

11/24/03 - 11 AM

12/1/03 - 3:30 pm

05-410355

ISSUE DATE: 10/24/2003

APPROVAL DATE: 12/1/03

PERMIT INDEXED

P 519640

A 39145

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Clarksville Manor LOT NUMBER: 7

ADDRESS: 6321 Golden Harvest Court PROPERTY OWNER: Christopher D Seymour

SEPTIC TANK CAPACITY (GALLONS): 1500 ~~1250~~ (TOP SEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4.5 per DILP

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210 263

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 260 feet down the right (431') lot line and 200 feet off that same lot line. Run (3) trenches on contour to left side of lot.
NOTES:	

PLANS APPROVED: Mark Rifkin ON SRK 4/22/01 DATE: 4-16-01

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

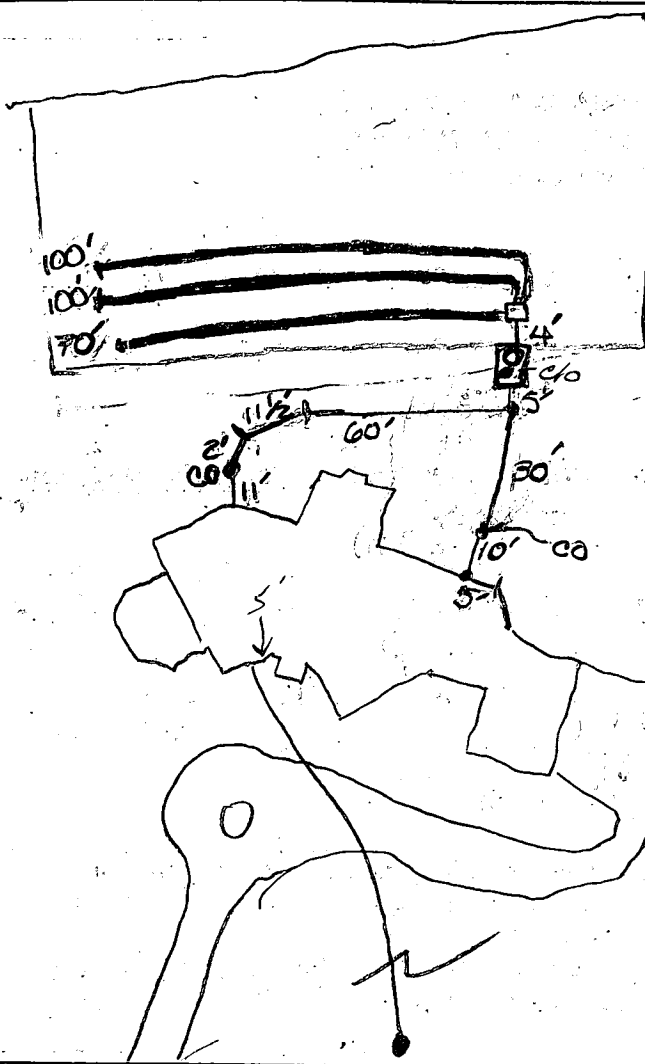
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

1/26/04 800145735 1000 gal UG PROPANE TANK

A39145

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 7.5'
 DEPTH OF STONE 4.0'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 270
 ABSORBENT AREA 540
 DISTRIBUTION BOX LEVEL YES
 BAFFLE IN DISTRIBUTION BOX YES

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS
 MANHOLE RISER YES
 6 INCH INSPECTION PORT YES

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 11/24/03 - SRA stated, contours appear accurate, 2 house conn., install 50/60' / 70' / 100' trenches on contours (SD)

INSPECTION COMMENTS: 12/1/03 OK TO COVER ALL WORK. SEPTIC INSTALLER FILLED 270' OF TRENCH [(1) 70' & (2) 100' TRENCHES]; TRENCHES ARE 10' CTR (FA)

