELL FROM TOWN** (CIRCLE BOX)

NEAR WHAT ROAD MONTICELLO DR.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 N **E**
 W **S**
DISTANCE FROM ROAD 30 FT OR MI ft
 TAX MAP: 8 BLK: 19 PARCEL: 324

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME A49889J COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED 020296 INSERT S
Ralph Mayne CO SIGNATURE 3/2/97 EXP. DATE
 NORTH GRID 542000 EAST GRID 080000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
 1. well
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 800
 N 5402



COUNTY _____

APPLICATION

PERCOLATION TESTING

A 49889 J

P _____

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

DISTRICT FOURTH

DATE December 8, 1993

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER LEROY H HEWITT

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

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

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

PROPERTY LOCATION:

SUBDIVISION HARLESS MAJOR LOT NO. 22 ^{to incl lot 15} ~~26~~ ~~27~~

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP DCB 8 ADD 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.

Richard J. Fitch (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 _____

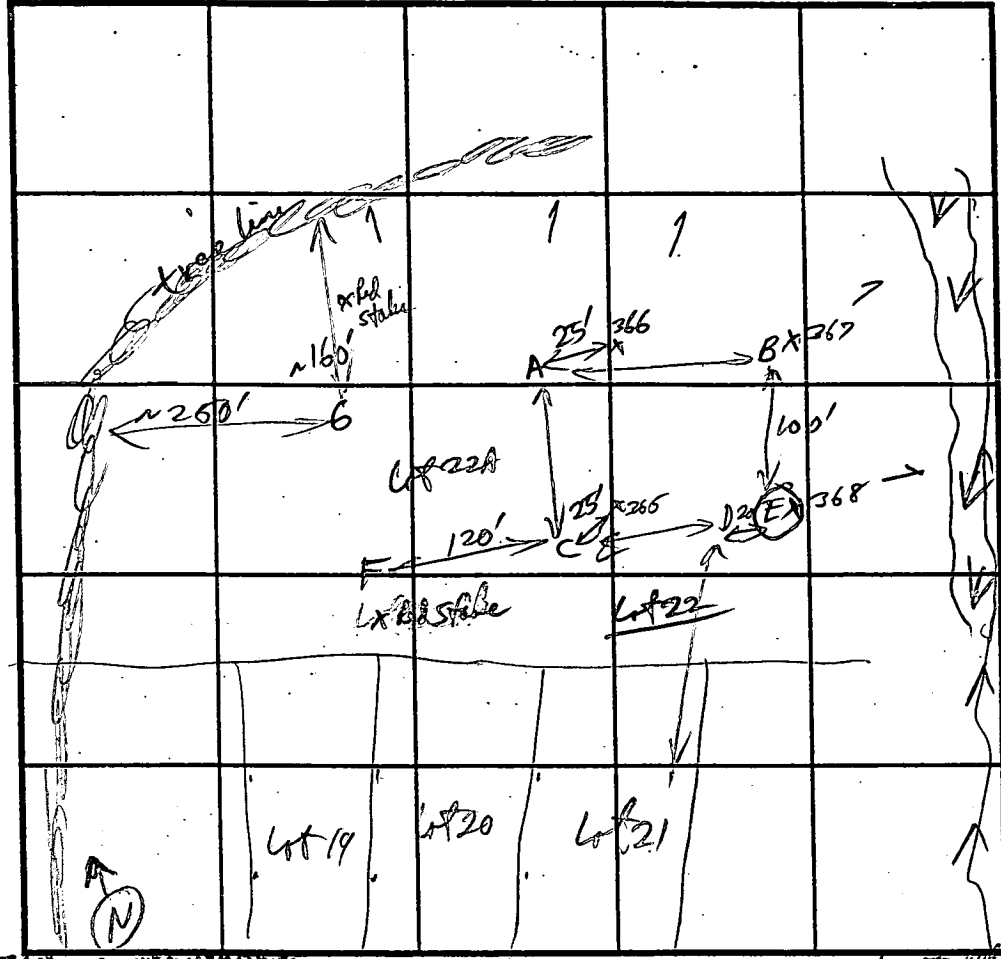
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 22 49889 J

