

05-410428

11/30/93  
now in file

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49650

A 39150

DISTRICT 5th

**HOWARD COUNTY HEALTH DEPARTMENT**  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE 10/1/93

DATE SYSTEM APPROVED 11/30/93

INSPECTOR [Signature]

# INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Rd., Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Clarksville Manor LOT 12 ROAD 6326 Morning Dew Court

PROPERTY OWNER Altieri Homes, Inc. Michael O'Neill

ADDRESS \_\_\_\_\_ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 4-2804 800147740-DECK + LAZARDO

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**TRENCHES** - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

**LOCATION** - Starting from the right front lot corner, place the distribution box 140 feet down the right lot line and 100 feet off this same lot line. Run trenches in both directions.

**NOTES** - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 9/7/93

PLANS APPROVED BY Sid Abel/Mark Rifkin REVISED DATE 5/26/93

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

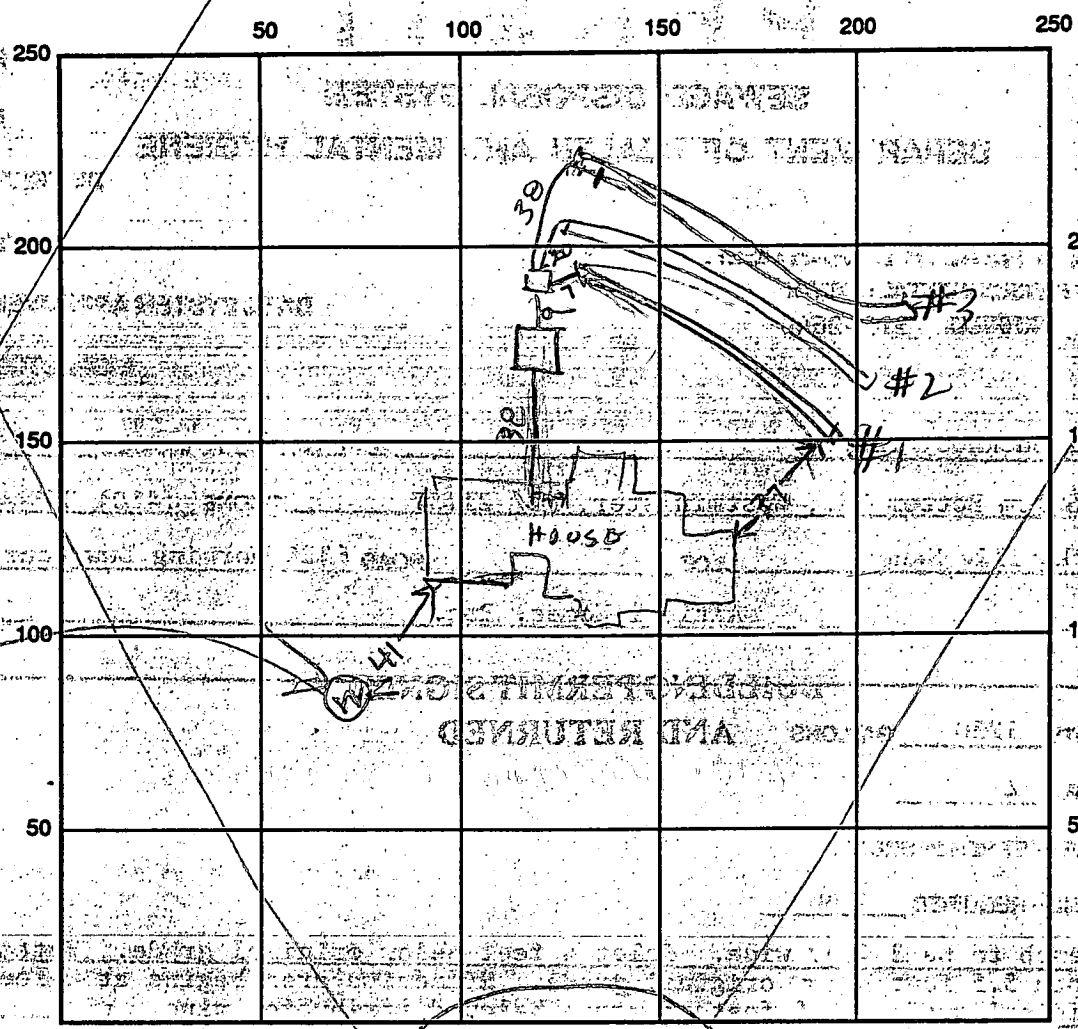
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 39150



