

10/7/98
WPT - pm
10-2-98
am. c.o

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-388783

P 510682

A 26470

DISTRICT 5th

DATE 9-14-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/9/98

INSPECTOR M. Rifkin

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Simpson Woods LOT 8 ROAD 7307 Meadow Wood Way

PROPERTY OWNER Gabriel Fontana

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED

AND RETURNED 9/26/98

B00138588-DECK

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 120 feet from the front lot line and 90 feet from the bend in the left lot line. Run trenches along contour toward 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 5/14/98*

PLANS APPROVED BY C. Williams/Mark Rifkin Revised DATE 5/11/98

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

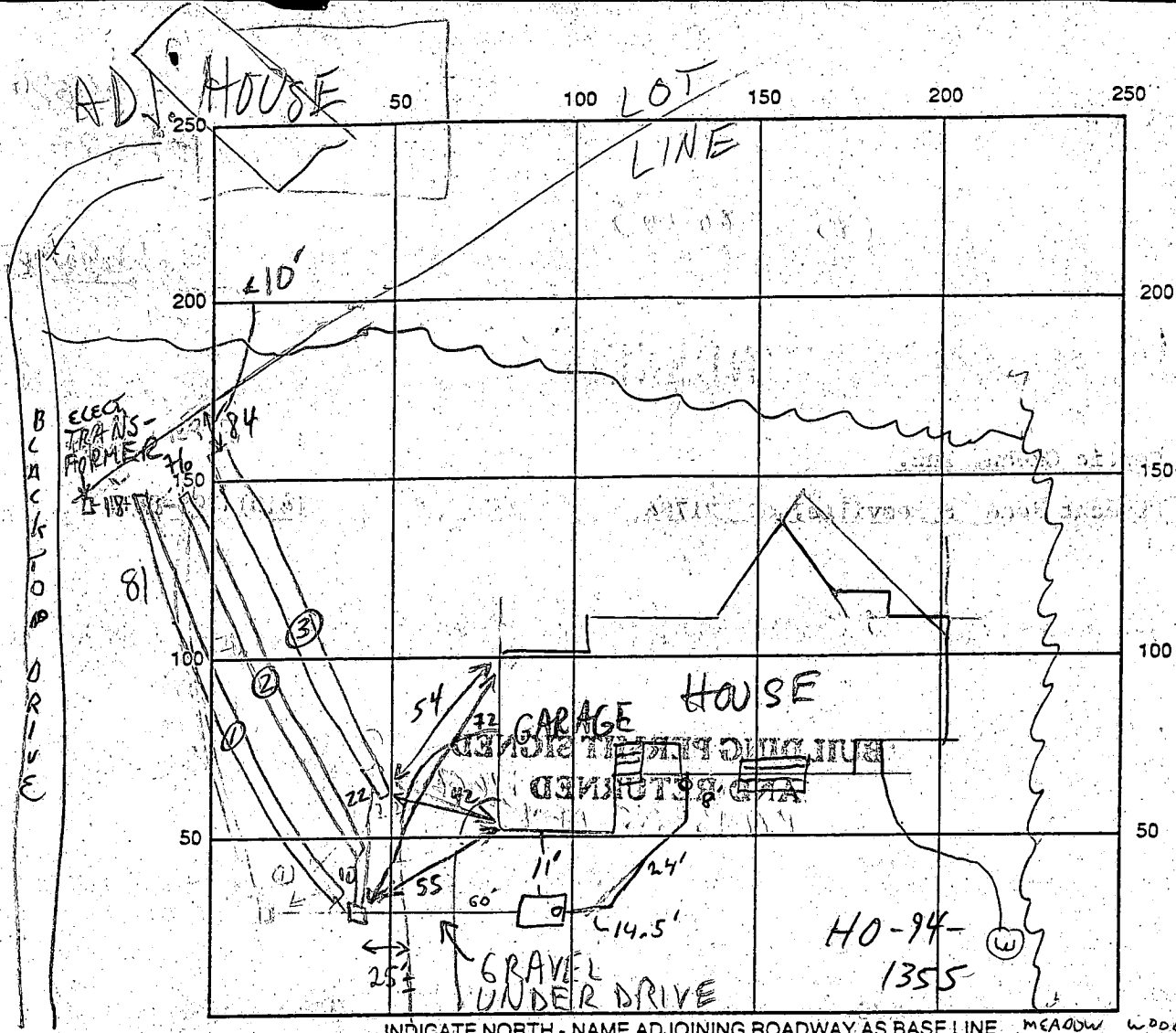
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A26470



