

LAYOUT 3/26/03 3pm INSP 4 \_\_\_\_\_  
 INSP 2 3/30/03 11:30 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 3/21/2003 P 518587

APPROVAL DATE: 3/31/03 A 49889-T

**PERMIT  
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

**04-357906**

Farm & Home Excavating, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 901 Driver Rd., Marriottsville PHONE NUMBER: 410-442-2139

SUBDIVISION: Harless Manor LOT NUMBER: 26

ADDRESS: 13996 Monticello Drive PROPERTY OWNER: Leroy Hewitt

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER   
285' acceptable

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lot corner near the well, place the distribution box 210' down the left (362') lot line and 60-65' off this same lot line. Run trenches on contour as shown on site plan.
NOTES:	Precise trench installation is critical to reserve suitable area for future repairs and not impact future pool location. Slight variation from exactly level may be acceptable.

PLANS APPROVED: MER DATE: 12/3/02

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

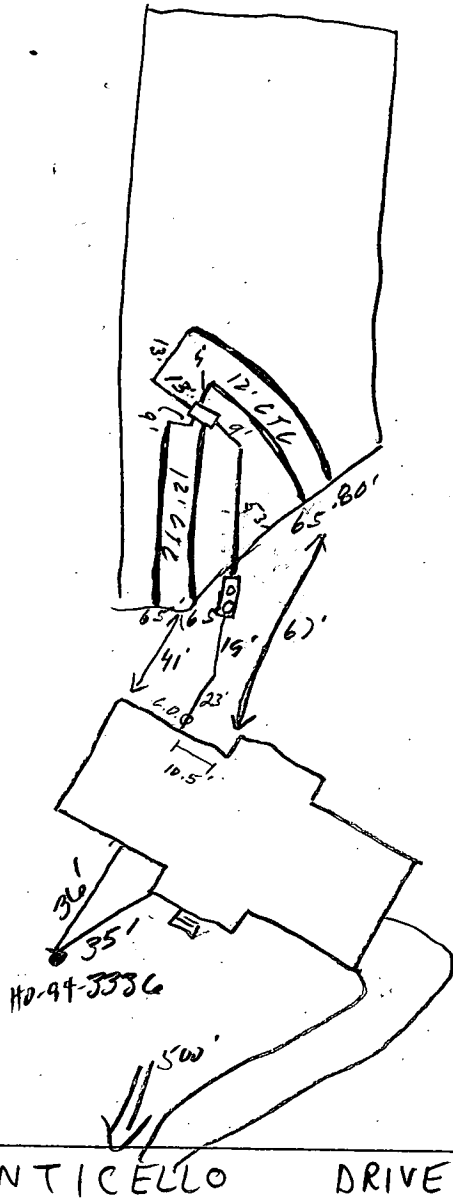
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED AND RETURNED**  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

6/17/2003 3-1000 gal UG PROPANE TANKS

A 49889-T

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		4
TOTAL LENGTH		275'
ABSORPTION AREA		8254
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	Yes
BAFFLE FILTER	NO
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	NA
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION 3/26/03-SDA STAKED, CONTRACTOR LAID OUT TRENCHES, OK TO INSTALL PER PLAN, CONTRACTOR MAY NOT BE ABLE TO GET 285' BUT CAN COME CLOSE, HOUSE CONN. NOT MADE - SRK INSTALLATION 3/31/03 OK to cover all work, SC 7/21/03 HOUSE CONNECTION 4/5" CONDUIT MIN. 9 CEMENTED TO WALL, PITLESS OK, CAP OK; GROUT OK - FA/KN

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 3/31/03

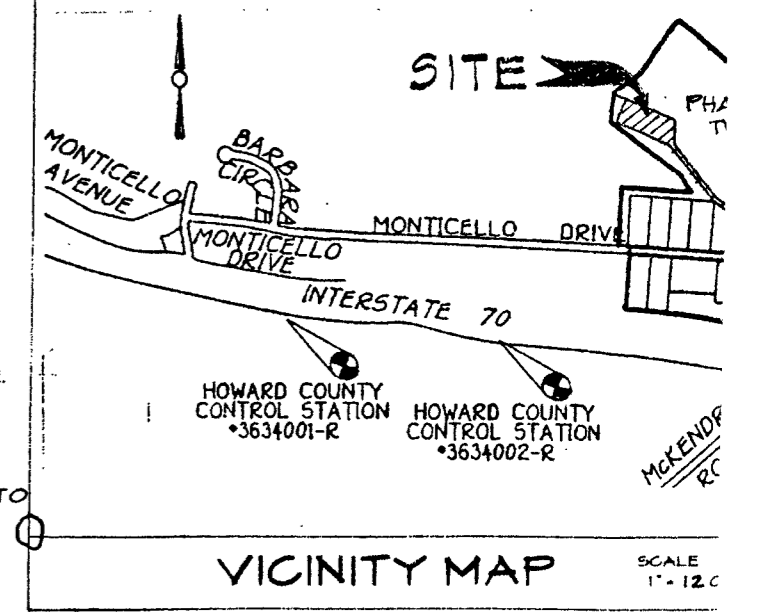
# SEQUENCE OF CONSTRUCTION

1. OBTAIN GRADING PERMIT.
2. INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN. (1 DAY)
3. PERFORMED NECESSARY GRADING AND STABILIZE THE SITE. BUILD HOUSE (6 MOS.)
4. AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS. (2 DAYS)

# SEPTIC SYSTEM NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 566.07  
B. BASEMENT ELEVATION: 557.07  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 562.4  
D. INVERT AT SEPTIC TANK: 559.6  
E. INVERT OUT AT SEPTIC TANK: 559.3  
F. PROPOSED GRADE OVER SEPTIC TANK: 561.6  
G. INVERT AT DISTRIBUTION BOX: 558.3  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 560.6
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING STAKEOUT.