WPI OK  
 R. SUPERVISOR  
 7951405  
 7819655

53  
 33  
 15

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1.500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 33 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 84/85 FT. 8.6/25.3

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 759 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 11/30/93 COVER TRENCH #1 ADD STONE

TO TRENCH #2 AND TRENCH #3

11/30/93 TRENCHES OK

DATE SYSTEM APPROVED 11/30/93 INSPECTOR Raymond Hodge

# 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 39150

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. Ellsworth Jager *Atteri Homes, Inc*

ADDRESS 10001 ROUTE 108 COLUMBIA, MARYLAND 21044 PHONE 796-5266  
730-6062

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 12

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 32  
(6326 Morning Dew Court)

SIZE OF LOT PLEASE ATTACHED LIST 3.00 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 Schuy Albert FOR Standard Fund DATE 8-9-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6-11-87 PERC SATISFACTORY, HOLD FOR SUBDIVISION PERM. STATE

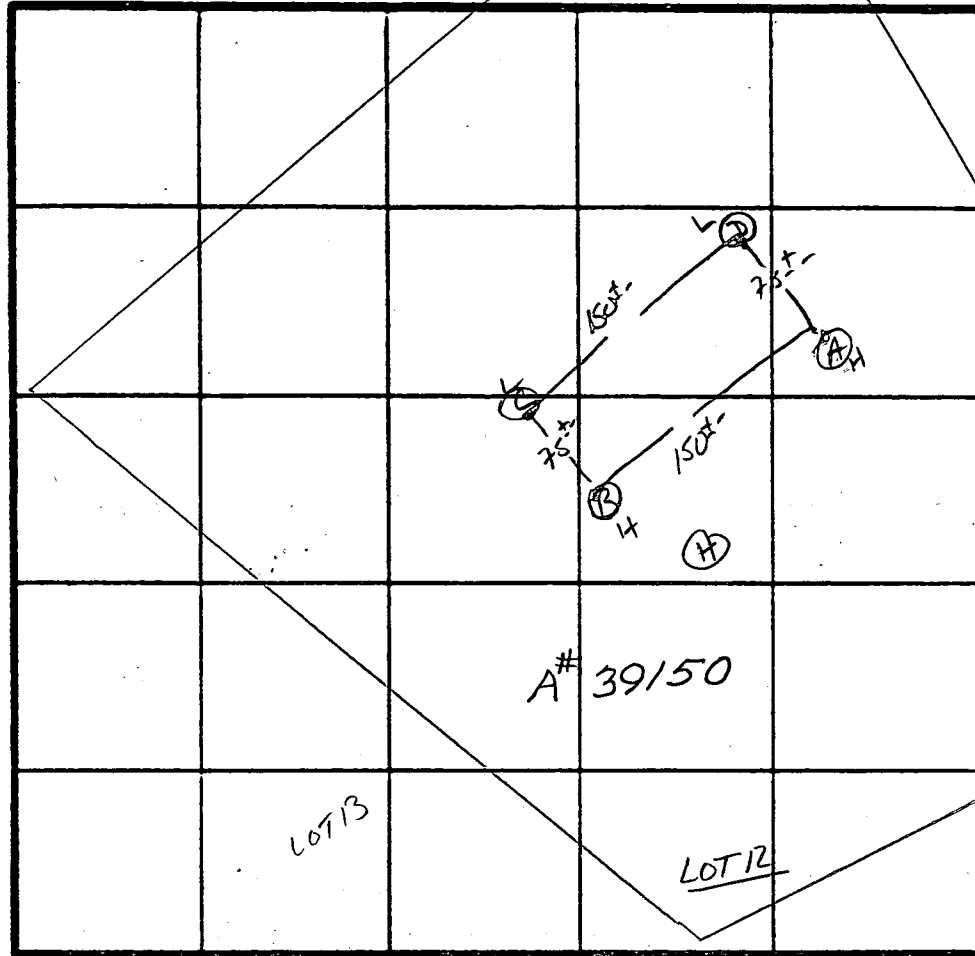
BLDG. PERMIT SIGNED  
AND RETURNED 8/9/93  
Serial # 49901  
SFD-4Bemo