77 L COR
 TR
 77 L COR
 HB
 48 W COR
 TR
 55 R COR
 DO
 25 DR-1B

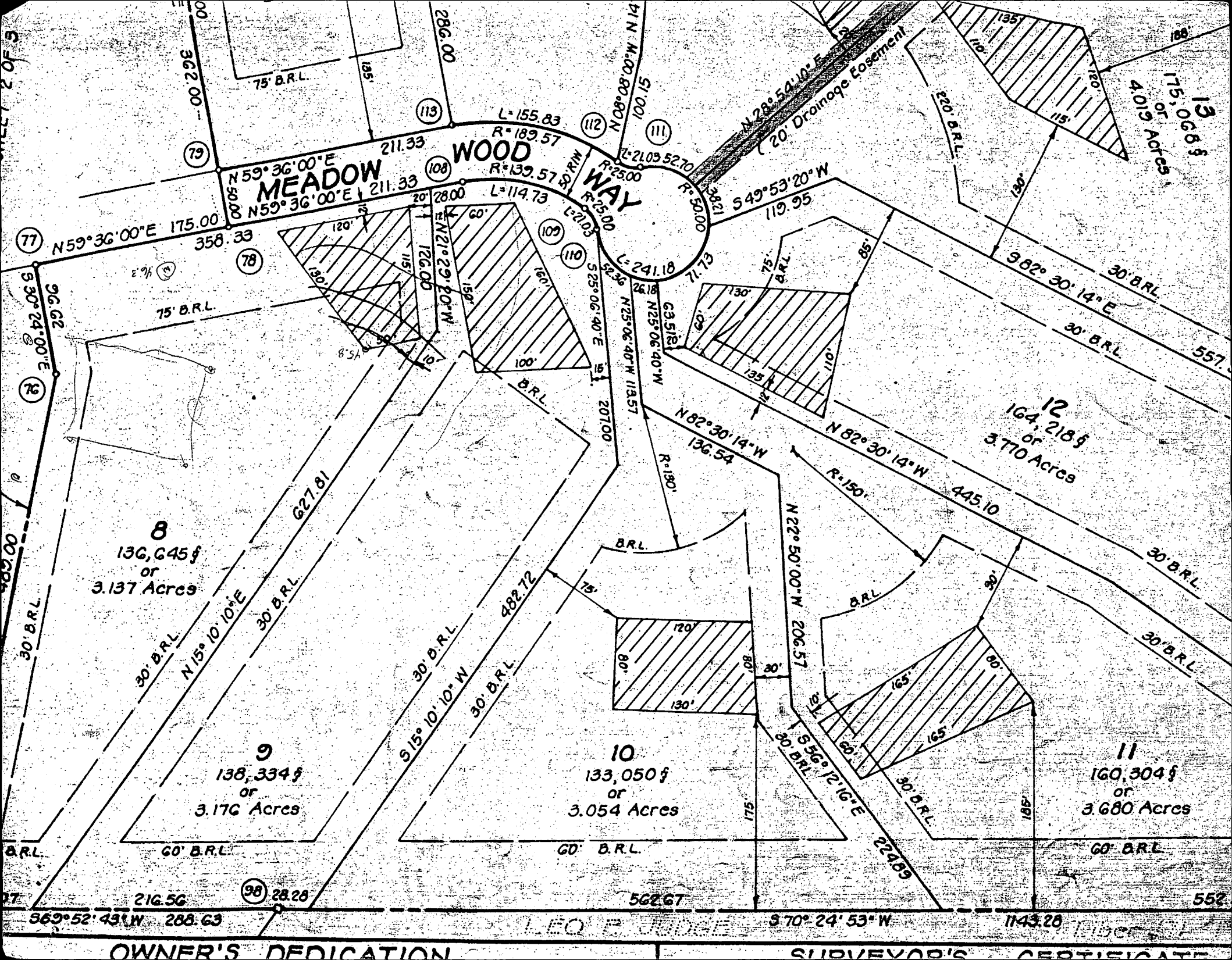
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE MEADOW WOOD WAY

SEPTIC TANK LEVEL OK 1250 GAL CLEANOUTS 1 ON SE, 1 AT WALL
 DISTRIBUTION BOX LEVEL OK - PLASTIC BOX
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 112/18 FT.
 NUMBER OF TRENCHES _____ ONE SIDEWALL BOTTOM AREA 1324 SQ. FT. 2304 3336
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 964 SQ. FT.

