

11/21/96 AM

PERMIT

05-410363

SEWAGE DISPOSAL SYSTEM

P 57320

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 39146

INDEXED

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 10/11/96

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-9933-XXX~~

DATE SYSTEM APPROVED 11/21/96

INSPECTOR CW

SKW Construction, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 316 Hammonton Place, Silver Spring, MD 20904 PHONE 301-622-1991

SUBDIVISION Clarksville Manor LOT 8 ROAD 6302 Morning Dew Court

PROPERTY OWNER Ramash/Sujata Quasba

ADDRESS

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

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

LOCATION - Place the distribution box 170 feet off the 140.00' lot line and 170 feet off the 121.02' lot line. Run trenches on contour in both directions.

NOTES - MAINTAIN AT LEAST 100 FEET FROM WATER WELL TO ANY PART OF THE SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

KEEP TRENCHES AS HIGH AS POSSIBLE MR 12/10/96

PLANS APPROVED BY Donna K. Soe/Amy McMillen DATE 6/10/96

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

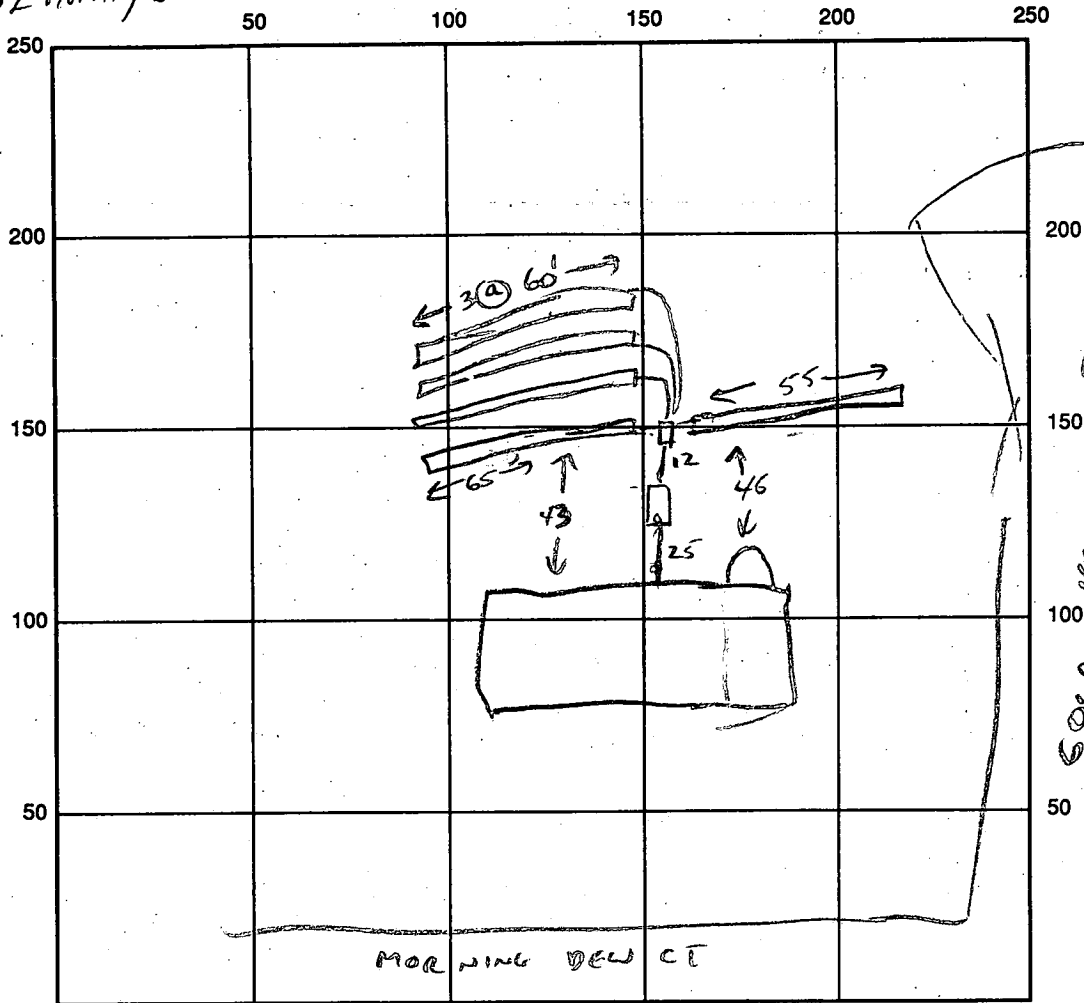
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 39146

