

6/12/02 6/13/02  
ASAP 12-1

05-40444

ISSUE DATE: 5/23/2002

P 516989

APPROVAL DATE: 6/13/02

A 39152

# PERMIT INDEXED

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

Greg Ziska IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: 301-873-1287 (Cell Phone)

SUBDIVISION: Clarksville Manor LOT NUMBER: 14

ADDRESS: 6327 Morning Dew Court PROPERTY OWNER: Theodore Igwebe

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): 1500

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 225

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 110' off the lot line adjoining Ten Oaks Road and 155' off the existing well. Run (4) trenches on contour as shown on site plan.
NOTES:	*** PUMPED SEPTIC SYSTEM *** Maintain 100' distance from well with septic tanks and trenches.

PLANS APPROVED: MER 10/24/01 OK (BB) DATE: 10/22/01

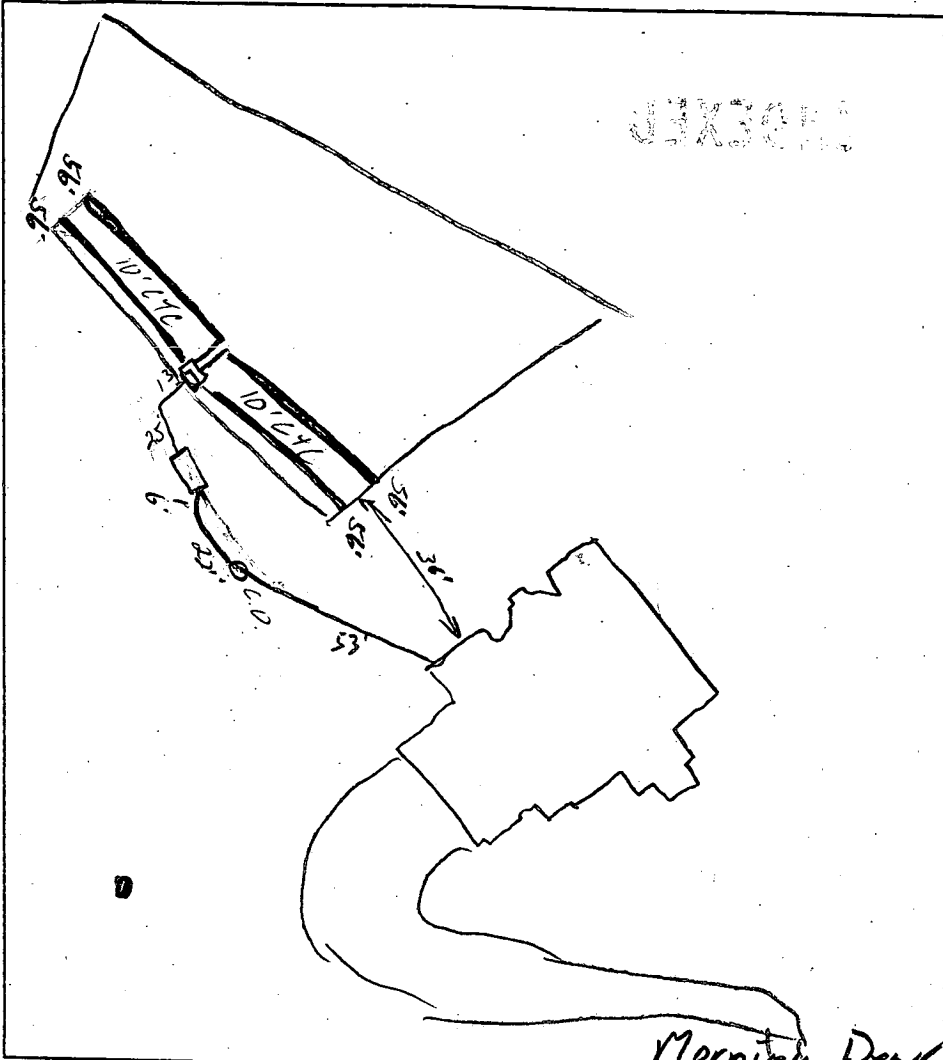
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