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10P

PSOIL  
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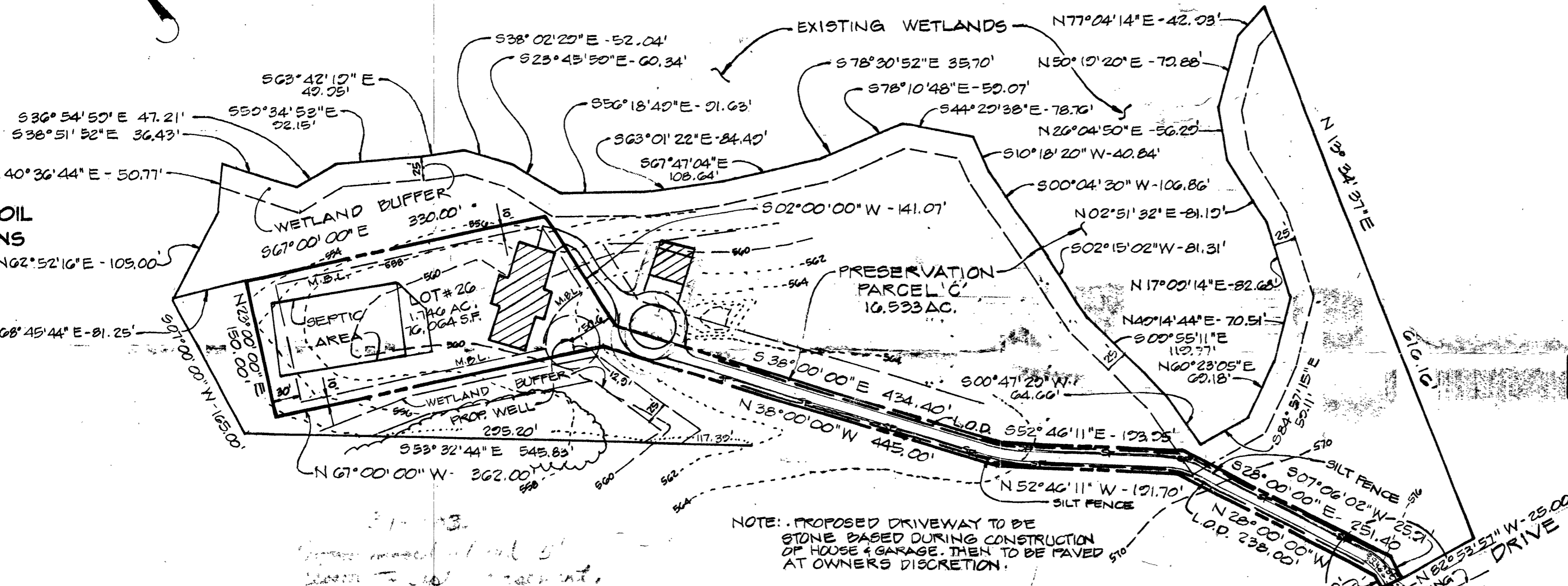
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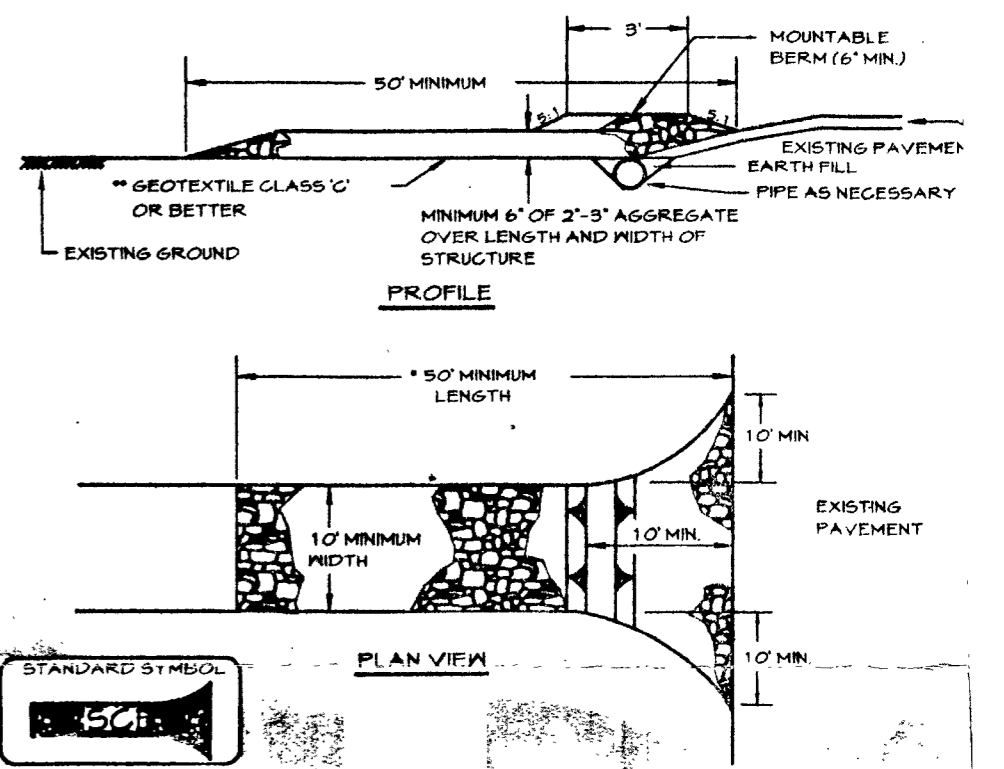
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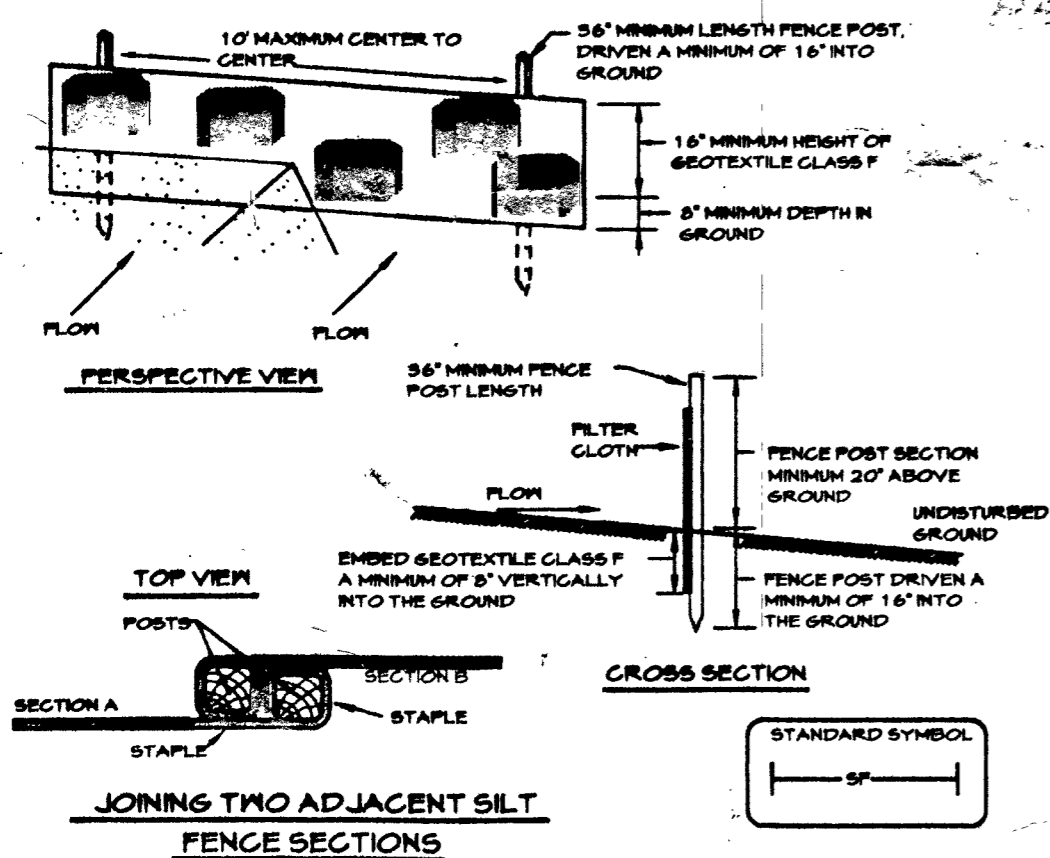
sludge and