REMARKS: 10/1/98 WPT PITLESS OK, CAP ON WELL PUMP + LINE BEING INSTALLED.
OK TO COVER AS COMPLETED 1ST TRENCH OK TO COVER, OK TO COVER TANK, LINES - RAW
EXPECTED, 10'-15' OF 1ST TRENCH HAS ONLY 2' STONE, Fyock's CREW WILL ADD MORE TRENCH
FEEL TO MAKE UP AREA 605' ST

10/9/98 D.B. 15-20' DOWNHILL OF PLAN LOC. AND HIGH TRENCH TWO "SLOTS"
DOWN FROM PLAN LOC. - SYSTEM APPROVED AS OK (MR)

DATE SYSTEM APPROVED 10/9/98 INSPECTOR M. Ripkin



FF = 449 ²²

BF = 440 ²⁰

INV. ELEV. OUT OF HOUSE = 444 ⁸

INV. ELEV. INTO SEPTIC TANK = 443 ³

EXIST. ELEV. AT SEPTIC TANK = 446 ⁰

INV. ELEV. OUT OF SEPTIC TANK = 443 ⁰

INV. ELEV. INTO DISTRIBUTION BOX = 442 ⁵

EXIST. ELEV. AT DISTRIBUTION BOX = 440 ⁰

INV. ELEV. INTO TRENCH = 442 ⁰

EXIST. ELEV. AT TRENCH = 440 ⁰

NO GRAVITY BASEMENT SEWER

Total linear feet of trench required 240 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 8 feet
 Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
 Howard County Health Department
 B00111241 REVISED

Mark E. Tiffin 6/1/98
 Signature Date

GABE FONTAINE CALLED - NEEDS TO MOVE HOUSE 20' FORWARD TO MUCH "FILL" IN CURRENT PLAN.

