

04-327349

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

**PERMIT
INDEXED**

P 37569

A re-index

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 14102 Monticello Drive PROPERTY OWNER: David Healey

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

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

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

P37569

R. St. John

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation
HOWARD COUNTY
 Real Property Data Search

[Go Back](#)
[View Map](#)
[New Search](#)

Account Identifier: District - 04 Account Number - 327349

Owner Information

Owner Name: HEALEY DAVID F
 HEALEY MARIANNE WF
Use: RESIDENTIAL
Principal Residence: NO
Mailing Address: 14098 MONTICELLO DR
 COOKSVILLE MD 21723-9614
Deed Reference: 1) / 1404/ 149
 2)

Location & Structure Information

Premises Address 14102 MONTICELLO DR
 COOKSVILLE 21723
Zoning RCDEO
Legal Description 1 ACRE
 14102 MONTICELLO DR
 COOKSVILLE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
8	18	208						81	

Special Tax Areas **Town Ad Valorem Tax Class** NO A/V, NO M/P, RURAL FIRE TAX

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1950		1.00 AC	
Stories	Basement	Type	Exterior
1	YES	STANDARD UNIT	BRICK

Value Information

	Base Value	Value As Of	Phase-in Assessments	
		01/01/2002	As Of	As Of
			07/01/2002	07/01/2003
Land:	70,000	100,000		
Improvements:	67,020	70,430		
Total:	137,020	170,430	148,156	159,292
Preferential Land:	0	0	0	0

Transfer Information

Seller: SCHLEUPNER MARY L
Type: IMPROVED ARMS-LENGTH
Date: 10/23/1985
Deed1: / 1404/ 149
Price: \$85,000
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:

* NONE *

C1 5273

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A-37569-W

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

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 10/31/86

Depth of Well 120 (TO NEAREST FOOT)

PERMIT NO. 10-21-1641

OWNER HEALEY DAVID STREET OR RFD 14018 MONTICELLO DR TOWN CRACKVILLE SUBDIVISION MAP 8 P.145 SECTION LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Clay, Shale, brown slate, blue slate, blue slate & Quartz, blue slate.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole, insert appropriate code below, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

PUMPING TEST

HOURS PUMPED, PUMPING RATE (gal. per min. to nearest gal.), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

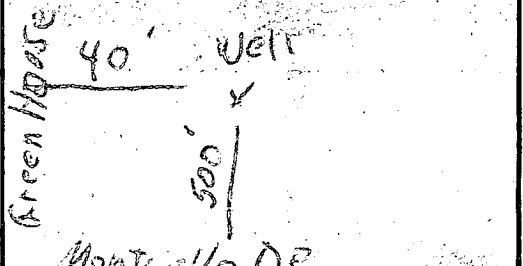
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO., DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), 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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA



B 1 **4483** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MO-91-1641

fill in this form completely

OWNER INFORMATION

Date Received **10/31/86**

15 Last Name **WILLIAMS** Owner First Name **DAVID**

36 Street or RFD **1118**

57 Town **WILLIAMS** 70 State **MD** 72 Zip **21773** 76

LOCATION OF WELL

8 COUNTY **MADISON** 21

23 SUBDIVISION **9 P 145** 42

SECTION **44** 46 LOT **48** 50

52 NEAREST TOWN **WILLIAMS** 71

MILES FROM TOWN (enter 0 if in town) **5** 73 **MI** 76 77 78

DRILLER INFORMATION

Driller's Name **George F. Williams** 77 License No. **80**

Firm Name **J.F.F. Williams, Inc.**

Address **9153 W. Frederick Rd, Millersville, MD**

Signature **George F. Williams** Date **7/18/86**

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Wagon Mt. rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **500** 37 DISTANCE FROM ROAD ENTER FT or MI **5** 38 39

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HARVARD** COUNTY NO. **A-34279-W**

OEP SIGNATURE **B. Williams** STATE HEALTH INSERT S 41

DATE ISSUED **02/21/87**

CO-SIGNATURE **B. Williams** EXP. DATE

NORTH GRID **543000** 50 55 EAST GRID **0799000** 57 63

APPROXIMATE DEPTH OF WELL **200** 24 28 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

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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

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 (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ 54 **G A P** 63

FORCE **Aa** WRITE INITIALS IN BOX PERMIT No. **MO-91-1641** 67 '68 870 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

