

7/11/00 1PM C.O.

PERMIT

P 513674

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

A49889-0

ISSUE DATE 7/11/2000

INDEXED

04-357876

APPROVAL DATE 7/11/00

Jack Fyock Septic Service IS PERMITTED TO INSTALL x ALTER

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

SUBDIVISION Harless Manor LOT NUMBER 23 ADDRESS 14008 Monticello Drive

PROPERTY OWNER Cornerstone Homes Inc PROPERTY OWNER'S ADDRESS 9691 Norfolk Avenue

SEPTIC TANK CAPACITY 1250 GALLONS Laurel, MD 20723

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED

AND RETURNED 6/20/02

600 136 859 - DECK

10/31/03 800 144 861 - 2 RM ADDITION

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. ²/₃₀ feet of stone below distribution box.

LOCATION: Place distribution box ³⁰/₁₅ feet from left (320.00') lot line and 120 feet from front lot line as viewed from Monticello Drive. Install trenches on contour toward right lot line.

Preferred layout: 60', 75', 105'

Call for pre construction layout insp. prior to beginning any work - Steven R. Bering (For best trench layout) 6/30/00

PLANS APPROVED Mark Rifkin DATE 6/5/2000

PERMIT VOID AFTER 2 YEARS

PRECONSTRUCTION MEETING WAIVED AFTER DISCUSSION WITH CONTRACTOR FROM SITE, SUBJECT TO SLIGHT ADJUSTMENT TO DISTRIBUTION BOX LOCATION PER HIS SUGGESTION!

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

(CALL BACK - SEPTIC ALSO MOVED 15' FURTHER BACK DUE TO WELL SEPARATION)

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

BLDG PERMIT SIGNED AND RETURNED 10/4/00

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

00126618 LP Tank

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

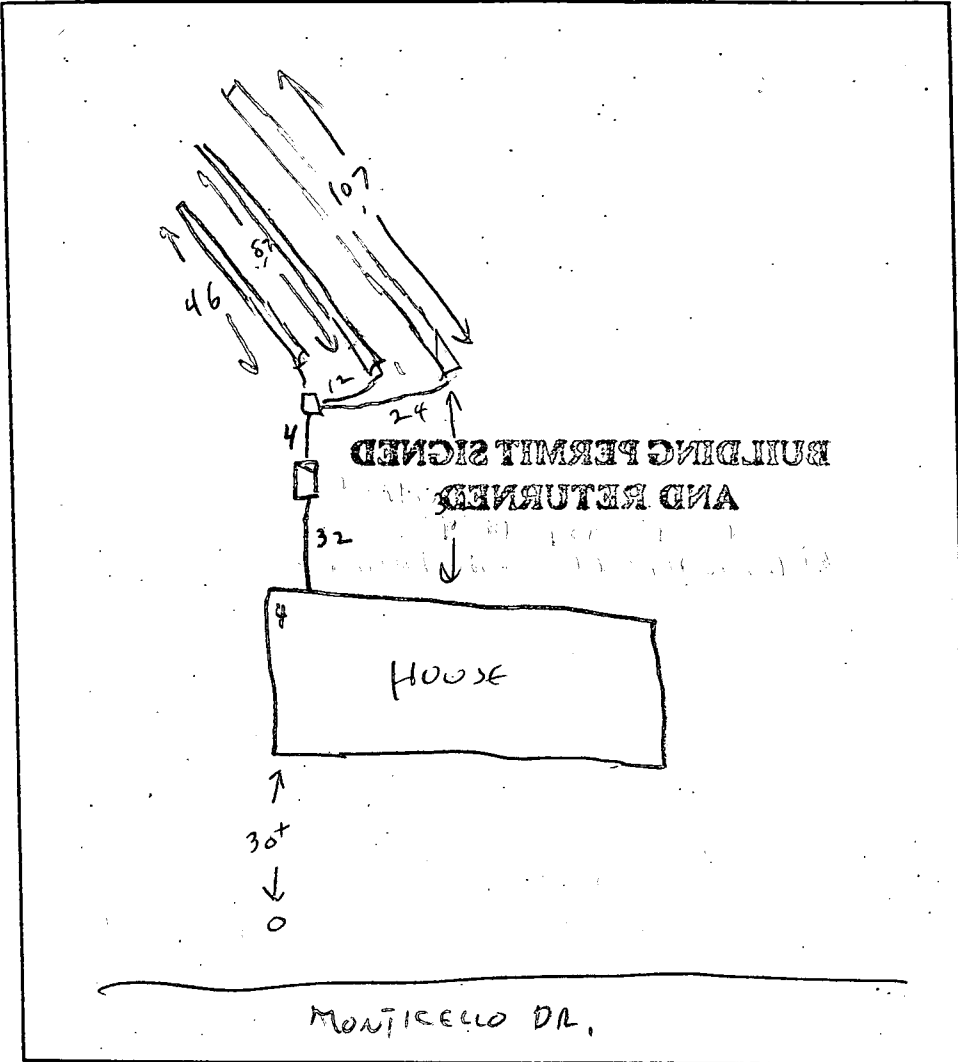
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A49889-0

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 2 1/2
 TRENCH BOTTOM DEPTH 4 1/2
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720 ✓
 DISTRIBUTION BOX LEVEL ✓
 BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER -
 6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: OK TO ADJUST TO MAINTAIN 100' SEPARATION TO WELL!