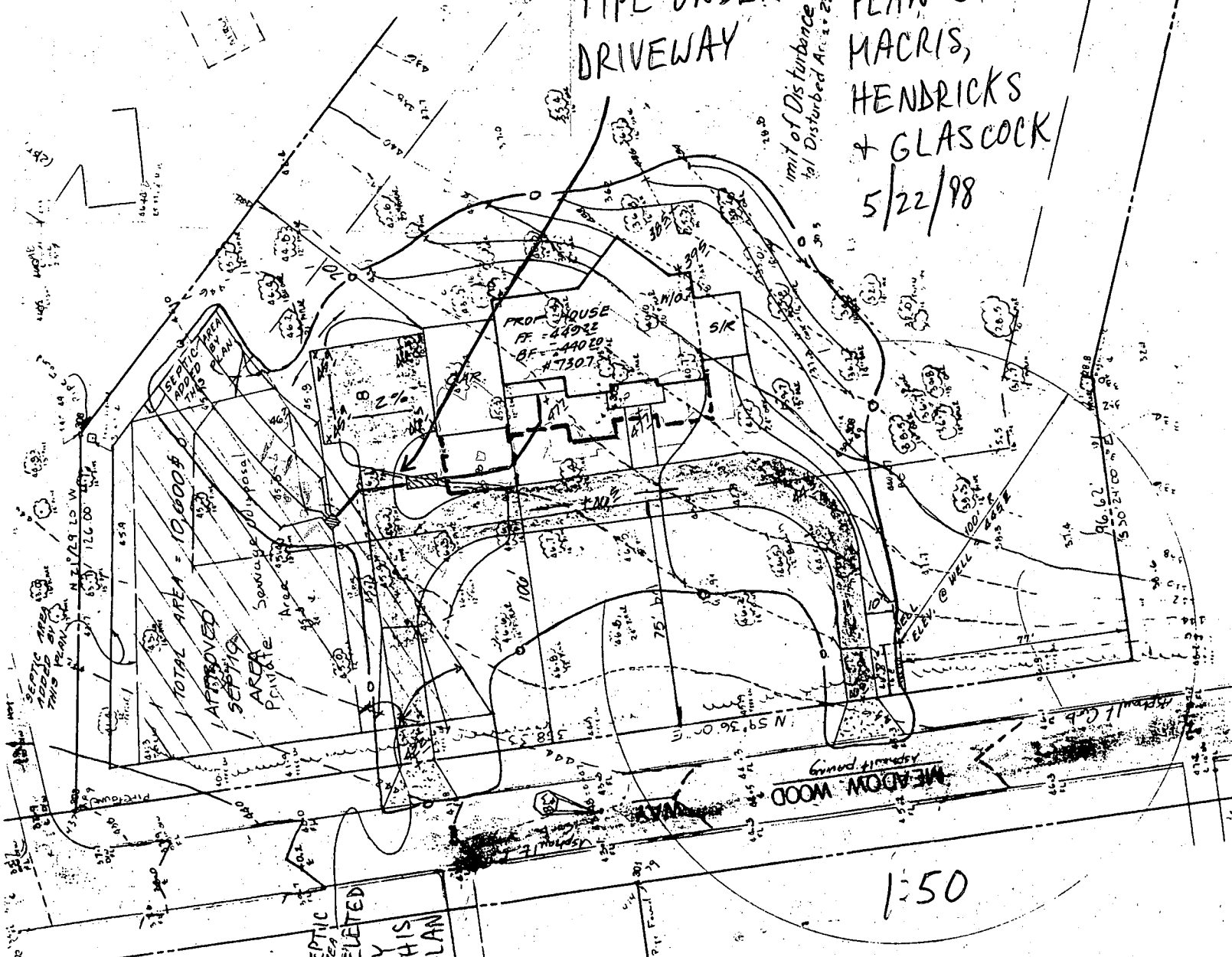
I SAID: PUMPING TO SEPTIC MGMT BE MORE COMPLICATED, HE REPLIED - COULD BE WORKED OUT THE BACK OF HOUSE IF NECESSARY WILL BE IN WITH REVISED PLANS SHORTLY.

Simpson Woods
 Lot 8
 136,645 sq
 3.157 acres

6/22/98 (CA)

GRAVEL AROUND PIPE UNDER DRIVEWAY

PLAN BY MACRIS, HENDRICKS + GLASCOCK
 5/22/98



SEPTIC AREA DELETED BY THIS PLAN

1:50

MEADOW WOOD

Limit of Disturbance
 1/2 Disturbed Area = 23,900 sq ft

N 15° 10' 10" E
 627.81'

S 18° 44' 50" E
 484.0'

#1 497
 #2 4770

C1 09453 SEQUENCE NO. (MDE USE ONLY) 98

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 A26470

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

ST/CG USE ONLY DATE RECEIVED MM 2-2-98 DD 01 08 98

DATE WELL COMPLETED Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1355

OWNER Fontana Gabe last name first name STREET OR RD Meadowood Way TOWN Clarksville SUBDIVISION SIMPSON WOODS SECTION LOT 8

WELL LOG Not required for driven wells

GROUTING RECORD YES NO (Y) (N) 44 44

C 3 PUMPING TEST

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. Rows include Top Soil, Shaley clay, brown slate, mica, sand stone, mica, sand stone, mica, sand stone, mica + Flint, Mixed.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 192 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) STEEL CONCRETE PLASTIC OTHER

TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (ST) 6 58

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

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

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below 2 (nearest foot) 50-51

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

DEPTH (nearest ft.) 40 56 500 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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)

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.