Horless Manor

COUNTY #
Final lot 15
SOIL PROFILE
0' 366 A
Red Brn hl
1/2' var. Red Brn + Yel Red Loom
3' Tan SL
10'
367 B
2 1/2' Red-var. hl
olive Brn Loom
olive Brn to pale olive gray Brn SL
11'



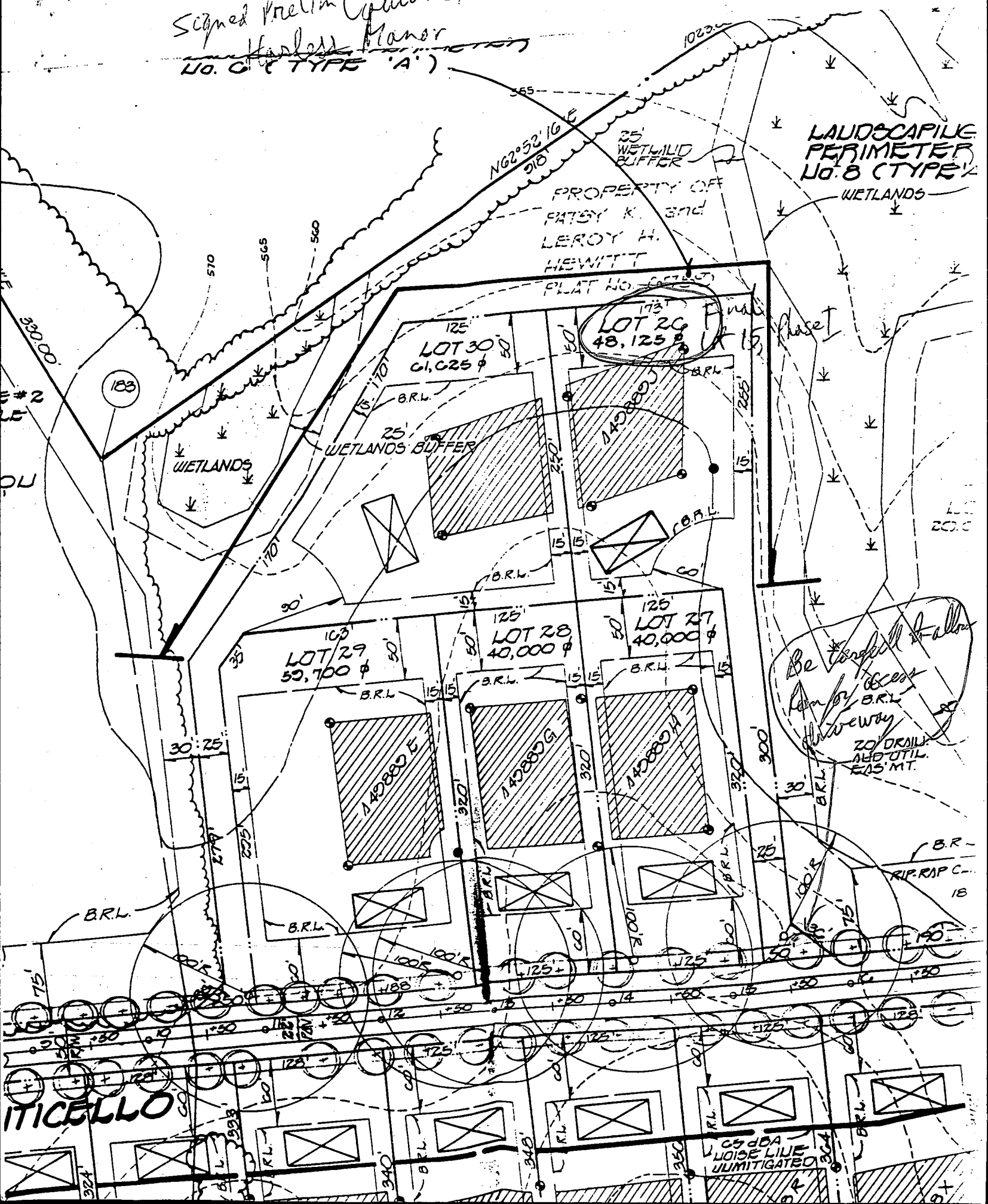
SOIL PROFILE
0' 368 D
Red Brn CL-Red SL
1/2' olive gray Brn SL
10 1/2'
Hole E
50% Green Rock @ 3 1/2'
Refract @ 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Monticello Dr