A39146 Clarksville Kan 6/8
 P57320 6302 Morning Dew Court



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 GAL CLEANOUTS STV + AT HOUSE
 DISTRIBUTION BOX LEVEL
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 360 FT.
 NUMBER OF TRENCHES 5 ~~ONE SIDEWALL~~/BOTTOM AREA 1080 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/21/96 SYSTEM COMPLETE, PER SPECIFICATIONS, OK TO COVER ALL (CW)

DATE SYSTEM APPROVED 11/21/96 INSPECTOR Craig Williams

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 39146

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 LEWIS + C. E. Ellsworth Jeger *Ramash / Suiyana Quassa*

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

PROPERTY LOCATION: CLARKSVILLE MANOR LOT NO. 8
SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 30
6302 Morning Dew Court

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. E. Ellsworth Jeger
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

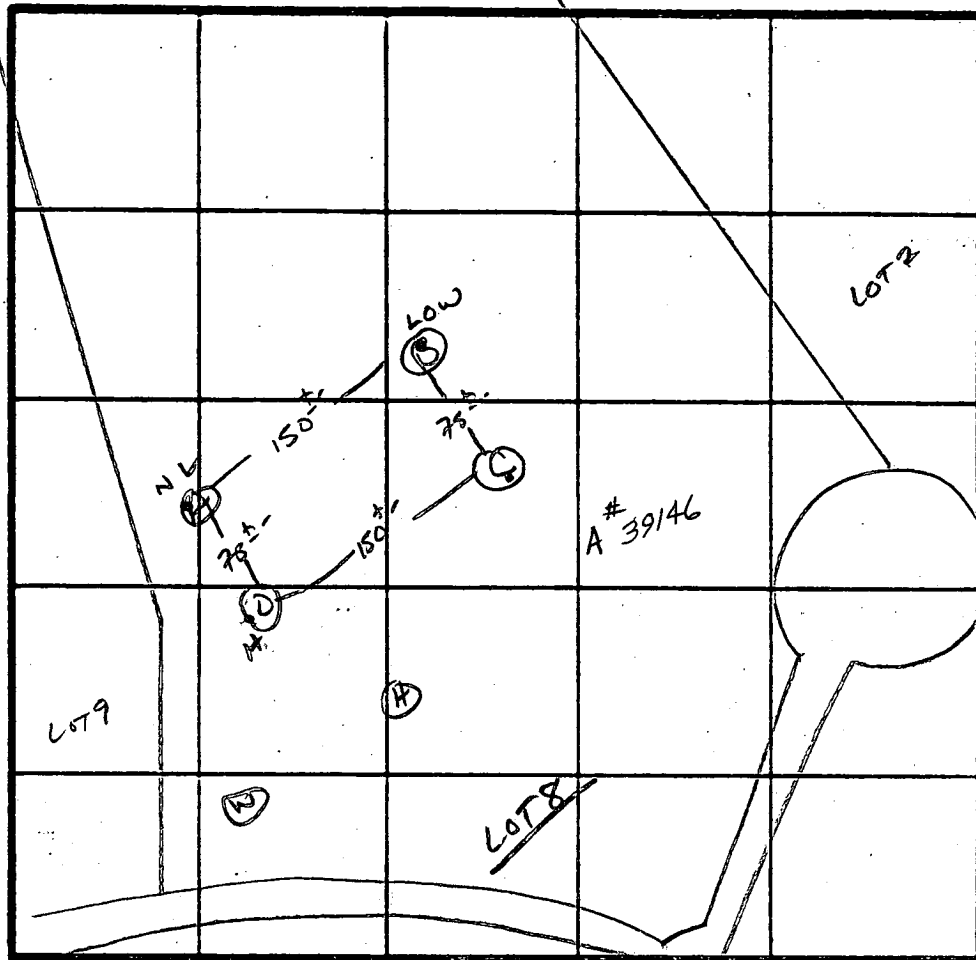
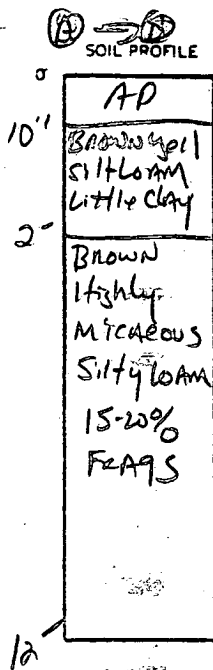
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-10-87 Perc. Satisfactory - Hold For Plat of Subdivision S.H.W.

