

11/9/00  
Pre-Inst. to  
11/13/00

12/28/00  
10 PE  
anytime  
2/2/01  
Proposed  
LPH

Needs Pump Test

11/13/00 ASAP  
C.O.  
RPS# 363833

# PERMIT

P 514622

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

A 59914-N

ISSUE DATE 11/2/2000

APPROVAL DATE 2/2/01

INDEXED

Fogles' Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Monticello LOT NUMBER 38 ADDRESS 14325 Fox Creek Court

PROPERTY OWNER D R Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Dr, Ste 230

SEPTIC TANK CAPACITY 1250 GALLONS Rockville, MD 20850

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be <sup>should be 3'</sup> 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 140 feet from the rear lot line and 10 feet off that same lot line. Run trenches of equal length, along contour, toward front of property.

*Note: Design should have been for 3ft wide trench, only 3' of 2ft width trenches, material needed. Needs an extra 120ft of 2' wide or 80 LF of 3' wide trench to get required 720 cft bottom septic system. RP 11/13/00*

**BUILDING PERMIT SIGNED  
AND RETURNED 5-802  
1800136002-DECK**

PLANS APPROVED Craig Williams, R.S. DATE 7/11/2000

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

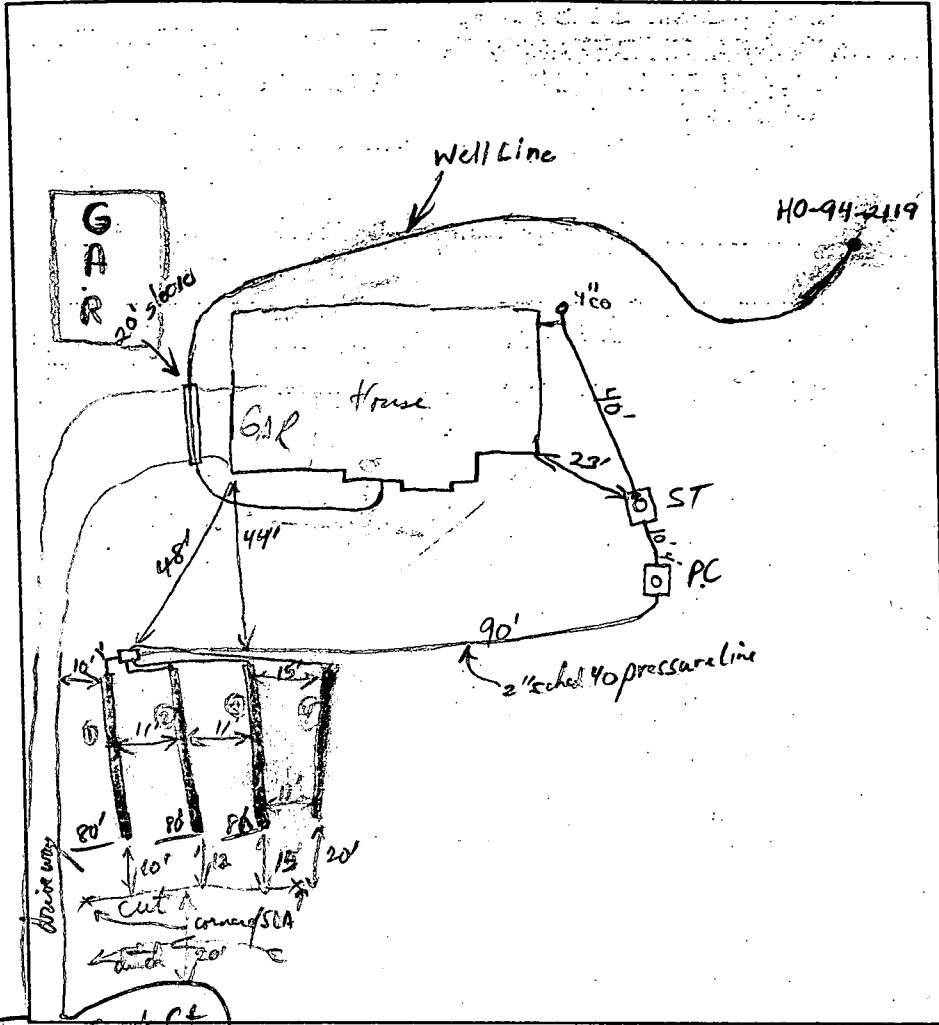
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P514622

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH three 2-ft wide +  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 3 @ 2ft wide x 80' long + 1 @ 3ft wide x 80' long = 240 + 80 = 320 LF  
 ABSORBENT AREA 480'² + 240'² = 720'²  
 DISTRIBUTION BOX LEVEL yes  
 BAFFLE IN DISTRIBUTION BOX yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 Top Sealed GALLONS  
 MANHOLE RISER 3' plate  
 6 INCH INSPECTION PORT ✓ on front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 gal Top Sealed  
 MANHOLE RISER 3' plate  
 ALARM OPERATIONAL

**PERFORMANCE TEST**  
**AND RETURNED**

PRE-CONSTRUCTION INSPECTION: 11/9/00 SOME SEPTIC STAKES REMOVED, BUT LAYOUT WAS EASILY CONFIRMED w/ INSTALLER (MR)

INSPECTION COMMENTS: ST, PC, dist box, pressure lines OK to cover. Mistake noted in Spec's and Sater Permit. Called for 2' wide 2' gravel filled Trench = 480 sqft Bottom only. Should have been Standard Trench design of 720 sqft / 4 Below House design. Needs one extra 80' long, 3ft wide, 2'ft stone fill Trench to get that 720 sqft system as required per regulations. OK to cover existing system but Mark corners of lowest trench for hot (4th) trench installation. RPP 7/13/00  
House connection OK, 4th trench OK to gravel fill. 1st Trench OK to cover, No time to see due to darkness, gave operator permission to cover. RPP 11/13/00 Needs pump & 2/2/01 - PUMP & ALARM OPERATIONAL - (SRK)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 2/2/01

# APPLICATION

4/21/98 - 4/28  
5/19/98 - 5/22

## PERCOLATION TESTING

A 59914

P \_\_\_\_\_

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

56 LOTS  
EXISTING HOUSE(S) - 56 LOTS - 5607163  
TO BE ELIMINATED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR  
FOLLOW-UP TESTING  
will provide submit  
FEE'S &  
IMPROVED PLAN/  
APPLICATION (CW)