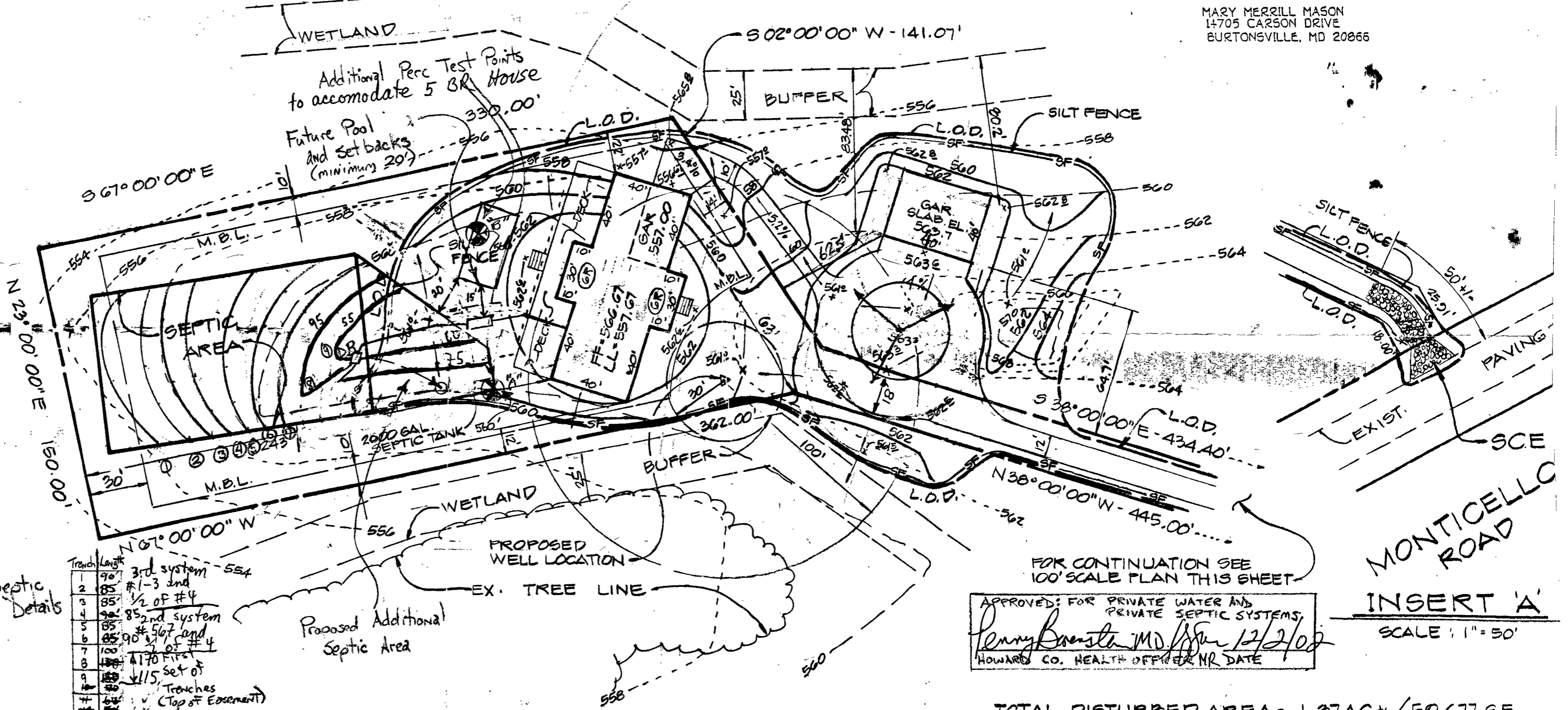
## DETAIL 24 - STABILIZED CONSTRUCTION ENTRANCE



## DETAIL 22 - SILT FENCE



## PLAN SCALE: 1" = 100'



- Construction Specification
- GENERAL NOTES: ← FOR EXISTING LOTS AND RE-PERCS
1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECOGNITION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
  2. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
  3. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
  4. (W) DENOTES WELL LOCATION.
  5. (P) DENOTES PERC HOLE LOCATION.
  6. OWNER & DEVELOPER:  
MARY MERRILL MASON  
14705 CARSON DRIVE  
BURTONSVILLE, MD 20866

- Construction Specifications
1. Fence posts shall be a minimum of 56" long driven 16" minimum into the ground. Wood posts shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 1/2" diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard T or U section weighting not less than 1.00 pound per linear foot.
  2. Geotextile shall be fastened securely to each fence post with wire ties or staples at top and mid-section and shall meet the following requirements for Geotextile Class F:  
Tensile Strength 50 lbs./in. (min.) Test: MSMT 504  
Tensile Modulus 20 lbs./in. (min.) Test: MSMT 504  
Flow Rate 0.5 gal ft / minute (max.) Test: MSMT 322  
Filtering Efficiency 75% (min.) Test: MSMT 322
  3. Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass.
  4. Silt Fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height.

### Silt Fence Design Criteria

Slope Steepness	(Maximum) Slope Length	(Maximum) Silt Fence Length
Flatter than 50:1	unlimited	unlimited
50:1 to 10:1	125 feet	1,000 feet
10:1 to 5:1	100 feet	750 feet
5:1 to 3:1	60 feet	500 feet
3:1 to 2:1	40 feet	250 feet
2:1 and steeper	20 feet	125 feet

Note: In areas of less than 2% slope and sandy soils (USDA general classification system, soil Class A) maximum slope length and silt fence length will be unlimited. In these areas a silt fence may be the only perimeter control required.

Septic Details

1	90'	3rd system
2	85'	#1-3 and
3	85'	1/2 of #4
4	85'	1/2 of system
5	85'	90' of #4
6	85'	90' of #4
7	100'	1/15 set of
8	110'	1/15 set of
9	110'	1/15 set of
10	110'	1/15 set of
11	110'	1/15 set of
12	110'	1/15 set of
13	110'	1/15 set of
14	110'	1/15 set of
15	110'	1/15 set of
16	110'	1/15 set of
17	110'	1/15 set of
18	110'	1/15 set of
19	110'	1/15 set of
20	110'	1/15 set of

## HOUSE ENLARGEMENT & GRADING PLAN SCALE: 1" = 50'

Total Trench 968'

### OWNER

LEROY H. HEWITT, JR.  
4405 SANDSTONE DRIVE  
ELDERSBURG, MARYLAND 21784

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT  
HARLESS MANOR - PHASE TWO  
#13006 & #13008 MONTICELLO DRIVE  
LOT # 20 AND PRESERVATION PARCEL 'C'  
4TH ELECTION DISTRICT - HOWARD COUNTY, MARYLAND

TAX MAP: 2 PARCEL: 2

RECORDED AS PLAT NO. 12202

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS  
Penny Brantley MD 12/2/02  
HOWARD CO. HEALTH OFFICER NR DATE

TOTAL DISTURBED AREA = 1.37AC +/- / 59,677 S.F.