439152

NOT TO SCALE

JEX3011



Morning Dew Co

**TRENCH DATA**

TRENCH WIDTH 2  
 TRENCH INLET DEPTH 3  
 TRENCH BOTTOM DEPTH 7  
 DEPTH OF STONE 4  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 224'  
 ABSORBENT AREA 8964  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 TS GALLONS  
 MANHOLE RISER None 12" cover  
 6 INCH INSPECTION PORT Front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER N/A  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

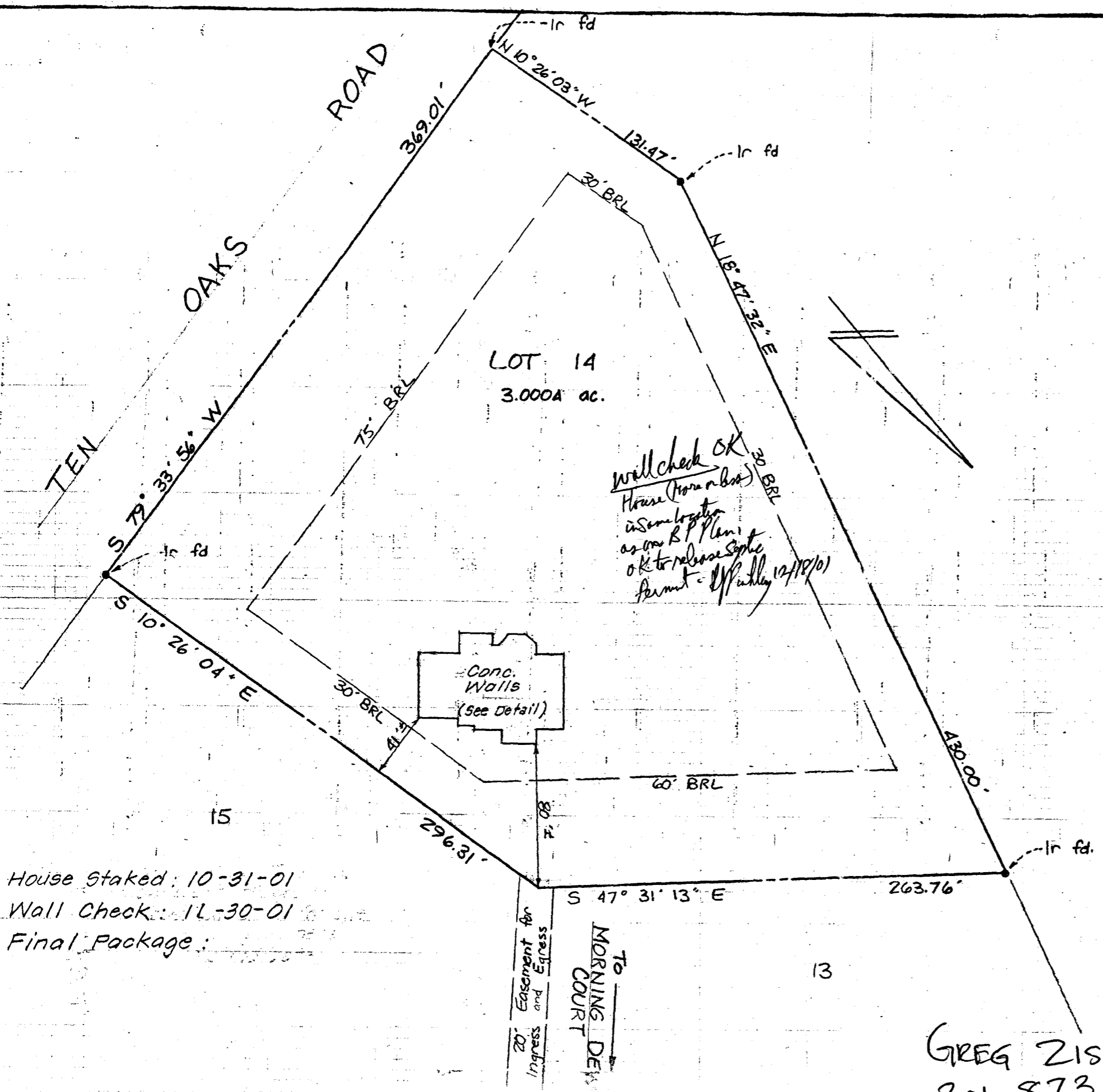
PRE-CONSTRUCTION INSPECTION: 6/12/02 Tank set, layout per BB w/o pump tank (SO)