DISTRICT \_\_\_\_\_

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

4/21 - 4/24  
&  
5/19 - 5/22

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

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE. / SYKESVILLE PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 Ballman Not. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEW SHIPPLE - TSA

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

KNAPP SUBD,

A 59914/5

COUNTY #

SOIL PROFILE

137 & 136

0' —

3 1/2' —

11' —

orange  
clay

purple  
brown  
mica  
silt  
clay

SOIL PROFILE

0' —



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	136	4 1/2	5:45	5:48	5:48	5:52	4 min
	137	VIS OK - SAMPLE AS 136					EST 4 min
			OK 4-11				

REMARKS \_\_\_\_\_

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

TESTED BY CW Illian ALSO PRESENT SPERRY

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

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4/21/98 - 4/28  
5/19/98 - 5/22

# APPLICATION

## PERCOLATION TESTING

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

56 LOTS EXISTING HOUSE(S) - W6603-5607103  
TO BE ELIMINATED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)  
DATE 4/3/98  
DISTRICT \_\_\_\_\_  
A 59914  
P \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

4/21 - 4/24  
9  
5/19 - 5/22

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

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 Ballman Not. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

COUNTY #

SOIL PROFILE

324

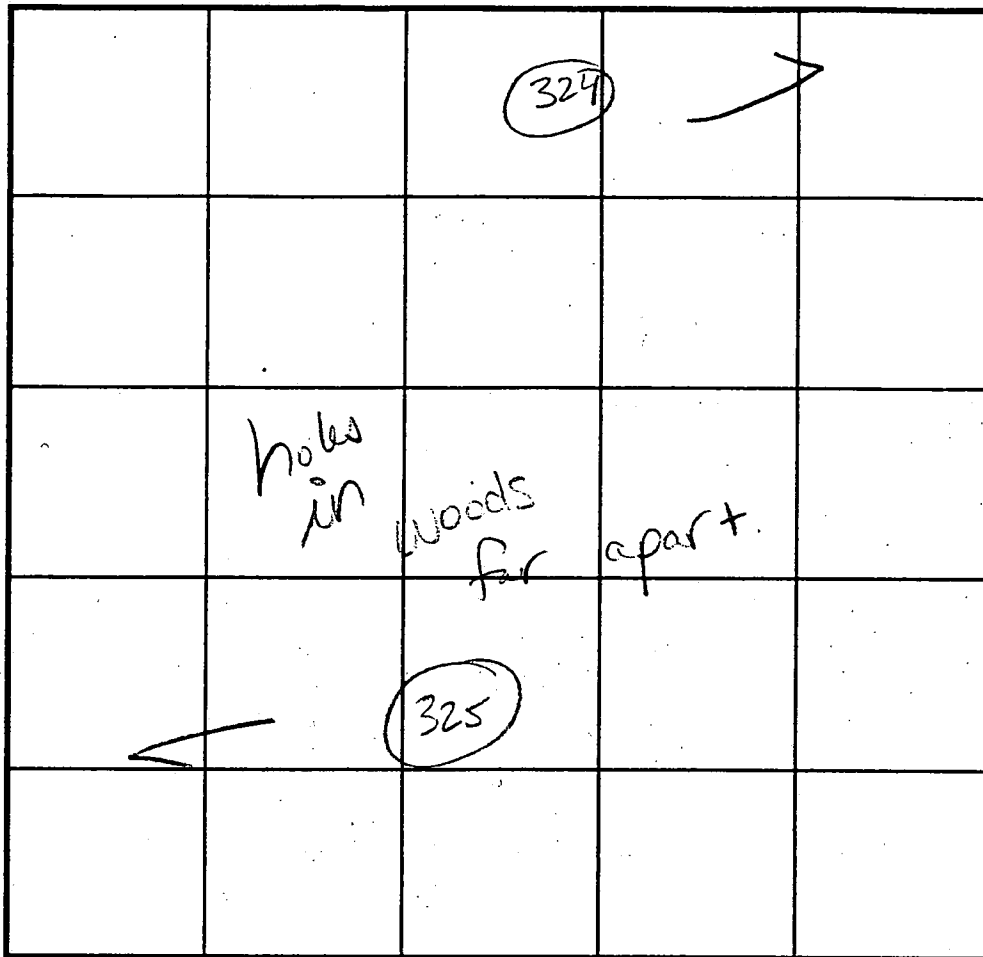
or/red  
Clay  
loam

red  
orange  
sandy  
Clay lm  
15% mica  
shale  
frags

325

br/red  
Clay  
loam

orange  
red  
sandy  
Clay  
loam  
15%  
rock  
frags



SOIL PROFILE

315A

or/br  
Clay  
loam

tan  
orange  
Sandy  
Clay  
loam

78-A

orange  
cl lm  
pink/tan  
siltm  
10%  
shalefrags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Monticello

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	324	10.0'D	visual ok	- see profile			
	325	12.5'D	visual ok	- see profile			
	315A	10.0'D	visual ok	- see profile			
			(possibly old hole 71'?)				
7.21.98	78-A	4.5'S	1:34:10	1:35:50	1:35:50	1:37:50	2min
		12.0'D	visual ok	- see profile			

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maize

ALSO PRESENT

Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

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

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

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

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

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

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

136B

0' orange brown cl tm

4'

brown/pink/orange Saclm

10% shale frags HARD BOTTOM

12.5'

325A

4' orange cl tm

4'

orange/pink Saclm

with 30% shale frags

7'

orange Saclm

12'

