

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56445

A 37801

A REPAIR

DISTRICT 5th

DATE 2/13/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

05-414121

INDEXED

DATE SYSTEM APPROVED 4/8/96

INSPECTOR Au

PERMIT ORIGINALLY ISSUED TO ARNOLD BACKHOE & SEPTIC SERVICES

TRANSFERED BY OWNER TO JACK FYOCK SEPTIC SERVICE IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Clearview Estates LOT 45 ROAD 12031 Broad Meadow Lane

PROPERTY OWNER Mr. and Mrs. Doug Patterson David Harding
12031 Broad Meadow Lane

ADDRESS Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION No. 62621 FOR AN INGROUND SWIMMING POOL.

LOCATION - Entire system to be abandoned and relocated to left of existing system. New sewage disposal easement plan to be submitted by applicant, incorporating location of the two test holes and the newly installed septic system.

TRENCHES - Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution pipe. OK/cw

PLANS APPROVED BY Ronald J. Pinkley DATE 2/7/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

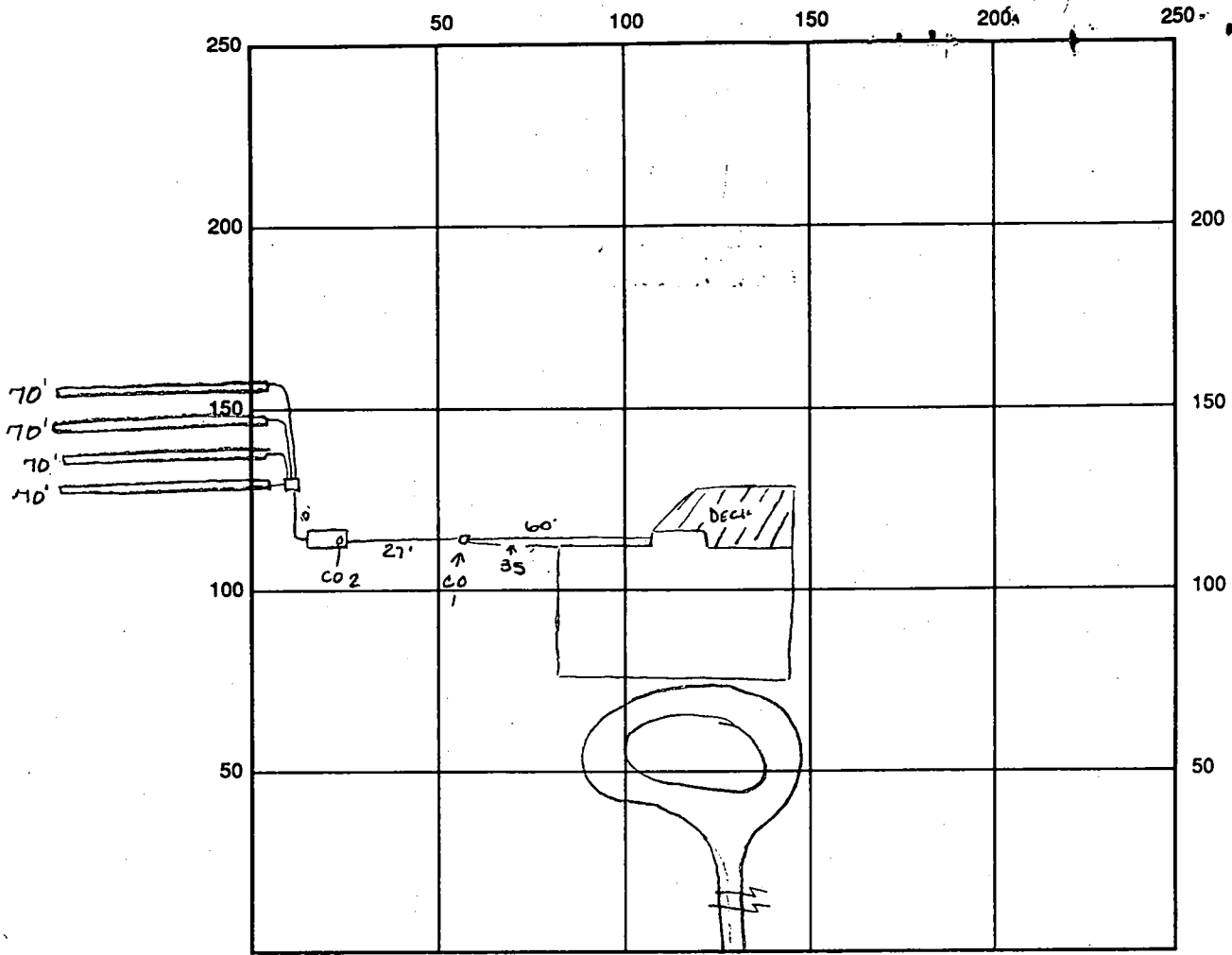
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. 2-Story addition

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

ORIGINAL PERMIT SKIPPED
AND RETURNED 6-24-99
Serial # 20118946

P 56445



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal OK CLEANOUTS CO #1 OK CO #2 OK

DISTRIBUTION BOX LEVEL OK paffel 15 IN

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 4/1/96 OK to cover all work-materials on site to finish last trench. Waiting on pump truck to

DATE SYSTEM APPROVED 4/4/96 INSPECTOR Amy Mc Miller

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~ 313-2640

TRANSFERED BY OWNER TO FLOCK SEPTIC

P 56945
A 37801
A REPAIR

DISTRICT 5th

DATE 3/13/96

DATE SYSTEM APPROVED _____

INSPECTOR _____

~~Arnold Backhoe & Septic Services, Inc.~~ IS PERMITTED TO INSTALL ALTER X

ADDRESS ~~Box 15, Woodbine, Maryland 21797~~ PHONE 795-7873

SUBDIVISION Clearview Estates LOT 45 ROAD 12031 Broad Meadow Lane

PROPERTY OWNER Mr. and Mrs. Doug Patterson
12031 Broad Meadow Lane

ADDRESS Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

SEPTIC TANK TO BE ABANDONED AND REPLACED.