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-7-94	366 A	2 1/2'	2:37:00	2:41:00	2:41:00	2:45:00	4 min	
		1/6'						
	367 B	2 1/2'	2:46:50	2:49:00	2:49:00	2:55:00	6 min	
		11'						
	365 C	3 1/2'	3:08:20	3:10:50	3:10:50	3:15:20	4 1/2 min	
		1 9/2'	3:08:40	3:09:40	3:09:40	3:12:08	2 1/2 min	
	368 D	3'	3:01:32	3:04:50	3:04:50	3:12:00	7 min	
		10 1/2'	OK below 2 1/2'					
	368 (E)	1/6'	Refract @ 6'		50% Rocks @ 3 1/2'		Fail	

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY R.P. [Signature] ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3
 INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

Signed Prelim Envir. Sketch Plan
 Harless Manor
 NO. 6 (TYPE 'A')





Cornerstone Homes, Inc.

Their office closed for holiday Dec 23-Jan 2

9691 Norfolk Avenue ■ Laurel, Maryland 20723
(410) 792-2565 ■ Fax (410) 792-2567

December 22, 2000

Howard County Health Department
Attn: Mr. Ronald Pinkley, R.S.
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

RE: Adjustment to Existing Sewage Disposal Easement
Harless Manor Lot 15, Monticello Drive

Dear Mr. Pinkley:

Per your correspondence of October 17, 2000, regarding the above referenced adjustment please find enclosed the following:

- A scaled site plan showing the footprint of the proposed domicile including all planned ancillary structures (i.e. garage, decks, barns, sheds, swimming pools, etc.).
- A line showing the 20 ft. minimum setback distance from building to Sewage Disposal Area/septic system.
- The size of the proposed structure, both in square footage and number of bedrooms.
- Elevation contour lines in one or two foot intervals.
- Both the existing and proposed SDA's, appropriately identified.
- Location of existing water well.
- A plan showing three systems of trenches. *Needs this plan - area is tight needs a bit more than 10,000 sq ft*

If you have any questions, please feel free to call me at (410) 792-2565.

Sincerely,

John T. Connors
Director of Construction
Cornerstone Homes, Inc.

*see T.C. E. John Connors
410-792-2565
for revision to SDA.
He'll submit SDA change language
showing on BP Plan rather than
a separate PCP. App 1/23/01*

JTC/tmb

Enclosure



F.V.S.

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 17, 2000

Cornerstone Homes, Inc.
9691 Norfolk Avenue
Laurel, MD 20723
Attn: John Connors

Re: Adjustment to existing Sewage
Disposal Easement
Harless Manor lot 15
Monticello Drive

Dear Mr. Connors:

Thank you for your facsimile regarding the above referenced change. However, we are unable to process this request at this time. The reason being we lack sufficient information upon which an appropriate decision could be based.

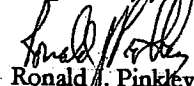
Before further consideration of any change may be offered, we would require the following information:

- A scaled site plan showing the footprint of the proposed domicile including all planned ancillary structures (i.e. garage, decks, barns, sheds, swimming pools, etc.)
- A line showing the 20 ft. minimum setback distance from building to Sewage Disposal Area/septic system
- The size of the proposed structure, both in square footage and number of bedrooms
- Elevation contour lines in one or two foot intervals
- Both the existing and proposed SDA's, appropriately identified
- Location of existing water well

Please remember the proposed SDA must be large enough to permit the installation of three full septic systems (one initial and two replacement systems) on contour, with appropriate spacing, sized for the proposed domicile. A copy plan showing three systems of trenches should be included with your submittal.

