

8/14/00  
2-5

# PERMIT

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

P 514155

A 49889 K

ISSUE DATE 7/28/2000

APPROVAL DATE 8/15/00

04-357841

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Harless Manor LOT NUMBER 21 ADDRESS 14016 Monticello Drive

PROPERTY OWNER Cornerstone Homes, Inc. PROPERTY OWNER'S ADDRESS 9691 Norfolk Ave.  
Laurel, MD 20723

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 50' from right (320.00') lot line and 115' from front line as viewed from Monticello Drive. Install trenches on contour toward right lot line.  
\*Maintain a minimum of 100' from the well to the septic tank. 7/18/00 OK ALM

PLANS APPROVED Mark Prifker DATE 6/23/2000

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

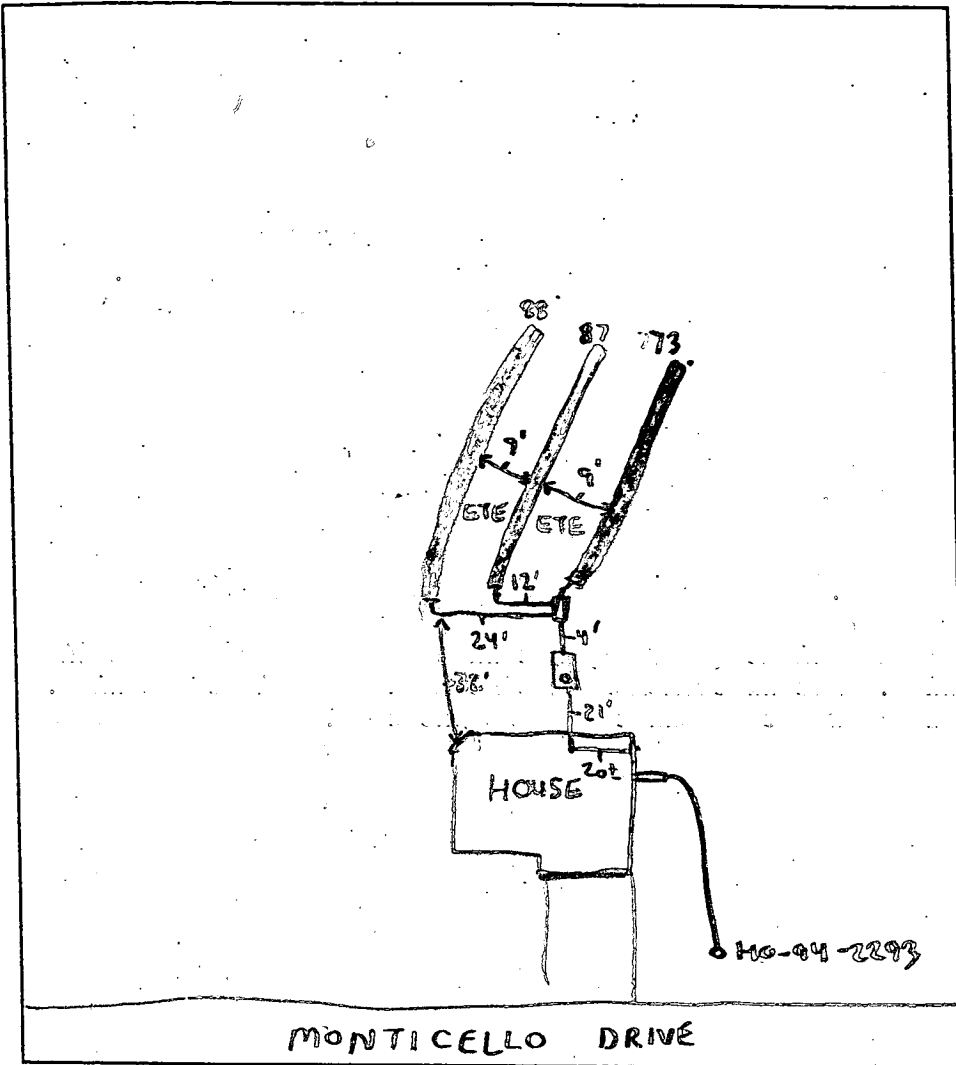
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