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION No. 62621 FOR AN INGROUND SWIMMING POOL.

TRENCHES - ~~RELOCATION - INSTALL 3 TRENCHES~~ - Trench to be 3 feet wide. Inlet 3 feet * below original grade. Bottom maximum depth 5 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - ~~TO BE DETERMINED BY THE SANITARIAN WHO MEETS WITH THE CONTRACTOR ON THAT DAY.~~
NOTES - ~~No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.~~

Site is in the field, concern with high water table on adjacent area near drainage path.
Do a lower limit test hole and test holes to right of septic system to ensure adequate drain.

PLANS APPROVED BY Ronald Pinkley, R. S. DATE 02/07/96

COVER NO WORK UNTIL INSPECTED AND APPROVED INLET 4' ACCEPTABLE IF SITE CONDITIONS REMAIN. BOTTOM 6'

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

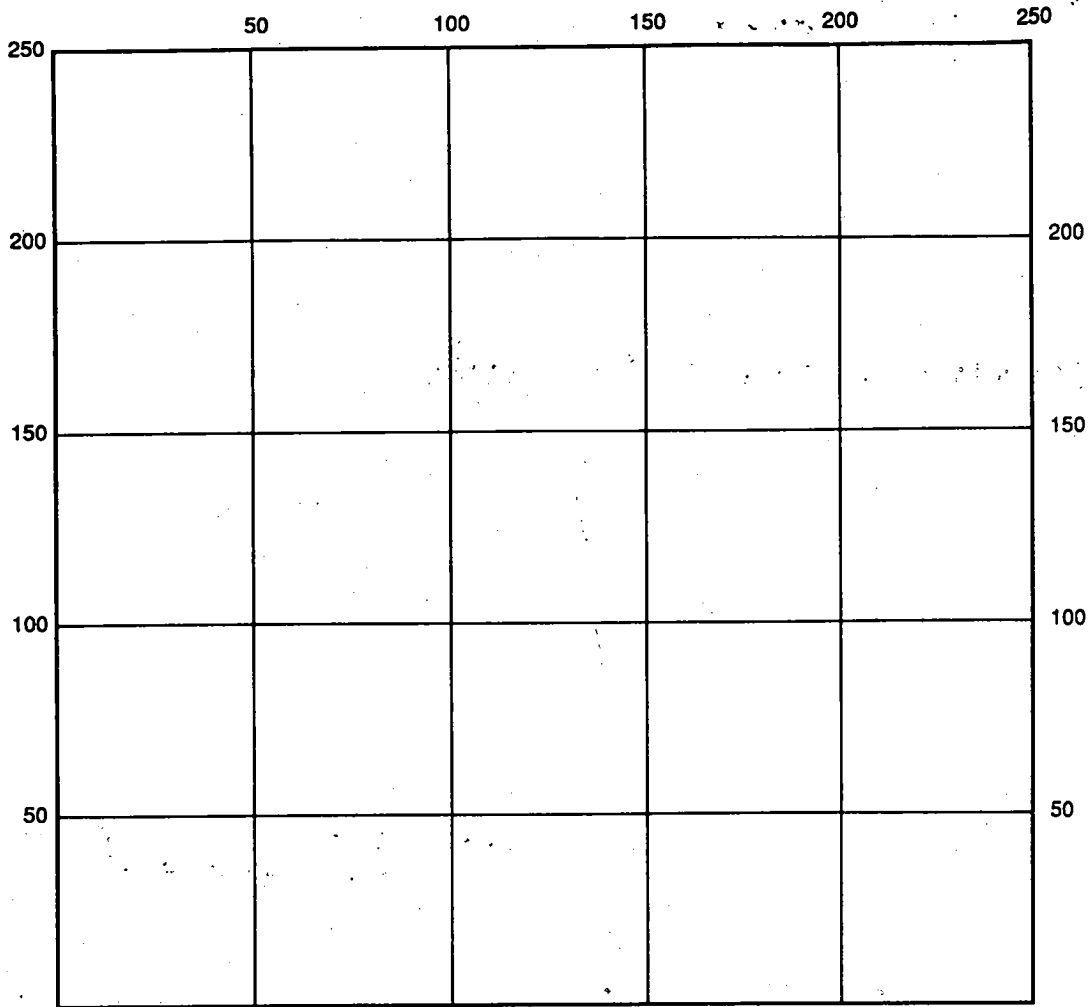
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

PERCOLATION TESTING

A 50924

P 50924

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

Refer AS 780
P48350
DISTRICT 5th
DATE 10/16/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

TO ESTABLISH NEW SEPTIC AREA SO
ORIGINAL SYSTEM CAN BE ABANDONED IN FAVOR OF
PLANNED POOL.

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

PROPERTY OWNER Doug and Loretta Patterson

ADDRESS 12031 Broad Meadow Lane PHONE 410 531-5981

AGENT OR PROSPECTIVE BUYER Doug Parkinson

ADDRESS 10840 Guilford Rd Annapolis PHONE 301 490-1919

PROPERTY LOCATION: Junction, MD 20701

SUBDIVISION Clearview Estates LOT NO. 45

ROAD AND DESCRIPTION 12031 Broad Meadow Lane, Clarksville

TAX MAP _____ PARCEL # _____

SIZE OF LOT 4.4 Acres TYPE BLDG. SINGLE Family Dwelling
(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. Doug Parkinson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Report

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

P 56445

COUNTY #

PIPE STON TO BROADMEADOW LAKE

1 1/2' SOIL PROFILE

0'