If you have any questions, please call me at 410-313-2640.

Respectfully yours,


Ronald J. Pinkley, R.S.
Water and Sewer Program

Cc: File

N87°36'33"W 174.44'

524.60'

N08°00'00"E 250.00'

250.00'

N02°23'27"E 300.00'

502°23'27"W 320.00'

51'

WELL

LOT 15

49,423 Sq. Ft.

587°36'33"E 125.00'

705.7

N02°23'27"E

576

572

570

574

578

580

SDA AREA TO BE ADDED

SDA AREA TO BE ELIMINATED

20' SDA SETBACK

DECK
CHARTLEY
FF 5837
BE 575

B.R.L.

B.R.L.

1/23/00
Per TC of John Conors
expiring up before shown
here shall give him enough
area for 3 full systems.
(show 560' contour line also)
Then he can include this
Minor change to SDA on
BP plan to Deduct the length
of butterfly left corner.
PJP

Chartley II

2250 sq. ft

4 Bedrooms

2 1/2 BATHS

180 sq ft/Bdr

÷ 3' = 60 LF/Bdr

× 4
= 240 LF

HARLESS MANOR

LOT 15

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

ZONING: 'RC-DEO'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

1" = 50'

N87°36'33"W 174.44'

5049.0'

SDA AREA TO BE ADDED

50'

570

572 30° 246.0'

574

575 245.0'

N08°00'00"E 250.00'

Not quite 35' wide of fence and No Room for fence lines. - Need slightly larger area controlled & Rear lower left property

Chartley II
2250 sq ft
4 Bedrooms
2 1/2 BATHS
180 sq ft/Bed
÷ 3' = 60 LF/Bed
x 4
240 LF

SDA AREA TO BE ELIMINATED

N02°23'27"E 705.7'

578

580

587°36'33"E 125.00'

LOT 15
49,423 sq. ft.

DECK
CHARTLEY
FF 5837
BE 575

20' SDA SETBACK

502°23'27"W 320.00'

N02°23'27"E 300.00'

320.00'

WELL

HARLESS MANOR

LOT 15

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

ZONING: 'RC-DEO'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

1" = 50'



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 17, 2000

Cornerstone Homes, Inc.
9691 Norfolk Avenue
Laurel, MD 20723
Attn: John Connors

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- ✓ - The size of the proposed structure, both in square footage and number of bedrooms
- ✓ - Elevation contour lines in one or two foot intervals
- ✓ - Both the existing and proposed SDA's, appropriately identified
- ✓ - Location of existing water well

Please remember the proposed SDA must be large enough to permit the installation of three full septic systems (one initial and two replacement systems) on contour, with appropriate spacing, sized for the proposed domicile. A copy plan showing three systems of trenches should be included with your submittal.

If you have any questions, please call me at 410-313-2640.

Respectfully yours,


Ronald J. Pinkley, R.S.
Water and Sewere Program

Cc: File

CORNERSTONE HOMES, INC.

FACSIMILIE COVER SHEET

9691 Norfolk Avenue
 Laurel, MD 20723

Phone Number: 410/792-2565

Fax Number: 410/792-2567

TO: Ron Pinkley	FROM: John Connors
AT: Health Department	DATE: 10/16/00
RE: Harless Manor lot 15	NUMBER OF PAGES: 2 (INCLUDING COVER SHEET)

Urgent Please Reply/Comment For Your Information/Review

MESSAGE:

Per our conversation on Friday, I am enclosing a copy of the layout for Harless Manor lot 15 (formerly lot 2B). As we previously discussed, we hope to have the ability to move the septic field back approximately fifteen feet towards the rear of the property; see revised location on attached plan.