92

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

10/31/86

No inspection made

COOLVILLE

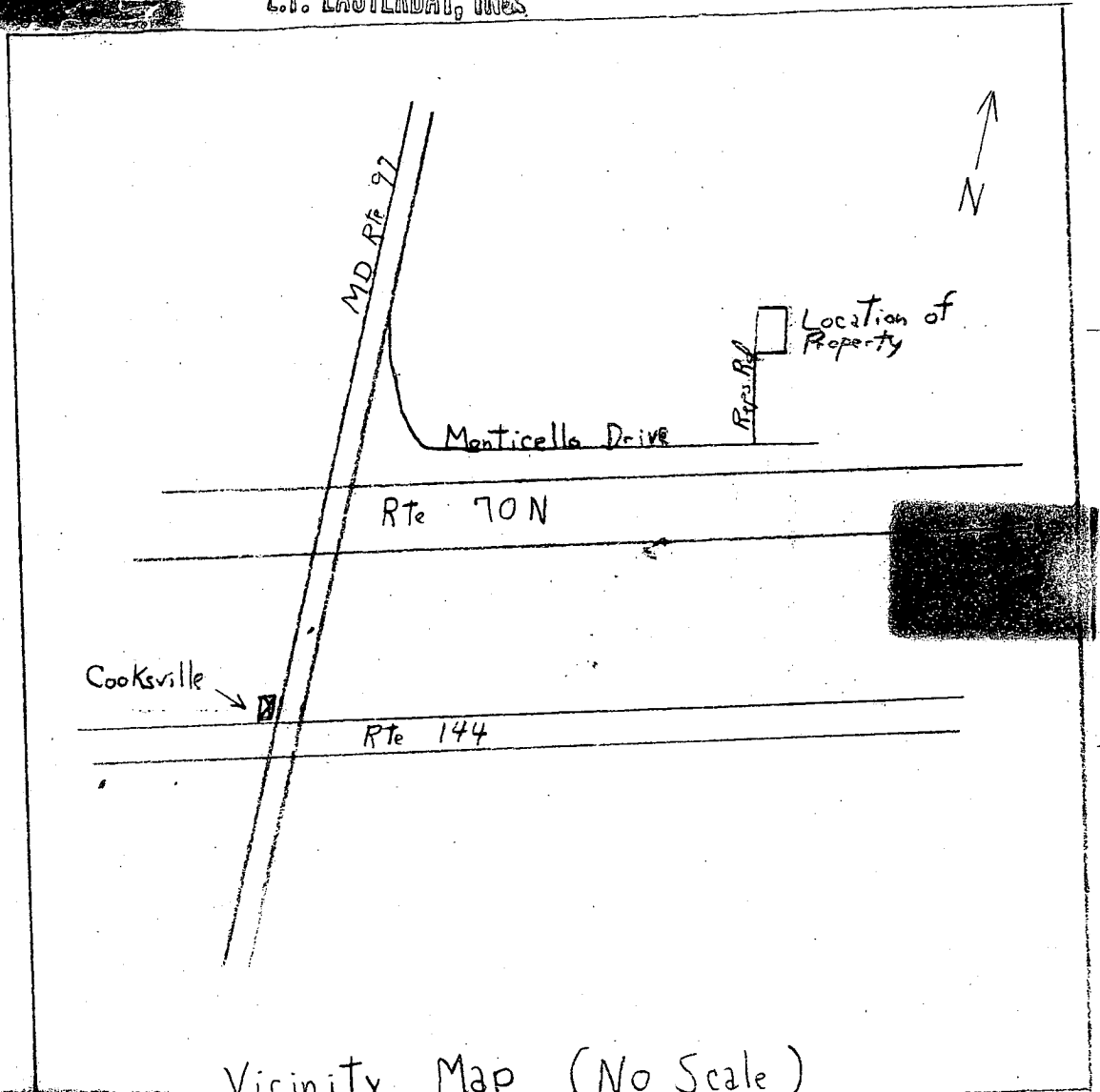
REPS (X)

I 70

RECEIVED

JUL 23 1986

L.F. EASTERDAY, INC.



Vicinity Map (No Scale)

218'

495'

259'

Healey Property - 19.75± Acres

253'

MAP 8
P 145

469'

MAP 8
P 355

Existing Dwelling

8501

30ft from Greenhouse

Existing Greenhouses

Proposed Irrigation Well

325'

150ft

672'

Reps Road

Septic System
for House no where near well
Greenhouse does NOT have septic system
met with Mr Healy 8/22/86 R. Hodges
put stakes on slope