

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/30/73

APPROVAL DATE: 6/18/74

PERMIT INDEXED

05-346630

P _____

~~AW~~ 59347 (Well)

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

Michael Comberiate IS PERMITTED TO INSTALL ALTER

ADDRESS: Same as below PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 13971 Clarksville Pike PROPERTY OWNER: Michael Comberiate

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

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: | _____ |
| NOTES: | _____ |

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 UNLESS SPECIFICALLY AUTHORIZED

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

BUILDING PERMIT SIGNED 313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

5-18-05 602153876-SUNROOM

1159347

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 9th

DATE 5/23/74

A59347 INDEXED

File final c88
✓ 18636

6/2/74
6/6/74 final inspection
1/8/74

Michael Camberlato

IS PERMITTED TO INSTALL ALTER

ADDRESS same as below

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

13971

R3108

ROAD Clarksville Pike LOT

PROPERTY OWNER Michael Camberlato

ADDRESS 8903 Merrill Lane, Apt. 301, Laurel, Md. Phone: 776-3055

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%

DRY WELL - 328 210 sq. ft. absorbent area below the first 3 to 3 1/2 ft. of
depth. Maximum depth permitted for dry well is 11 1/2 ft. below original grade.
Come off dry well 5 ft. (earth buffer) begin trench - trench 11 1/2 ft. deep - 2 ft.
wide - 32 ft. long with 1 ft. gravel under pipe. Call for inspection of trench
before gravel is installed. Locate dry well 250 ft. from lot line which is 369.69
ft. long and 150 ft. from lot line that is 572.24 ft. long.

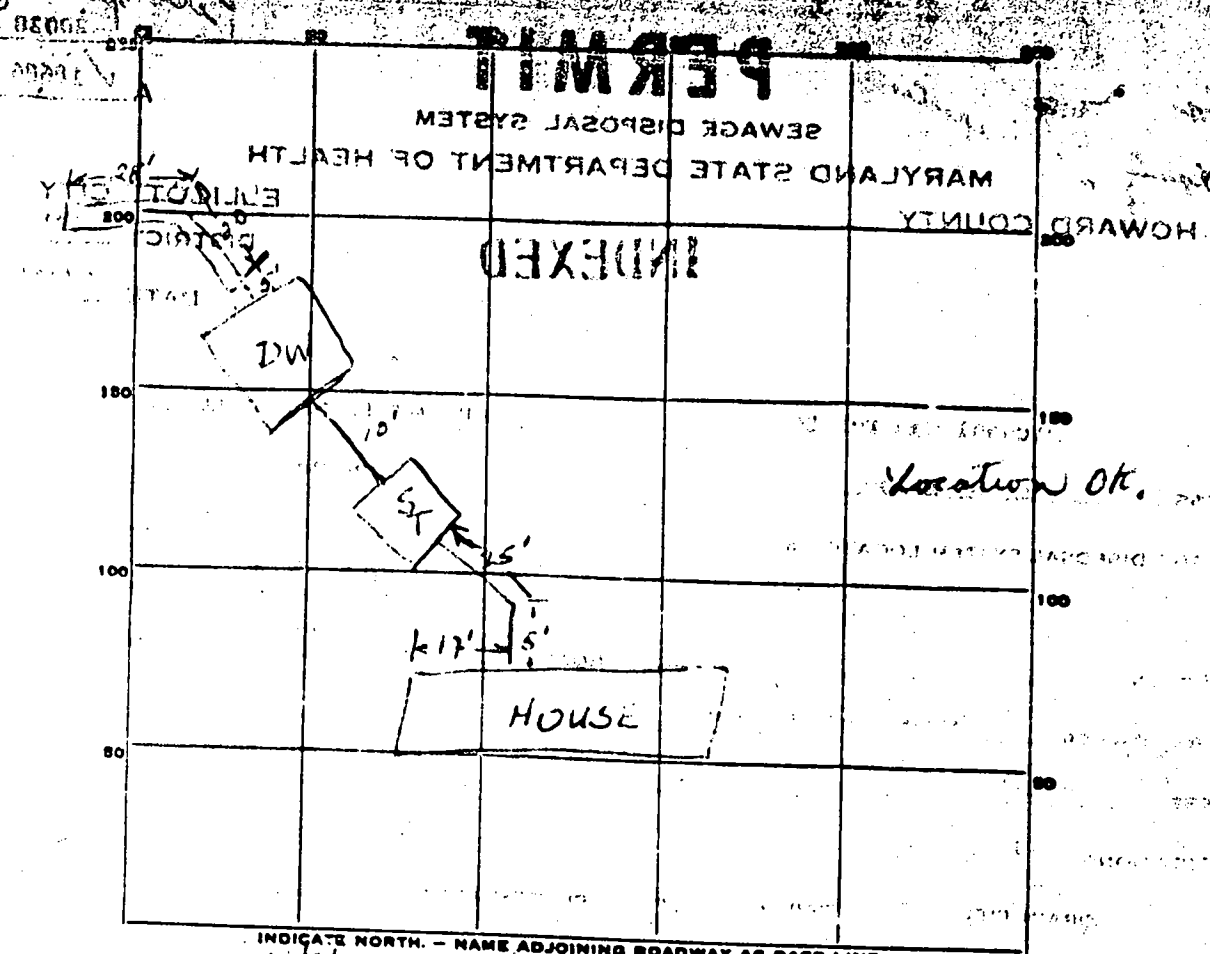
NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY R. V. Torre and D. V. Monaghan DATE 7/27/73 and 5/22/74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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