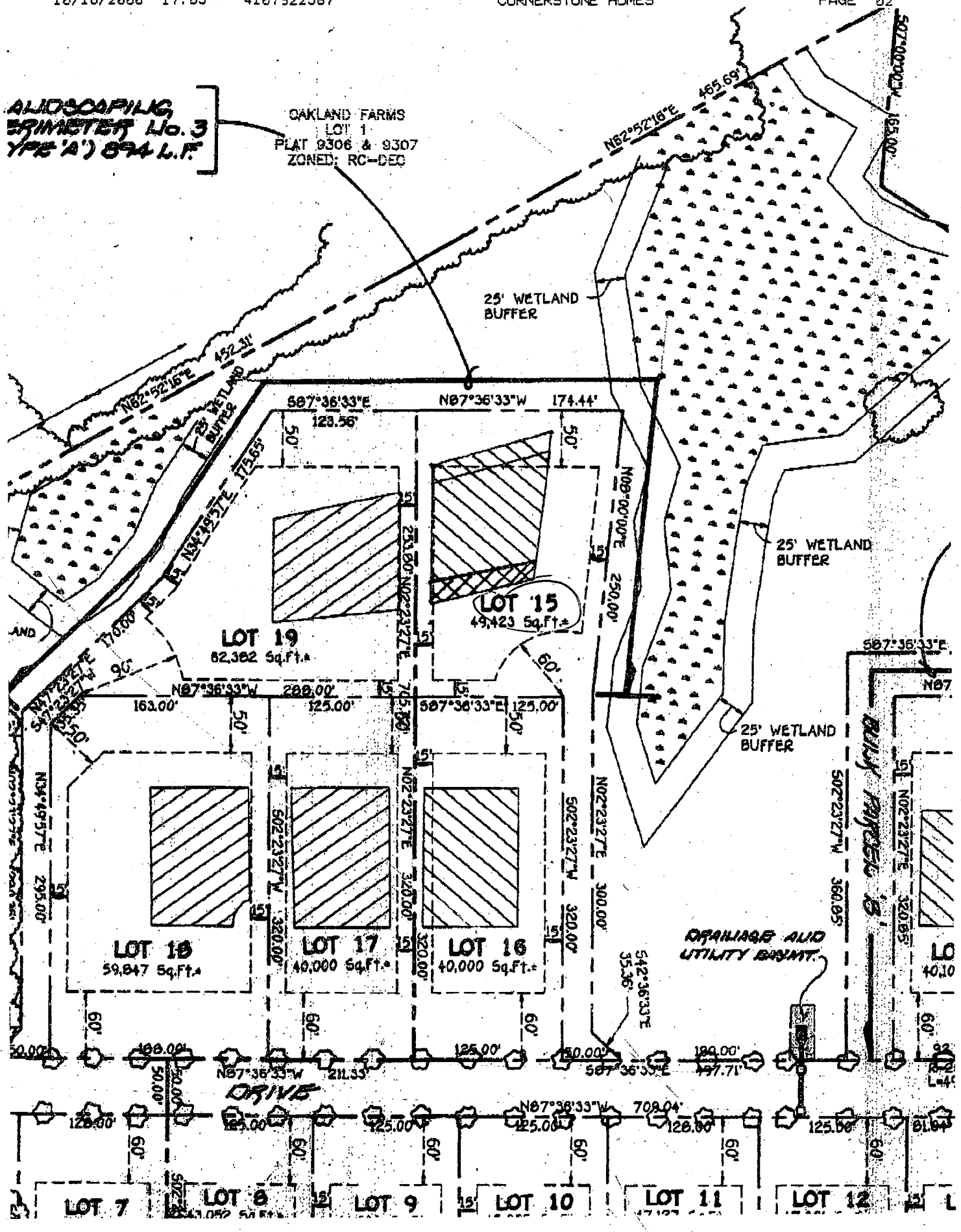
Please call me after you have had a chance to review this request.

Thank you in advance for your cooperation in this matter.

10/17/00 Unable to process request - unable to locate file - Need a site stake out to see if soil sensor testing would be needed before recommending approval of change request. RP 10/17/00

ALLOSCAPING
PERMITS No. 3
TYPE 'A' 894 L.F.

OAKLAND FARMS
LOT 1
PLAT 9306 & 9307
ZONED: RC-DEC



LOT 15
49,423 Sq.Ft.

LOT 19
82,382 Sq.Ft.