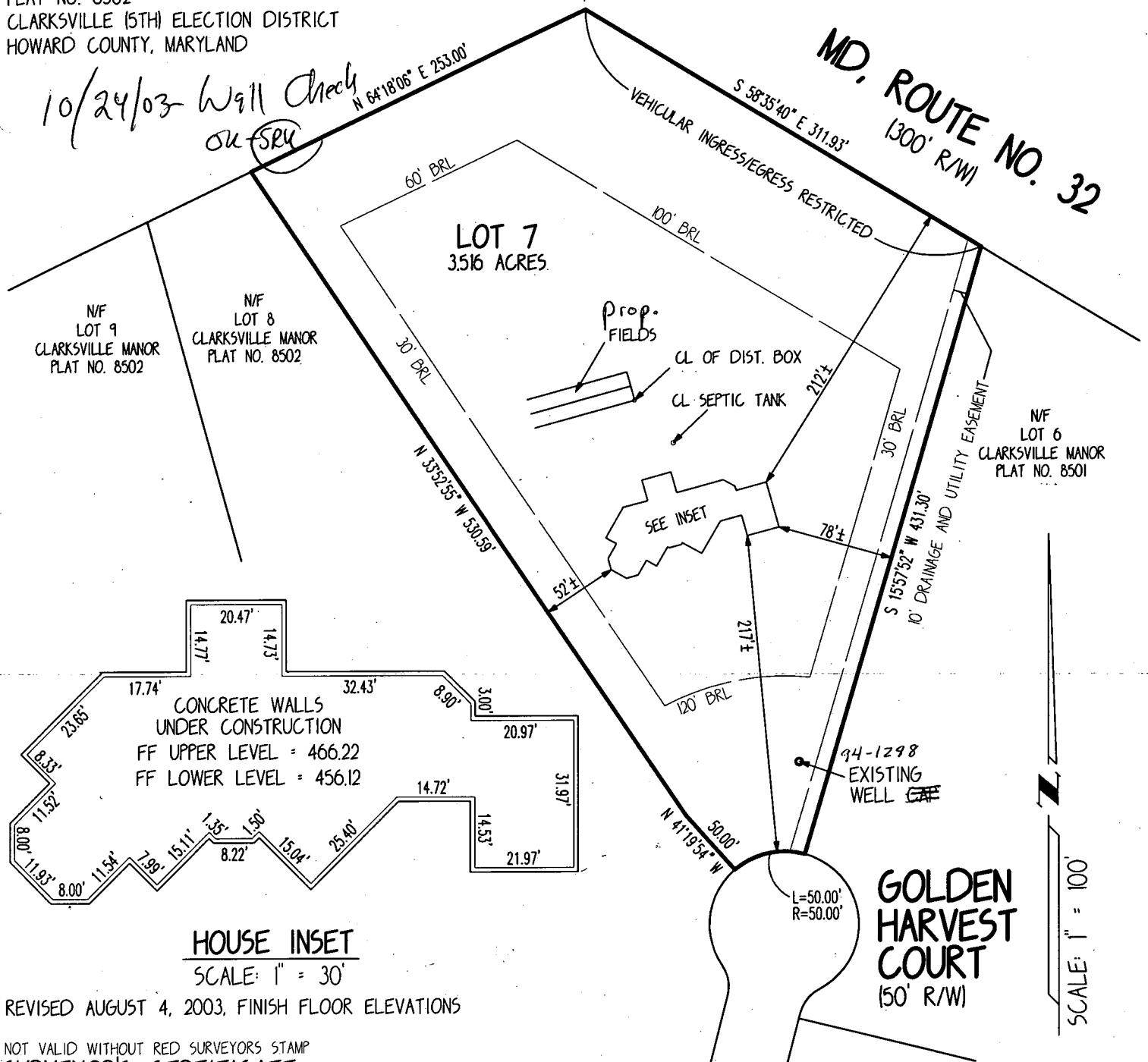
RECEIVED FROM THE BUILDING DEPARTMENT AND RETURNED

INSPECTOR FA DATE SYSTEM APPROVED 12/1/03

LOCATION OF BUILDING
 6321 GOLDEN HARVEST COURT
 LOT 7
CLARKSVILLE MANOR
 PLAT NO. 8502
 CLARKSVILLE (5TH) ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

FLOOD PLAIN CERTIFICATE
 I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE PROPERTY SHOWN HEREON LIES WITHIN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP COMMUNITY PANEL NO. 240044 0032 B

10/24/03 Will check
 on SRU



CONCRETE WALLS
 UNDER CONSTRUCTION
 FF UPPER LEVEL = 466.22
 FF LOWER LEVEL = 456.12

HOUSE INSET
 SCALE: 1" = 30'

REVISED AUGUST 4, 2003, FINISH FLOOR ELEVATIONS

NOT VALID WITHOUT RED SURVEYORS STAMP
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF, THAT THE PROPERTY DELINEATED HEREON IS IN ACCORDANCE WITH THE PLAT OF SUBDIVISION AND/OR DEED OF RECORD: THAT THE IMPROVEMENTS WERE LOCATED BY ACCEPTED FIELD PRACTICES AND INCLUDE PERMANENT VISIBLE STRUCTURES AND ENCROACHMENTS IF ANY. THIS PLAN IS NOT FOR DETERMINING PROPERTY LINES, BUT PREPARED FOR THE EXCLUSIVE USE OF THE PRESENT OWNERS OF THE PROPERTY AND ALSO THOSE WHO PURCHASE, MORTGAGE OR GUARANTEE THE TITLE THERETO, WITHIN SIX MONTHS FROM THE DATE HEREOF AND AS TO THEM I WARRANT THE ACCURACY OF THIS PLAT. THIS PLAN WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT THAT MAY REVEAL EASEMENTS AND/OR RIGHTS-OF-WAY OF RECORD.