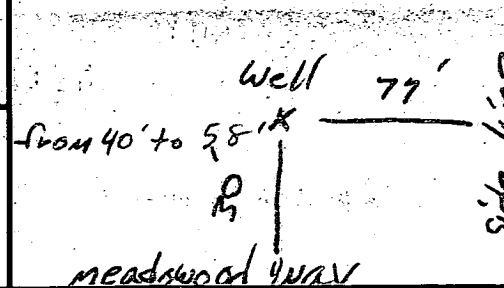
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

DRILLERS LIC. NO. 1 MW040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

LIC. NO. 1 MW040 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (ELECTRIC CASING) TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1355
 Location of property (road) Meadowood Way
 Subdivision SIMPSON WOODS Lot 8 Block 7 Plat _____ Sec. _____
 Well Driller Easterday Owner Fontana

Depth of well 500 1 1/2 gpm
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 53

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 15
 Total time 30 min to reach pumping water level 191 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	191	30 sec	Pump 370'	2
9:30	191	30	ATF	2
9:45	191	30		2
10:00	191	30		2
10:15	191	30		2
10:30	191	30		2
10:45	191	30		2
11:00	191	30		2
11:15	191	30		2
11:30	191	30		2
11:45	191	30		2
12:00	191	30		2
12:15	191	30		2
12:30	191	30		2
12:45	191	30		2
1:00	191	30		2
1:15	191	30		2
1:30	191	30		2
1:45	191	30		2
2:00	191	30		2
2:15	191	30		2
2:30	191	30		2
2:45	192	30		2
3:00	192	30		2

B 1 5347 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-1355 fill in this form completely

Date Received (APA) 12/12/97 OWNER INFORMATION RN 7275
Fontana Gabe
407 Vierling Drive
Silver Spring, Md. 20904

LOCATION OF WELL CC#
Howard
Simpson Woods
Clarksville

DRILLER INFORMATION
George F. Easterday MW ID: 040
L. Franklin Easterday, inc.
9265 Brown Church Rd., MT Airy, Md 21771

Meadowood Way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
TAX MAP: 41 BLK: 2 PARCEL 430

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A26470
DATE ISSUED 12 15 97 Mark E. Riklin 12/15/98

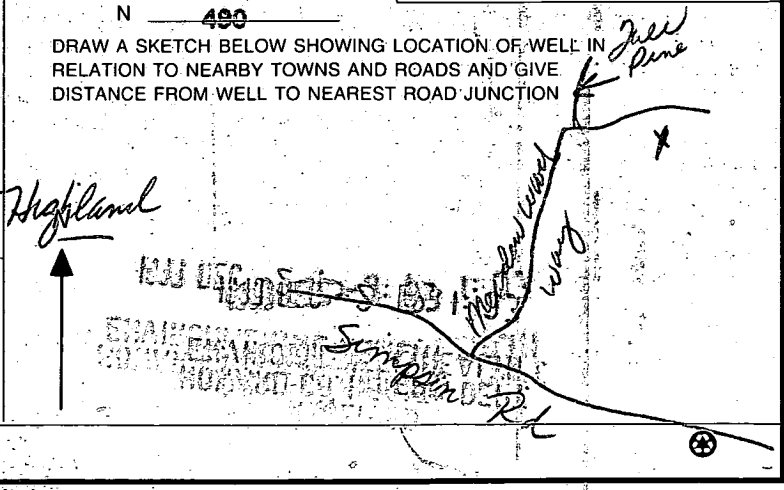
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 8 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E 924
N 490

METHOD OF DRILLING (circle one)
 AIR-ROtary
 BORED (or Augered)
 JETTED
 ROTARY (Hydraulic 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 DEEPEEN AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE MR PERMIT No. 40-94-1355

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300130585

Building Address 7307 Meadow Wood Way, Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60702 Subdivision Simpson Woods
Section 3 Area 2 Lot 8
Tax Map 41 Parcel 430 Grid 2
Zoning R1ED Map Coordinates _____ Lot size 3.14 AC

Property Owner's Name Gabriel Fontana
Address 7307 Meadow Wood Way
City Clarksville State MD Zip Code 21029
Home Phone 301-776-3433 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use NEW Deck
Estimated Construction Cost \$ 12,000.00
Description of Work 16x45 Wood Deck + 16x15 Wood Deck

Contractor Company Mid-Atlantic Deck-Fence
Contact Person _____
Address 800 Rt 3 South
City Gambells State MD Zip Code 21060
License No. 25165
Phone 410-922-7581 Fax 410-922-1090

Occupant or Tenant _____
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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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 _____
Title/Company _____

Print Name _____
Date _____

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		
Dev. Engineering, DPZ	<u>7/26/02</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
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 _____

PROPERTY ID#: 37579

Filing fee	\$ _____
Permit fee	\$ <u>50</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1111</u>
Validation	# _____