LOT 18
59,847 Sq.Ft.

LOT 17
40,000 Sq.Ft.

LOT 16
40,000 Sq.Ft.

LOT 14
40,100 Sq.Ft.

LOT 7

LOT 8

LOT 9

LOT 10

LOT 11

LOT 12

LOT 13

DRIVE

DRAINAGE AND
UTILITY EASMENT

25' WETLAND
BUFFER

25' WETLAND
BUFFER

25' WETLAND
BUFFER



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 1, 2001

Attention: John Connors
Cornerstone Homes
9691 Norfolk Avenue
Laurel, MD 20723

RE: Harless Manor - Lot 15
14034 ~~14043~~ Monticello Drive
BP # B00129188
Well Permit #HO-93-0253

Dear Mr. Connors:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on June 5, 2001.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well to be retested for nitrates.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 4.8 ppm on 7/25/01. However, when the water sample was taken, the chlorine level was above 0.2 ppm. Chlorine levels above 0.2 ppm may cause faulty sample results for nitrates. Therefore this office is requesting that the water be resampled for nitrates when the chlorine level is below 0.2 ppm. A nitrate device **has not** been installed to treat the excessive nitrate contamination. COMAR 26.04.04.09 prohibits approval of any water supply that may have a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant temporary deviation to that section of the regulation. Documentation of a nitrate level of 10 ppm or below shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the nitrate standard of COMAR 26.04.04.09Bdi and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a nitrate level in compliance with COMAR 26.04.04.09Bdi (10 ppm or less).

Issuance of this Temporary Deviation is based on information submitted for the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample(s): July 25 & 30, 2001

Date of Well Completion: March 5, 1996
(HO-93-0253)

Approving Authority

Brian Baker

Brian Baker, Sanitarian
Well and Septic Program

cc: Building Inspector's office,
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