AUGUST 4, 2003

WILLIAM A. JOYCE
 MD-SURVEYOR-NO. 10874

JOYCE ENGINEERING CORPORATION

PROFESSIONAL ENGINEERS, SURVEYORS
 AND LAND PLANNERS
 10766 BALTIMORE AVENUE
 TWIN CHIMNEYS OFFICE PARK
 BELTSVILLE, MARYLAND 20705
 TEL: 301-595-4353 FAX: 301-595-4650

PLAT/DEED REFERENCE: PLAT NO. 8502
 WALL CHECK: 08/10/01 DRAWN BY: CIW
 FINAL: CHECK BY: WAJ
 PERMIT: B00128918 JEC JOB: 001-041

Not filed

Total linear feet of trench required 210 feet

Width of trench(es) 2 feet

Depth of trench(es) 7.5 feet

Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Mark [Signature]
Signature

4/16/07
Date

6. CONTROL ME AND THE CON SEDIMENT CC
7. DISTURBER VOLUME OF VOLUME OF

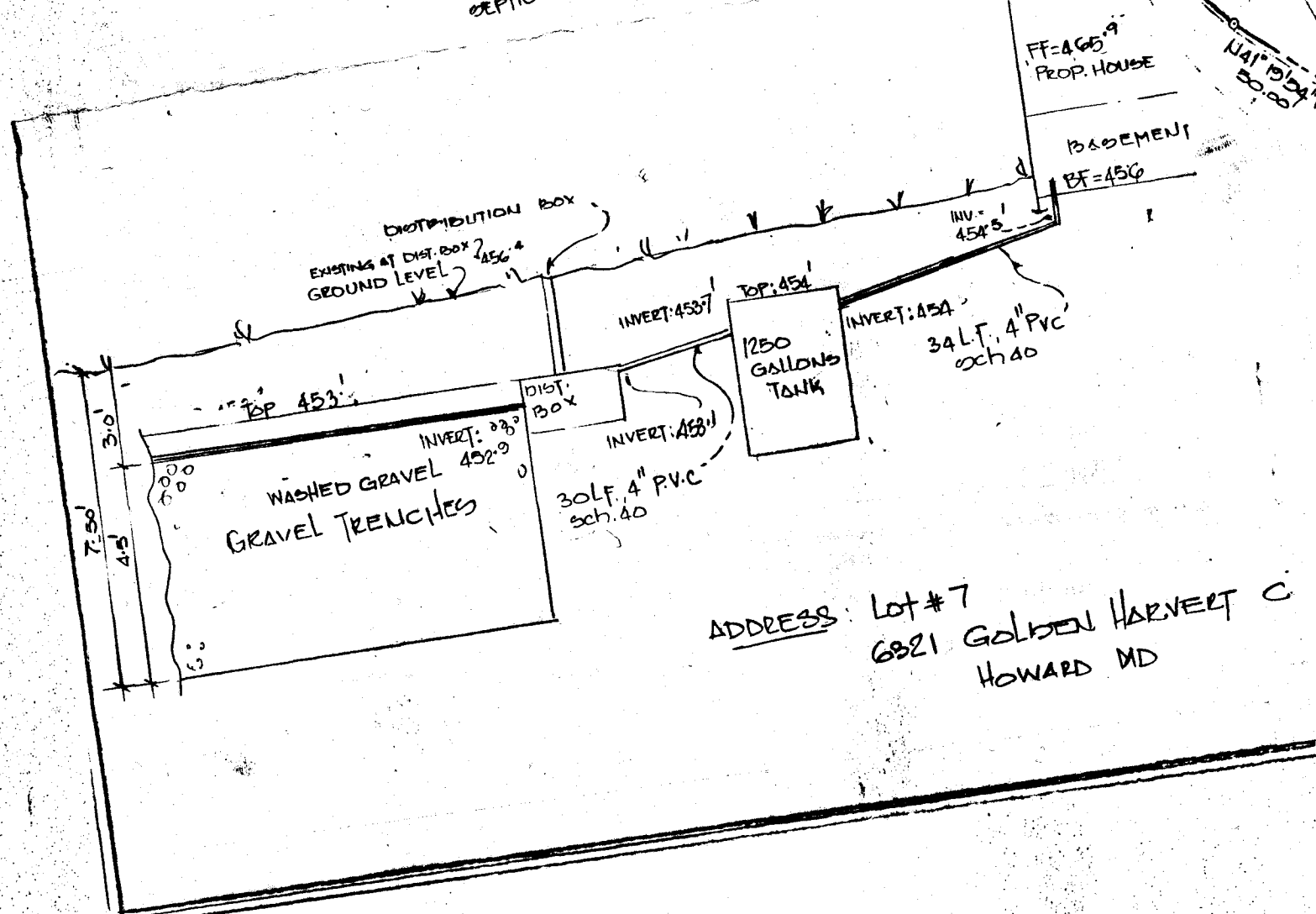
TOPO FIELD RUN

SEPTIC SYSTEM	
TANK SIZE	1250 GAL
TRENCH LENGTH	210 FT
NO. TRENCHES	3
TOTAL DEPTH	7.5 FT
GRAVEL WIDTH	4 FT
TRENCH WIDTH	2 FT

- NOTES**
1. AN ELECTRICAL PERMIT IS REQUIRED TO INSTALL THE EFFLUENT PUMP MOTOR, ALARM CONTROL
 2. THE HEALTH DEPARTMENT MUST APPROVE ANY CHANGE TO THE APPROVED SEPTIC SYSTEM
 3. IF GROUND WATER IS OBSERVED DURING THE EXCAVATION FOR THE SEPTIC TANK OR PUMP CHAMBER STOP DIGGING AND CONTACT THE HEALTH DEPARTMENT. DO NOT INSTALL A TANK IN WATER UNTIL THE AREA SANITARIAN HAS EVALUATED THE SITE AND GIVEN PERMISSION TO PROCEED WITH THE INSTALLATION.