# CLSI

Carroll Land Services  
Incorporated

Engineers • Surveyors • Land Development Consultants  
Landscape Architects • Environmental Specialists

439 East Main Street Westminster, MD 21157-5539  
(410) 876-2017 FAX (410) 876-0009

Surveyed By: VAF

Computed By: VAF

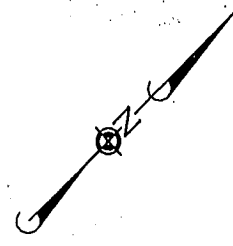
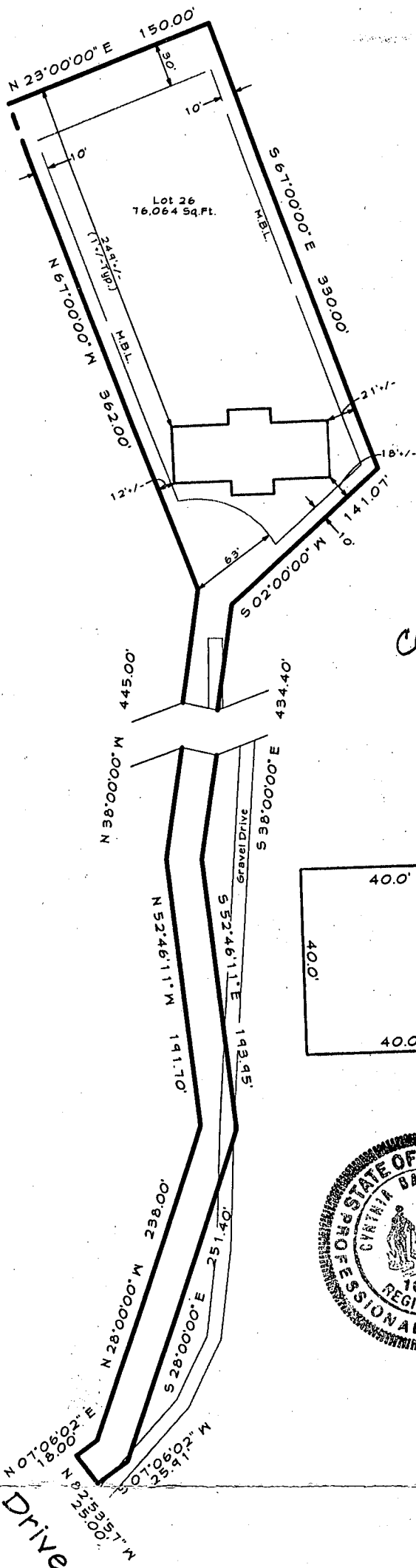
Drawn By: J.E.P.

Checked By:

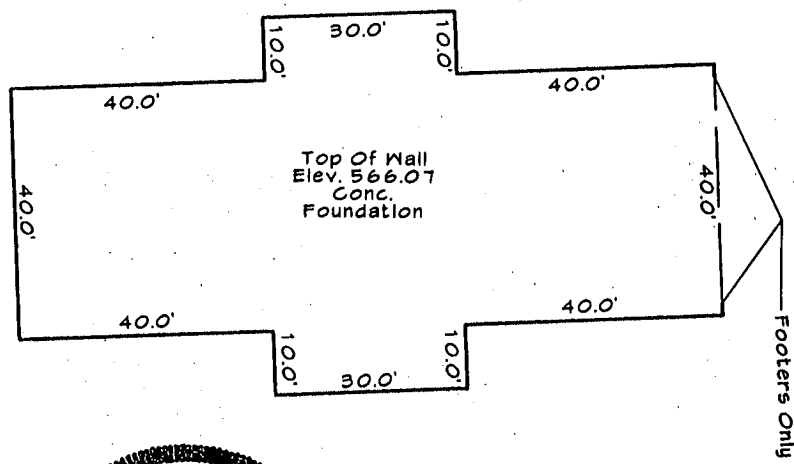
Drawing No: 50155

County File No:

Alfred L. Hansard  
Professional Engineer Registration No.  
Date: 12/01/2001



3/21/03  
 House moved ~5'  
 closer to easement.  
 O.K.  
 BB



Location Drawing  
 Lot 26  
 Phase Two  
**Harless Manor**  
 4th Election District Howard County, Md.  
 Plat # 12202

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

By Cynthia B. Bowden Date 5-6-02  
 Cynthia B. Bowden Professional Land Surveyor No. 10786

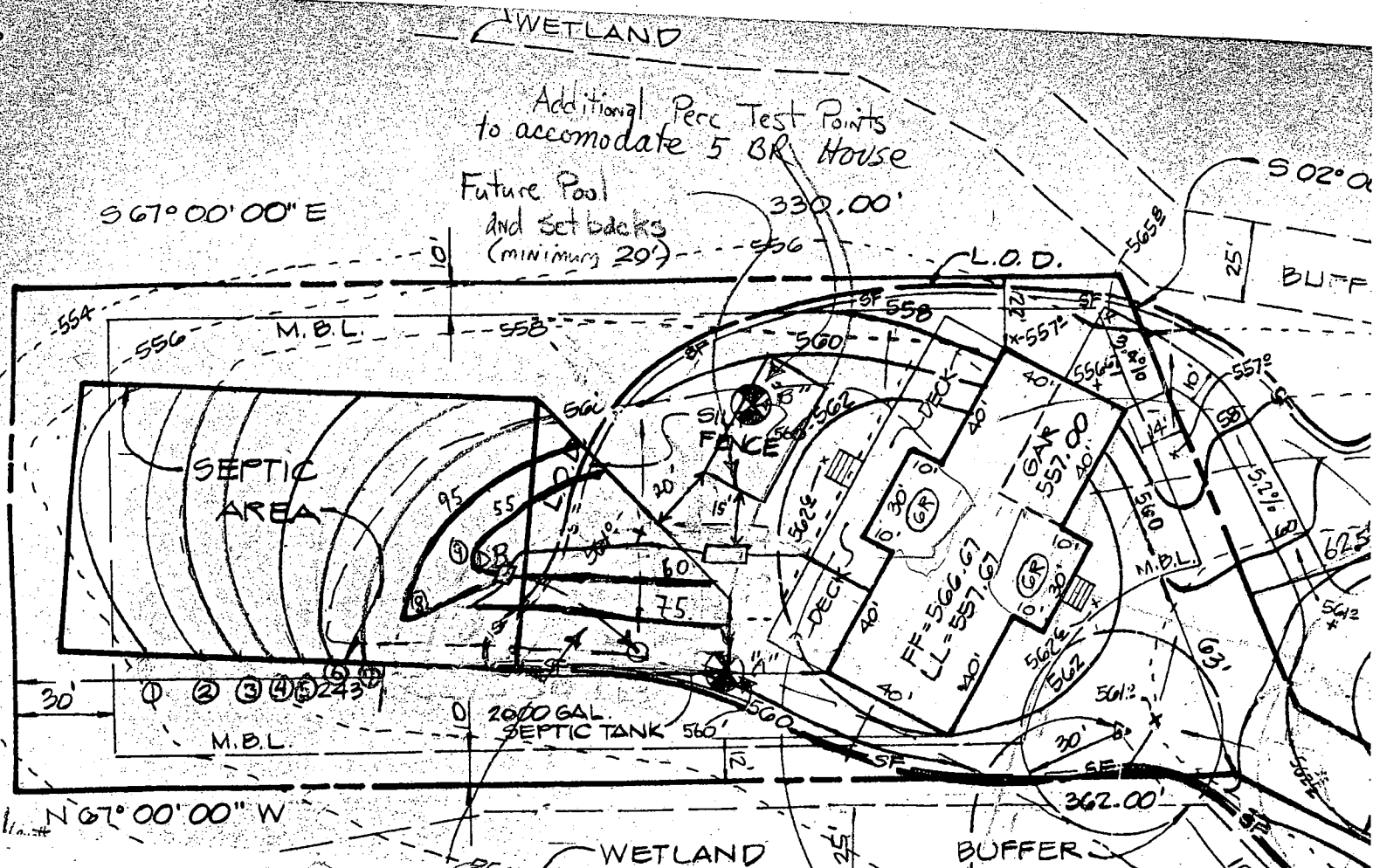
 <b>Carroll Land Services</b> Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-3339 (410) 876-2017 FAX (410) 876-0009	DRAWN BY: CDD
	DESIGN BY:
	REVIEW BY: CBB
	DATE:
	SCALE: 1"=100
	JOB NO: 96155
	SHEET: 1 of 1