INSPECTION COMMENTS: SYSTEM COMPLETE, OK TO COVER, 7/11/00

INSPECTOR Cynthia DATE SYSTEM APPROVED 7/11/00

EXECUTIVE/P.A. OK 7/11/00 CW

APPLICATION

PERCOLATION TESTING

A 498890

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

PROPERTY LOCATION: Final lot 23, Phase #

SUBDIVISION HARLESS MAJOR LOT NO. 25 Nov 23 Prelim 22

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 006 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 Aci.[±] 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. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

Lot 25 49890

Hanlons Manor

COUNTY #

SOIL PROFILE
387/386 K

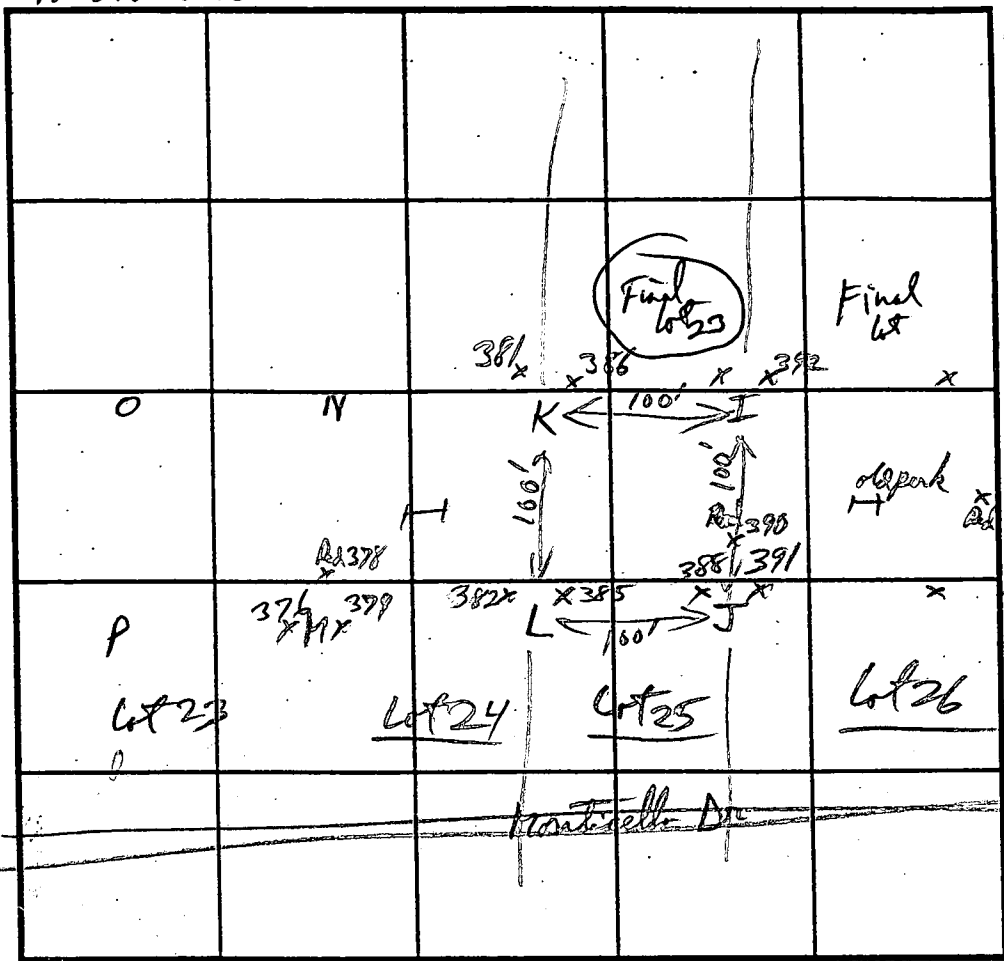
0' yellow
blue
brown
1 1/2' blue
brown
brown
5 1/2' separate
yellow
brown
10 1/2' 5L

10 1/2' 385 L
yellow
brown
2 1/2' pale
brown
yellow
brown
10 1/2' 388/391 J

Some
L

SOIL PROFILE
392/389 J

Some
as L



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/25/99	387/386 K	3	2:40:20	2:41:35	2:41:35	2:43:38	2 min
		10 1/2					
	385 L	2 1/2	2:48:38	2:49:20	2:49:20	2:51:38	2 min
	J	3 1/2	2:57:50	3:01:34	2:56:50	2:59	3 1/2 min
	J	7	2:55:00	2:55:50	2:55:50	2:58:00	2 min
	392/389 J	3 1/2	3:05:30	3:07:20	3:07:20	3:11:20	4 min
	I	10 1/2					

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

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.±

502°23'27"W 360.85'
N02°23'27"E 320.85'

507°36'33"E 165.57'

N07°36'33"W 125.00'

2092

2089

2162

2088

2086

2095

LOT 14 HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No. _____

321.03'

N02°23'27"E

LOT 21 41,357 Sq.Ft.±

OPEN SPACE LOT 33-DEDICATED TO HARLESS MANOR HOMEOWNERS ASSOCIATION 505°34'44"E 385.71'

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 51,668 Sq.Ft.±

LOT 31 59,903 Sq.Ft.±

LOT 30 59,950 Sq.Ft.±

LOT 29 40,897 Sq.Ft.±

R=2,846.97' L=17.52'
T=50.00'
R=2,846.97' L=17.52'
R=2,846.97' L=17.52'