SEPTIC LEGEND

SEPTIC RECOVERY AREA INDICATED AS:



GOLDEN HARVEST COURT
PLAN BY
ROGER NGAMI
301-203-5116

ADDRESS: Lot #7
6821 GOLDEN HARVEST C
HOWARD MD

1:50

Building Address 0321 Golden Harvest Ct.
(Clarksville, MD) 21029

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

Census Tract 002101 Subdivision Clarksville Manor

Section N/A Area N/A Lot 7

Tax Map 3A Parcel 398 Grid 12

Zoning RR-DCO Map Coordinates 1407E 9833 Lot size

Property Owner's Name Christopher D. Seymour

Address 500 LOURDES DR

City FORT WASH. State MD Zip Code 20741

Home Phone 301-292-9726 Work Phone 240-417-1379

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

Phone 301-292-8726 Fax

Existing Use VACANT LOT

Proposed Use RESIDENTIAL SFD

Estimated Construction Cost \$ 350,000

Description of Work BUILD A NEW (RESIDENTIAL) CUSTOM SINGLE FAMILY HOME WITH BASEMENT WITH BUILT-IN ATTACHED TUB

Contractor Company NCIAMI CONSTRUCTION ENG.

Contact Person ROGER NGAMI

Address 13011 Piscataway Dr

City TE WASH State MD Zip Code 20741

License No. BLO282

Phone 301-203-5116 Fax

Occupant or Tenant

Contact Name ROGER NGAMI

Address 13011 Piscataway Dr

City TE WASH State MD Zip Code 20741

Phone 301-203-5116 Fax

Engineer or Architect Company NCIAMI CONSTRUCTION ENGINEER

Contact Person ROGER NGAMI

Address 13011 Piscataway Dr

City TE WASH State MD Zip Code 20741

Phone 301-203-5116 Fax

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input 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:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of heads
<input type="checkbox"/> Structural Steel	
<input type="checkbox"/> Masonry	
<input type="checkbox"/> Wood Frame	
<input type="checkbox"/> State Certified Modular	

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 <u>15</u> Width <u>50</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>15</u> <u>50</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>75</u> <u>50</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: <input type="checkbox"/>
No. of Bedrooms <u>4</u>	
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: _____	
<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 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 ROGER NGAMI

Title/Company NCIAMI CONSTRUCTION

Print Name ROGER NGAMI

Date 3-13-01

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	<u>4/16/01</u>	<u>mark delphino</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# <u>49943</u>
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1428</u>
SDP/Red-line approval date _____	Validation # <u>37322</u>
Accepted by _____	

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 10/15/98

**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: Bob's Well Pump Serv Telephone #: 301-977-2226
Address: 14020 Turkeyfoot Rd
Gaithersburg, Md 20878

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert F West License# P10097

*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: Christopher Sapor Telephone #: 240-417-1372
Subdivision: Civildale Mngt Lot #: 7 Well Tag #: HO 94-1298
Site Address: 6321 Golden Harvest Ct
Chillersville Md 21029 HO: 94-1298

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input type="checkbox"/>
Model #: <u>26507472</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>2</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.2</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>48"</u>
Depth of well encountered at time of pump installation: <u>2.25</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Ne

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Red Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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.

R. West Signature of company representative responsible for installation 8-10-04 date

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

Date Insp. Requested: _____ Date Insp. Approved: 8/23/03 (se)
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

C1 09478 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 39152

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 10 10 99 DEPTH OF WELL 22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1298

OWNER Bimeotefer last name STREET OR RFD Golden Harvest Cr. TOWN Clarksville SUBDIVISION Clarksville Manor SECTION LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, FLint Rock, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M (B) CEMENT BENTONITE CLAY NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30+ ft.

CASING RECORD casing types insert appropriate code below (S) T (C) O STEEL CONCRETE (P) L (O) T PLASTIC OTHER MAIN CASING TYPE PL diameter 6 Total depth 60

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O STEEL BRASS OPEN BRONZE HOLE PLASTIC OTHER

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 I 16 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D I 17 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

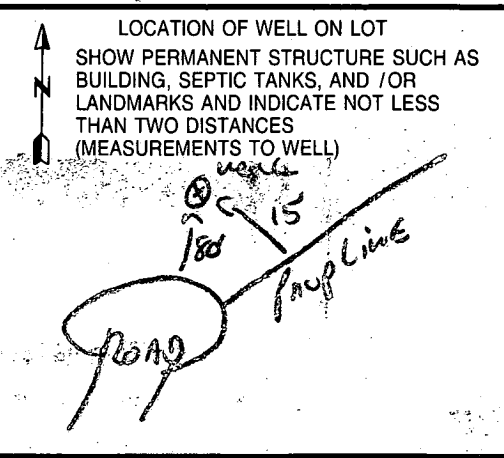
DEPTH (nearest ft.) table with rows for casing heights and slot sizes.