# SEPTIC SYSTEM NOTES

OFFICE  
COPY

1. SEPTIC EASMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 506.67  
 B. BASEMENT ELEVATION: 557.67  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: ~~556.6~~ 562.4  
 D. INVERT AT SEPTIC TANK: ~~555.9~~ 559.6  
 E. INVERT OUT AT SEPTIC TANK: ~~555.0~~ 559.3  
 F. PROPOSED GRADE OVER SEPTIC TANK: ~~560.75~~ 561.6  
 G. INVERT AT DISTRIBUTION BOX: ~~557.5~~ 558.3  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 560.6
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

D



Total linear feet of trench required 300 feet  
 285' acceptable

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

Mark E. Rfkin 4/10/02  
 Signature Date

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
B00134503

Building Address 13996 Monticello Drive  
Cooksville, MD 21723  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: P-95-153  
 Census Tract 101002 Subdivision THIRLESS MARION  
 Section 2 Area \_\_\_\_\_ Lot 26  
 Tax Map 9 Parcel 3196 Grid 19  
 Zoning R1D Map Coordinates 4612 Lot size 1.746

Property Owner's Name Leroy H. Hewitt, Jr.  
 Address 4405 Sandstone Drive  
 City Eldersburg State MD Zip Code 21734  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Open ground  
 Proposed Use New Home  
 Estimated Construction Cost \$ 2,400,000  
 Description of Work Build new home custom single  
family home, 5 bedroom, 4 1/2 bath, integral garage,  
garage, fabric wine cellar, deck, elevator, 3<sup>rd</sup> floor  
storage

Contractor Company Built by homeowner  
 Contact Person Leroy H. Hewitt, Jr.  
 Address 4405 Sandstone Drive  
 City Eldersburg State MD Zip Code 21734  
 License No. \_\_\_\_\_  
 Phone 410-731-6052 Fax 410-549-2859

Occupant or Tenant N/A owner  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Engineered by homeowner  
 Contact Person Leroy H. Hewitt, Jr.  
 Address 4405 Sandstone Drive  
 City Eldersburg State MD Zip Code 21734  
 Phone 410-731-6052 Fax 410-549-2859

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Stab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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.

Applicant's Signature [Signature]

Print Name Leroy H. Hewitt, Jr.  
 Date 28 January 2002

Title/Company OK MR 4/10/02

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

**- FOR OFFICE USE ONLY -**

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: Accel Plumbing Telephone #: 410-489-5550  
Address: 14029 Monticello Dr.  
Cockeville Md. 37723

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Richard Jung License# MPL 30047  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: LEROY HEWITT Telephone #: \_\_\_\_\_  
Subdivision: HOPEWELL PLANNED Lot #: 26 Well Tag #: HO-99-3336  
Site Address: 13916 MITCHELL DR

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: INTEGRIS      Make: Empire      Two piece watertight cap: Yes  
Model #: 2ST525      Model#: B-10X      Screened, vented well cap: Yes  
Pump Capacity 5 GPM      Depth: 42" (36" min)      Cap secured to casing: Yes  
Well Yield: 12 GPM      NSF approved: Yes      Conduit min 18" B.G.: Yes  
Depth of well encountered at time of pump installation: 200 (feet)      Conduit secured to well cap: Yes  
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: 1/2"  
PSI: 200 (160 psi min)      Approximate length of sleeve: 8'  
Depth of supply line: 42" (36" min)      Sleeve caulked and sealed properly: Yes

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.

Richard Jung      2/13/04  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 4/1/03 12pm      Date Insp. Approved: 4/2/03  
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

FA/KC  
4/2/03

OK TO COVER PER KC/FA

14401 SEQUENCE NO. (MDE USE ONLY)

WELL COMPLETION REPORT

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

COUNTY NUMBER A49889 T

ST/CO USE ONLY DATE RECEIVED 07 22 02

DATE WELL COMPLETED 02 27 02 DEPTH OF WELL 180

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-3336

OWNER Hewitt Lee STREET OR RFD Monticello Dr TOWN Cooksville SUBDIVISION Harless Manor SECTION LOT 26

WELL LOG

Not required for driven wells

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

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 44

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (HO) (BR) (PL) (ST) (BR) (PL) (OT)

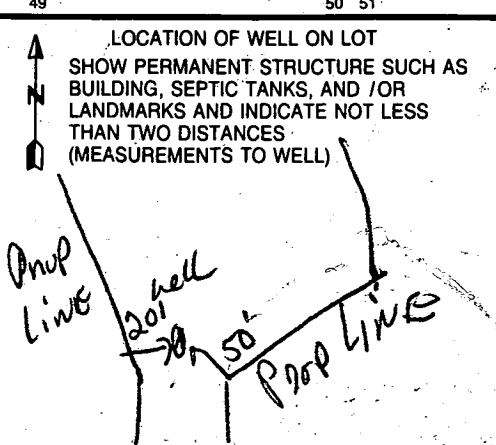
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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 12 WHEN PUMPING 65 TYPE OF PUMP USED (for test) S

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT 'F' IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	<b>8925</b>	SEQUENCE NO. (MDE-USE-ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			Please print or type <b>W516475</b>	fill in this form completely

Date Received (APA) **01/17/02**

OWNER INFORMATION

8 MM/DD/YY 13

15 Last Name **Howitt** Owner First Name **LEE** 34

36 Street or RFD **14070 Monticello Dr.** 55

57 Town **COOKSVILLE** 70 State **MD** 72 Zip **21723** 76

LOCATION OF WELL

B 3

8 COUNTY **Howard** 21

23 SUBDIVISION **HARLESS MANOR** 42

SECTION **-** 44 46 LOT **26** 48 50

52 NEAREST TOWN **COOKSVILLE** 71

70 MILES FROM TOWN (enter 0 if in town) **I** 73 M I 76 77 78

DRILLER INFORMATION

Driller's Name **Ralph E. MAYNE** 76 License No. **M S D 117** 81

Firm Name **Ralph E. MAYNE well Drilling**

Address **17024 Handy Rd. Mt Airy Md. 21771**

Signature *Ralph E. Mayne* Date **1-16-02**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Monticello Dr.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **500** 37 DISTANCE FROM ROAD **74** 38 39