S.F.D - 6 BRMS
BLDG. PERMIT SIGNED
AND RETURNED 6-10-91
Serial # B00100349

THIS IS NOT A PERMIT



\bar{x} Perc 6 min
180 ϕ 1/8"

Inlet 3
Bottom 5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TEN OAKS RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/10/87	DS	3.5'	2:10	2:11	2:11	2:13	2min	
		7.0'	2:10	2:11	2:11	2:13	2min	
	DV	12'	UNIFORM soil below 2'					
	CV	12.5'	UNIFORM soil below 3.0'					
	B	5'	2:18	2:28	2:28	2:46	18min	
		13.5'	UNIFORM soil below 4-4.5' SIMILAR to A+C					
	AS	4.5'	2:14	2:15	2:15	2:17	2min	
	AV	12'	UNIFORM soil below 3' SIMILAR to HOLE D					

REMARKS Holes Per PLAT - SHALLOW Syst. ONLY

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT Rocky Cress, June

B 1 **4432** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0652** fill in this form completely

DATE RECEIVED (APA) **73/95** **OWNER INFORMATION**
QUASBA **K** **RAMASH**
 15 Last Name 13 Owner 34 First Name
9120 BRIARCHIP ST.
 36 Street or RFD 55
LAUREL **MD 20708**
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD **CLARKSVILLE MANOR**
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION **8** LOT **8**
 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 MSD/MGD/MWD
Joseph L. Mayne **24**
 Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
 Address
Joseph L. Mayne **7/28/95**
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)** **Morning Dew Court**
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 **60** 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**
 1 2 3 4 5 6 7 8 9 10 11 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 13 14 15 16 17 18 19 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 **A39146**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **8/10/95** **Mark Mayne** **8/10/96**
 43 44 45 46 47 48 CO-SIGNATURE EXP. DATE
 NORTH GRID **500000** EAST GRID **819000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **280** FEET
 24 28

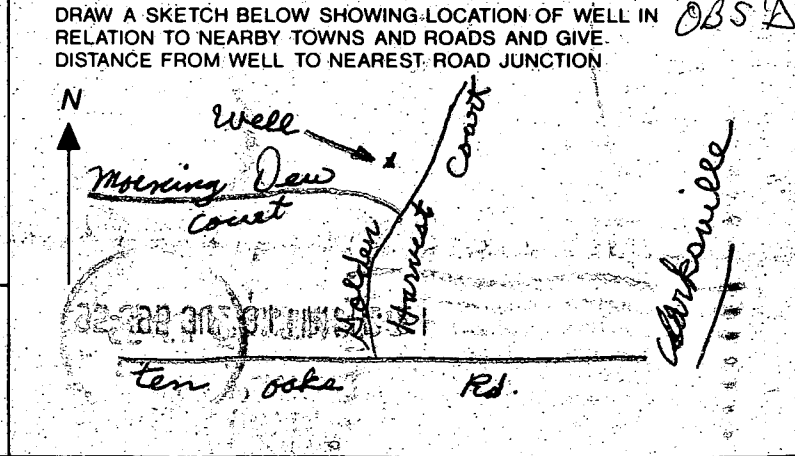
APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ **G A P** _____
 54 63
 FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **40-94-0652**
 67 68 70 71 72 73 74 75 76 77 78 79