# THIS IS NOT A PERMIT

SOIL PROFILE

4"-10"  
 A1-3/AP  
 Red Brown  
 Silty Clay  
 Lom  
 10-15% F.F.S.  
 MOLE D; A  
 Small Quartzite  
 Gravel

4"-4.5"  
 Red Br. →  
 Red silt  
 Lom  
 Highly  
 Micaceous  
 15-20%  
 F.F.S.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS Rd.

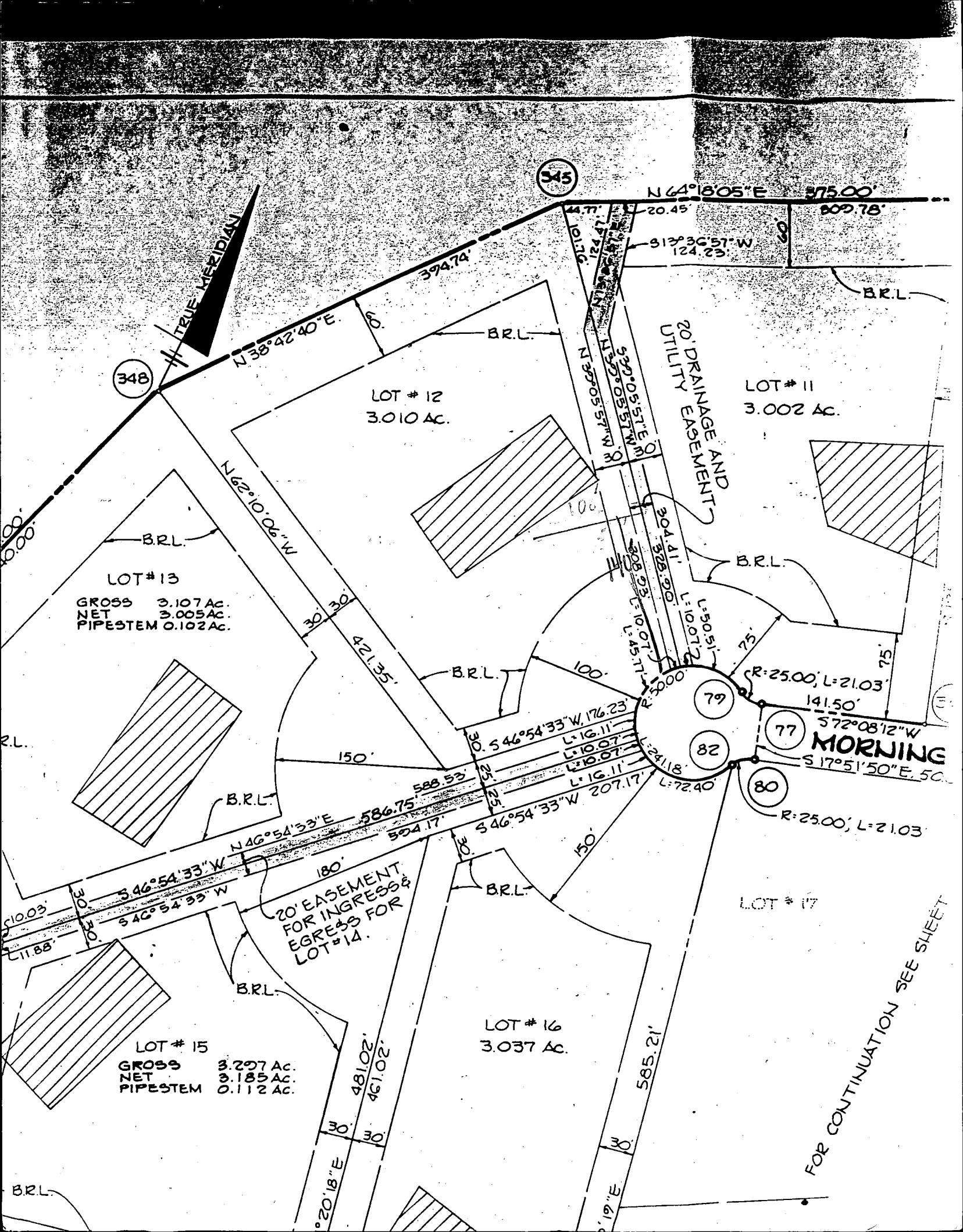
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/11/87	D V	4.5 12.5'	1:50 UNIFORM	1:56 Soil below	1:56	2:08	12 MIN
	A S	4"	2:06	2:07	2:07	2:10	3 MIN
	A M	7"	2:09	2:11	2:11	2:15	4 MIN
	A V	12"	UNIFORM	Soil below	3.5-4'		
	B V	12.5'	UNIFORM	Soil below	3.5-4'		
	C S	5.5' 12.5'	2:25	2:29	2:29	2:38	9 MIN
				SOUP w/ MANY lg. STONES AT 2-5'			
				SOIL GOOD AT ~ 3.5'			