138A

4' orange cl tm

4'

orange/pink Saclm

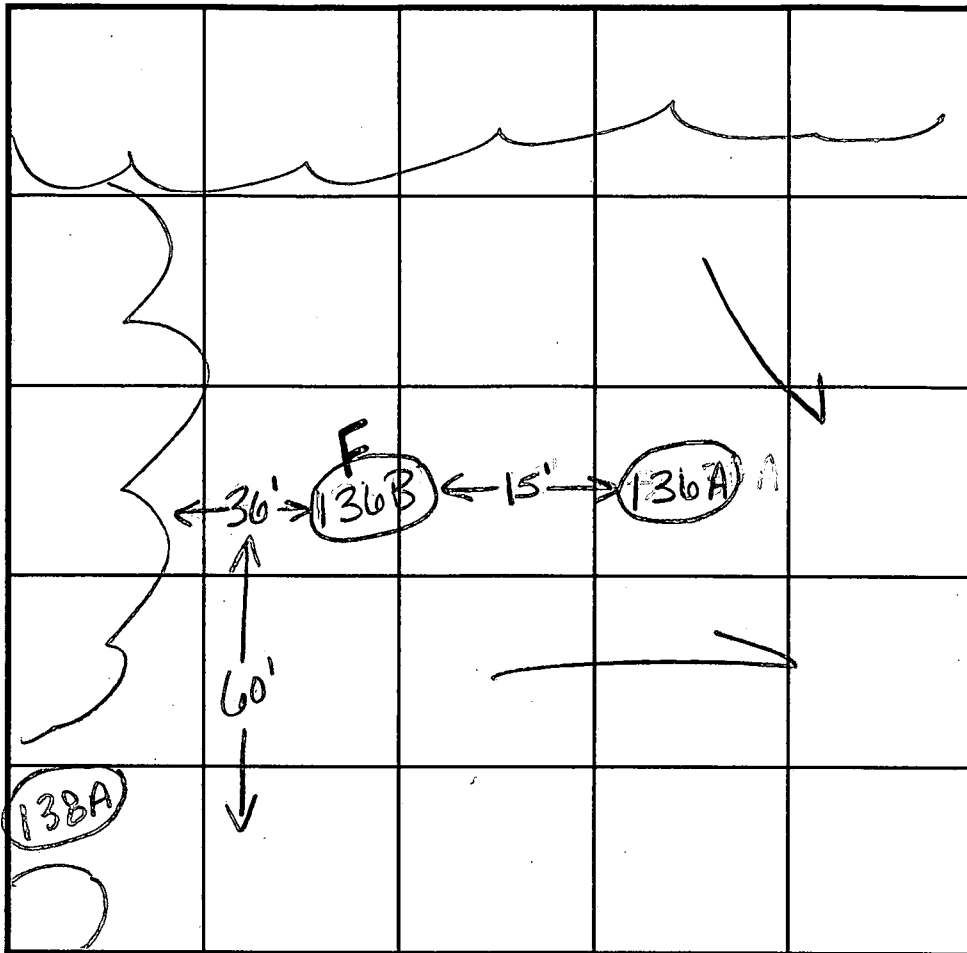
7'

40% shale frags

9'

orange Saclm

12.5'



SOIL PROFILE

136A

0' orange deep red pink Saclm greater than 50% rock at 5.0'

9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/88	325A	12.0'D	Visual	ok -	see profile		
	138A	12.5'D	Visual	ok -	see profile		
	136A	9.0'D	FAILED DUE TO ROCK				F
	136B	12.5'D	Visual	ok -	see profile		

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maiste

ALSO PRESENT

Richard Jannitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



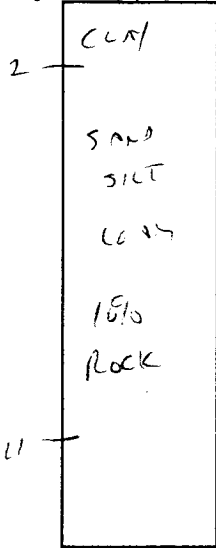
A59914/5

KNAPP SUBD.

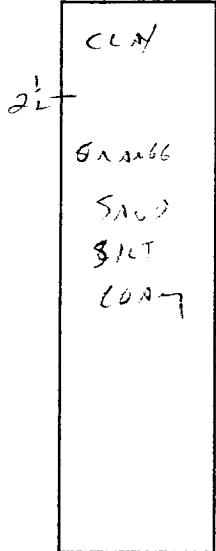
COUNTY #

SOIL PROFILE

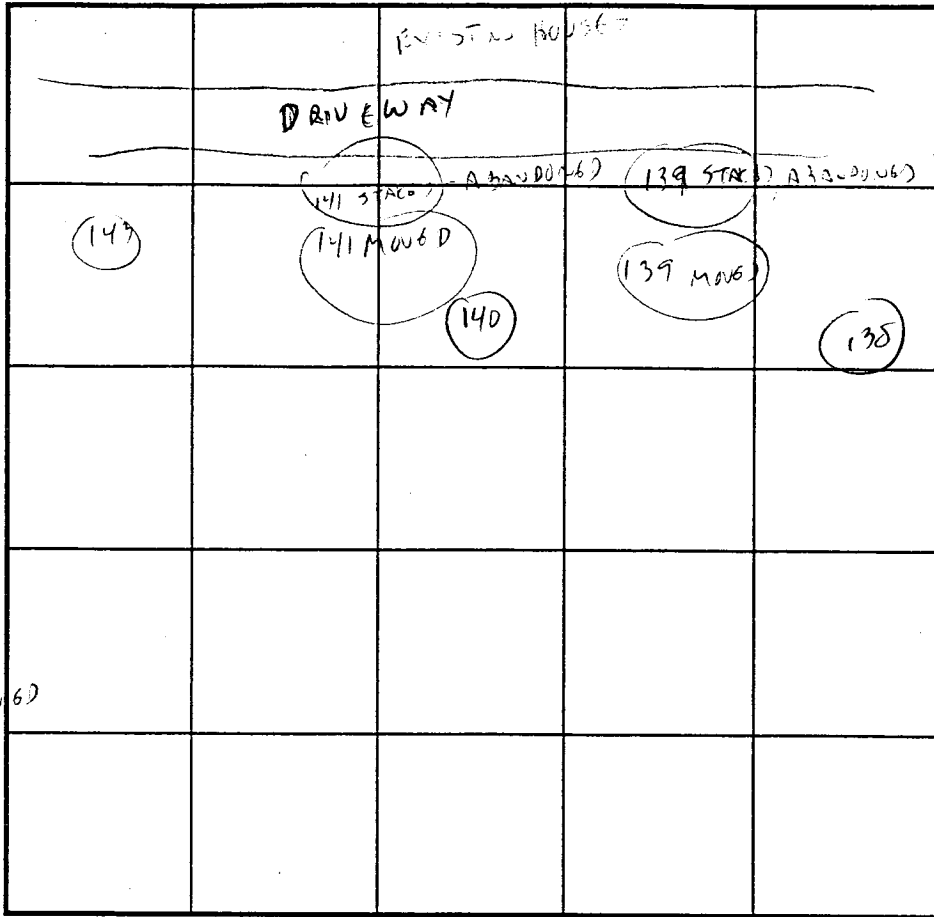
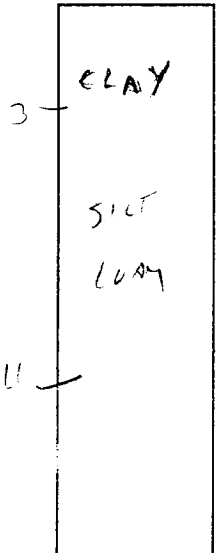
141 MOUND