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 **8184**
 N **500**
 000
 000
 000
 TAG OK OK NOT
 OBS ✓



C1 2813

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 COLUMNS 3-8 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A39416

STATE USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 7/3/95

08/15/95

200 (TO NEAREST FOOT)

Hd-94-0652

OWNER QUASBA RAMASH STREET OR RFD MORNING DEW CT. TOWN CLARKSVILLE SUBDIVISION CLARKSVILLE MANOR SECTION LOT 8

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for SAND and GRAY MICHA ROCK.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 26 NO. OF POUNDS 2444

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

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

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

SCREEN RECORD screen type or open hole. insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE Joseph E. Marjone

LIC. NO.

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

DEPTH (nearest ft.) HO 67 200

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

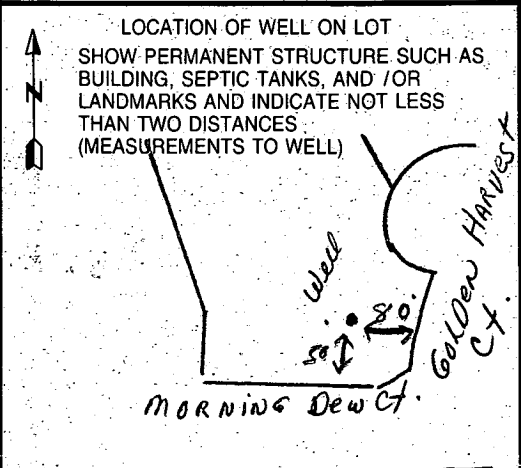
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