MITIGATED AND MITIGATED NOISE LINE

MONTICELLO DRIVE

MONTICELLO DRIVE

10' TREE MAINTENANCE EASEMENT

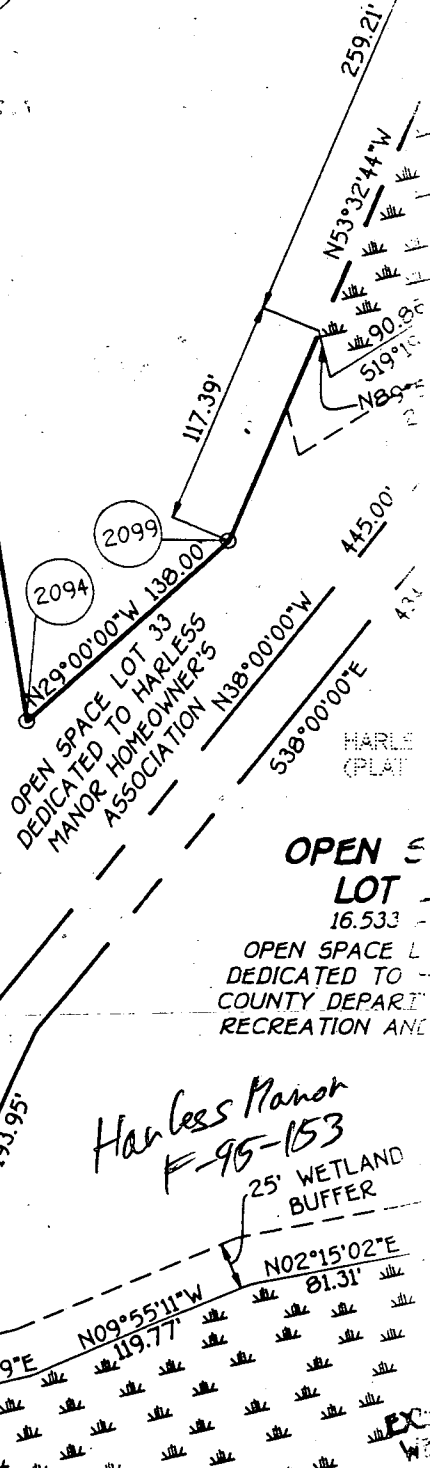
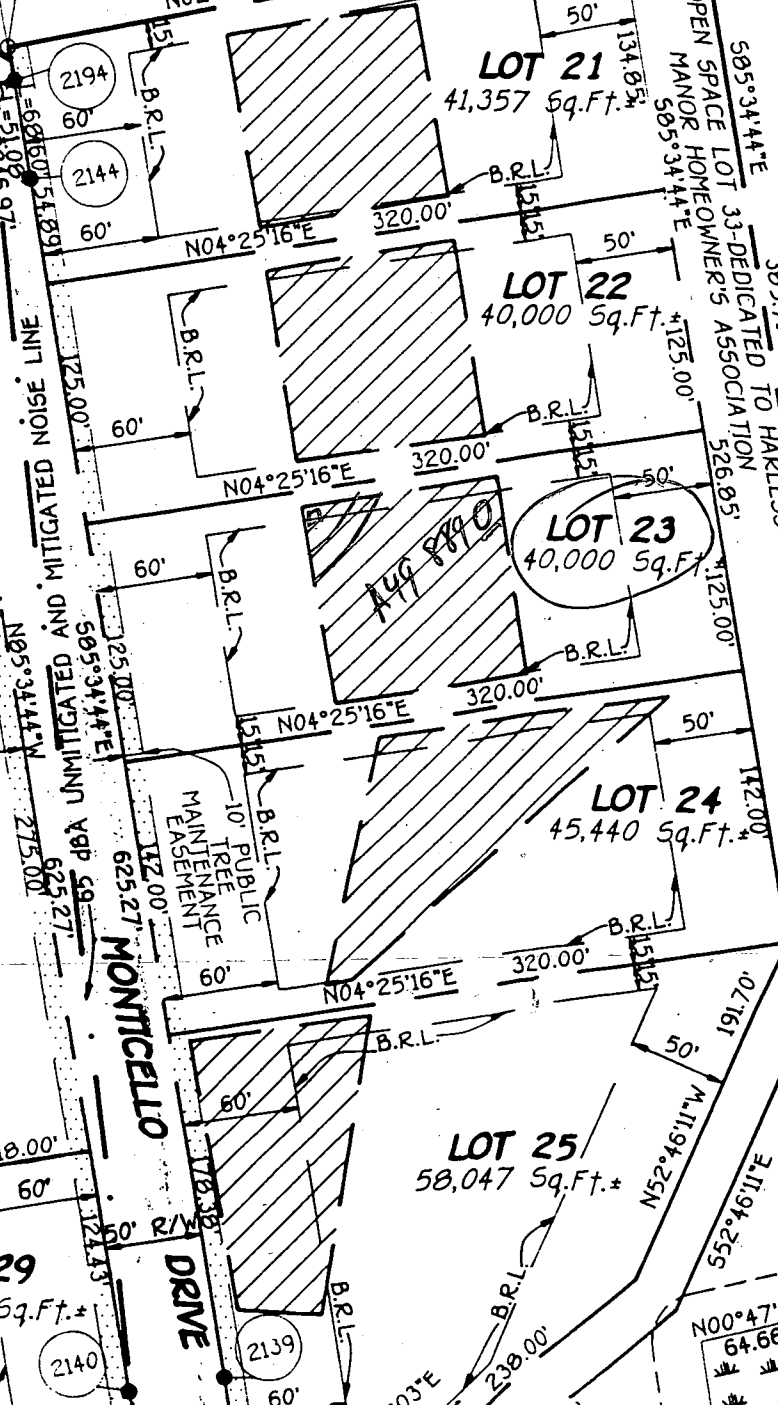
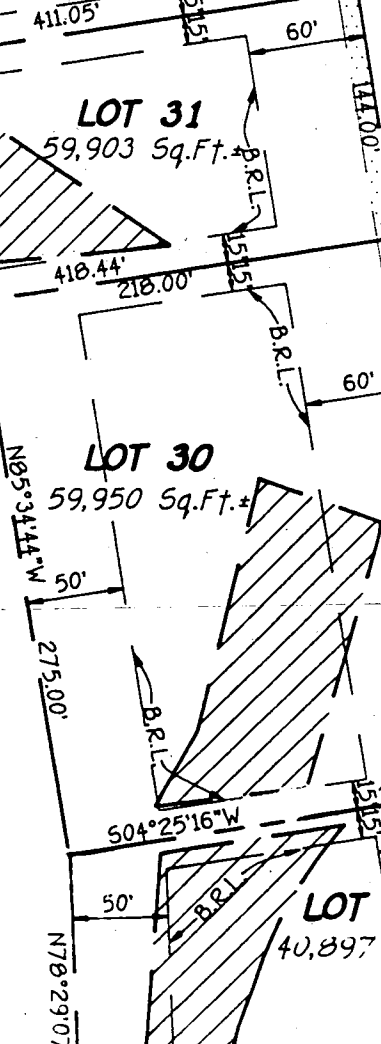
PUBLIC TREE MAINTENANCE EASEMENT