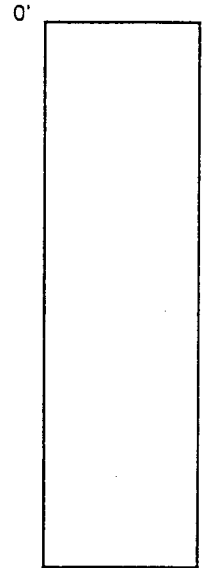
140 & 139 MOUND



138



SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/98	141 MOUND	2 1/2	5'01	5'01 1/2	5'01 1/2	5'02	21 MIN
	140	2 1/2	5'06	5'07	5'07	5'09	2 MIN
	139 MOUND	2 1/2	5'08	5'09	5'09	5'11	2 MIN
	138	3 1/2	5'10	5'12	5'12	5'15	3 MIN

REMARKS \_\_\_\_\_

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

TESTED BY Cwellha ALSO PRESENT SPERRY

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

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

C1 9614

SEQUENCE NO. (MDE USE ONLY)

### STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

COUNTY NUMBER **A 59914**

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

DATE WELL COMPLETED

MM DD YY  
**8 18 99**

Depth of Well

22 **120'** 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**170-94-219**

OWNER: **Highland Development**  
STREET OR RFD: **Street 131** first name: **Highland**  
SUBDIVISION: **Knapp** SECTION: \_\_\_\_\_ TOWN: **Glenwood**  
LOT: **28**

#### 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	
Sand	0	44	
Gray granite	44	120	

Dry well 565' back filled  
565-40 Drilling materials  
40-0 Cement

#### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS **19** NO. OF POUNDS **1786**

GALLONS OF WATER **114**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **44** ft.  
(enter 0 if from surface)

#### CASING RECORD

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE **ST**  
Nominal diameter top (main) casing (nearest inch): **6**  
Total depth of main casing (nearest foot): **48**

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

#### SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

DIAMETER OF SCREEN (NEAREST INCH)  
from **56** to **60**

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

#### C3

PUMPING TEST **3**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **20**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **51** ft.

WHEN PUMPING **52** ft.

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 **29**

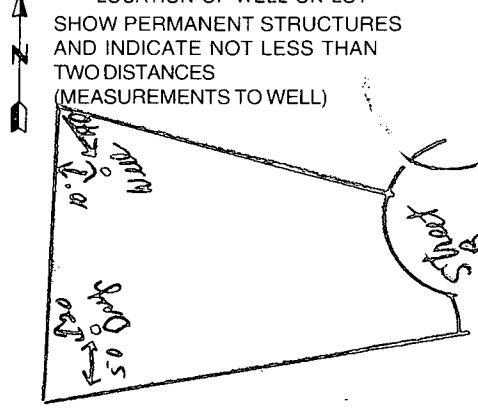
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.): 43 47

CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } **2** (nearest foot)

#### LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: **1**

WELL HYDROFRACTURED  Y  N

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.: **MSD024**  
DRILLERS SIGNATURE: **Joseph L. Mayne**  
LIC. NO.: **D**

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

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2119  
 Location of property (road) Street B  
 Subdivision Knapp Property Lot 38 Block        Plat        Sec.         
 Well Driller Joseph Malone Owner Highland Development  
 Depth of well 120  
 Distance of measuring point (M.P.) above ground 1/2  
 Static water level (S.W.L.) below M.P. 51

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm  
 Total time 1 sec. to reach pumping water level 52 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	52'	3 sec.	N/A	20 gpm
7:00	52	3		20
7:15	52	3		20
7:30	52	3		20
7:45	52	3		20
8:00	52	3		20
8:15	52	3		20
8:30	52	3		20
8:45	52	3		20
9:00	52	3		20
9:15	52	3		20
9:30	52	3		20

B 1 0345

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2119

fill in this form completely

Date Received (APA) 12-25-98

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

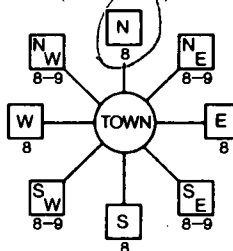
LOCATION OF WELL

Howard Knapp Property 38 Calenwood

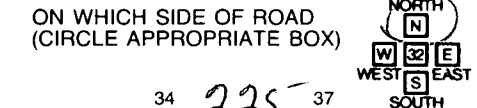
DRILLER INFORMATION

Joseph L. Maize M S DO 21 Joseph L. Maize Well Drilling 5512 Hedge Rd Mt. Airy 21111

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B



225' DISTANCE FROM ROAD ENTER FT OR MI 8 BLK: 18 PARCEL 110

WELL INFORMATION

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

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 A 59914 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/16/99 Kim Maize 2/16/00

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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
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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

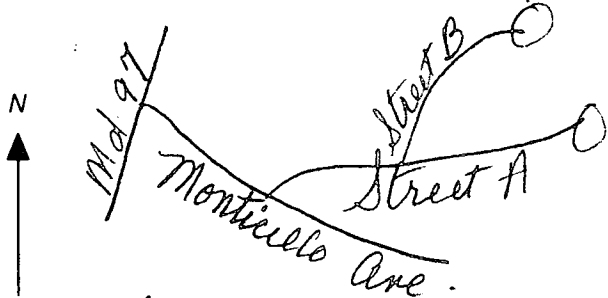
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7927 N 5404