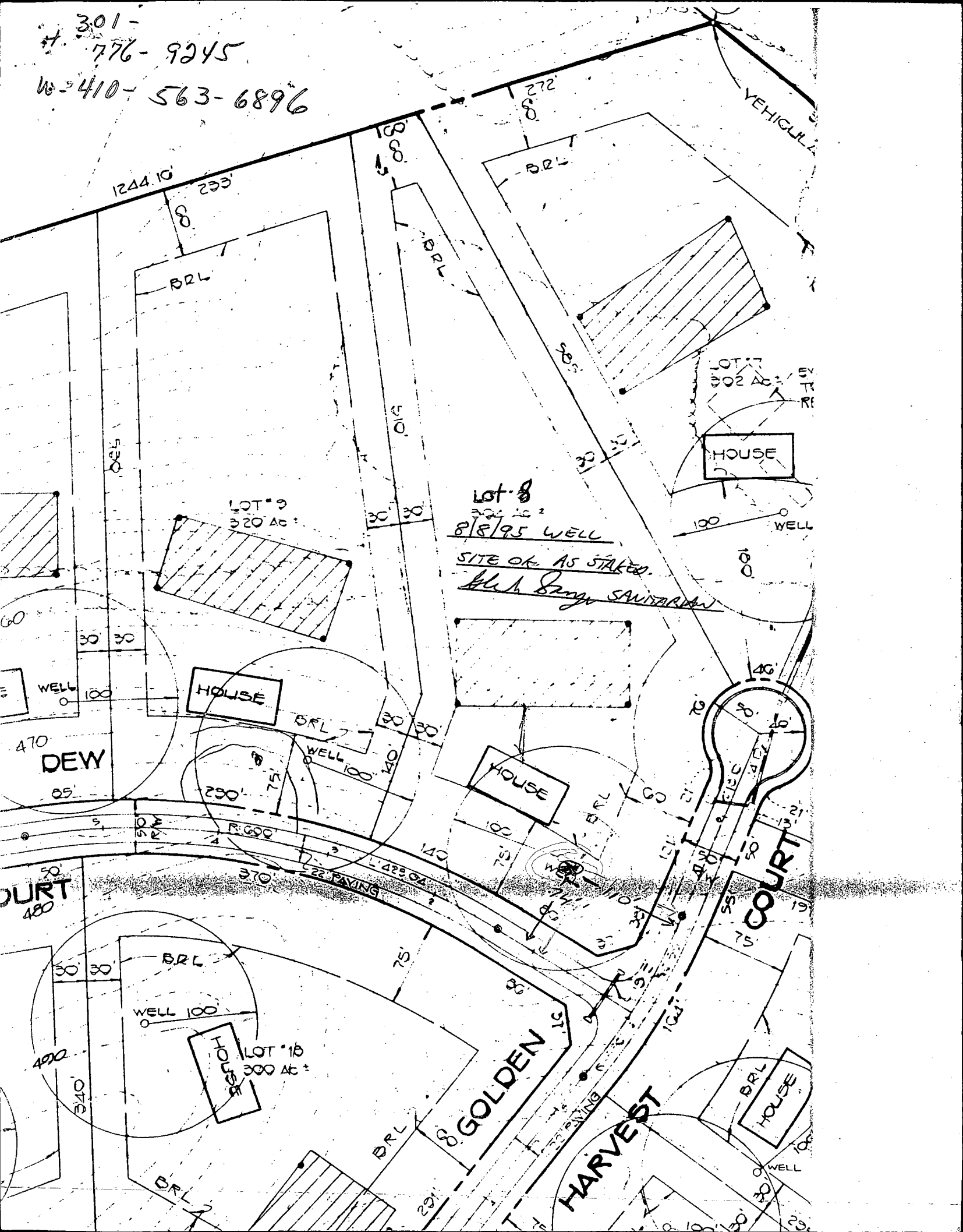
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 69 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES) YES (NO) 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