ENTER FT OR MI

TAX MAP: **049** BLK: \_\_\_\_\_ PARCEL: **9251**

WELL INFORMATION

APPROX. PUMPING RATE **5** (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500** (GAL. PER DAY) 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 COUNTY NAME **A49889T** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED **2/14/02** EXP. DATE **2/14/03**

43 MM/DD/YY 48 CO SIGNATURE *Ronald Dually* EXP. DATE

NORTH GRID **542000** EAST GRID **0802000**

50 55 57 63

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

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **55242**

N **8002**

000  
000

*2/11/02  
9100 Grant  
13 Bags  
Grant settled 10-12"*

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

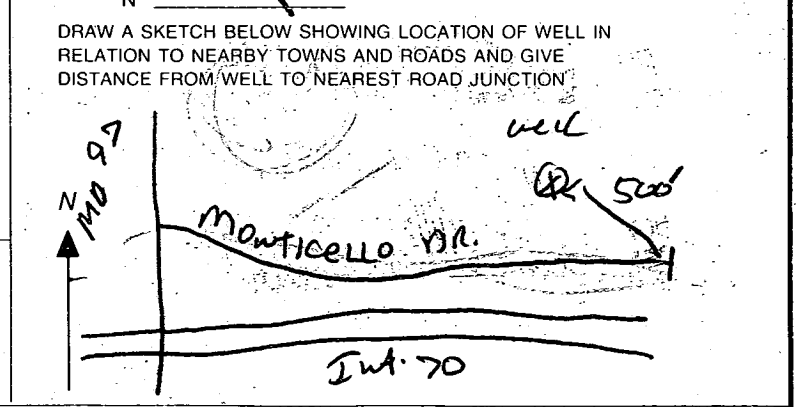
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

APPROX. PERMIT NUMBER **H094-G012**

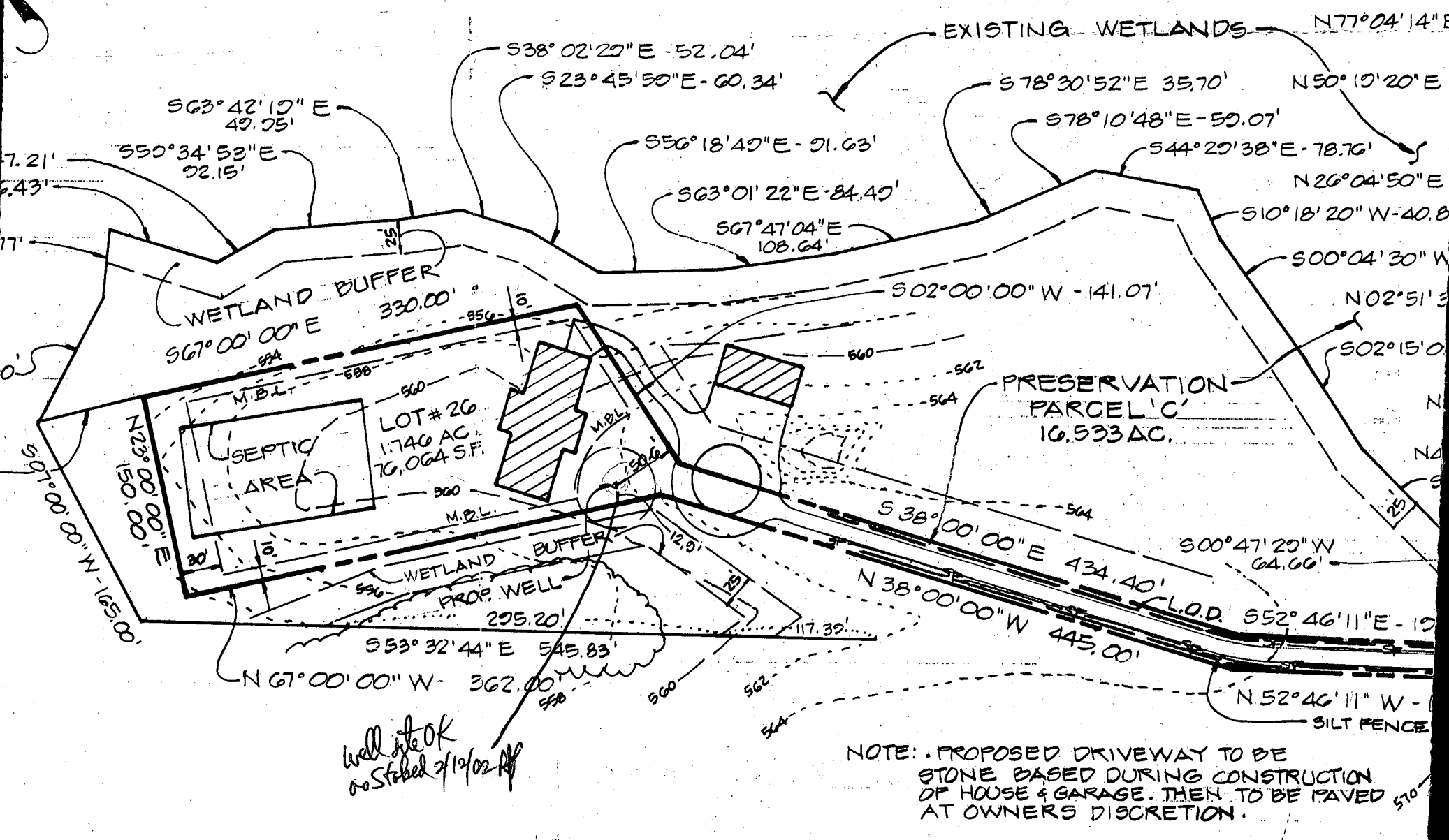
PERMIT No. **H0-94-3336**

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOUSE ( 8 MUS.)  
 4. AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS. ( 2 DAYS)



Well site OK  
 as Staked 7/12/02

NOTE: PROPOSED DRIVEWAY TO BE STONE BASED DURING CONSTRUCTION OF HOUSE & GARAGE. THEN TO BE PAVED AT OWNERS DISCRETION.