REMARKS Holes per PLAT. Shallow Syst. Only

TYPE OF SOIL Chester/ELIWAH

TESTED BY SID Abel ALSO PRESENT ROCKY, CRIS

6/11/87



348

345

LOT # 12  
3.010 AC.

LOT # 11  
3.002 AC.

LOT # 13

GROSS 3.107 AC.  
NET 3.005 AC.  
PIPESTEM 0.102 AC.

79

82

77

80

LOT # 16  
3.037 AC.

LOT # 15

GROSS 3.297 AC.  
NET 3.185 AC.  
PIPESTEM 0.112 AC.

LOT # 17

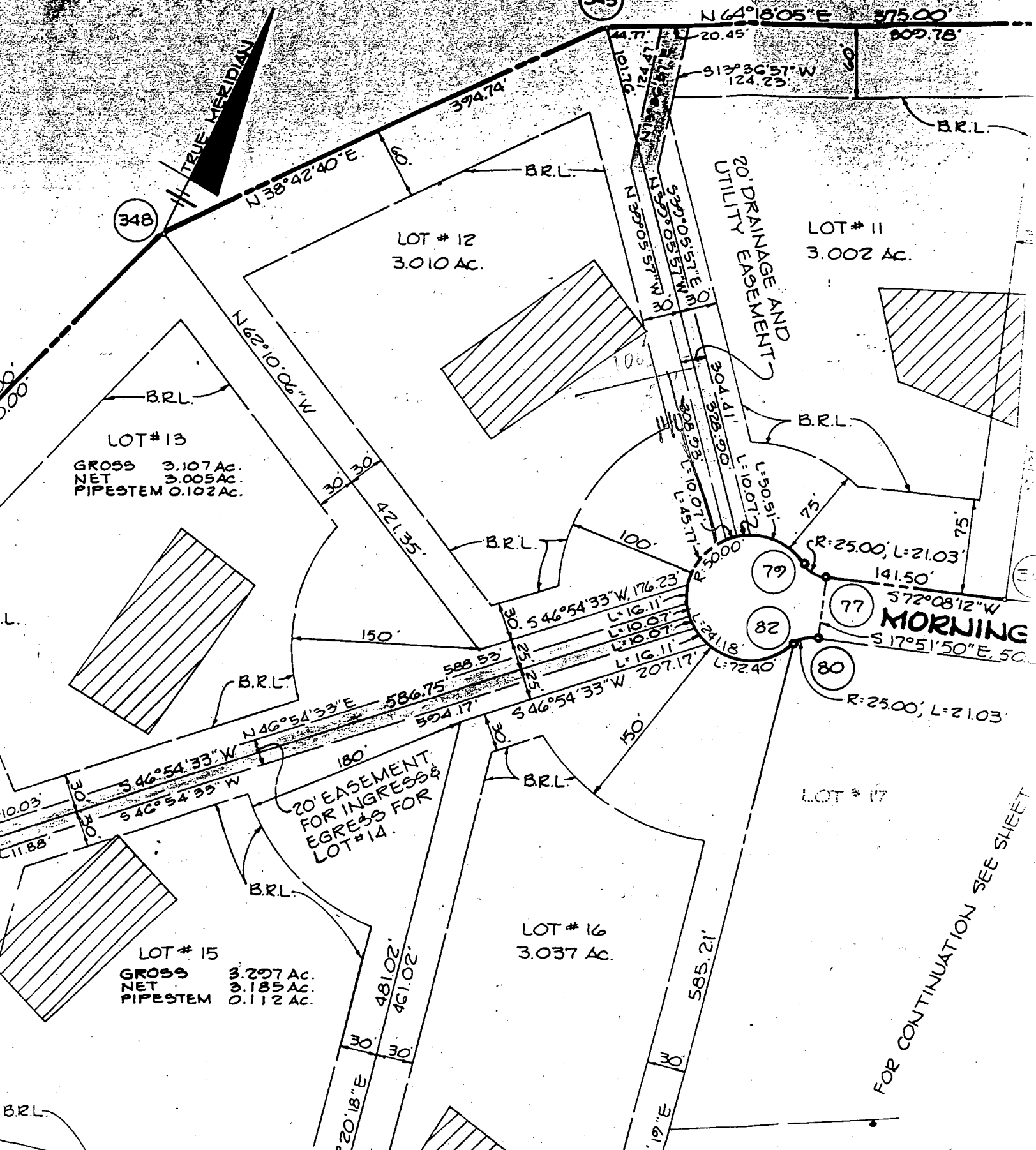
FOR CONTINUATION SEE SHEET

TRUE MERIDIAN

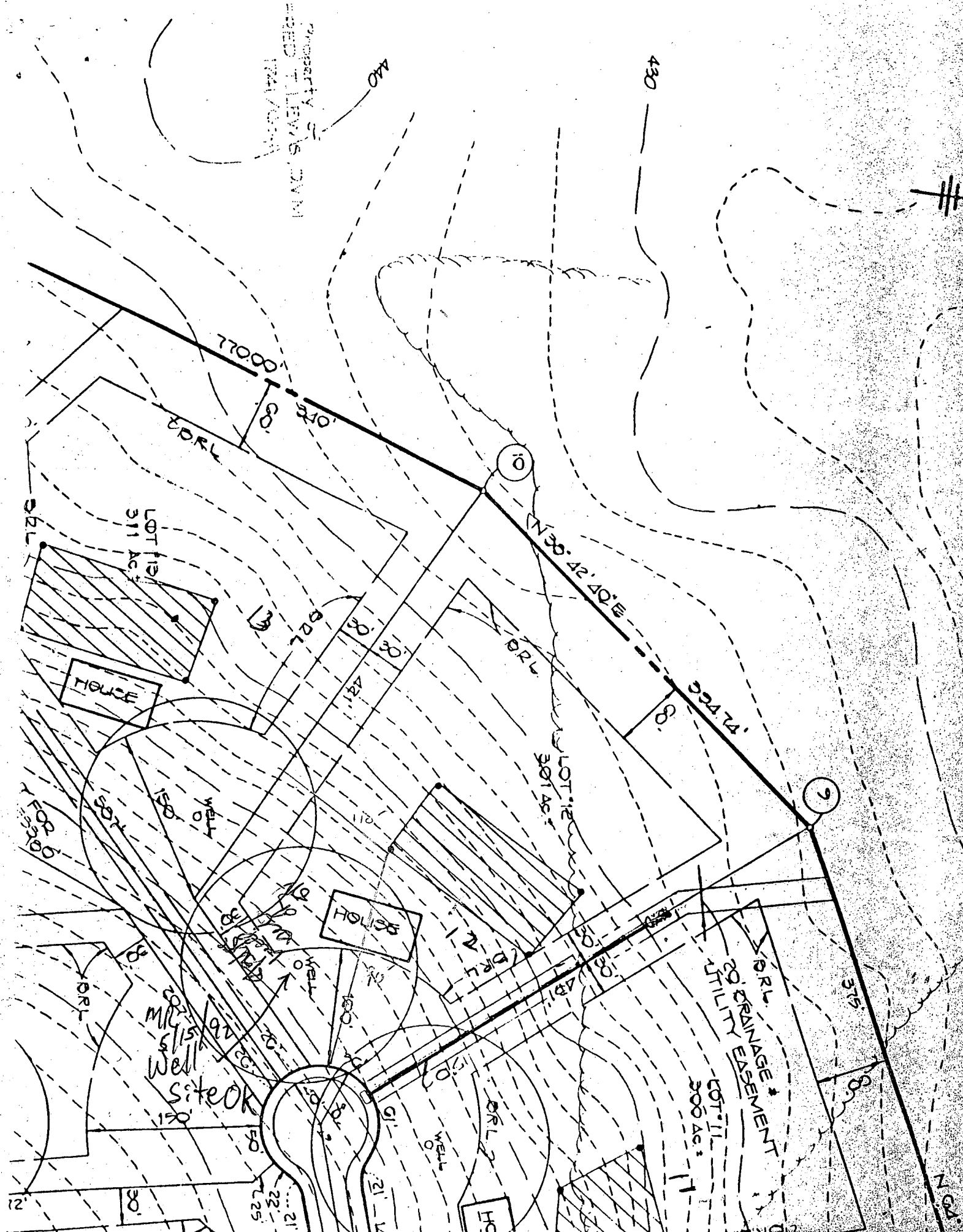
UTILITY DRAINAGE EASEMENT AND  
20' DRAINAGE EASEMENT