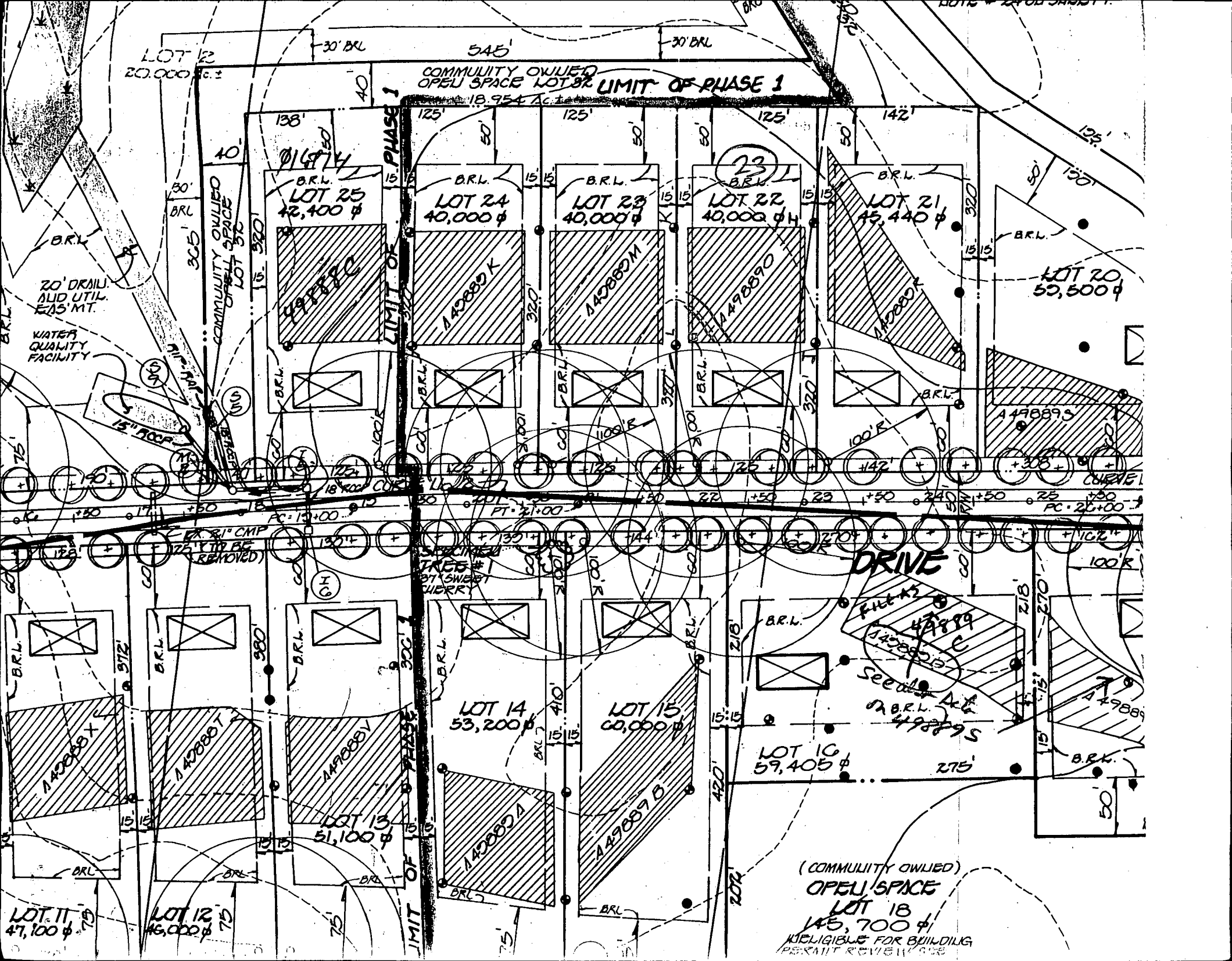
OPEN SPACE LOT 33 DEDICATED TO HARLESS MANOR HOMEOWNERS ASSOCIATION

OPEN SPACE LOT 33 DEDICATED TO COUNTY DEPARTMENT OF RECREATION AND

Harless Manor F-95-153 25' WETLAND BUFFER

N00°47'29"E 64.66'
N09°55'11"W 119.77'
N02°15'02"E 81.31'





LOT 12
20,000 sq. ft.

COMMUNITY OWNED
OPEN SPACE LOT 9
LIMIT OF PHASE 1

COMMUNITY OWNED
OPEN SPACE
LOT 30

20' DRAIN
AND UTIL.
EAS. MT.
WATER
QUALITY
FACILITY

B.R.L.
LOT 25
42,400 sq. ft.

B.R.L.
LOT 24
40,000 sq. ft.

B.R.L.
LOT 23
40,000 sq. ft.

B.R.L.
LOT 22
40,000 sq. ft.

B.R.L.
LOT 21
45,440 sq. ft.

LOT 20
50,500 sq. ft.

LOT 14
53,200 sq. ft.

LOT 15
60,000 sq. ft.

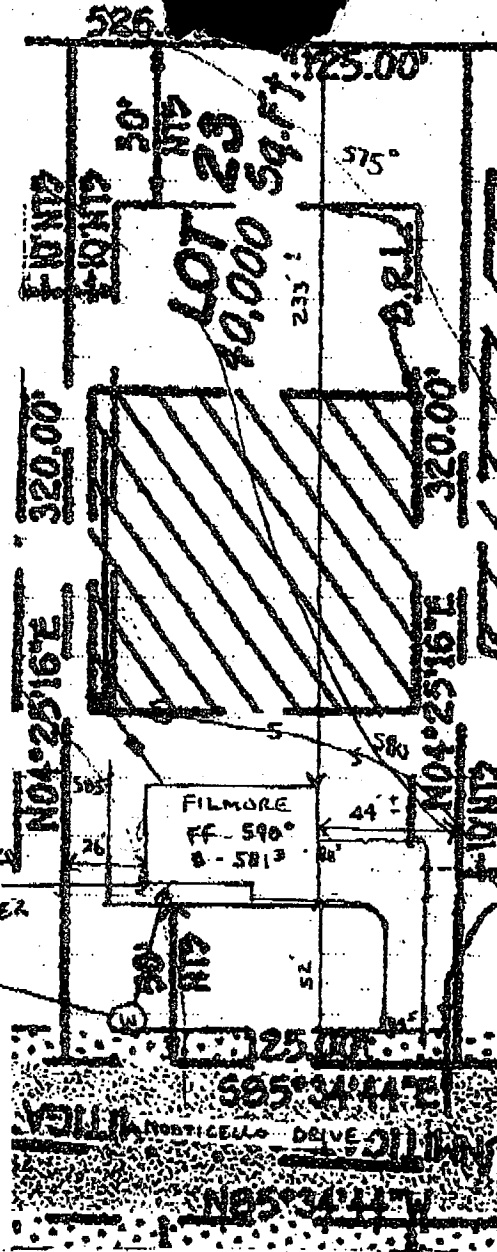
LOT 16
59,405 sq. ft.