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

PUMPING TEST HOURS PUMPED (nearest hour) 3/8 9 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27/17 20 WHEN PUMPING 30/22 25 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 2 (nearest foot)



B 1 **8783** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

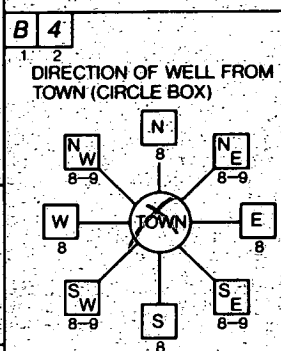
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1298
 fill in this form completely

Date Received (APA) **093097**
 OWNER INFORMATION
BIMESTEFAER J.W.
 15 Last Name 34 Owner First Name
11920 MEADOW VISTA WAY
 36 Street or RFD 55
CLARKSVILLE MD 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
CLARKSVILLE MAZOK
 23 SUBDIVISION 42
 SECTION **+** LOT **2**
 44 46 48 50
CLARKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD MGD/MWD
Ralph MAYNE
 Driller's Name 77 License No. 80 **116**
Ralph MAYNE (well Drilling)
 Firm Name
9120 Brown Church rd Mt. Airy
 Address
Ralph Mayne Sept 26/97
 Signature Date



GOLDEN HARVEST CT
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **80** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **ft**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A.39152** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **100997** INSERT S
10/14/97 SIGNATURE **10/7/98** EXP. DATE
 43 48 60
 NORTH GRID **501000** EAST GRID **0815000**
 50 55 57 63

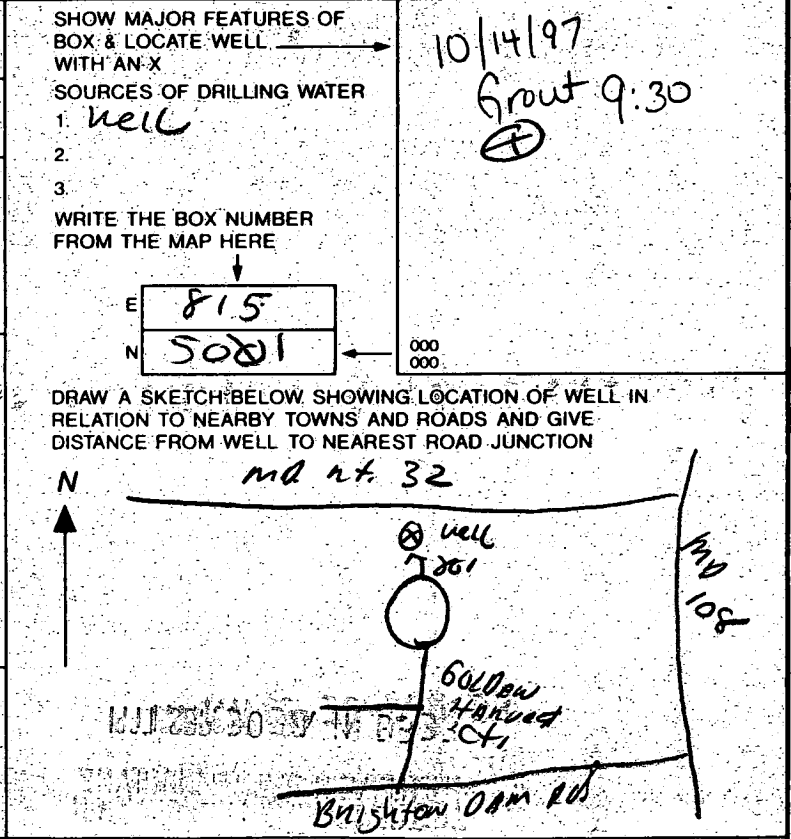
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