20' EASEMENT FOR INGRESS & EGRESS FOR LOT # 14.

MORNING



PROPERTY OF  
MRS. J. L. LEWIS, DVM  
1741/1000



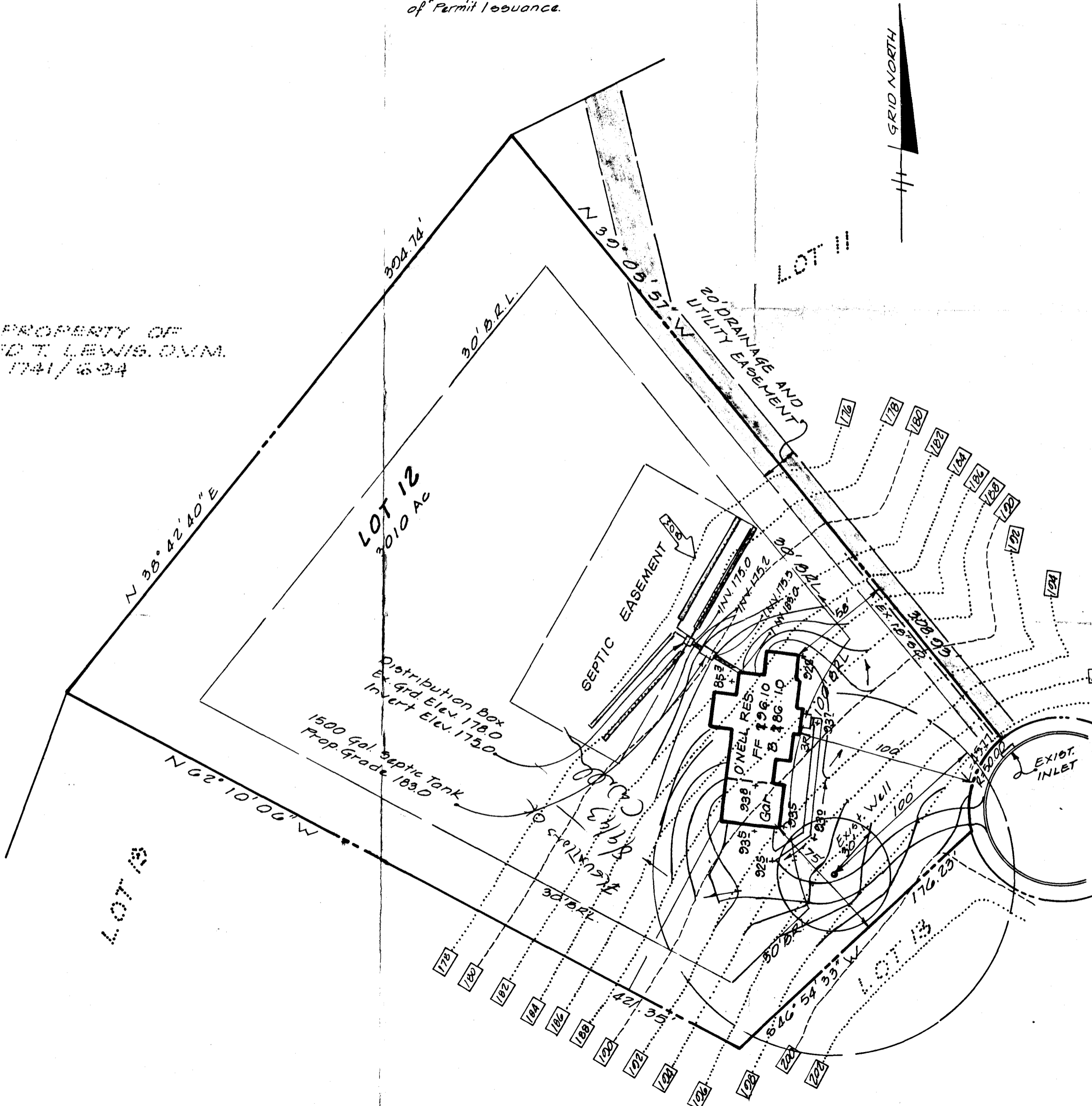
# GENERAL NOTES

- Existing topography was field run by Clark, Finefrack & Sackett, Inc. July 21, 1993
- Reference record plot number 8503
- Length of Trench to be determined at time of Permit Issuance.

# LEGEND

- Contour
- Existing
- Proposed
- Spot Elev
- Direction
- Walkout

PROPERTY OF  
D. T. LEWIS, D.V.M.  
1741/624



B 1 6174 SEQUENCE NO. (DP USE ONLY)  
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-92-0073  
70 fill in this form completely 79

Date Received (APA) 050192  
OWNER INFORMATION  
ONEILL MICHAEL  
15 Last Name 34 Owner First Name  
10805 GREEN VIEW WAY  
36 Street or RFD 65  
COLUMBIA MD 21044  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
1 HOWARD  
2 8 COUNTY 21  
CLARKSVILLE MARBOR  