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



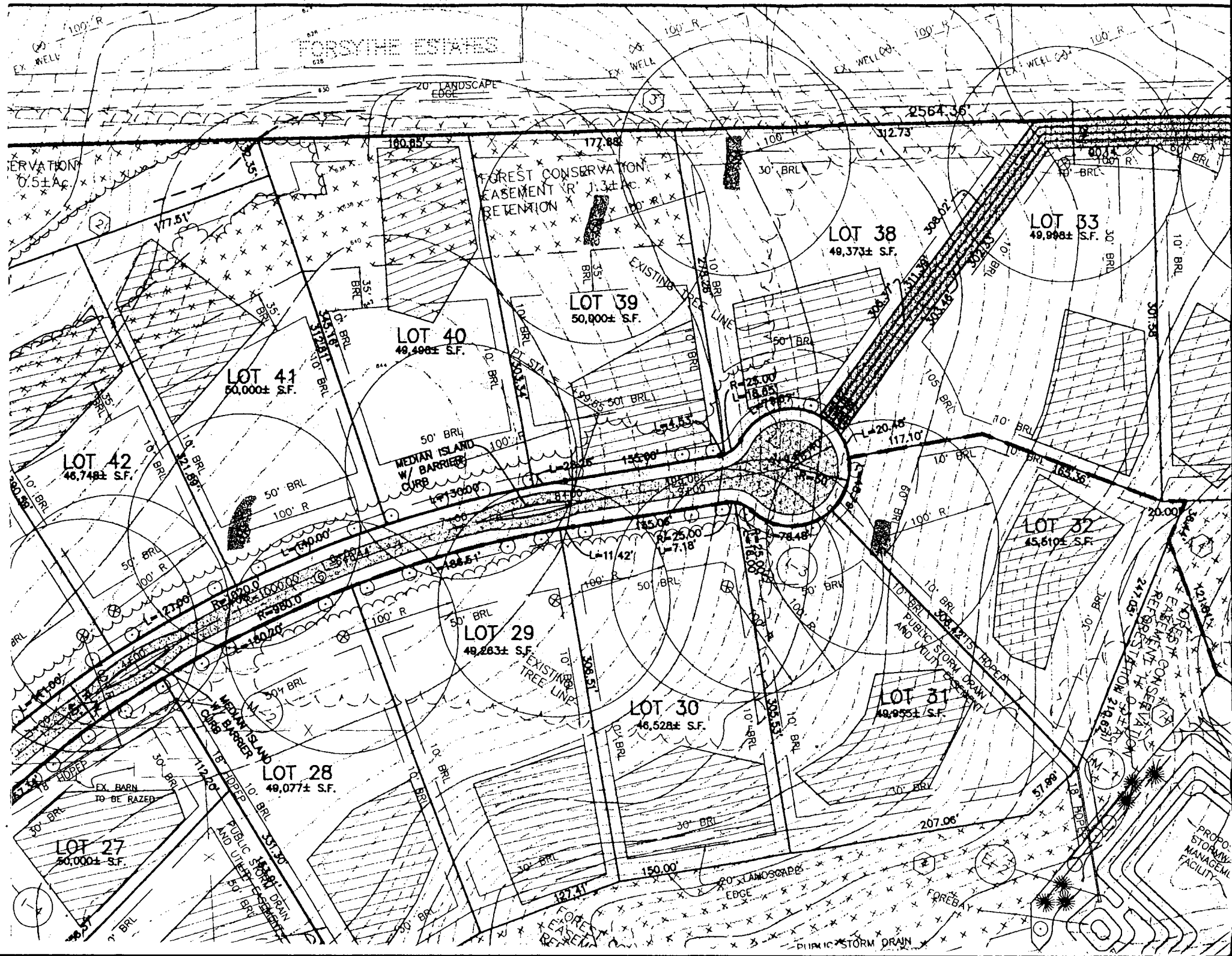
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO 94 - 2119

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

2/10/99 Well Site ok as staked (km)



Revised 1/10/01  
Need to check to conduct small (accepted)  
ATTN: DAVE

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: Fogle's Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykesville 21784

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# M50 009

\*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: D. R. Hortow Telephone #: 410-489-9258  
Subdivision: Monticello Lot #: 38 Well Tag #: HO-74-2119  
Site Address: 14325 Fox Creek Ct

Submersible Pump Data

Make: Go-105 1/2 HP  
Model #: 75025422  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: 16 GPM

Pitless Adapter

Make: Camper  
Model #: \_\_\_\_\_  
Depth: 4' (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 1 1/2" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5'  
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.

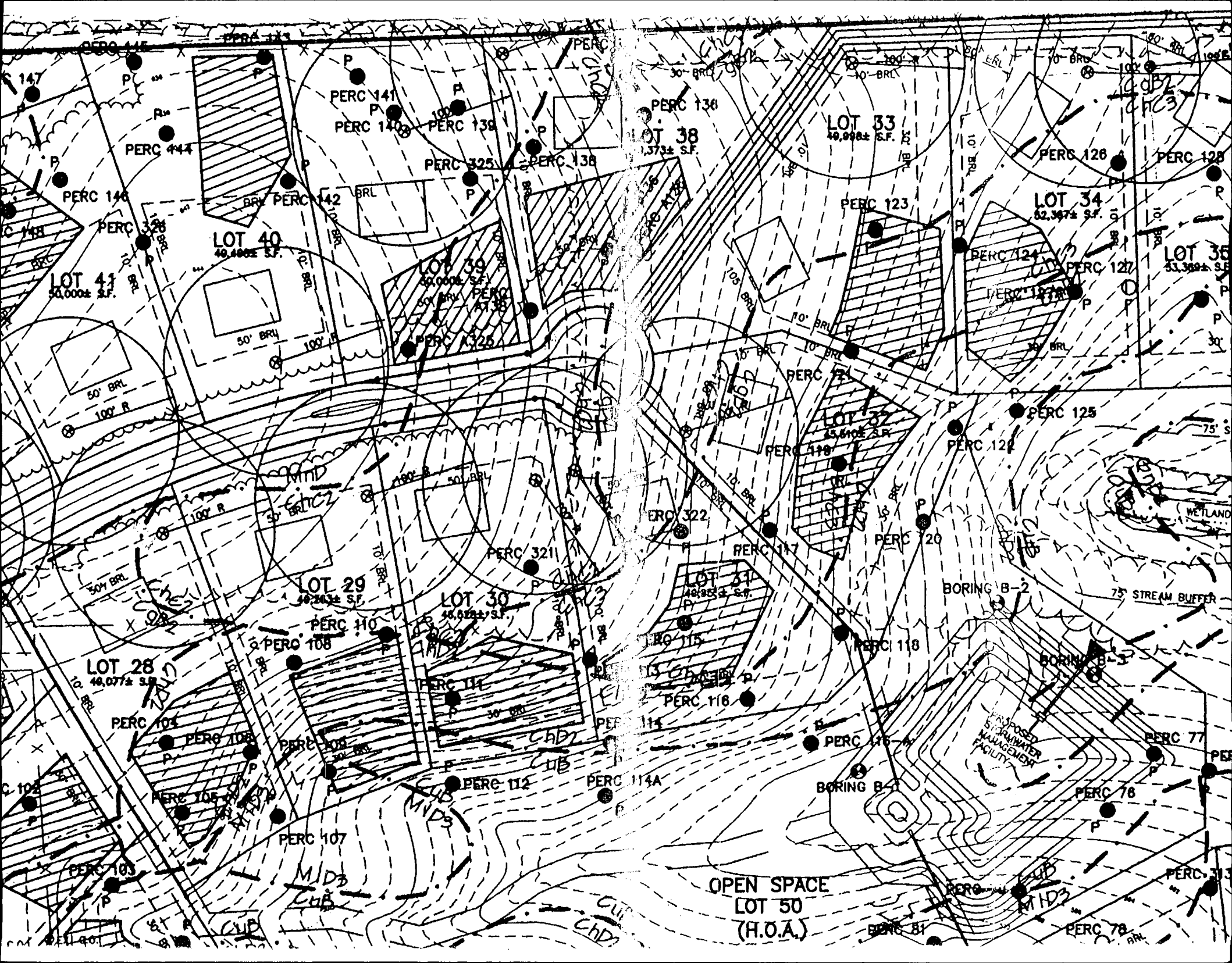
Signature of company representative responsible for installation: Allen Compton date: 01-09-01