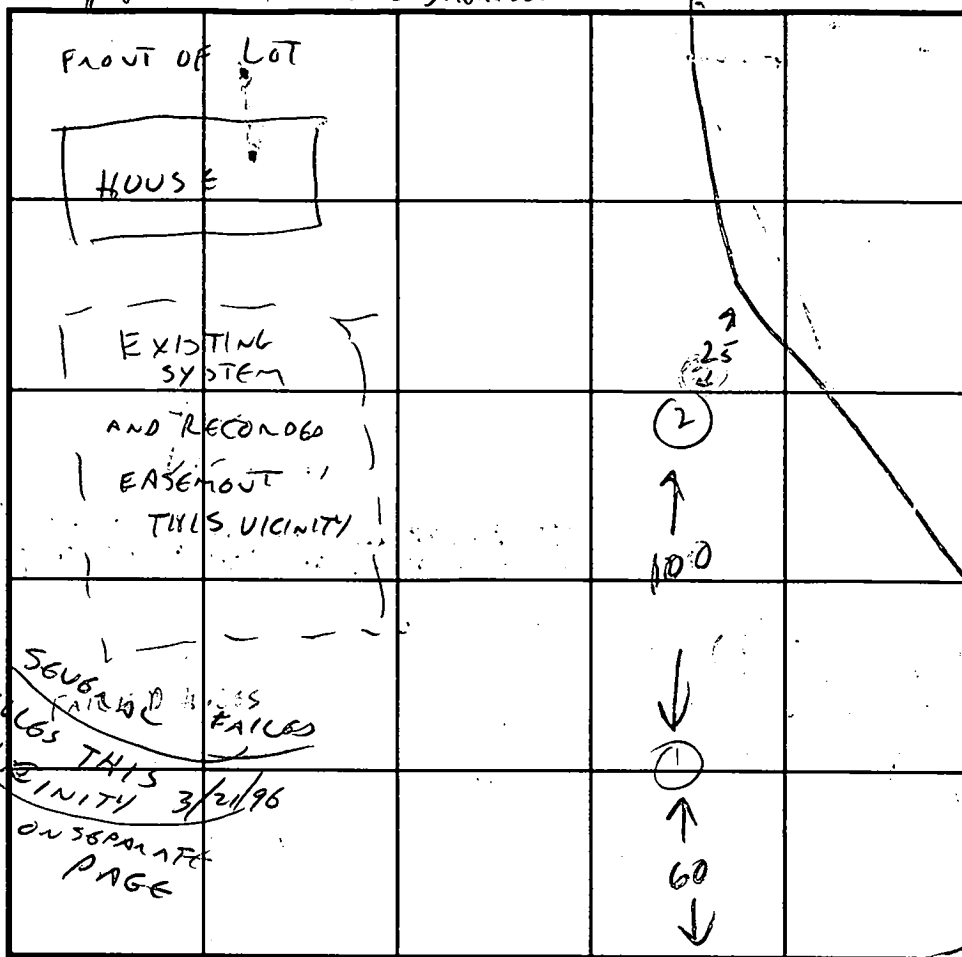
4'

TAN
SILT/CLAY

LIGHT
POWDERY
MICA
LOAM

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	
3/27/96	1	VIS OK	4'	13 1/2'			
	2	LIGHT POWDERY MICA LOAM			BELOW 4'		

REMARKS COMPLETE REPOURCEMENT SYSTEM TO BE INSTALLED TO MAKE ROOM FOR POOL.
 REVISED SEPTIC AREA DOCUMENT REQ'D ONCE SYSTEM IS INSTALLED.

TYPE OF SOIL _____

TESTED BY C. Wilbur ALSO PRESENT EYOCK, PATTERSON

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

2 TEST HOLES SHOWN

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

*Repair Perk - to allow
In ground Swimming Pool where
existing septic system is
located Applicable 3/21/96*

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 12031 Broad meadow Lane PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS 12031 Broad meadow Lane PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clearview Estates LOT NO. 45

ROAD AND DESCRIPTION 12031 Broad meadow Lane

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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY Unable to approve Septic Area Adjustment FOR _____ DATE _____

HOLD PENDING FURTHER TESTS per requested in Inground Pool Permit Application - Suggest an alternative Pool site.