23 SUBDIVISION 42  
SECTION 44 46 LOT 12 48 50  
CLARKSVILLE  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 MI  
73 76 77 78

DRILLER INFORMATION  
Ralph MAYNE 273  
Driller's Name 77 License No. 80  
Ralph MAYNE Well Drilling  
Firm Name  
9120 Browne Church Rd Mt Airy  
Address  
Ralph Mayne 4/30/92  
Signature Date

B 4  
1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
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B 2 WELL INFORMATION  
1 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 100  
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A39150  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED INSERT S  
051992 Mark E. Pflin 11/19/92  
43 48 CO SIGNATURE EXPI. DATE  
NORTH GRID 501000 EAST GRID 0819000  
50 55 57 63

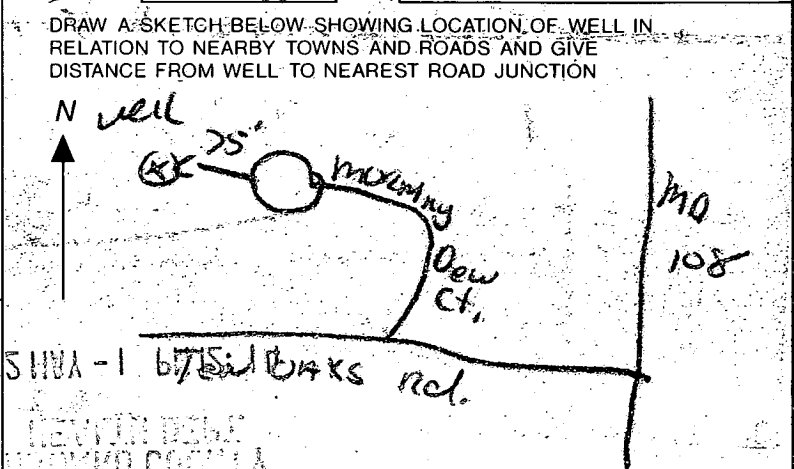
APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