PERMIT CARD 6/18/74
 SEPTIC TANK, LEVEL 1500 gal OK CLEANOUTS NO 1/10 ft. Yes
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. 24
 GRAVEL DEPTH 7' TOTAL LENGTH 48 FT. 396 21
 NUMBER OF TRENCHES 1 SIDEWALL TOTAL BOTTOM AREA _____ 45
 SEEPAGE PITS, INSIDE DIAMETER 10 1/2 x 12 FT. DEPTH BELOW INLET 8 FT. 8
 ABSORBENT AREA 360 SQ. FT. 360

REMARKS 6/18/74 found inlet on trench, cleanouts, needed
trench in 11' deep on average, 45' long.
6/18/74 found to 4' from surface
depth OK (Note: suggest trenchment
in trench wherever needed
more east. CSS

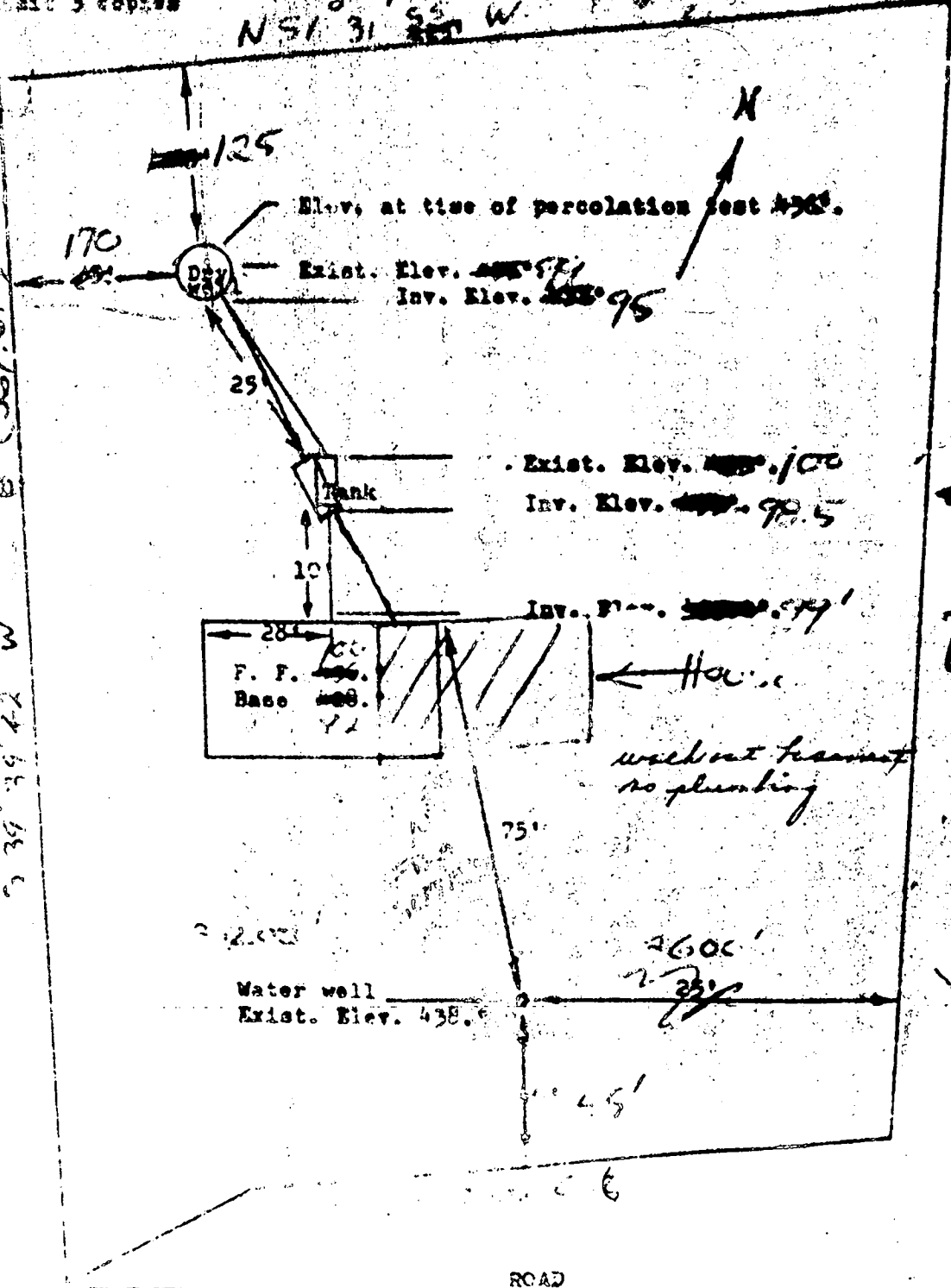
DATE SYSTEM APPROVED 6/18/74

NO SCALE
 3 copies

N 51° 31' 55" W

(369.69')

3' 39" 39' 42" W



DK
 11/27/23
 R. T. ...

Norm

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATION DIFFERENCES ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

SIGNED: Michael J. Comber
 9524435

3834

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TOWNS STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE WELL COMPLETED
Ms. 2233

DEPTH OF WELL
300
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HA-73-0534

DRILLER'S IDENTIFICATION NO. 47

DRILLER'S NAME
Comberite wife

ADDRESS
903 Merrill Lane

WELL LOG

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

| DESCRIPTION (ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|----------------------------------------------|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 3 | |
| sub soil | 3 | 10 | |
| sub slate | 10 | 75 | ✓ |
| sub rock | 75 | 300 | |

GROUTING RECORD

WELL HAD BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 370

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 20 FT.
(ENTER 0 IF FROM SURFACE)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 700 (NEAREST 27)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) FOR PUMPING TEST:
 A AIR D PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

CASING RECORD

INSERT APPROPRIATE CODE BELOW:
 S T STEEL C D CONCRETE
 P L PLASTIC O T OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER (NEAREST INCH) 6 TOTAL DEPTH (NEAREST FOOT) 24

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER OR BOX - SEE ABOVE): 20

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 58

PUMP HORSE POWER 37 61

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 A ABOVE LAND SURFACE
 B BELOW 2 (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: S T STEEL B R BRASS OR BRONZE W O OPEN HOLE
 P L PLASTIC O T OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____

DIAMETER OF SCREEN 36 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

CIRCLE APPROPRIATE BOXES

WELL WAS ABANDONED AND REALED WHEN THIS WELL WAS COMPLETED

THIS WELL CONVERTED TO PRODUCTION WELL

DRILLER'S NAME: Comberite wife

DATE: Ms. 2233

TELEPHONE: _____ LOG INDICATOR: _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS) TO WELL.