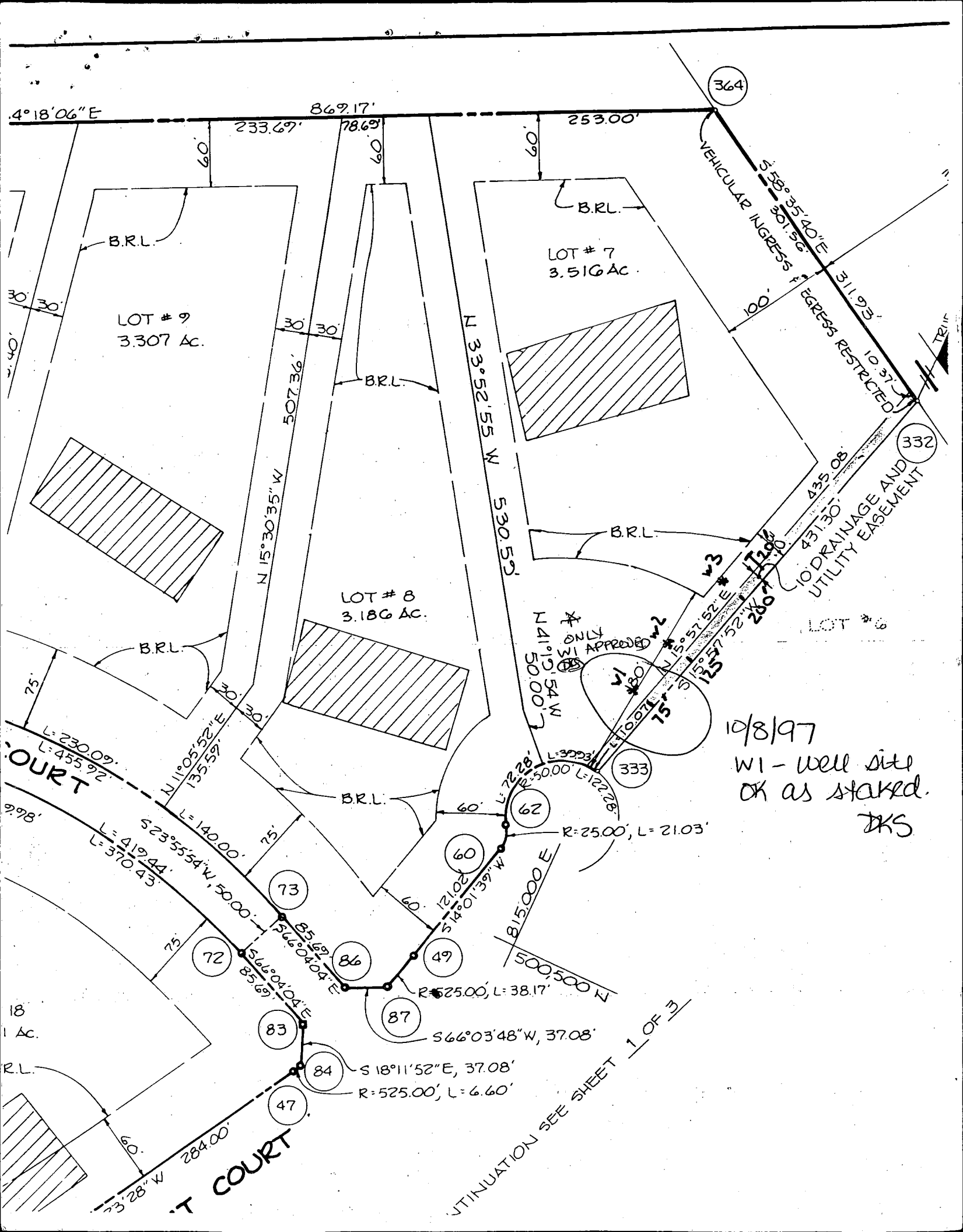
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **13** WRITE INITIALS IN BOX PERMIT No. **HO-94-1298**
 67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
410-715-3246
 COUNTY



4°18'06"E

869.17'

233.69'

78.69'

253.00'

364

B.R.L.

LOT # 9
3.307 AC.

B.R.L.

LOT # 7
3.516 AC.

B.R.L.

LOT # 8
3.186 AC.

B.R.L.

10' DRAINAGE AND
UTILITY EASEMENT

332

B.R.L.

W1
W2
W3
* ONLY
* APPROVED

LOT # 6

10/8/97
W1 - well site
OK as staked.
DKS

COURT

L=230.09'
L=455.92'

N 11°05'52"E

L=140.00'

S 23°55'54"W, 50.00'

L=419.44'

L=370.43'

N 15°30'35"W

L=507.36'

N 15°30'35"W

L=530.53'

N 33°52'55"W

L=530.53'

N 15°30'35"W

L=507.36'

N 11°05'52"E

L=140.00'

S 23°55'54"W, 50.00'

L=419.44'

L=370.43'

N 15°30'35"W

L=507.36'

N 15°30'35"W

L=530.53'

N 33°52'55"W

L=530.53'

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APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 39145

P _____

DISTRICT 54

DATE 3/10/87

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.

PROPERTY OWNER DR. FRED LENIS + C. Ellsworth Jager

ADDRESS 1001 ROUTE 108 COLUMBIA, MARYLAND 21044 PHONE 730-6062

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LENIS PROPERTY LOT NO. LOT 7

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 32

SIZE OF LOT PLEASE ATTACHED LIST 3.08 ACRES TYPE BLDG. RESIDENTIAL PROPOSED
(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 NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