49889K

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3</u>
TRENCH INLET DEPTH	<u>2.5</u>
TRENCH BOTTOM DEPTH	<u>4.5</u>
DEPTH OF STONE	<u>2</u>
NUMBER OF TRENCHES	<u>3</u>
TOTAL TRENCH LENGTH	<u>24.8</u>
ABSORBENT AREA	<u>744</u>
DISTRIBUTION BOX LEVEL	<u>✓</u>
BAFFLE IN DISTRIBUTION BOX	<u>✓</u>

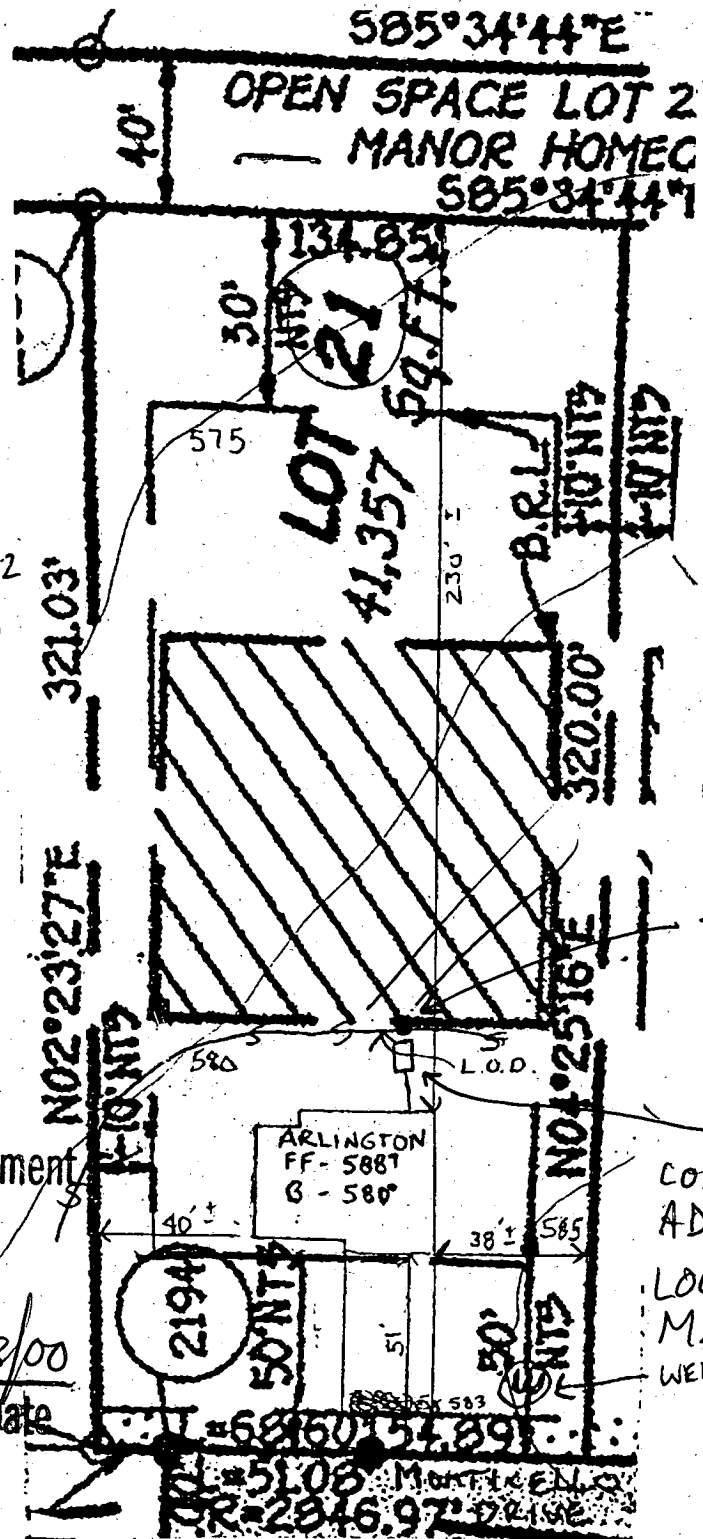
SEPTIC TANK DATA	
SEPTIC TANK	<u>1250 M.S. GALLONS</u>
MANHOLE RISER	<u>N/A</u>
6 INCH INSPECTION PORT	<u>✓</u>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>N/A</u>
MANHOLE RISER	<u>N/A</u>
ALARM	<u>N/A</u>
PUMP PERFORMANCE TEST	<u>N/A</u>