INSPECTION COMMENTS: OK to cover all work (SO)

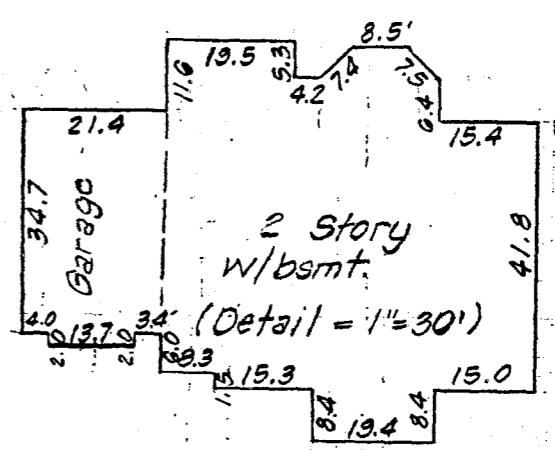
INSPECTOR

DATE SYSTEM APPROVED

6/13/02



NOTES:  
 1. This plat is not intended for use in the establishment of property lines, but prepared for the exclusive use of the present property owner(s) of record and/or those who purchase, mortgage, or guarantee the title thereto within six months from the date hereof, and as to them I warrant this house location survey.  
 2. For title purposes only.  
 3. No title report furnished at this time, subject to all easements and rights of way of record.  
 4. Property corners have not been set with this survey. Property information was taken from best available records.  
 5. This location plat is not to be used for the connection of fences or other improvements. A boundary survey and lot stakeout would have to be performed to determine the location of all property lines as shown.  
 6. The property shown hereon is located within ZONE C as shown on FEMA Flood Insurance Rate Map Community Panel No. 240044-0032-C of Howard Co., Maryland.



House Staked: 10-31-01  
 Wall Check: 11-30-01  
 Final Package:

Job: 01-22

**SURVEYS INC.**  
 350 MAIN STREET  
 LAUREL, MARYLAND 20707  
 301-776-0561

SURVEYING \* ENGINEERING \* LAND PLANNING  
 PERMIT SERVICES

**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my supervision and that they are located as shown. THIS IS NOT A BOUNDARY SURVEY.

11-01-01  
 DATE

*Gregory C. Benefield*  
 Gregory C. Benefield  
 Registered Professional  
 Land Surveyor, Md. #10994



**GREG ZISKA**  
 301 873 1287 (cell)  
 301 517 6166 (pager)

**HOUSE LOCATION PLAT**

Morning Dew Court

Lot 14, Block —, Sec./plat —

**"CLARKSVILLE MANOR"**

Clarksville (5th) Election District  
 Howard County, Maryland

Plat Book CMO, Plat 8503, Drawing #

DESIGN LINK		
PRECAST CONCRETE PRODUCTS SUPERIOR TANK INC.		
PROJECT		
DATE	JOB No.	PAGE

Total linear feet of trench required 225 feet

Width of trench(es) <sup>440</sup> 2 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan  
Howard County Health Department

*Mark [Signature]*  
Signature

*10/22/01*  
Date

1:50  
PLAN BY  
SURVEYS, INC.  
301-776-0561

FILE  
COPY

11/9/01  
Basement  
elevation  
revised to  
449.00  
& 459.00 at 1st  
Floor

House Inv. revised  
at 453.64

**LOT 14**  
3.00 Acres No. 536

Limit of Disturbance

600' ±  
TO MORNING  
DEW COURT

Existing  
Septic  
Area

Trench information  
to be determined  
by Ho. Co. Health  
Dept.