Applicable 3/21/96

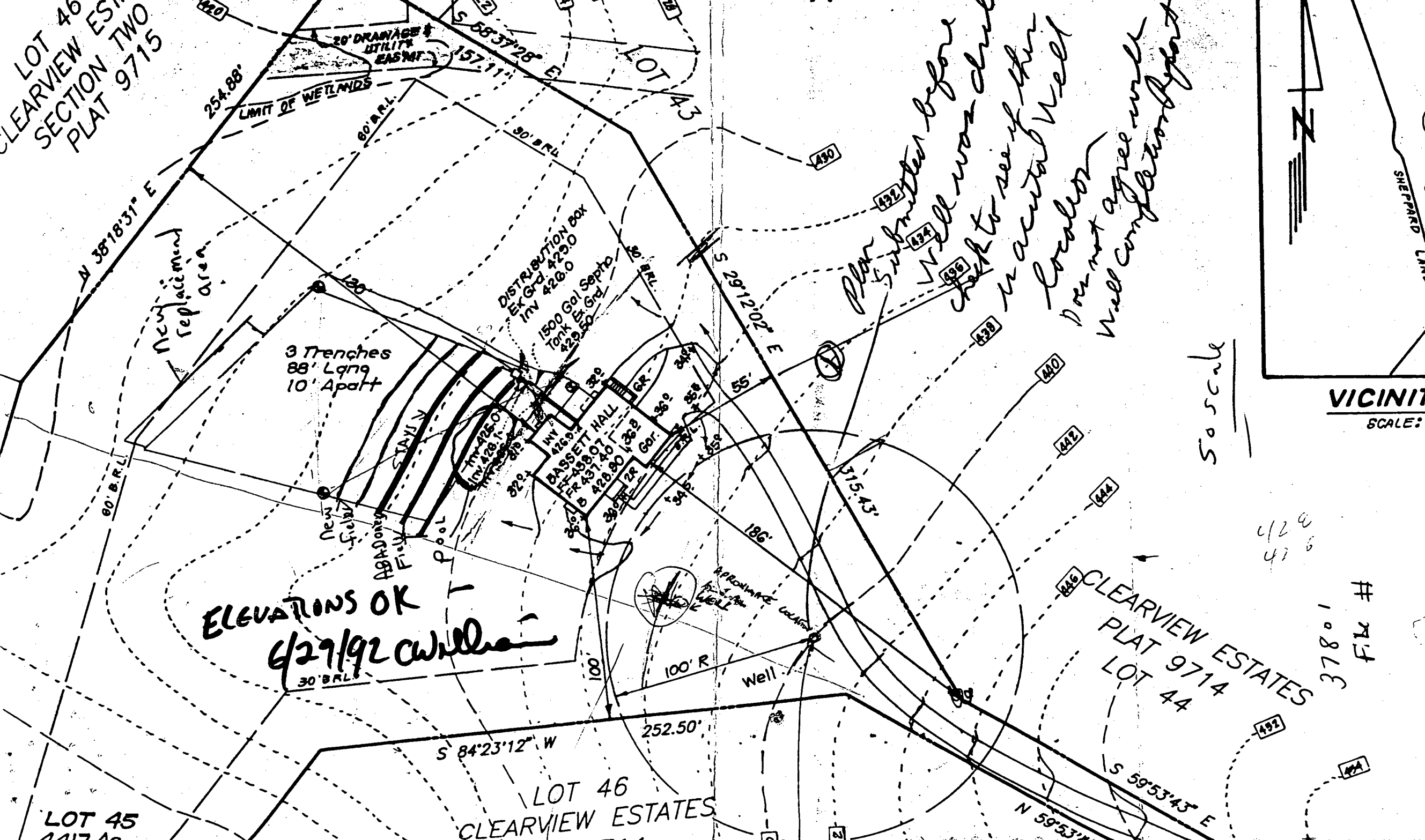
REASONS FOR REJECTION OR HOLDING _____

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 46
CLEARVIEW EST.
SECTION TWO
PLAT 9715



New Replacement Area

3 Trenches
88' Long
10' Apart

ELEVATIONS OK
6/29/92 with [signature]

Plan submitted before well was drilled in actual location. Do not agree with well completion report.

50 scale

6120
416

FILE #
37801

VICINIT
SCALE:

LOT 45
2017 AC

LOT 46
CLEARVIEW ESTATES

CLEARVIEW ESTATES
PLAT 9714
LOT 44

SHEPARD LANE

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48350

A 37801

DISTRICT 5th

DATE 7/14/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEX - TIME EXPIRED FOR
F.C.O.P. COMPLIANCE

DATE SYSTEM APPROVED 7-17-92

5/19/93 C. Wallman
ICB

INSPECTOR JEN

INDEXED

Arnold Bäckhoe & Septic Services, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Clearview Estates LOT 45 ROAD 12031 Broad Meadow Lane

PROPERTY OWNER ~~Scott Development Corp.~~ Robert CAREY

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

*1/2 OK to use 1 1/2' rather than 2 ft of stone below dist pipe, and part
Bottom of Trench at 5' or 5 1/2' per RFP 7/16/92*

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 316.23' and 315.43' lot lines at end of flagstem, start the first trench 245 feet down the 315.43' lot line and 100 feet off this same lot line. Run trenches on contour to left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 7/11/92 RIF*