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

12/28/00

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/11/00  
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

PVC  
Conduit O.K.  
BB



PERC 145

PERC 143

PERC 140

147

PERC 141

PERC 138

PERC 142

PERC 139

LOT 38

LOT 33

PERC 128

PERC 128

PERC 146

LOT 40

LOT 39

LOT 38

PERC 123

LOT 34

LOT 35

LOT 41

LOT 40

LOT 39

PERC 124

PERC 127

PERC 127

50' BRU

50' BRU

50' BRU

PERC 125

PERC 125

75' S

100' R

50' BRU

PERC 126

PERC 126

WETLAND

50' BRU

LOT 29

LOT 30

LOT 34

BORING B-2

75' STREAM BUFFER

LOT 28

PERC 110

PERC 111

PERC 115

PERC 118

BORING B-3

PERC 104

PERC 108

PERC 109

PERC 112

PERC 114

PERC 116

PERC 116

PERC 77

PERC 105

PERC 107

PERC 112

PERC 114A

BORING B-1

PERC 78

PERC 103

MID3

CUB

MID3

CUB

BORING B-1

PERC 78

OPEN SPACE  
LOT 50  
(H.O.A.)

PERC 78

PERC 78

PERC 78

PERC 103

MID3

CUB

MID3

CUB

BORING B-1

PERC 78

PERC 78



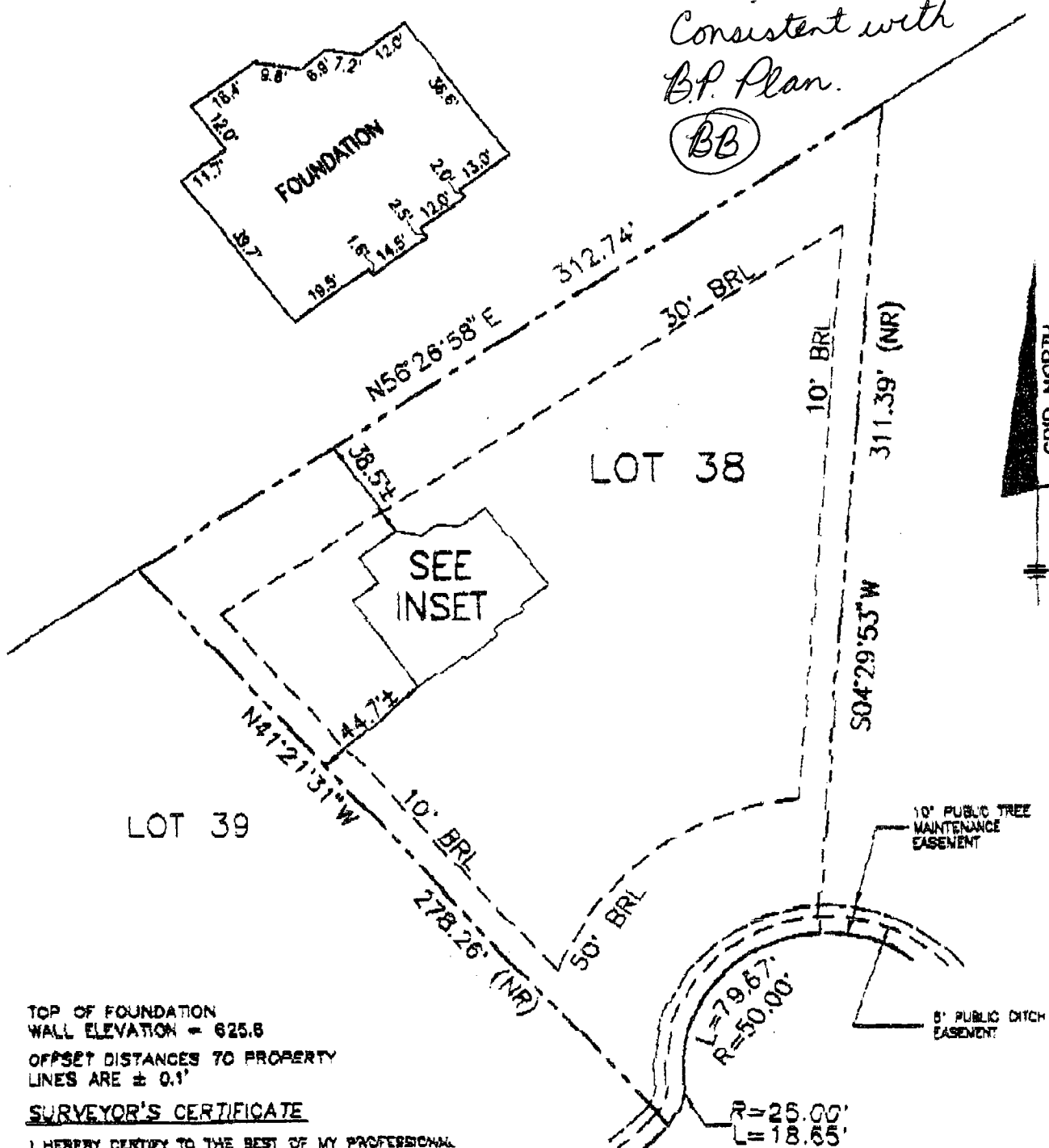
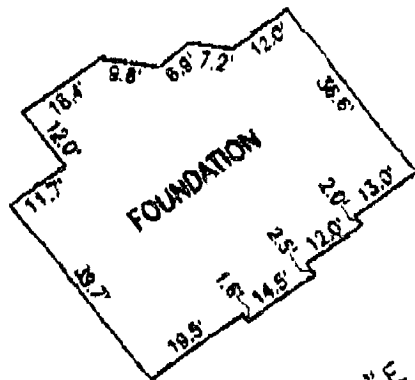