DETAIL 22 - SILT FENCE

PLAN  
 SCALE: 1" = 100'

10' MAXIMUM CENTER TO CENTER

36" MINIMUM LENGTH FENCE POST, DRIVEN A MINIMUM OF 16" INTO GROUND

# APPLICATION

PERCOLATION TESTING

A 49889T

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:

SUBDIVISION HARLESS MAJOR LOT NO. 28 New 20

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP D06 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 A.C.<sup>±</sup> 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 G. 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



# APPLICATION

PERCOLATION TESTING

A 49889T  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

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 \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Harless Manor LOT NO. New Lot 20

ROAD AND DESCRIPTION Montecello Drive

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD  
(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. \_\_\_\_\_  
(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

498897

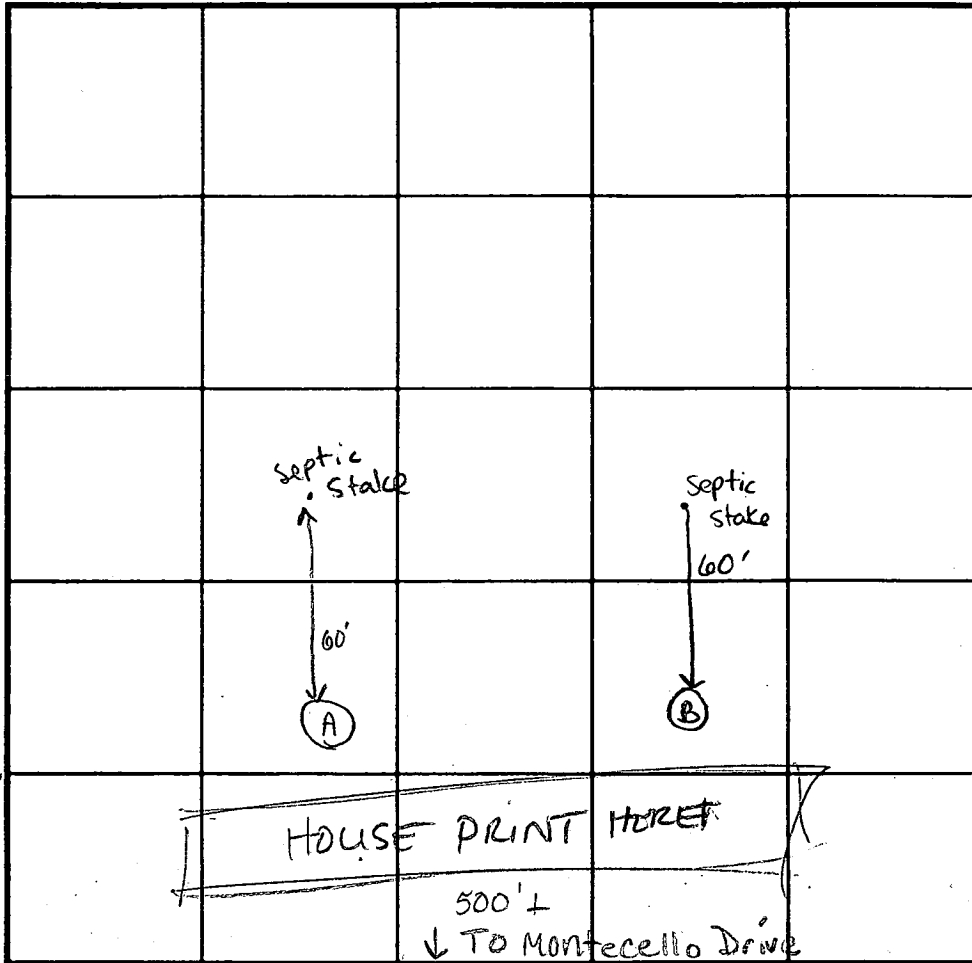
COUNTY #

SOIL PROFILE

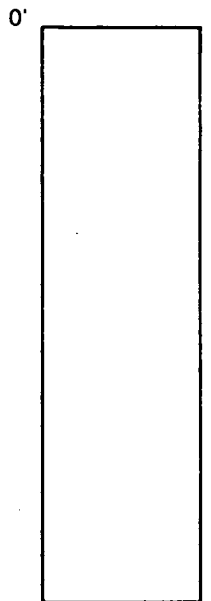
0' (A)  
 Topsoil 2-4"  
 wk org red granular  
 cl lm pebbles ~ 10% 4'  
 beige trace org brn RY black  
 md size grains of sand to SLM  
 SAND 10'  
 white, black, tan, moist micaceous sand, Bottom 14'

(B)

Topsoil 24"  
 H brn beige brn SLM  
 ↓  
 10' micaceous platy, moist sand yellowish, org rd-like black, white min on faces of saprolite WET But no water 13'



SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/02	(A)	4'S'	1:37:00	1:38:31	1:38:31	1:41:07	3 1/2 min
		B@14'					OK
	(B)	3'S'	1:47:03	1:48:38	1:48:38	1:51:28	4 min per
		B@13'					OK
	(A)	2'8" S	1:54:29	2:04	2:04	2:29	45 min

REMARKS - MOIST - ALMOST WET SOIL @ 10'