C. Ellsworth Jager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

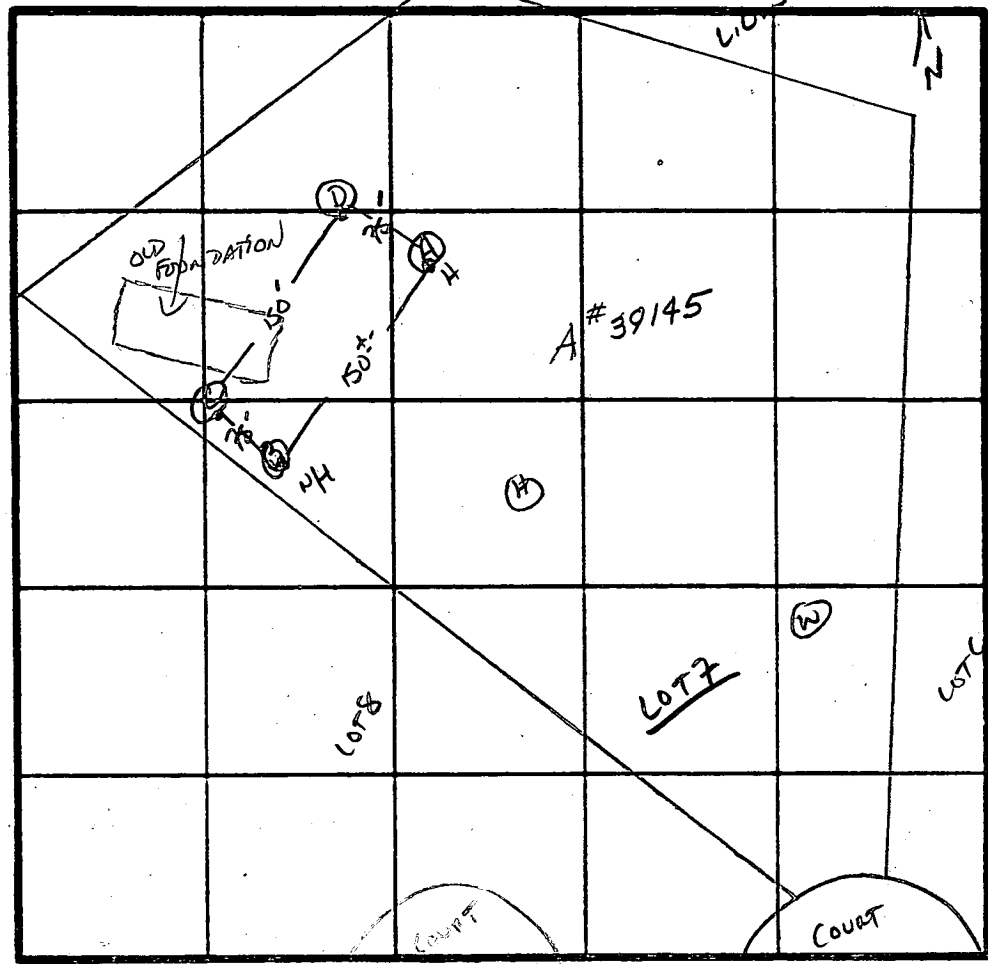
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-11-87 Perc Satisfactory - Hold For subdivision Plat. S.A.W.

THIS IS NOT A PERMIT

W.S.
16' or H₂O

R#32



X Perc 9 min
190 #1BL
INLET 3.5'
BOTTOM 5.5'

SOIL PROFILE

6"	A1-3 Yellow RED Silty CLAY LOAM 210% FRAGS
4-4.5'	Yellow BL Silt LOAM 75-20% FRAGS MICACEOUS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TEN OAKS RD.

SOIL PROFILE

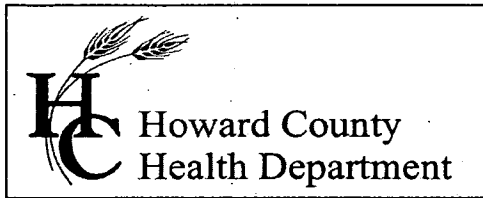
5'	A1-3 Yellow BL silty CLAY LOAM 10-15% FRAGS
3'	Yellow BL w/ tan and white veins OF silt LOAM. MICACEOUS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/11/87	C S	5'	10:27	10:29	10:29	10:39	10 MIN
		7.5'	10:27	10:35	10:35	10:50	15 MIN
	CV	12'	UNIFORM Soil below ~4.5'				
	BV	12.5'	UNIFORM Soil below 4-4.5'				
	A S	5'	10:48	10:50	10:50	10:55	5 MIN
		11.5'	UNIFORM Soil below 3.5'				
	D S	4.5'	10:38	10:40	10:40	10:45	5 MIN
		12.5'	SIMILAR TO A w MORE WHITE silt LOAM VEINS				

REMARKS 1 hole Per PLAT- Shallow Syst. only

TYPE OF SOIL Chester LOAM

TESTED BY S. Abel ALSO PRESENT STEWART, CRISS



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 11, 2004

Christopher D. Seymour
500 Lourdes Drive
Fort Washington, MD 20744

SENT VIA FACSIMILE 301-292-8726

RE: Clarksville Manor, Lot # 7
6321 Golden Harvest Court
Clarksville, MD 21029
BP # B00128918
Well Permit # HO-94-1298