**FOUNDATION DETAIL**

SCALE: 1" = 30'

10/20/00  
Consistent with  
B.P. Plan.

(BB)



TOP OF FOUNDATION  
WALL ELEVATION = 625.6  
OFFSET DISTANCES TO PROPERTY  
LINES ARE ± 0.1'

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 08-31-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED MONTICELLO LOTS 1-60, PRESERVATION PARCELS A-D AND NON-BUILDABLE PARCEL E; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14088.

*David M. Harris*

DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.



REVISED: 10-12-00; ADDED REAR WALLS.

FOX CREEK CT.

WALL CHECK  
MONTICELLO



Building Address 14325 Fox Creek Ct.  
Cooksville, MD 21723

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract: \_\_\_\_\_ Subdivision Monticello

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 38

Tax Map 8 Parcel 110 Grid 1B

Zoning: \_\_\_\_\_ Map Coordinates 4E12 Lot size \_\_\_\_\_

Property Owner's Name D. R. Heiton/ customtk

Address 1370 Piccard DR.

City Rockville State MD Zip Code 20850

Home Phone \_\_\_\_\_ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):  
Victoria Meyer  
MD Bldg. Permits, INC.

Phone 410-602-8771 Fax \_\_\_\_\_

Existing Use HSE. UNDER CONSTRUCTION

Proposed Use single fam. detached w/ detached garage

Estimated Construction Cost \$ 5,000

Description of Work To construct a 1 story  
20' x 20' detached garage

Contractor Company D. R. Heiton

Contact Person Jennifer

Address 1370 Piccard Dr.

City Rockville State MD Zip Code 20850

License No. \_\_\_\_\_

Phone 301-670-6144 Fax \_\_\_\_\_

Occupant or Tenant SCO OUTPOST

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company ROCKWALK ENG.

Contact Person Dave / JACARACU

Address 8480 BAHO. NAT'L PIKE

City ELLICOTT CITY State MD Zip Code 21043

Phone 410-465-6105 Fax \_\_\_\_\_

**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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

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: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
_____ 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 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.

V. Meyer  
 Applicant's Signature  
MD Bldg. Permits, INC.  
 Title/Company

Victoria Meyer  
 Print Name  
12/4/2000  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>12/20/00</u>	<u>Mark Riffin</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO  5-3000Z

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

PROPERTY ID#: 46635

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>49</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>73</u>
Balance due	\$ _____
Check	# <u>40114</u>
Validation	# _____

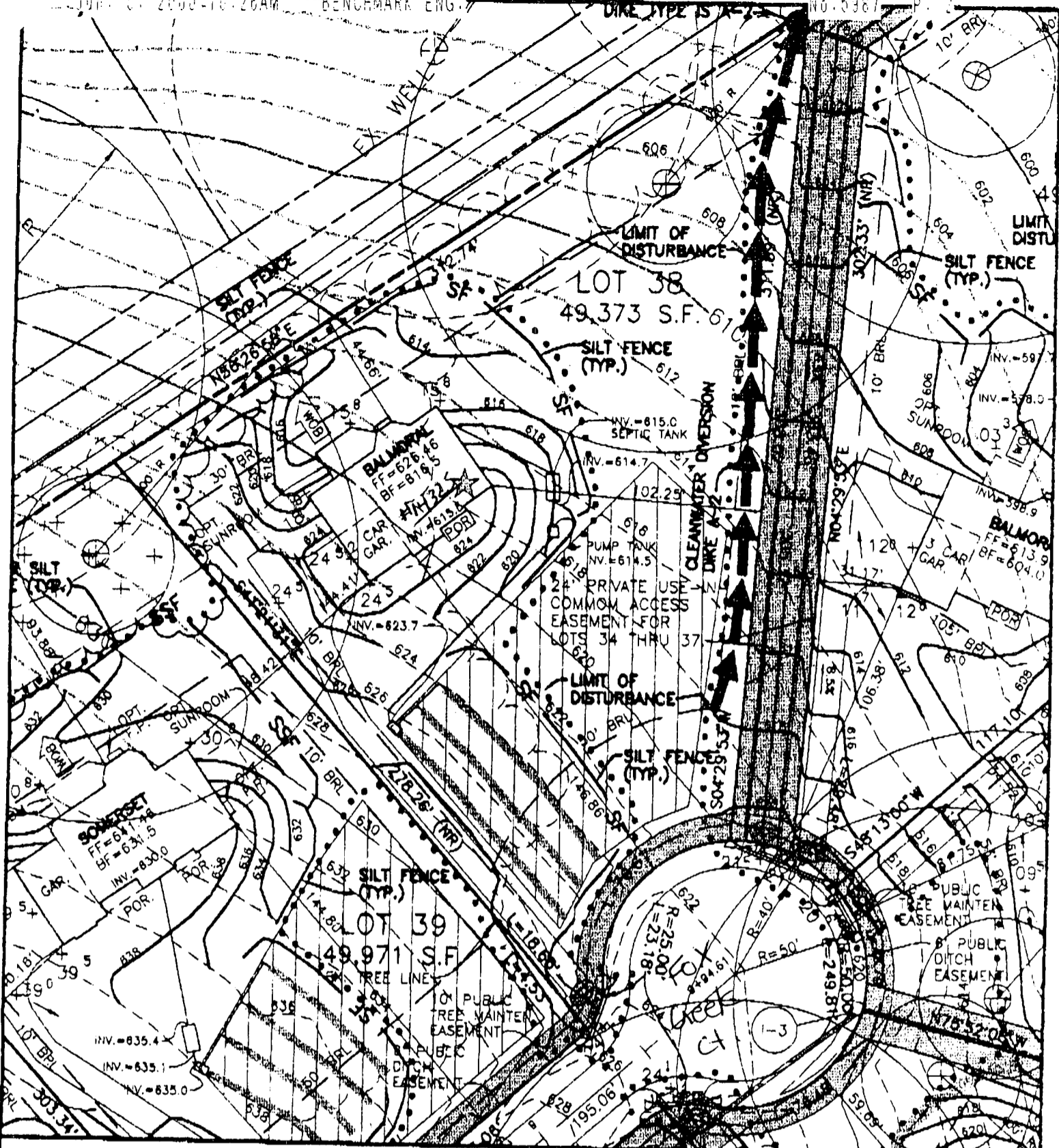
All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by 12