LOT 13
51,100 sq. ft.

LOT 11
47,100 sq. ft.

LOT 12
46,000 sq. ft.

(COMMUNITY OWNED)
OPEN SPACE
LOT 18
145,700 sq. ft.
ELIGIBLE FOR BUILDING
PERMIT REVIEW SEE



Septic ELEVATIONS

- HOUSE OUT - 583°
- TANK IN - 582°
- TANK OUT - 582°
- BOX IN - 581°
- BOX OUT - 581°
- EXISTING AT BOX - 584°
- * ELEVATOR OUT - 582°

*Proposed Tank OK'd 8/27/2000
RBN/yfan*

HARLESS MANOR
PHASE 2
LOT 23

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1
 PLAT Nos. 18025 AND 18026)

ZONING: 'RC-DE0'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19,
 FOURTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 DATE: MARCH 16, 1996

Scale: 1" = 100'

SHEET 2 of 2

594-19 P94-20 F95-153

10/17/00
AM

**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 Co Telephone #: 410-465-1401
Address: 3205 HERRINGWOOD RD
WOODS LAKE, MD 21783

(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 FEAGA License# 638
*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: WARRISS MAJOR Lot #: 23 Well Tag #: HO-94-2862
Site Address: _____

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: GOULD Make: _____ Two piece watertight cap: _____
Model #: 765032C Model#: _____ Screened, vented well cap: _____
Pump Capacity 5 GPM Depth 14 (36" min) Cap secured to casing: _____
Well Yield: _____ GPM NSF approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 14 (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 on Cable guard are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house **House Connection**
Type: P.C PVC sleeved to undisturbed soil at wall penetration: _____
PSI: 160 (psi min) Approximate length of sleeve: 10ft
Depth of supply line: 36 (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: 10/17/00

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

Date Insp. Requested: 10/17/00 Date Insp. Approved: 10/17/00 **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 ✓

B 7 18669

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2862 fill in this form completely

Date Received (APA) 10 02 00

OWNER INFORMATION

Owner: Hewitt LE Roy
Street: 14070 Monticello Dr.
Town: COOKSVILLE MD, 21223

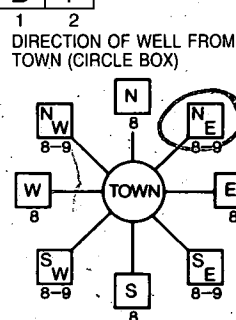
LOCATION OF WELL

COUNTY: Howard
SUBDIVISION: Hairless Manor
SECTION: 23
LOT: 23
NEAREST TOWN: COOKSVILLE

DRILLER INFORMATION

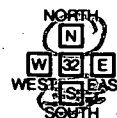
Driller's Name: RALPH MAYNE M SD 117
Firm Name: RALPH MAYNE WELL DRILLING
Address: 17024 Hardy Rd Mt Airy MD
Signature: [Signature]

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14008 - Monticello Dr.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 25 FT
ENTER FT OR MI

TAX MAP: 9 BLK: 19 PARCEL 346

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) (F)
INDUSTRIAL, COMMERCIAL, DEWATERING (I)
PUBLIC WATER SUPPLY WELL (P)
TEST, OBSERVATION, MONITORING (T)
GEO-THERMAL (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 49889-0
COUNTY NAME: Howard COUNTY NO.
STATE SIGNATURE: [Signature] INSERT S
DATE ISSUED: 10/10/00
NORTH GRID: 542 000 EAST GRID: 0801 000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S)
THIS WELL WILL DEEPEM AN EXISTING WELL (D)

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): HO-94-22952

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: 54 GAP 63

PERMIT No. HO-94-2862

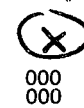
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:

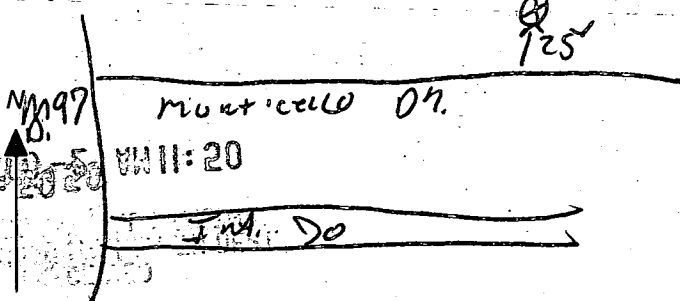
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 801
N 542



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



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

YIELD TEST REQUIRED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRK
 1/24/01

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Dec 16 2000 (month/day/year)

2295

H0 94 2295

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H0 94 2862

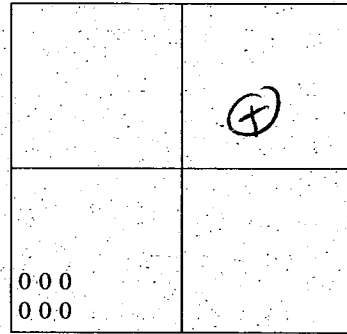
* PERSON ABANDONING WELL: Ralph MAYNE

WELL DRILLERS LICENSE NUMBER: 117
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: LEROY Hewitt

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: COOKSVILLE
 TAX MAP: 9 BLOCK 19 PARCEL
 SUBDIVISION: HARLESS MANOR
 SECTION: - LOT: 23



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 800
 BOX NUMBER
 N 570

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify):
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify):

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 325 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2 1/2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
GRAVEL #2	325	30
#2 Cement	30	2
Top Soil	2	0

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature] LICENSE # 117 CIRCLE ONE: MWD/MSD/MGD DATE: 12-17-00



C1 06792 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

COUNTY NUMBER A 498890

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 11-12-99

Depth of Well 22 325 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-04-2005

OWNER Hewitt Levy STREET OR RFD Manticella Dr TOWN Cooksville SUBDIVISION Hurler Honor SECTION LOT 23

WELL LOG 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 Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (7), NO. OF POUNDS (300), GALLONS OF WATER (42), DEPTH OF GROUT SEAL (0 to 24 ft).