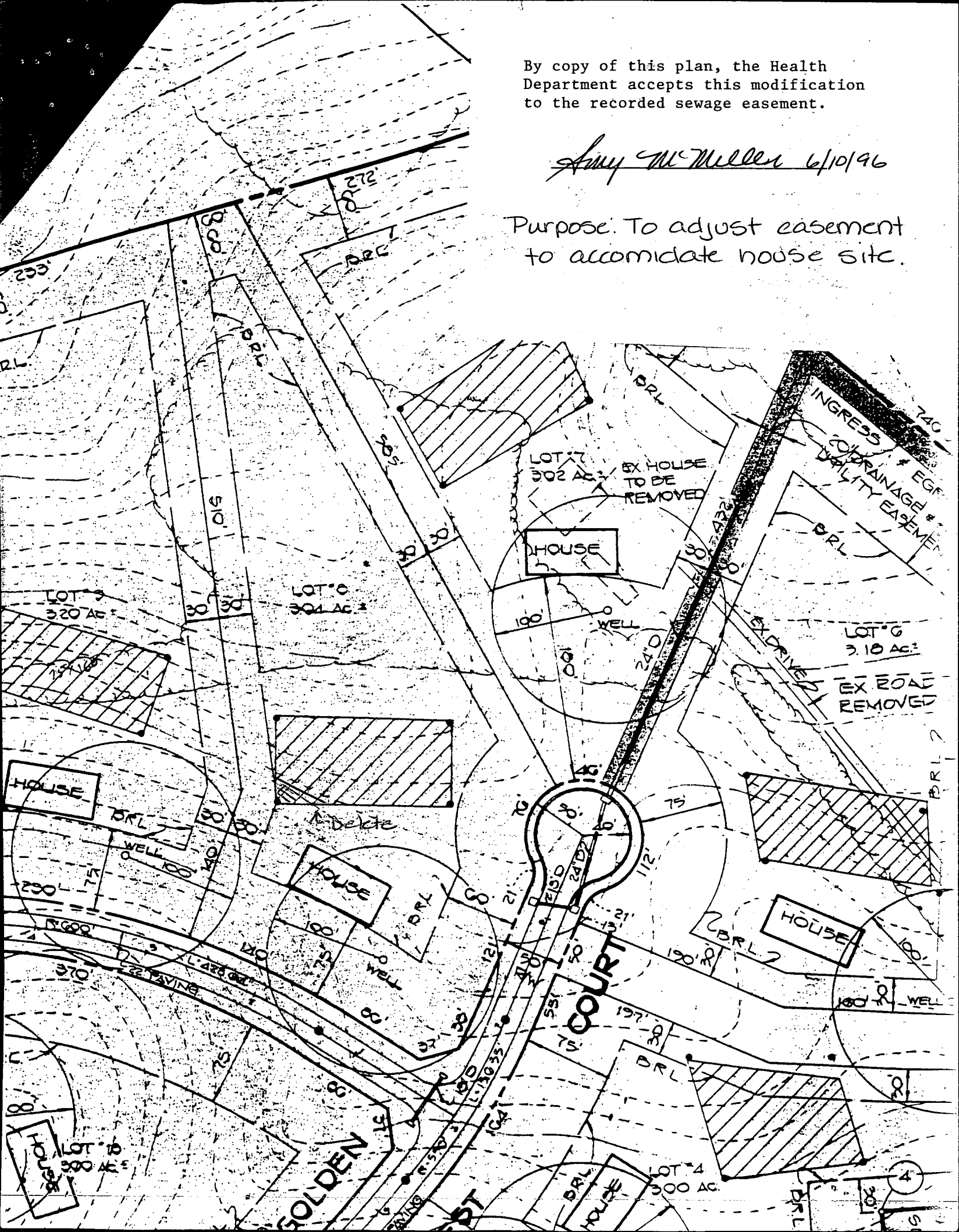
301 -
776-9245
W-410-563-6896



By copy of this plan, the Health Department accepts this modification to the recorded sewage easement.

Amy McMiller 6/10/96

Purpose: To adjust easement to accomodate house site.