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 8/14/00 - OK TO CONTINUE WORK - (SR)

8/15/00 - OK TO COVER ALL WORK, WP/OK - (SR)

INSPECTOR Steven R. King DATE SYSTEM APPROVED 8/15/00



Septic ELEVATIONS

HOUSE OUT -	580.2
TANK IN -	580.0
TANK OUT -	579.7
BOX IN -	579.5
BOX OUT -	579.3
EXISTING AT BOX -	581.8

Total linear feet of trench required 240 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 4 1/2 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

*Mark Reffler*  
 Signature

6/23/00  
 Date

S.T.  
 CONTRACTOR TO ADJUST SEPTIC TANK LOCATION TO MAINTAIN 100' TO WELL

**HARLESS MANOR**  
 PHASE 2  
 LOT 21

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1 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  
 DATE: MARCH 16, 1996

Scale: 1" = 100' 1:50

SHEET 2 of 2

594-19      P94-20      F95-153

Building Address 14016 Mandicillo Drive  
Cooksville, MD 21723

Property Owner's Name Cornerstone Homes Inc  
 Address 9691 Norfolk Avenue  
Laurel, MD 20723

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GPOD-140  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Census Tract 6040 Subdivision Workless Manor  
 Home Phone \_\_\_\_\_ Work Phone (410) 792-2565  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Same

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 21  
 Tax Map 9 Parcel 9 Grid 19  
 Zoning RC-DEO Map Coordinates 4612 Lot size 1 Acre  
 Phone \_\_\_\_\_ Fax (410) 792-2567

Existing Use Vacant lot  
 Proposed Use New S.F.D.  
 Estimated Construction Cost \$ 48,700

Description of Work Arlington II - 2 story,  
full front, 2 BR, 1 HB, 4 BR,  
Garage, FP, Full Bath

Contractor Company Same As  
 Contact Person Dunn  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same As  
 Engineer or Architect Company Esher, Latta, & Carter  
 Contact Person Chuck Cravo  
 Address 10272 Baltimore National Pk  
 City Ellicott City State MD Zip Code 21042  
 Phone (410) 461-2855 Fax (410) 250-3744

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: <u>34'</u> <u>44'</u> 2nd floor: <u>32'6"</u> <u>37'</u> Basement: <u>35'</u> <u>44'</u>	Sewage Disposal: Public <input type="checkbox"/> 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" 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"/>	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: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: <u>Found. &amp; Lence</u> Dimensions: _____ Footings: <u>16" x 8"</u> Roof: <u>Asp Gable</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other <input type="checkbox"/>

I, 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 THEREBY, (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: Brian D. Boy President Print Name: Brian D. Boy  
 Title/Company: President Date: 6/2/00

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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	46502
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ <u>2708</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>3023</u>
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # _____ Validation # _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Health	<u>6/2/00</u>	<u>Mark Apples</u>	Lot Coverage for New Town Zons _____ SDP/Red-line approval date _____	Accepted by _____
<input checked="" type="checkbox"/> Fire Protection				
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

1: permit.fm Rev. 10/15/98

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: FERRA PLS & Htg Co Telephone #: 410-465-1401  
Address: 3205 Hedgwood Rd  
Woodstock, MD 21153

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): HENRY FERRA 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 #: 21 Well Tag #: HO-94-2293  
Site Address: \_\_\_\_\_

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: GOULD Make: \_\_\_\_\_ Two piece watertight cap: ✓  
Model #: 76505412 Model#: \_\_\_\_\_ Screened, vented well cap: ✓  
Pump Capacity 7 GPM Depth: 92m (36" min) Cap secured to casing: ✓  
Well Yield: 7.5 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓  
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: ✓  
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 ✓

Piping to house House Connection  
Type: PVC PVC sleeved to undisturbed soil at wall penetration: ✓  
PSI: - (160 psi min) Approximate length of sleeve: 8ft  
Depth of supply line: 42 (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.