Proposed  
2-story  
Bsmt. 452.78  
F.F. = 462.78  
INV = 451.03

Garage  
459.25

INV 450.6  
OUT 450.3  
450.2

Septic tank

Distribution  
BOX EX. GRADE 453.5  
INV. IN 450.8

4 TRENCHES  
5' EACH  
INV. IN 450.5

Exist. Well

Vehicular Ingress and Egress Restricted

← TEN OAKS ROAD →

309.01'

N 18° 47' 32" E

N 10° 26' 03" W

S 10° 26' 04" E

430.00'

S 47° 31' 13"

444

440

269.60

Driveway

Floor

296.31'

170'

100' R

75' b.r.l.

30' b.r.l.

b.r.l.

5' 1/4" FENCE

5' 1/4" FENCE

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5' 1/4" FENCE

5' 1/4" FENCE

6327 Morning New Ct.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2465 INSPECTIONS (410)811-1810 AUTOMATED INFORMATION (410)273-9589	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00131721
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Building Address <u>LOT 14 MORNING DEW</u> <u>CURT, CLARKSVILLE, MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>89-33</u> Census Tract <u>10510</u> Subdivision <u>CLARKSVILLE MANOR</u> Section _____ Area _____ Lot <u>14</u> Tax Map <u>34</u> Parcel <u>398</u> Grid <u>1A</u> Zoning <u>RR-DMD</u> Map Coordinates <u>14D7</u> Lot size <u>3 ACRES</u>	Property Owner's Name <u>THEODORE IGWEBE</u> Address <u>832 MUDDY BRANCH ROAD</u> City <u>GAMHERSBURG</u> State <u>MD</u> Zip Code <u>20878</u> Home Phone <u>301 520 0260</u> Work Phone <u>301 709 2469</u> Applicant's Name & Mailing Address. (if other than stated herein): <u>AKIN AJUNON</u> <u>4815 PRINCE GEORGES AV. #204</u> <u>BELTSVILLE, MD 20705</u> Phone <u>301 937 7500</u> Fax <u>301 937 7571</u>
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Existing Use <u>VACANT LOT</u> Proposed Use <u>SINGLE FAMILY HOME</u> Estimated Construction Cost \$ <u>784,944.00</u> Description of Work <u>NEW CUSTOM SINGLE FAMILY HOME</u> <u>5 BEDROOMS / FINISHED BASEMENT</u> <u>4 1/2 BATHROOM / ATTACHED 3 CAR</u>	Contractor Company <u>OWNER</u> Contact Person <u>AKIN AJUNON</u> Address <u>4815 PRINCE GEORGES AV. #204</u> City <u>BELTSVILLE</u> State <u>MD</u> Zip Code <u>20705</u> License No. <u>590256</u> Phone <u>301 937 7500</u> Fax <u>301 937 7571</u>