NEEDS EJECTOR
PIT

ARLINGTON II

2250 sq ft
4 Bedrooms
2 1/2 BATHS

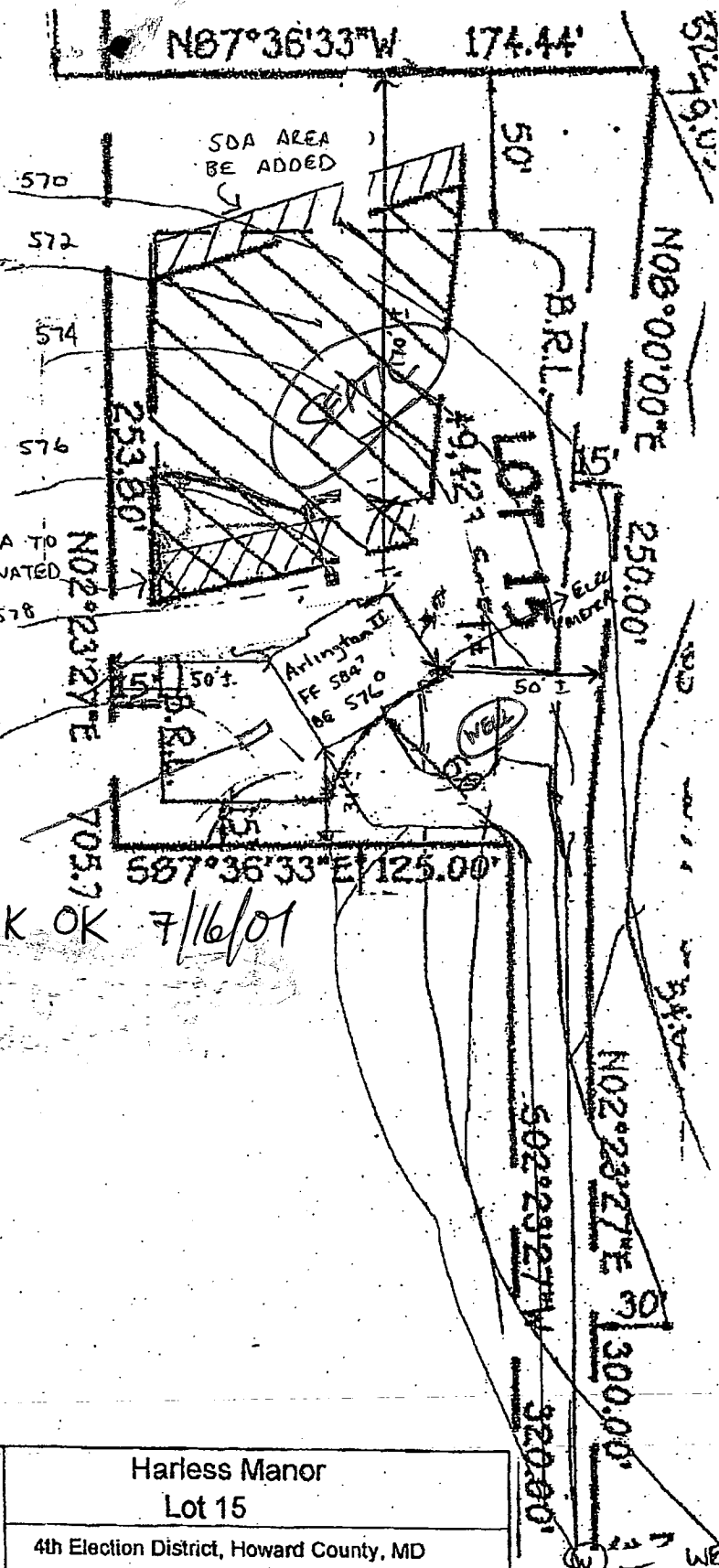
SDA AREA TO
BE ELIMINATED

SDA AREA
BE ADDED

PREPARE
TANK

MR

TANK OK 7/16/01



Septic Elevations

House Out	574.5
Tank In	573.8
Tank Out	573.5
Dist.Box In	573
Exist Elev @ Box	576

Cornerstone Homes Inc.
9691 Norfolk Ave
Laurel, MD 20723
(410) 792-2565

Harless Manor
Lot 15

4th Election District, Howard County, MD

Scale: 1" = 50'

Building Address 14034 MONTICELLO DR
COOKSVILLE MD 21723

Property Owner's Name CORNERSTONE HOMES
 Address 9691 NORFOLK AVE
 City LAUREL State MD Zip Code 20723
 Home Phone 410 Work Phone 712-2565
 Applicant's Name & Mailing Address, (if other than stated hereon):

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 1044.0 Subdivision Monticello
 Section _____ Area _____ Lot 15
 Tax Map 8 Parcel 110 Grid 10
 Zoning R-12D Map Coordinates 4-12 Lot size _____
 Phone _____ Fax _____

Existing Use DWELLING
 Proposed Use INSTALLING TANKS UNDERGROUND
 Estimated Construction Cost \$ 1875.00
 Description of Work INSTALL SDO GAUON UNDERGROUND PROPANE TANK

Contractor Company Positive Mechanical
 Contact Person CHRIS KOLB
 Address 104 TENNYSON CT
 City ADAMS State MD Zip Code 21009
 License No. 15627 Phone 443-695-2070 Fax _____

Occupant or Tenant _____
 Contact Name N/A
 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: Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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 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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
<input type="checkbox"/> State Certified Modular			

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Title/Company POSITIVE MECHANICAL