Henry Ferra Signature of company representative responsible for installation date 10/17/00

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

Date Insp. Requested: 8/15/00 Date Insp. Approved: 8/15/00  
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 ✓

OUTSPK

# APPLICATION

PERCOLATION TESTING

A 49889 K

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 Pike suite 100 PHONE 461-2855  
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION HARLESS MAJOR LOT NO. 23 ~~new 25~~ Final Plat 68# 21

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP DOB 8 AND 9 PARCEL # 9,252 and 324

SIZE OF LOT 1 A.C.F. 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.

Chararia J. Fitch (agent)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

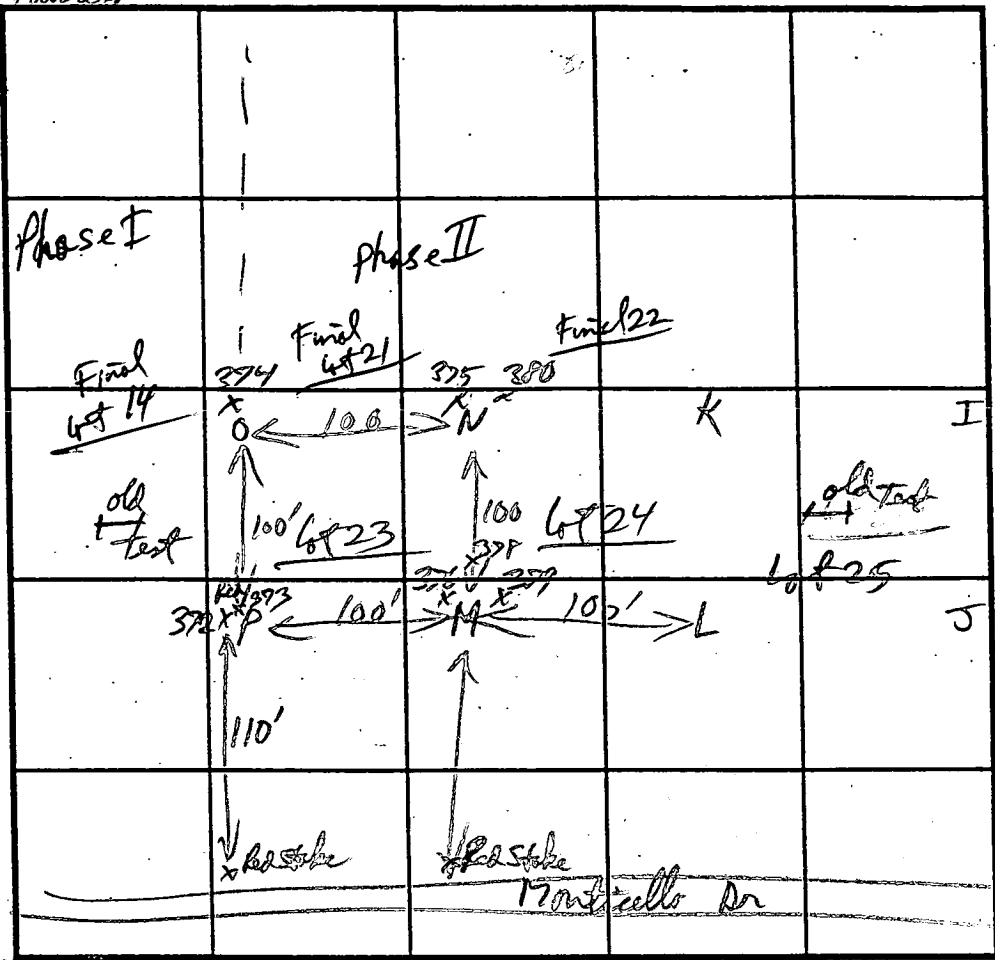
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