TYPE OF SOIL \_\_\_\_\_

TESTED BY Kacie

ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_

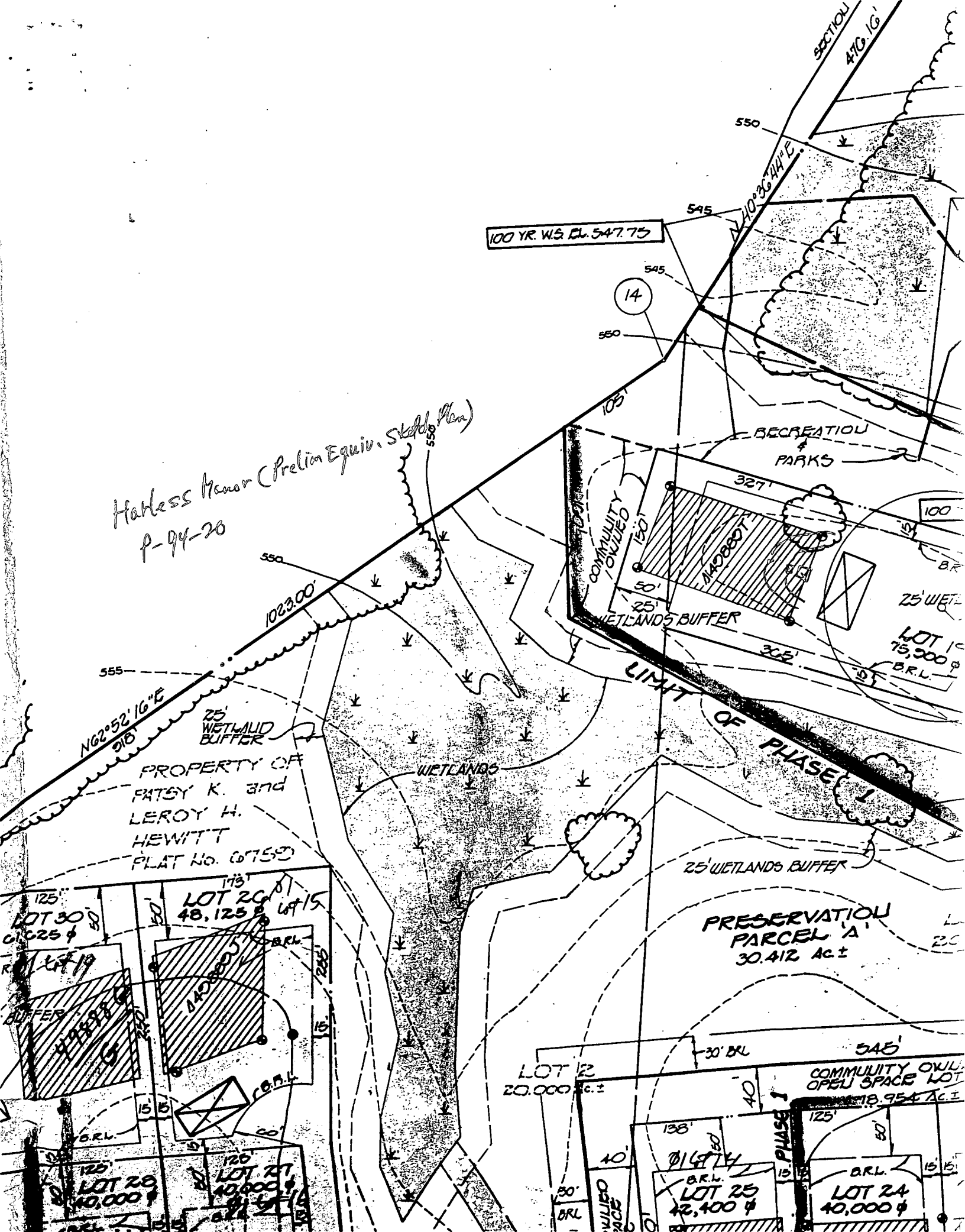
TRENCH WIDTH \_\_\_\_\_

INLET DEPTH 2 1/2

MAXIMUM BOTTOM DEPTH 4 1/2

SO. FT./BEDROOM 180

Harless Manor (Prelim Equiv. Site Plan)  
P-94-20



PROPERTY OF  
FATSY K. and  
LEROY H.  
HEWITT  
PLAT No. 6759

LOT 30  
10,000 ±  
LOT 29  
10,000 ±  
LOT 28  
10,000 ±  
LOT 27  
10,000 ±  
LOT 26  
10,000 ±  
LOT 25  
18,954 ±  
LOT 24  
40,000 ±  
LOT 23  
42,400 ±  
LOT 22  
20,000 ±  
LOT 21  
10,000 ±  
LOT 20  
48,125 ±

100 YR. W.S. EL. 547.75

14

RECREATION  
PARKS

COMMUNITY  
OULIED

LIMIT OF PHASE I

PRESERVATION  
PARCEL A  
30.412 Ac ±

LOT 22  
20,000 ±

LOT 25  
42,400 ±

LOT 24  
40,000 ±

COMMUNITY OULIED  
OPEN SPACE LOT  
18,954 AC ±

PHASE I

WILDO  
SPACE

LOT 20

LOT 21

LOT 22

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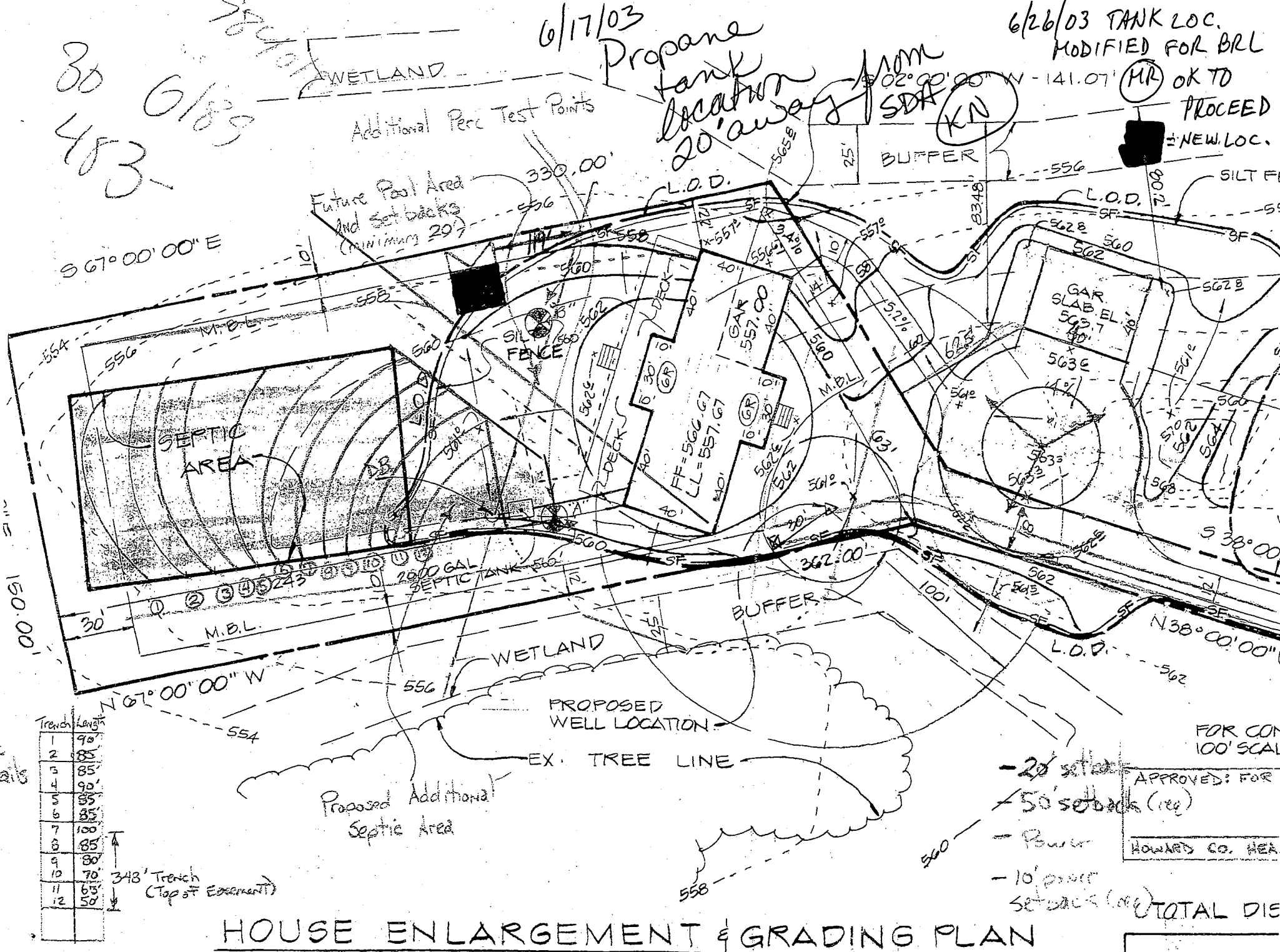
LOT 315



30  
483  
6/18/03

6/17/03

6/26/03 TANK LOC.  
MODIFIED FOR BRL  
OK TO PROCEED  
= NEW LOC.



Propane tank location 20' away from SDA

KN

Trench	Length
1	90'
2	85'
3	85'
4	90'
5	85'
6	85'
7	100'
8	85'
9	80'
10	70'
11	65'
12	50'

348' Trench (Top of Edge) +

FOR CON 100' SCAL  
APPROVED: FOR  
HOWARD CO. HEA  
TOTAL DIS

# HOUSE ENLARGEMENT & GRADING PLAN

SCALE: 1" = 50'