BLDG. PERMIT SIGNED
AND RETURNED 11/23/92
2 disks

PLANS APPROVED BY Mark Rifkin DATE 5/27/92

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

BLDG. PERMIT SIGNED
AND RETURNED 8/23/94

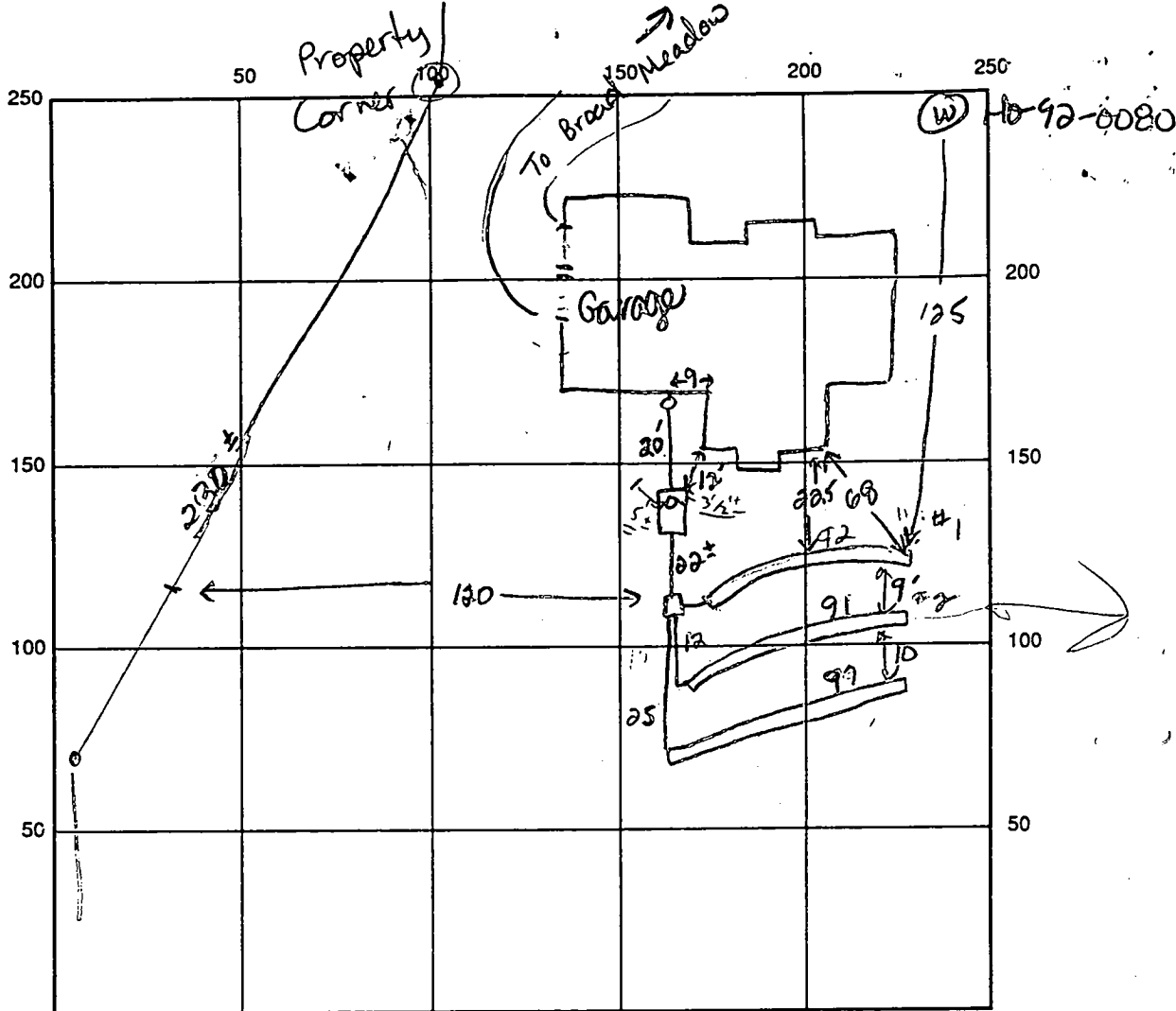
PERMIT VOID AFTER TWO YEARS

Serial # 55799
SFD - Arthur Ottoboni

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS 1 on septic tank
 DISTRIBUTION BOX LEVEL OK (w/ baffle)
 DRAIN FIELD/TITLE DEPTH 5 5 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 3.5 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 1.5 1.5 1.5 FT. TOTAL LENGTH 92 91 97 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 16 23 29 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 840 SQ. FT.

REMARKS: 7-17-92 OK to cover all work. JEN
11/22/93 Deck already on, ok as done
CBS

DATE SYSTEM APPROVED 7-17-92 INSPECTOR Jane E. Madigan

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37801

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 10/09/86
June 30, 1986

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. 740-2688

PROPERTY OWNER Scott Development Corp.
Martha V. Langenfelder
Conrad J. and Patricia Langenfelder
ADDRESS 11904 Clarksville Road PHONE 5511 Hamilton Avenue
Clarksville, Maryland 21029 Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm Clearview Est. Sec. 2 LOT NO. 29 32 44 (45)
ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane (12031 Broad Meadow)

SIZE OF LOT 3.5 AC. TYPE BLDG. Residential
(NUMBER OF BEDROOMS)

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 NONREFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Steven P. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/09/86 PERC SATISFACTORY - HOLD FOR SUBDIVISION PLAT -
SHALLOW SYST. ONLY. S-ADU

BLDG. PERMIT SIGNED
AND RETURNED 6/15/86
Serial # 42988 - SFD
4 Bedrooms

THIS IS NOT A PERMIT

SOIL PROFILE

12-73

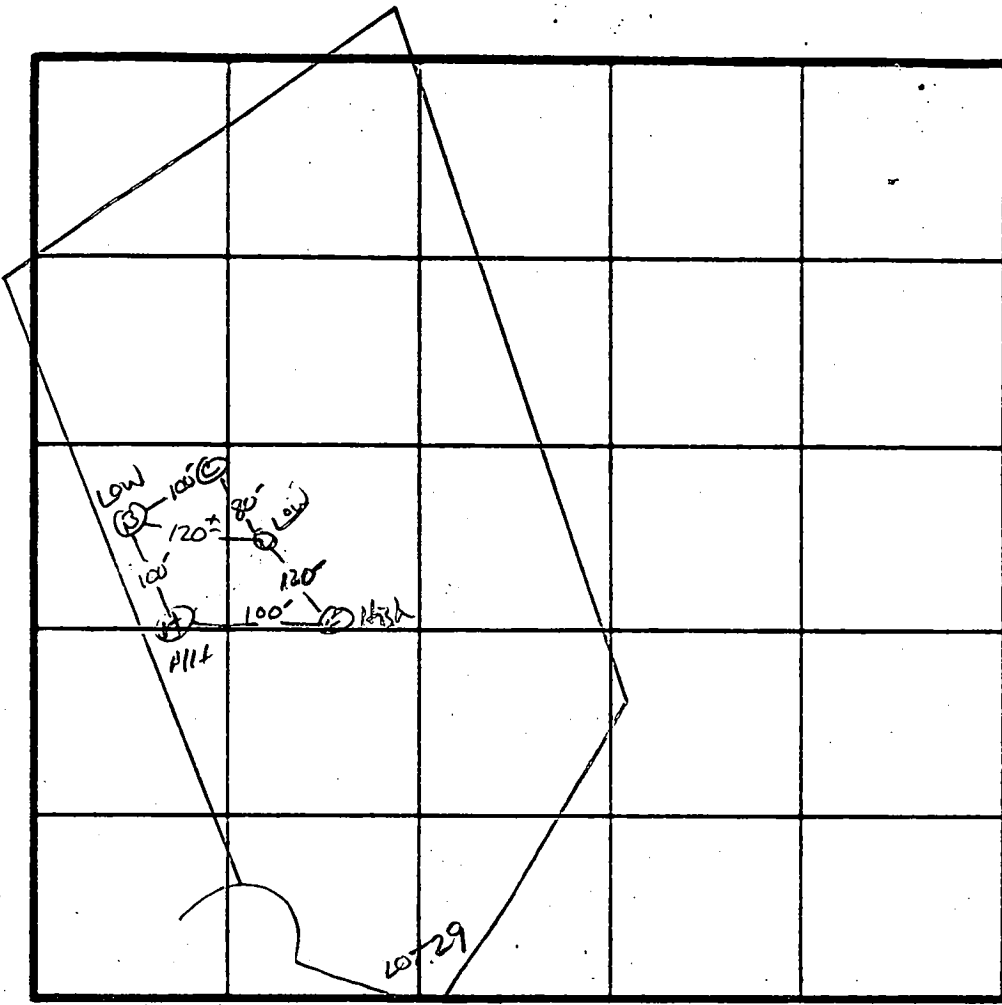
12"

4"

AP

Yellow BR
Silt loam
<10% frags
9-12% clay

Brown to
red brown
Highly
micaceous
Silt loam
10-15%
fragments



x=11
210' BR
Inlet 3 1/2'
Bottom 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