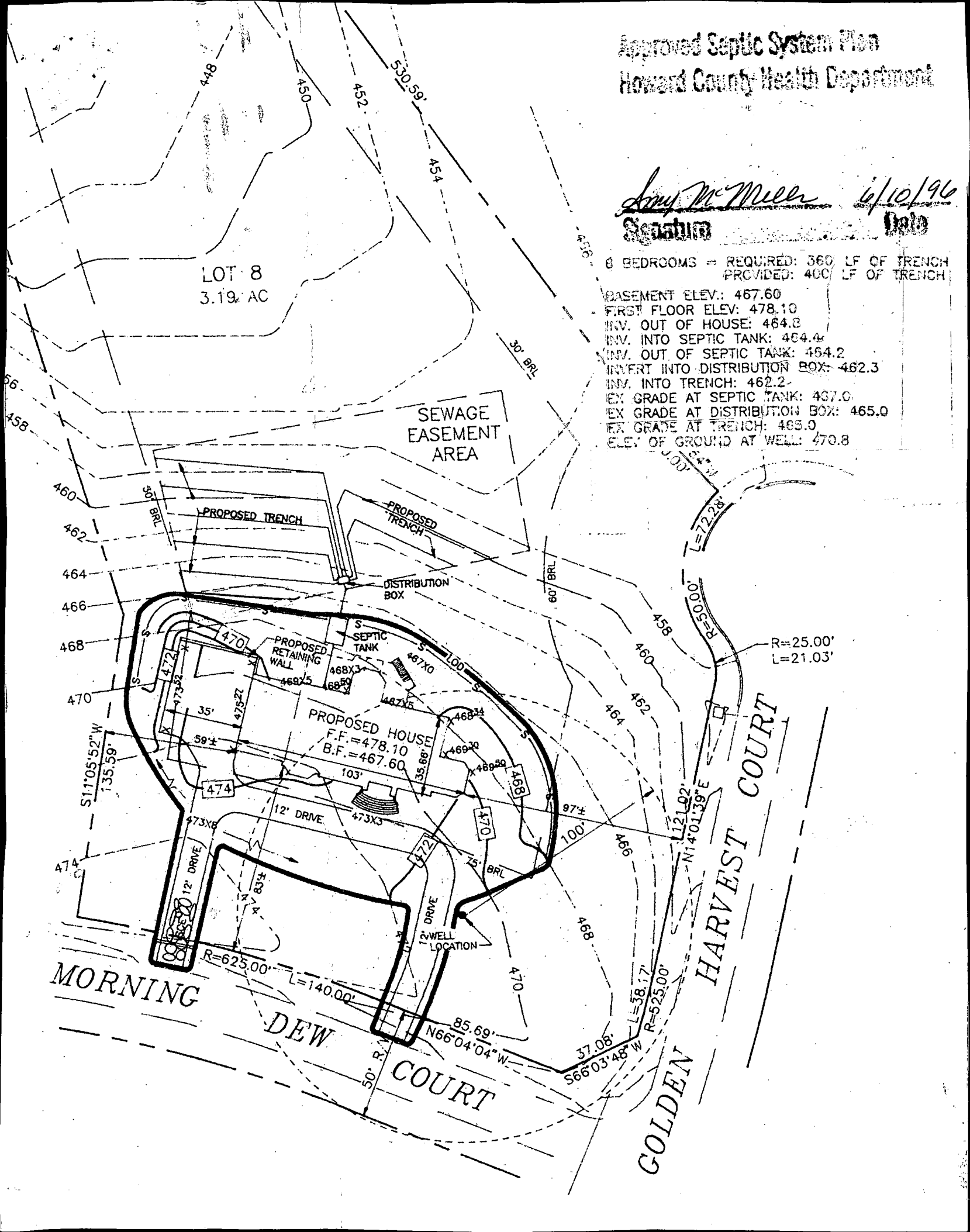


Approved Septic System Plan
Howard County Health Department

Smy Miller 6/10/96
Seatum **1996**

8 BEDROOMS = REQUIRED: 360 LF OF TRENCH
PROVIDED: 400 LF OF TRENCH

BASEMENT ELEV.: 467.60
FIRST FLOOR ELEV.: 478.10
INV. OUT OF HOUSE: 464.3
INV. INTO SEPTIC TANK: 464.4
INV. OUT OF SEPTIC TANK: 464.2
INVERT INTO DISTRIBUTION BOX: 462.3
INV. INTO TRENCH: 462.2
EX GRADE AT SEPTIC TANK: 467.0
EX GRADE AT DISTRIBUTION BOX: 465.0
EX GRADE AT TRENCH: 463.0
ELEV. OF GROUND AT WELL: 470.8



LOT 8
3.19 AC

SEWAGE
EASEMENT
AREA

HARVEST COURT

MORNING
DEW

COURT

GOLDEN

SITE INSPECTION SHEET

OWNER: Rimask Quisba (410-531-1408)