## THIS IS NOT A PERMIT

Lot 23 - 49889K Hardless Manor

COUNTY #  
 Find 4821  
 SOIL PROFILE  
 0' 375/380 N  
 yll/bn  
 -red/bn  
 hL  
 2' yel/bn loam  
 saprobile  
 4' pale yel/bn  
 K/Sbly tan  
 SL  
 11' 376/379 M



SOIL PROFILE  
 0' 372 P  
 Red yel/bn  
 S:CL  
 3 1/2' yel/bn  
 loam  
 saprobile  
 4' pale tan  
 K/Sbly tan  
 -olive/bn  
 SL  
 11'

Same as  
 K  
 and M

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/94	376/379 M	3 1/2'	3:13:50	3:15:20	3:15:20	3:17:50	2 1/2 min
		7'	3:14:10	3:14:50	3:15:50	3:18:40	2 min
		10 1/2' response	3:16:30	3:18:40			
	375/380 N	3'	3:22:55	3:25:35	3:25:35	3:28:30	3 min
		VII'					
	374 O	3'	3:29:50	3:31:00	3:31:00	3:33:20	2 min
		VII'					
	372 P	4'	3:35:20	3:37:35	3:37:35	3:41:22	4 min
		VII'					

REMARKS 6 lands  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY R.P. Miller ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3  
 INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

374 O  
 Red Brn  
 hL-L  
 2' yellowish  
 pale tan  
 loam  
 2 1/2'  
 5' grey/pale yel/bn  
 mbr  
 SL  
 10 1/2'

STATE NORTH

MARYLAND GRID

NAD 83

EXISTING PUBLIC DRAINAGE AND UTILITY EASEMENT PLAT No.

PRESERVATION PARCEL 'A' HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No.

PRESERVATION PARCEL 'A' HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No.