Print Name CHRIS KOLB Date 6-25-01

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

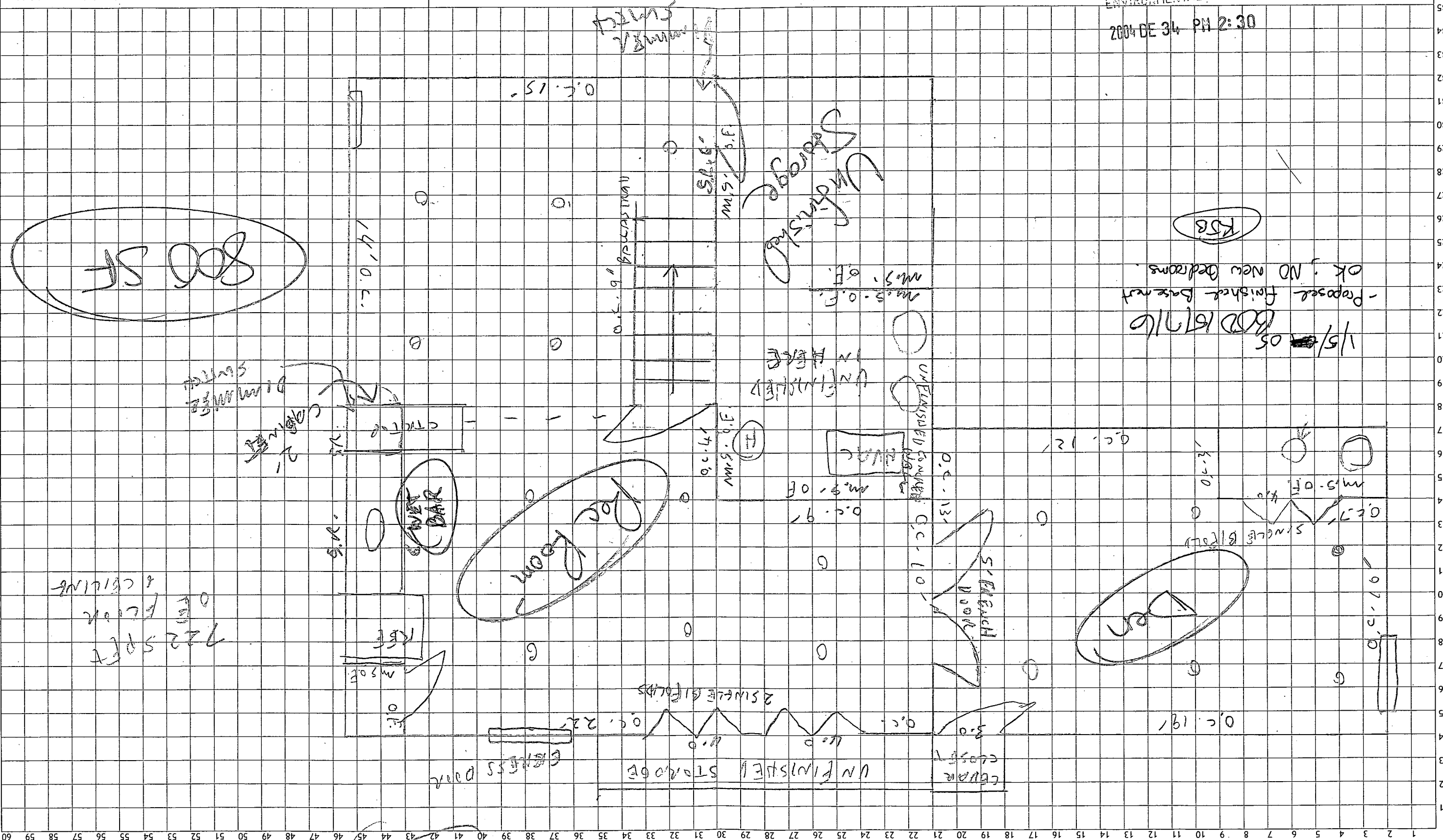
AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>100</u> Balance due \$ _____ Check # <u>6741</u> Validation # <u>43144</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ	<u>7/16/01</u>	<u>Mark Rappin</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for NewTown Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				



CONTRACT SKETCH ATTACHMENT

Customer Name: JOE & ZORRA GURBANUS
 Contract Date: 10/29/04
 Customer Phone: _____

Customer Signature: _____
 Sales Representative Signature: *Stanley*
 Contract Price: \$4900



RECEIVED
 HOWARD COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH
 2004 DE 31 PM 2:30

NOTES:
 Each box equals one foot unless otherwise noted. This sketch is a good faith representation of the work to be done, it is understood that all dimensions derived from this sketch are approximate, and that all locations of outlets, light fixtures, plugs, jacks and/or switches are subject to change if necessary.