UR 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/24/86	C-	TDD CLOSE TO SPRING HEAD -			Soil wet	AT 16"	w/ MOTTLES
	A S	4'	1:58	1:59	1:59	2:02	3 min
	A M	8'	1:58	1:59	1:59	2:02	3 min
	A V	13'	Soil dry to B-				
	B S	4.5'	2:06	2:10	2:10	2:30	20 min
	B V	12'	UNIFORM Soil below				
	D S	4'	2:22	2:28	2:28	2:44	16 min
	D V	9'	RPCIC BOTTOM				
	E V	12'	UNIFORM Soil below 3.5'				

REMARKS: HOLE'S DIFF THAN PLAT / SHALLOW SYST. ONLY

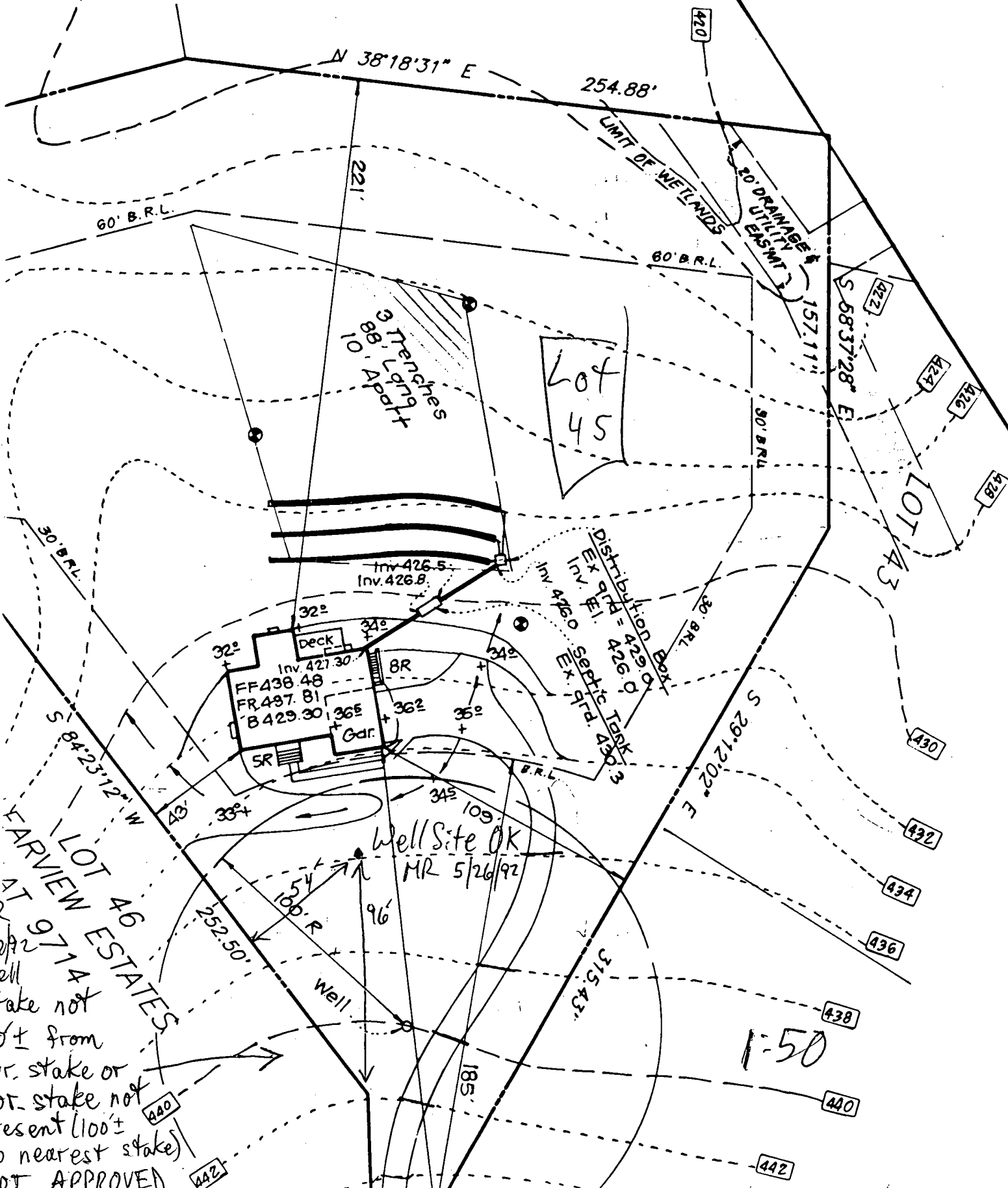
TYPE OF SOIL: CHESTER / GLOWEY

TESTED BY: S. Abel

ALSO PRESENT: JANE NADIC, ALK BRYAN, (JOB #11)

EM 12 1079

LOT 46
 CLEARVIEW EST
 SECTION TWO
 PLAT 9715



Lot 45

LOT 43

Deck
 Inv. 427.30
 FF438.48
 FR497.81
 B429.30
 Gar.

Well Site OK
 MR 5/26/92

Distribution Line
 Inv. 426.0
 Ex. B.I. = 426.0
 Septic Tank

3 Trenches
 10' Long
 10' Apart

MR 5/22/92
 well stake not 30'± from cor. stake or cor. stake not present (100'± to nearest stake)
 NOT APPROVED

1:50

RCM Corporation - Scott

995-0133

982-1333

Clearview Lot 46

HO-92-0007

7-17-92 1:50 pm 95± 15-25 mph wind from South
overcast, hazy humid

paper & construction debris in tall grass, no water
available

2:30 fire out by wind - uncooperative crew leader, aggressive to start with

Misunderstanding - impression taken that he started fire. Unknown
who lit it. Took offense. Thanked him for his help.