MONTICELLO DRIVE

OPEN SPACE LOT 33 2.210 AC.±

LOT 20 4,988 C

LOT 21 41,357 Sq.Ft.±

LOT 22 40,000 Sq.Ft.±

LOT 23 40,000 Sq.Ft.±

LOT 24 45,440 Sq.Ft.±

LOT 25 58,047 Sq.Ft.±

LOT 32 1,668 Sq.Ft.±

LOT 31 59,903 Sq.Ft.±

LOT 30 59,950 Sq.Ft.±

LOT 29 40,897 Sq.Ft.±

OPEN SPACE LOT 33-DEDICATED TO HARLESS MANOR HOMEOWNERS ASSOCIATION

OPEN SPACE LOT 33 DEDICATED TO HARLESS MANOR HOMEOWNERS ASSOCIATION

OPEN SPACE LOT 16,533 DEDICATED TO COUNTY DEPARTMENT RECREATION AND

Harless Manor F-95-153

25' WETLAND BUFFER

R=2,046.97 L=17.52

R=2,046.97 L=17.52

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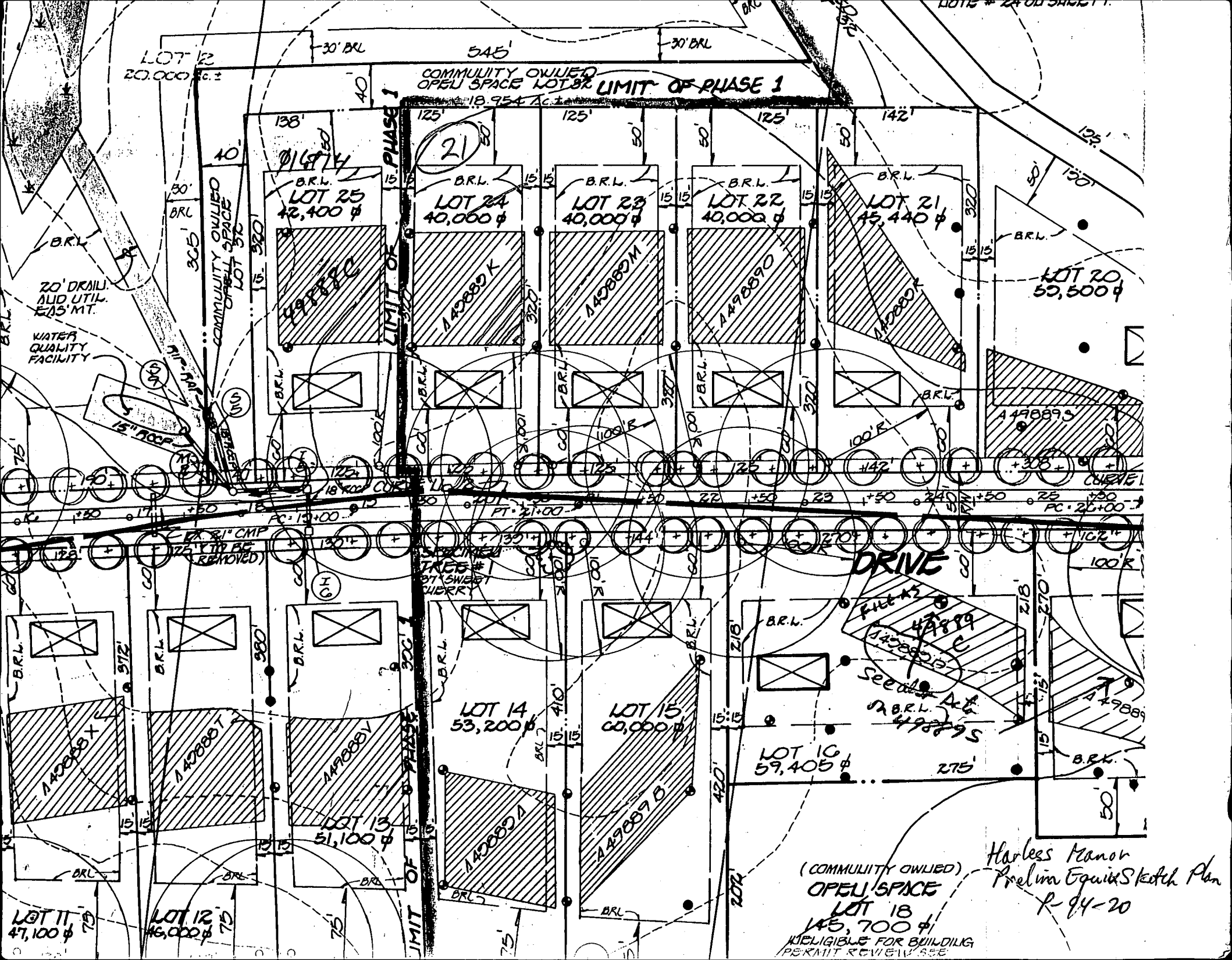
R=2,046.97 L=17.52

UNLIMITED AND MITIGATED NOISE LINE

10' PUBLIC TREE MAINTENANCE EASEMENT

HARLESS PLAT

EX



(COMMUNITY OWNED)  
**OPEN SPACE**  
**LOT 18**  
 145,700  $\phi$   
 NOT ELIGIBLE FOR BUILDING  
 PERMIT REVIEW SEE

Harless Manor  
 Prelim Equit Sketch Plan  
 P-94-20

C1 06789

SEQUENCE NO. (MDE USE ONLY)

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49889K

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11-12-99

Depth of Well 22-205-26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-2293

OWNER: Howitt Leroy; STREET OR REF: Monticello Dr; TOWN: Cookeville; SUBDIVISION: Harless Manor; SECTION: ; LOT: 21

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Sol, Brown Shale, Blue Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (900), DEPTH OF GROUT SEAL (0 to 33 ft).

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (35).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES (Y), NO (N).

DEPTH (nearest ft.) table with columns 1-11 and 15-17, 21-23, 26-30, 32-36, 38-41, 45-47, 51-53. Includes SLOT SIZE and DIAMETER OF SCREEN.

- 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...