(Hand-drawn diagram showing well location relative to a house)

C 1 5549 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER W 59347

ST/CO USE ONLY DATE RECEIVED 2/19/98

DATE WELL COMPLETED 2 3 98

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1399

OWNER Comberiate Michael STREET OR RFD 13971 Clarksville Pike TOWN Highland SUBDIVISION 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, FEET (FROM, TO), check if water bearing. Entries: Sand (0-12), Cray Mica Rock (12-300)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 6 NO. OF POUNDS 564

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 22

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

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

DEPTH (nearest ft.) table with rows 1-21 and columns 2-6. Entry: HO 21 300

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

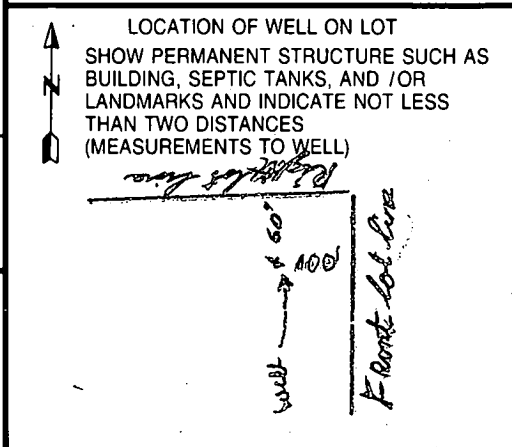
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 260 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 1



NUMBER OF UNSUCCESSFUL WELLS: 0 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. 1 M S D 024 DRILLERS SIGNATURE Joseph L. Morayne

LIC. NO. 1 M D

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

B 1 8095 SEQUENCE NO. (MDE USE ONLY)
2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1399
fill in this form completely

Date Received (APA) 01/30/98
OWNER INFORMATION
Cornberate Owner Meck
13971 RT 108
Clarksville Md. 20777

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Cox Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Headland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne M S D 24
Driller's Name License No. 81
Joseph L. Mayne Well Drilling
5512 Ridge Rd. Mt Airy, Md 21778
Address
Joseph L. Mayne 1/30/98
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
13971 Mt. 108 Clarksville Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 1/2 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 15 PARCEL 407

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard W59347
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 01/30/98
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 482 0 0 55 EAST GRID 0808 0 0 63

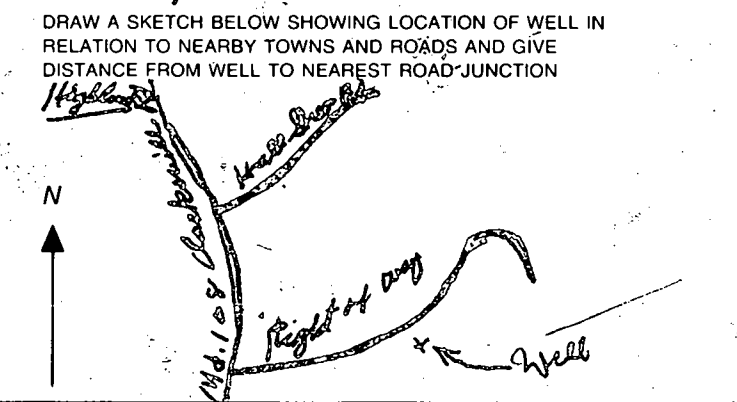
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 81008
N 48024
000
000

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 DEEPEMED 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)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-1399
67 68 70 71 72 73 74 75 76 77 78 79