JEN

92 MAY 14 PM 3:25

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

LOT 46
CLEARVIEW EST.
SECTION TWO
PLAT 9715

LOT 43

CLEARVIEW ESTATES
PLAT 9714
LOT 44

LOT 46
CLEARVIEW ESTATES

20' DRAINAGE & UTILITY EASTMT
LIMIT OF WETLANDS

3 Trenches
88' Long
10' Apart

ELEVATIONS OK
6/29/92 *willie*

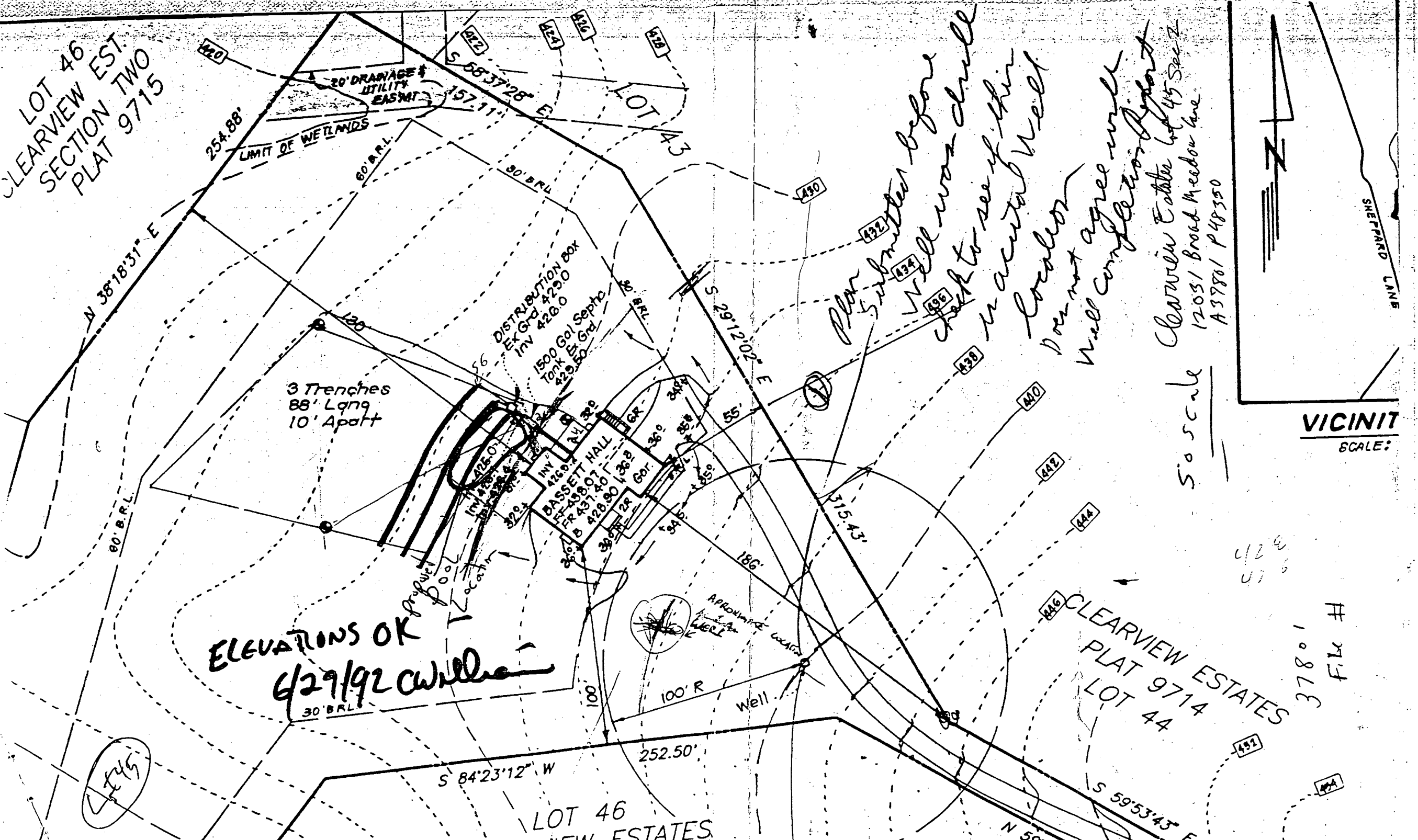
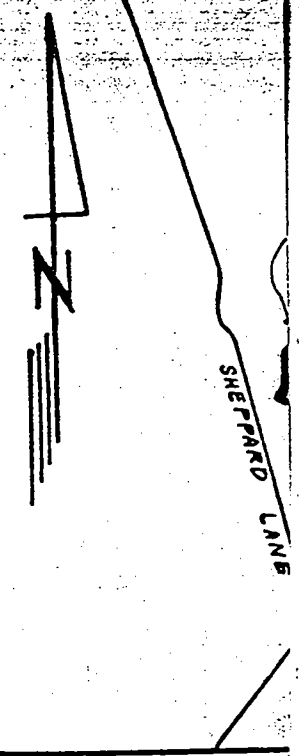
Plan submitted before well was drilled to see if this is actual well location. Do not agree with well completion report.

*Clearview Estates plat 9715 Sec 2
12051 Broad Meadow Lane
A37801 P48350*

50 scale

VICINITY
SCALE:

FILE #
108LC
3780



Rt. 32 WEST

N.T.S.

254.88'

313.49'

60' B.R.L.

SEPTIC FIELD

175.4'

PROPOSED SEPTIC LINES APPROVED BY HOWARD CO.

PROPOSED IRON FENCE PER CODE

EXISTING SEPTIC LINES TO BE MOVED

POOL

J. BOX

SPA 10'x6'

J. BOXES

30' B.R.L.

30' B.R.L.
118' ±

282.61'

128' ±

E.P.

HOUSE

B.R.L.