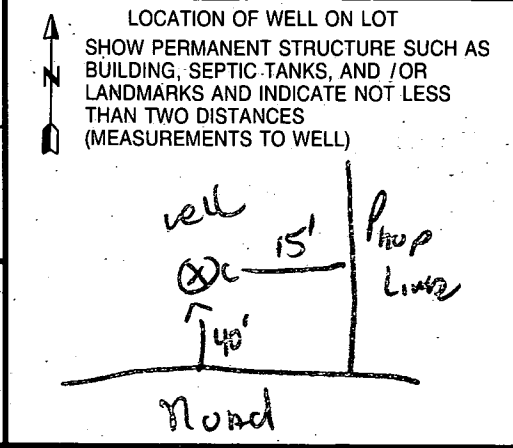
DRILLERS LIC. NO. M SD 116; DRILLERS SIGNATURE: Mark E. Wray; LIC. NO. M SD 117; SITE SUPERVISOR: Mark E. Wray

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (18 ft before, 20 ft when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



B 1 **1983** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-2293**  
1 2 3 6 70 fill in this form completely 79

Date Received (APA) **05-11-99** OWNER INFORMATION  
8 MM DD YY 13  
**Hewitt** **LENOY**  
15 Last Name Owner First Name 34  
**14670 Monticello Dr**  
36 Street or RFD 55  
**COOKS VILLE MD 21732**  
57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION  
**Ralph MAYWE** **MSD 116**  
76 License No. 81  
**Ralph Maywe Well Drilling**  
Firm Name  
**9120 Brown Church Rd Mt Airy**  
Address  
**Mark Whypre** **5-6-99**  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
**Monticello Dr**  
11 NEAR WHAT ROAD 30  
 DISTANCE FROM ROAD **20**  
34 37 ENTER FT OR MI 38 39  
 TAX MAP: **9** BLK: **19** PARCEL **9-324 326**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
7 2  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** **A49889K**  
COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED **6/16/99** **Ronald P. Bly** **6/16/00**  
43 MM DD YY 48 CO. SIGNATURE EXP. DATE  
 NORTH GRID **542 000** EAST GRID **0802 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
24 28  
 APPROXIMATE DIAMETER OF WELL **64** INCH  
NEAREST INCH

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 **8002**  
 N **5402**

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
30  AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37  CABLE  REVerse-ROTary  DRive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER **H094 GAP 012**  
54 63  
 PERMIT No. **HO-94-2293**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
**Int. 30**

INDICATED FOR BUILDING PERMIT REVIEW. SEE GENERAL NOTE # 24 ON SHEET 1.

LOT 12  
20,000 sq. ft.

COMMUNITY OWNED OPEN SPACE LOT 82 LIMIT OF PHASE 1

**14**

**21**

**22**

**23**

**24**

**25**

BR.L.  
LOT 25  
42,400 sq. ft.

BR.L.  
LOT 24  
40,000 sq. ft.

BR.L.  
LOT 23  
40,000 sq. ft.

BR.L.  
LOT 22  
40,000 sq. ft.

BR.L.  
LOT 21  
45,440 sq. ft.

DRIVE

**30**

**29**

**32**

**31**

LOT 16  
59,405 sq. ft.

LOT 17  
235' x 51,300 sq. ft.

LOT 13  
51,100 sq. ft.

LOT 12  
46,000 sq. ft.

LIMIT OF PHASE 1

LIMIT OF PHASE 1

COMMUNITY OWNED OPEN SPACE LOT 32

COMMUNITY OWNED OPEN SPACE LOT 18

BR.L. Change well location because of tree  
LOT 14  
53,200 sq. ft.

BR.L.  
LOT 13  
51,100 sq. ft.

BR.L.  
LOT 15  
60,000 sq. ft.

DRINKING UTIL. 5' MT. EMERGENCY UTILITY

EX. 21' CMP 12" CITY GAS (REMOVED)

EXISTING TREE # 97 SWIDE UTILITY

EX. WEL

BR.L.

BR.L.

BR.L.

BR.L.

BR.L.

BR.L.

BR.L.

BR.L.

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