CASING RECORD Form: casing types (PL, ST, CO), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (26).

OTHER CASING (if used) Form: diameter, depth (feet).

SCREEN RECORD Form: screen type (HO), diameter of screen (56 to 60).

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (22 before, 65 when pumping), TYPE OF PUMP USED (S).

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

NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y).

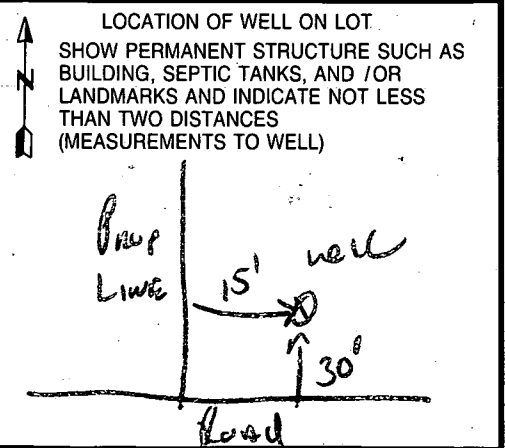
CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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, LIC. NO. M SD 112, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) Table: 11 24 325, 15 17, 23 24 26 30 32 36, 38 39 41 45 47 51, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (56 to 60).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (F), MDE USE ONLY (T, W, Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



COUNTY

PROPERTY OF
MURIEL L. HARSS
PLAT NO. 675

LOT 1
20,000 AC ±

LOT 2
20,000 AC ±
RECREATION AND PARKS
OPEN SPACE

LOT 32
10,954 AC ±
INELIGIBLE FOR BUILDING
PERMIT REVIEW. SEE GENERAL
NOTE # 24 ON SHEET 1

CITY OWNED
SPACE LOT 32 LIMIT OF PHASE 1
954 AC ±

22

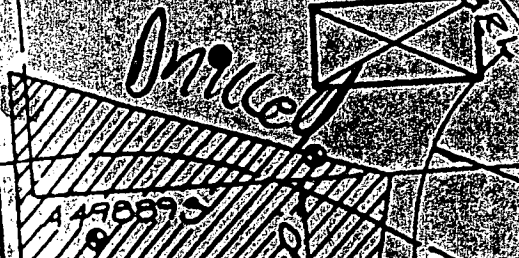
23

24

25

LOT 23
40,000 ±

LOT 22
40,000 ±



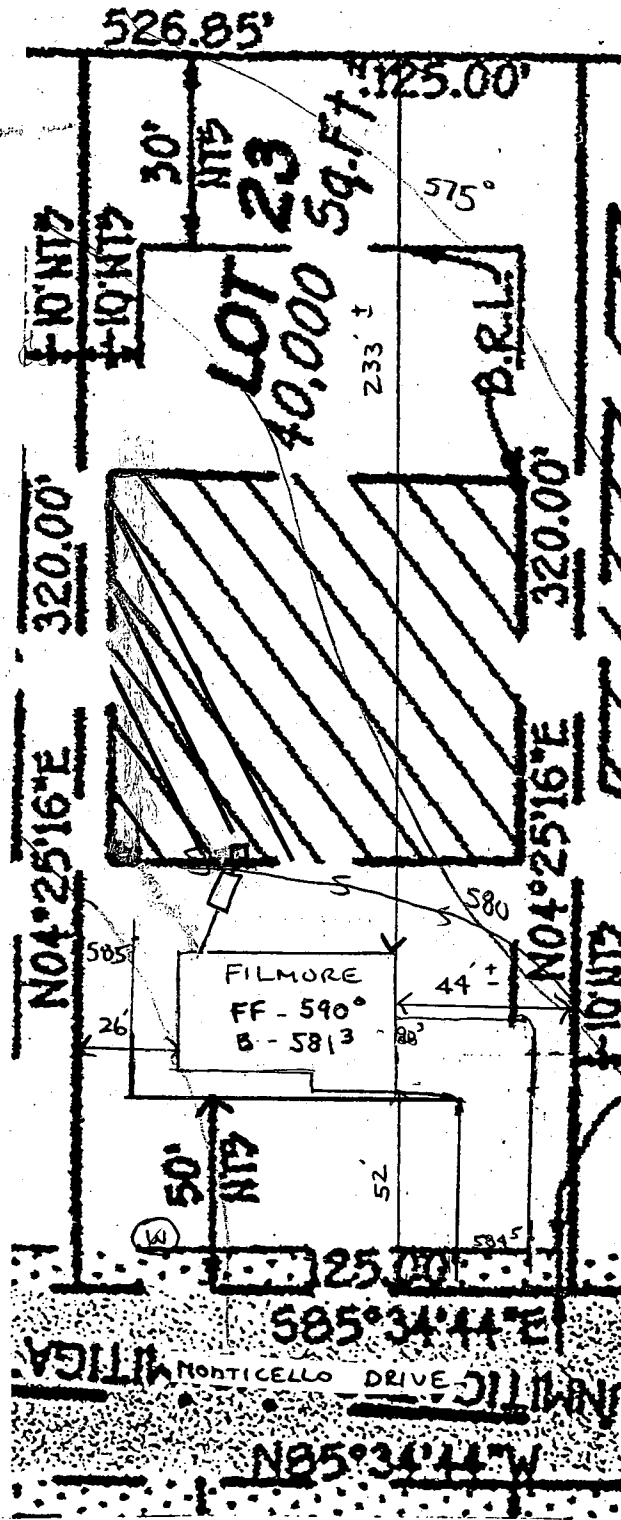
DRIVE

9/29/00
1st Well
collapsed
B.R.L.
SITE OK
VIA TIC



Septic ELEVATIONS

- HOUSE OUT - 583°
- TANK IN - 580°⁶
- TANK OUT - 580°³
- BOX IN - 580°¹
- BOX OUT - 580°⁰
- EXISTING AT BOX - 582°⁵
- EX. GRADE AT TANK - 583°⁰