FIRST FLOOR ELEVATION = 626.46  
 BASEMENT ELEVATION = 616.5  
 SPOT ELEVATION AT GARAGE = 624.5

SLOPE OF DRIVEWAY = 3% @ GAR.  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3  
 ☆ SEPTIC NEEDS TO BE PUMPED

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

14325  
 Fox Creek Ct

**MONTICELLO**

848C BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

LOT 38  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

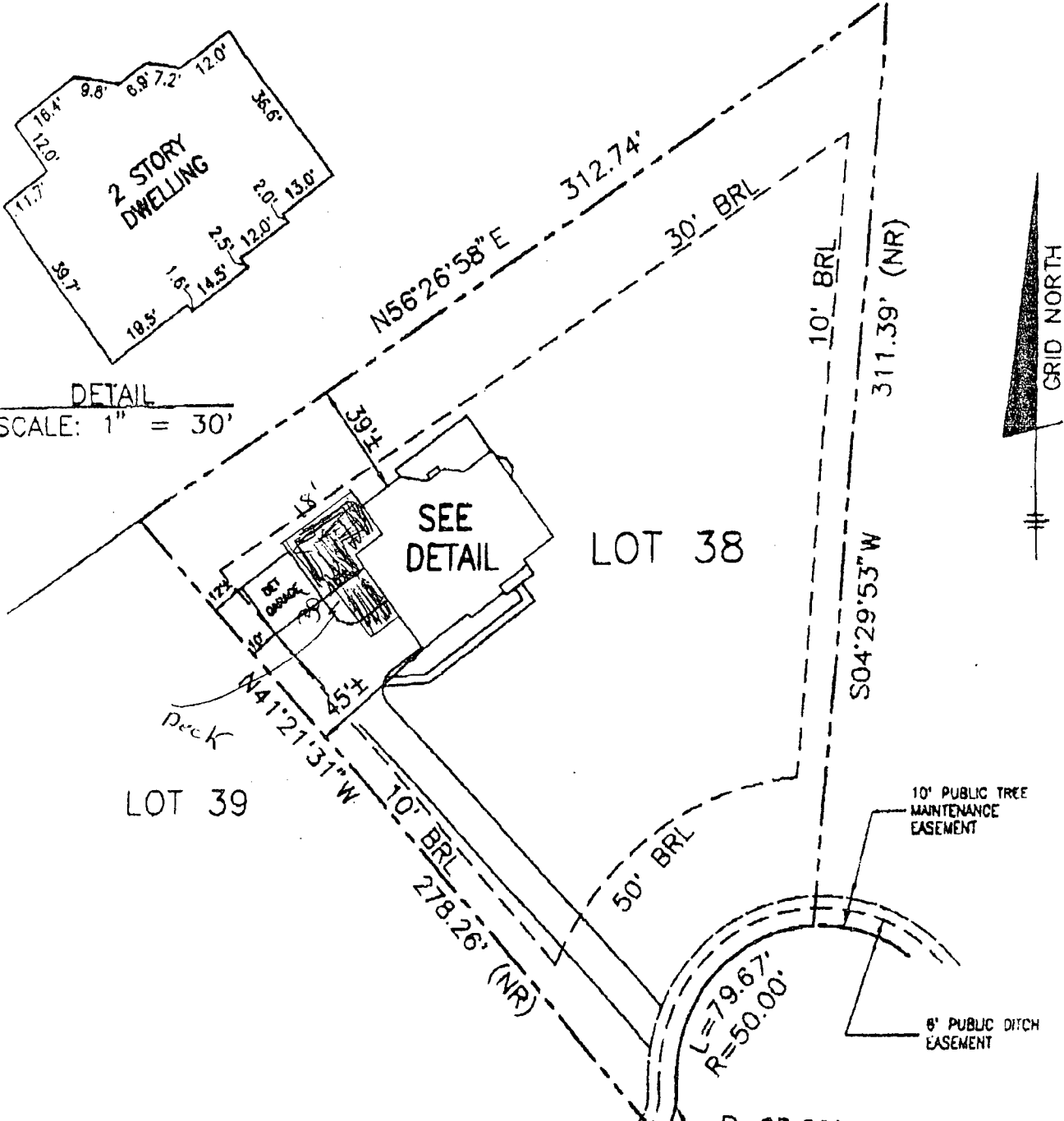
SCALE: 1" = 50' DATE: 6/1/00

Approved Septic System Plan  
 How County Health Department  
 000124766 - SED-4BR

Total linear feet of trench  
 required 240 feet  
 Width of trench (as) 3 feet  
 Depth of trench (as) 5 feet  
 Depth of stone required below  
 distribution pipe 2 feet

*Craig Wilh* 7/11/00  
 Signature

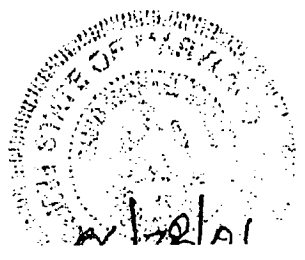
BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.  
 3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.  
 4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.  
 5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING: IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.



**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*David M. Harris*  
 REG. No. 0978



LOCATION DRAWING  
 MONTICELLO

RECORD PLAT No. 14088  
 FEMA FIRM No. 240044 0008 B  
 ZONE: C

B00136002  
 5/8/02