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 12/01/2003. Final approval of the well line connection to the dwelling was approved on 12/03/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1298. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 08/02/2004
Date of Well Completion: 10/10/1997

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

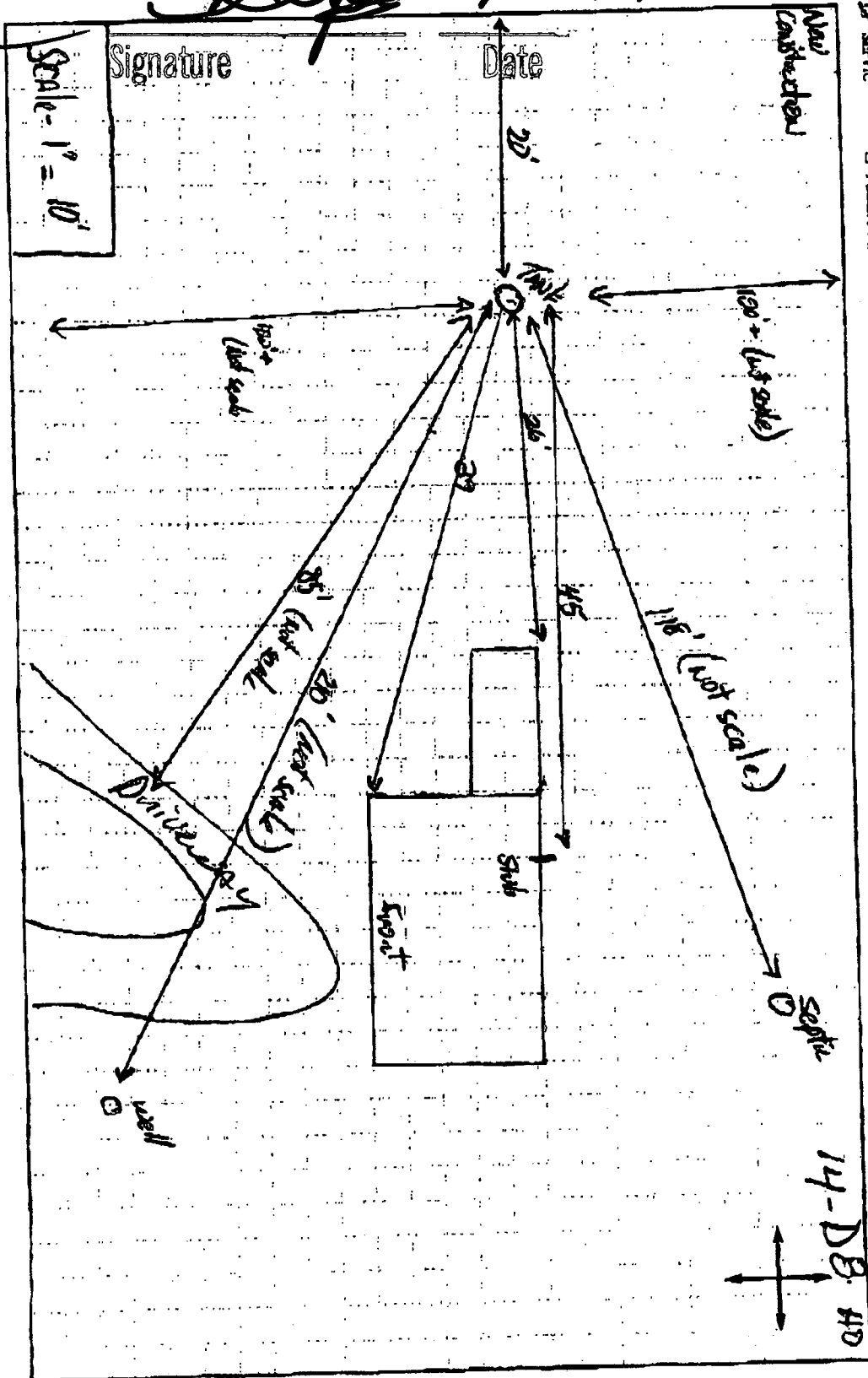
SO/mlb

cc: Building Inspector's Office
Community Services Program
File

Propene tank
 Approved Septic System Plan Location
 Howard County Health Department

1300145735

Signature *1/20/04*



NAME: Chris Seymour ADDRESS: 6522 Golden Harvest Dr. ACCOUNT #: _____
 WELL PUBLIC WATER DELIVERY ACCESS PROPERTY LINE SETBACKS NEW/EXISTING CONSTRUCTION
 SEPTIC PUBLIC SEWER LANDMARKS/OBSTACLES KNITTON SOURCE SETBACKS DIRECTIONAL COMPASS

SIGNATURE: Chris Seymour DATE: 1/20/04

FILE INQUIRY FORM

Property Address: 6321 Clarksville Manor

BP 00145 735

Drawing does not show cleared to
scale) location of LP tank from ~~back~~ ST,
septic cessment & well. Sent
Carroll Fuel Co a copy of example
drawing by fax. (FR)

1/26/04 Drawing faxed by Commodore
Commodore Development for LP tank
location & approved by (FR)