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
 Approved Septic System Plan
 Howard County Health Department
 Signature: Mark R. [unclear] Date: 6/5/00

HARLESS MANOR
 PHASE 2
 LOT 23

(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 13008 Monticello Drive
Lothsville, MD, 21223
 Suite/Apt. # 00 SDP/WP/Petition #: 00-180
 Census Tract 6630 Subdivision Horless Manor
 Section 9 Area 9 Lot 23
 Tax Map 9 Parcel 9 Grid 19
 Zoning RE-DE Map Coordinates 4, F-12 Lot size 1 Acre

Property Owner's Name Cornerstone Homes Inc
 Address 9691 Norfolk Avenue
Laurel, MD 20723
 City Laurel State MD Zip Code 20723
 Home Phone (410) 792-2565 Work Phone 792-2565
 Applicant's Name & Mailing Address, (if other than stated hereon):
Same
 Phone (410) 792-2567 Fax (410) 792-2567

Existing Use Vacant lot
 Proposed Use New S.F.D.
 Estimated Construction Cost \$ 109,400
 Description of Work 1 1/2 mrc - 2 story, full
bsmt, 9R, 2FB, 1HB, 4BR, garage, FP

Contractor Company Same as
 Contact Person Owner
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Same as
 Contact Name Owner
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Evans, Callors, & Carter
 Contact Person Keith Fraile
 Address 10272 Baltimore National Pike
 City Ellicott City State MD Zip Code 21042
 Phone (410) 461-2855 Fax (410) 750-3784

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth <u>35'</u> Width <u>55'-7"</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>35'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>31'-8"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30'</u> <u>55'-7"</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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: <u>Found-8" Lave</u>	
Dimensions: Footings: <u>24" x 8"</u> Roof: <u>Sap Gable</u>	
State Certified Modular <input type="checkbox"/> 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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THIS WORK PERMITTED AND POSTING NOTICES.

Brian D. Boy, Pres.
 Applicant's Signature
President
 Title/Company

Brian D. Boy, Pres.
 Print Name
5/18/00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>5/23/00</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/5/00</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START YES NO
 ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	AMOUNT
<u>44821</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>396</u>
Excise tax	\$ <u>3165</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>3586</u>
Balance due	\$ _____
Check	\$ <u>4740</u>
Validation	# <u>31242</u>

Accepted by [Signature]

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER **A49889-0**

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 10 12 00

Depth of Well
 22 145 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 140-94-2862

OWNER **HEWITT LEROY**
 STREET OR RFD last name **14008 MONTICELLO DRIVE** first name
 TOWN **COORSVILLE**
 SUBDIVISION **HARLESS MAJOR** SECTION **LOT 23**

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	
Brown SLATE	2	25	✓
Brown SLATE	25	30	
Blue SLATE	30	65	
Brown SLATE	65	70	✓
Blue SLATE	70	145	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

CEMENT M BENTONITE CLAY BC

NO. OF BAGS ⁴⁵ ⁴⁶ 12 NO. OF POUNDS ⁴⁵ ⁴⁶ 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **35**

OTHER CASING (if used)

diameter depth (feet)
 inch from to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

STEEL BRASS OPEN HOLE
 PLASTIC 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.

DRILLERS LIC. NO. 1 **M S D 112**
John E. Morgan
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 **D**

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

C 2 DEPTH (nearest ft.)

HU 33 145

1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
 56 60

from to

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **10**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **20** ft.
 17 20
 WHEN PUMPING **40** ft.
 22 25

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 INSTALLED 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

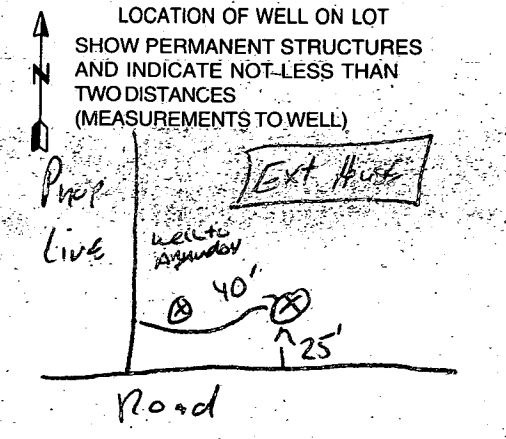
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31**

PUMP HORSE POWER **37**

PUMP COLUMN LENGTH (nearest ft.) **41**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } **2** (nearest foot)



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300136859

Building Address 14008 Monticello Dr
Crookville, MD 21773

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision 11 across Main
 Section _____ Area _____ Lot 23
 Tax Map 9 Parcel 346 Grid 19
 Zoning NCPOD Map Coordinates 47.12 Lot size _____

Existing Use SFD
 Proposed Use SFD & Deck
 Estimated Construction Cost \$ 1225
 Description of Work Deck 3x14
6' split & grade

Occupant or Tenant Same
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Property Owner's Name Hipolito Castro Jr
 Address 14003 Monticello Dr
 City Crookville State MD Zip Code 21773

Home Phone 410 479-974 Work Phone 410 479-1577
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company owner
 Contact Person _____

Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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: <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"/>
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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____
1st floor: _____
2nd floor: _____
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>
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: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Utilities
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 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Sprinkler system: <input type="checkbox"/> N/A <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 THEREUNTO; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Hipolito Castro Jr
 Title/Company _____

Print Name Hipolito Castro Jr
 Date 6/12/02

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>6/12/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ	<u>6/12/02</u>	<u>Rose Norman</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 462

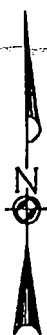
Filing fee	\$ _____
Permit fee	\$ <u>50</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ <u>50</u>
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>113</u>
Validation #	_____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