DATE REQUESTED: 10/19/99

ADDRESS: 6302 Morning Dove Court
Clarksville Manor lot 8

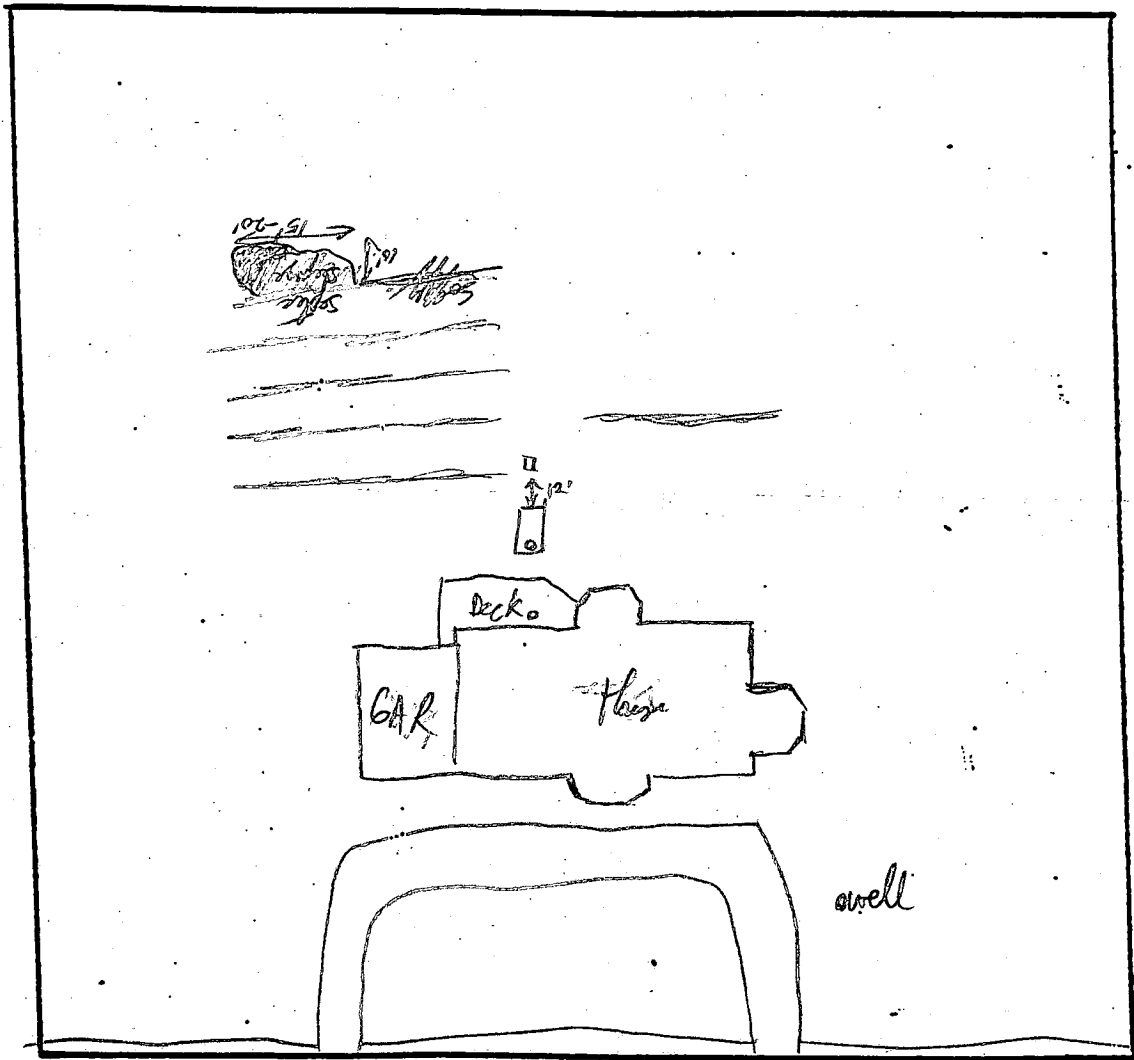
DRILLER: _____

WELL TAG # _____

COUNTY # A39146 (P57320)

PROPOSAL: Septic system only 3 yrs old, has been well off & on for 2 yrs, is now seeping to surface of ground, smelly odors.

LOCATION DIAGRAM



COMMENTS: Septic system is definitely failing - seepage from basement trench now covers a 10' x 15' ft area with another 10' x 10' area of seepage in ground. Need to look at breiser distribution box to see if one trench is getting backed up with water. I suggested installing a water meter. He took a call from Kelly (contractor who put in original system). I told him he would talk calculator and file for a repair permit. We could recommend more once the distributor was open for inspection. Pp in bly 10/19/99

DATE: 10/19/99

INSPECTOR: Don Finley