252.50'

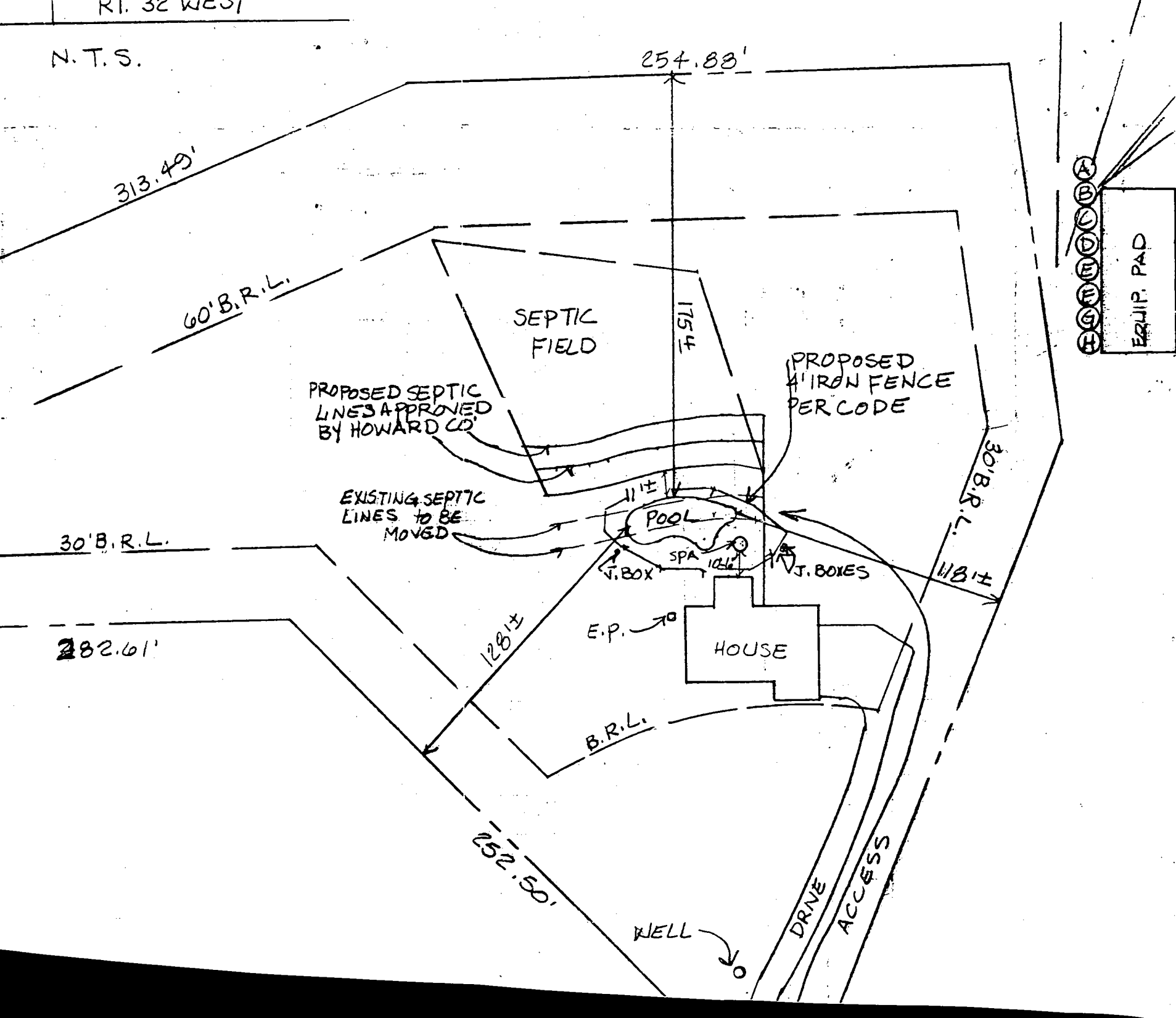
WELL

DRIVE

ACCESS

E
G
M
S
B
A

EQUIP. PAD



8-10-92
am asap

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

OK-CBD
8/10/92
FINAL

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____
Receipt # 48332
Date 7/8/92
Name of Installer KLIPP & SONS INC Telephone 442-1914
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner SCOTT HOMES Telephone 740-2688
Subdivision Clearview Estates Lot # 45 Well Tag # HO-92-0080
Site Address 12031 Broadmeadow Lane

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: _____
Date: _____

CARD ✓

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00118946

Building Address 12039 Broad Meadow
Beltsville MD 21039

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

Census Tract 605105 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 1464 Lot size _____

Property Owner's Name Seaman David Harding

Address Same

City _____ State _____ Zip Code _____

Home Phone 4105311801 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use addition porch deck / Bed Rm Extension

Estimated Construction Cost \$ \$15,000

Description of Work 14x14 2 story addition
8x14 covered porch, 2'x22 deck
Slur Rm & Bed Rm Extension

Contractor Company Lundberg's Home Improvements

Contact Person Larry Lundberg

Address 10749 Cordage Walk

City Columbia State MD Zip Code 21044

License No. 44207

Phone 4109923854 Fax 4109923854

Occupant or Tenant Same

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" 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: <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFFPA #13D <input type="checkbox"/> NFFPA #13R <input type="checkbox"/> 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: <u>see plan</u>	
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 THIS 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]

Title/Company _____

Print Name Larry Lundberg

Date 6-24-99

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>6/24/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/24/99</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>41847</u>
Rear: _____	Filing fee \$ <u>20</u>
Side: _____	Permit fee \$ <u>50</u>
Side St.: _____	Excise tax \$ <u>311</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>387.00</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>7535</u>
Accepted by <u>[Signature]</u>	Validation # <u>23021</u>

1" = 40'

19'x20'
Screen Room

(x) Wrought Iron
Fence Around
Inground Pool

Lot 45

2 Sty
Brick & Vinyl Siding
#1203

Mac Drive

9/18/98
FILE NOT LOCATED
BASSED ON DISCUSSION
W/ NEW OWNER HARDING
AND R.P. THE SOA WAS
RELEASED TOWARDS THE LEFT
LOT LINE, THE SEPTIC SYSTEM
WAS MOVED ALSO,
THE PROPOSED SCREEN ROOM
WILL NOT IMPACT WITH OR SEPTIC
Lot 46

Lot 46

Lot 44

THE LOT SHOWN HEREON IS IN FLOOD
ZONE AEC PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL # 240004-0027B

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat 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. The plat contains a ... of the feet more or less

Mac Drive Used in
Cabin Lot 45 & 46

To Broad Meadow Lane



SHEET 2 OF 2

Handwritten signature and date: 2/23/98

Handwritten note: ...

Handwritten note: 9/22/98

Handwritten note: JHT

252.50'

Mac Drive

186'

Mac Drive

S29°12'02"E

315.43'

185' B.R.L.7

S82°28'12"W

30' B.R.L.7

487.6'

Handwritten note: ...