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

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 8104  
N 5001  
000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER 54 GAP 63  
FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-92-0073  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 410-997-6418

C1 6811 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A39150**

ST/CO USE ONLY  
 DATE Received\*  
 8 9 10 11 12 13

DATE WELL COMPLETED  
**052292**  
 15 16 17 18 19 20

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-92-0073**  
 28 29 30 31 32 33 34 35 36 37

OWNER **O'Neil Michael**  
 last name first name  
 STREET OR RFD **Morning Star CT TOWN Clarksville**  
 SUBDIVISION **CLARKSVILLE MANOR** SECTION **LOT 12**

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	80	✓
Sand Stone	80	85	
MICKA	85	125	
Sand Stone	125	130	✓
MICKA	130	265	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **20** NO. OF POUNDS **2000**  
 GALLONS OF WATER **100**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **265** ft.  
 48 TOP 52 54 BOTTOM 58  
 (enter 0 if from surface)

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **5**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **90**  
 WHEN PUMPING **125**  
 TYPE OF PUMP USED (for. test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO  
 STEEL CONCRETE  
 PL  OT  
 PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 60  61  63  64  66  67  68  69  70

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 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 } LAND SURFACE  
 below } **5** (nearest foot)  
 49 50 51

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST  BR  HO  
 STEEL BRASS OPEN HOLE  
 PL  OT  
 PLASTIC OTHER

**C 2**

DEPTH (nearest ft.)  
**HO 87 265**  
 8 9 11 15 17 21  
 E A C H  
 23 24 26 30 32 36  
 S C R E E N  
 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to  
 56 60

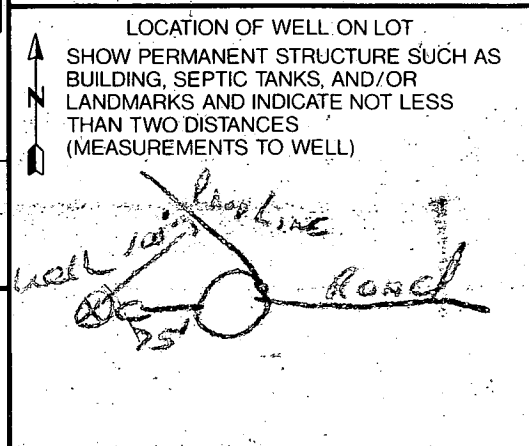
CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

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 IDENT. NO. **273**  
**Paul Mayers**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP 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



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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # \_\_\_\_\_ Date 11/19/93  
Name of Installer ROBERT L. FEEZOR CO., INC. Telephone 781-4655  
License Number 2122  
Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner ALTIERI HOMES Telephone 795-1405  
Subdivision CLARKSVILLE TRAIL Lot # 12 Well Tag # \_\_\_\_\_ - NO TAG ON WELL.  
Site Address 6326 MORNING DEW COURT  
RAPH MARYNE - DRILLER

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1/2 1. Make WALVOARD  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # PT800  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 42"  
c. Submersible  a. 110 \_\_\_\_\_  
2. Make Goulds b. 220   
3. Model # 55505412  
4. Capacity 5 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 \_\_\_\_\_

Tank Captive Air Piping Well data  
1. Capacity WX203 1. Type Poly 1. Depth 265 ft.  
2. Pressure relief valve? YES 2. Size 1" 2. Yield 5 GPM  
3. NSF and/or BOCA Code approved  3. Static water level 7 ft.  
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? YES

Pitless Adapter  
OK ME per RH 11/30/93

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: Richard L. Rose  
Date: 11/19/93

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