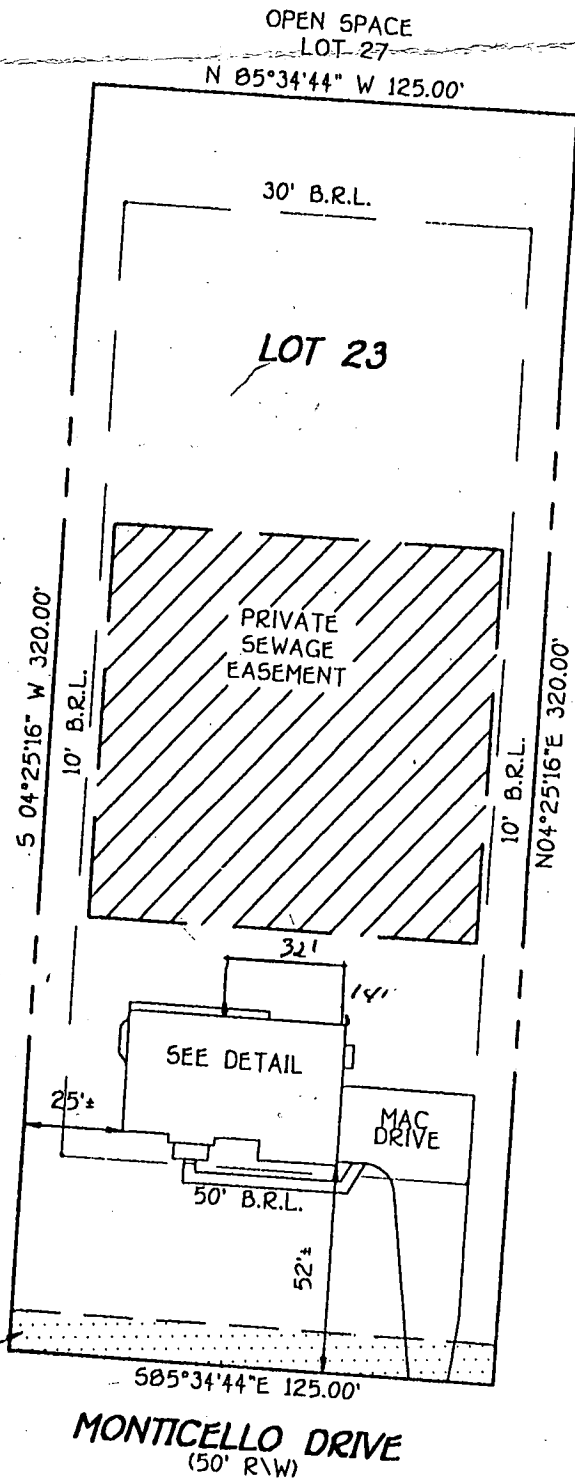
Accepted by _____

GENERAL NOTES:

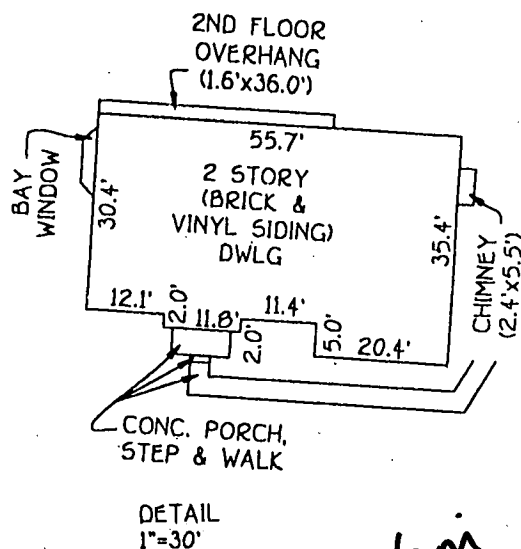
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT, SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY,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



LOT 22



LOT 24



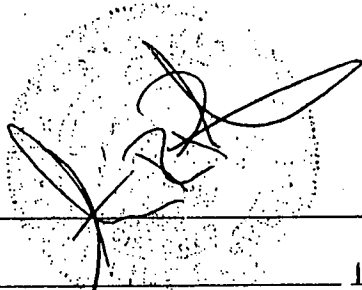
*Deck location
~ 9' from
easement &
> 30' from
well. KN
6-12-02*

LOT 23
HARLESS MANOR
PHASE 2
LOTS 21 THRU 32 AND
PRESERVATION PARCEL 'C'
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12202

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 590.7'+

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2055



PROFESSIONAL LAND SURVEYOR DATE 10/31/07
REG. 302

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 6/20/00
FINAL LOCATION: 10/30/00
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 10/31/00
DRAWN BY: L.P.F.
CHECKED BY: C.C.
PROJECT No.: 61527

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3630 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 1900144861
--	-------------------------------------	-----------------------------

Building Address 14008 Monticello DR
Cooksville, MO, 21723

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

Census Tract 604002 Subdivision Harless Manor

Section _____ Area _____ Lot 23

Tax Map 9 Parcel 346 Grid 19

Zoning RCDEP Map Coordinates 4F12 Lot size _____

Property Owner's Name Hipolito Castro Jr

Address 14008 Monticello DR

City Cooksville State MO Zip Code 21723

Home Phone 410-875-2620 Work Phone 410-489-9748

Applicant's Name & Mailing Address, (if other than stated hereon):
(410)375-2620 (410)489-9748

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same

Estimated Construction Cost \$ 12,000 FINISH BASEMENT

Description of Work 2 ROOM, 1 REC ROOM
1 Bath, tool room AS BUILT
IN BASEMENT IS NOT CHANGED

Contractor Company ~~Owner~~ Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<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 <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <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: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: _____	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERETO, (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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Hipolito Castro Jr
 Applicant's Signature

Hipolito Castro Jr
 Print Name

10/30/03
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID#
Land Development, DPZ			<u>46265</u>
State Highways			Filing fee \$ <u>25</u>
Building Official <u>10/30/03</u>			Permit fee \$ <u>85+</u>
Dev. Engineering, DPZ			Excise tax \$ _____
Health <u>10/30/03</u> <u>Rosie Noonan</u>			Add'l per. fee \$ <u>9</u>
Fire Protection			TOTAL FEES \$ <u>117</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Check # <u>1768</u>
			Validation # <u>34136</u>
			Accepted by <u>[Signature]</u>