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

1/30/98
meet driller
12:30

SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: 1/30/98

ADDRESS: 13971 Clarksville Pike

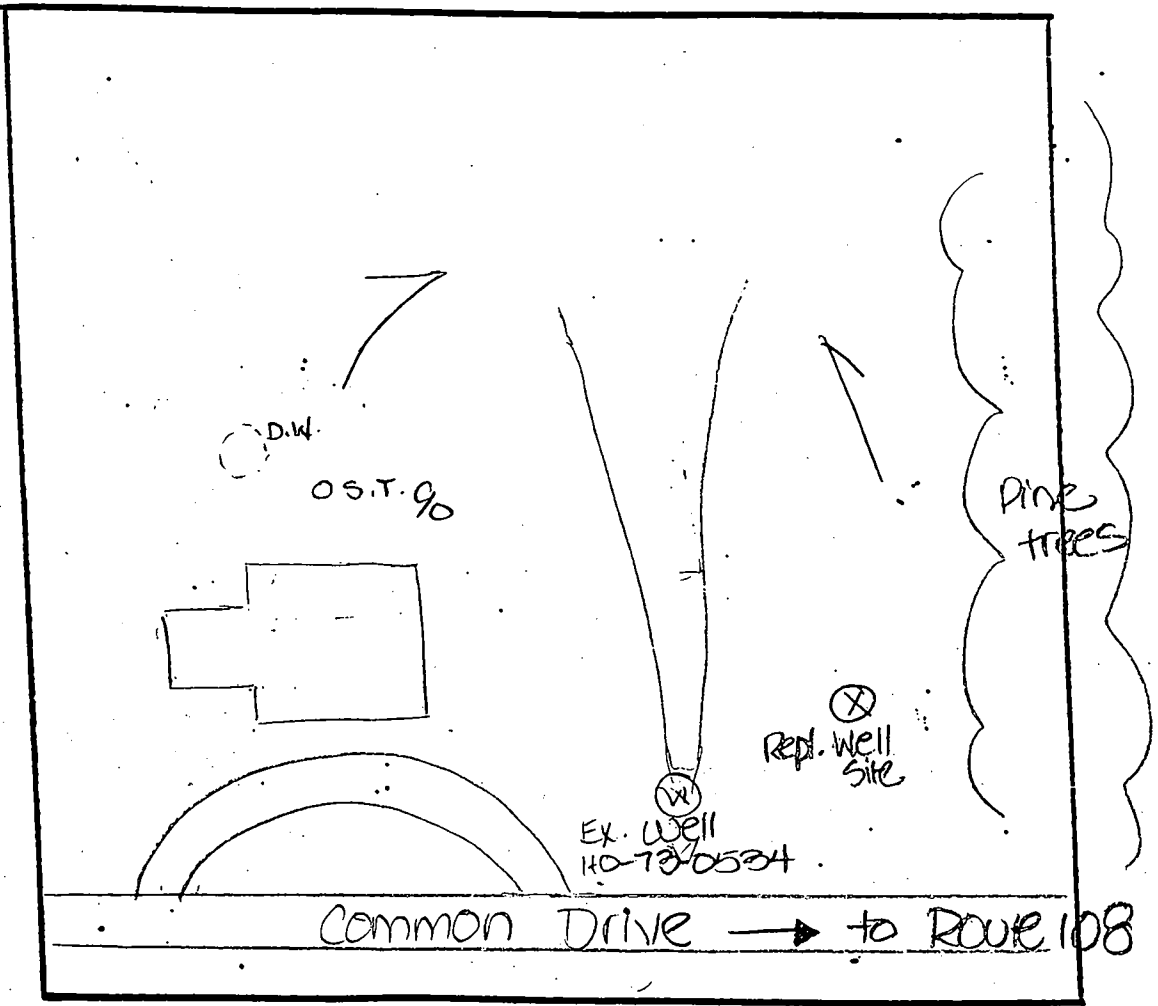
DRILLER: Joseph Mayne

WELL TAG # HO-73-0534 (existing well)

COUNTY # Howard -

PROPOSAL: Replacement Well Site

LOCATION DIAGRAM



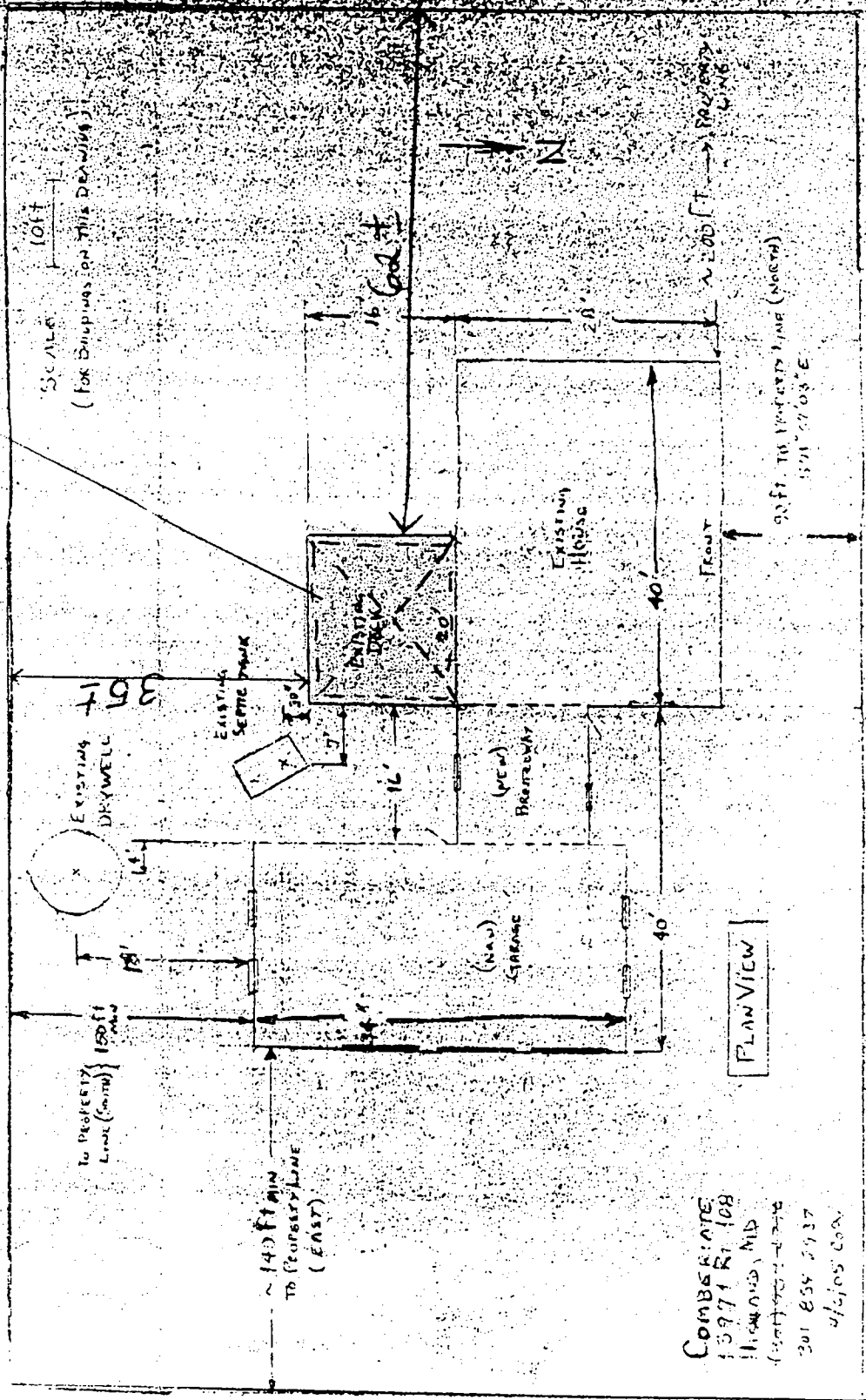
COMMENTS: met owner and driller at site. Owner reports declining yield in existing well. Repl well site OK; OK to proceed. DKS

DATE: 1/30/98

INSPECTOR: [Signature]

4/3/1970

SCALE 1/8" = 1'-0"
(FOR DIMENSIONS ON THIS DRAWING)



COMBES RATE
 13971 Rt 108
 HICKMAN, MD
 (301) 454-4246
 201 854 2937
 4/2/105 CON

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00153876 A# W-59347

APP. SAN RAY DATE: 6/5/70 5118101

DESC. OF WORK: 16x70 SUITCASE
ON EXISTING ROCK