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Occupant or Tenant <u>OWNER GARAGE</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>BETHEL DESIGN CONST.</u> Contact Person <u>AKIN AJUNON</u> Address <u>4815 PRINCE GEORGES AV. #204</u> City <u>BELTSVILLE</u> State <u>MD</u> Zip Code <u>20705</u> Phone <u>301 937 7500</u> Fax <u>301 937 7571</u>
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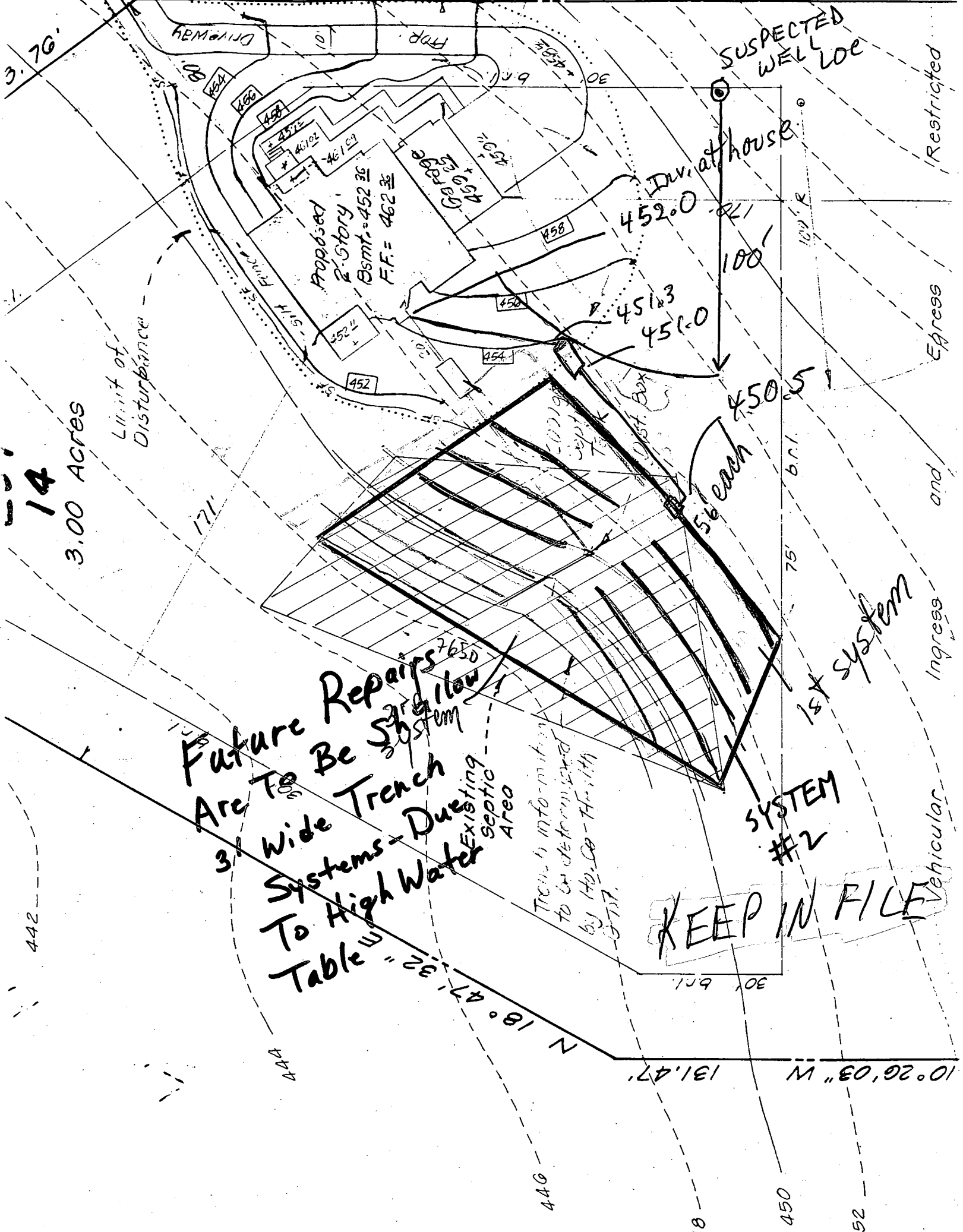
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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 THERE TO; (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 <u>THEODORE IGWEBE</u> Title/Company <u>OWNER</u>	Print Name <u>THEODORE IGWEBE</u> Date <u>JULY 30, 2001</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: <u>51037</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee: \$ <u>100</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee: \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax: \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>10/22/01</u>	<u>Mark R. [Signature]</u>	Side St: _____	Add'l per. fee: \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met?	TOTAL FEES: \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due: \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1369</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation: <u>134026</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date: _____	Accepted by: _____
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA



14  
3.00 Acres

Limit of Disturbance

Future Repairs  
Are To Be Spaced  
3' Wide Trench  
Systems - Due to  
High Water Table  
Existing Septic Area

Trench information  
to be determined  
by Ho. Co - Health  
5-17.

KEEP IN FILE

SUSPECTED WELL LOE

In. at house

1st system

SYSTEM #2

vehicular

Ingress and

Egress

Restricted

442

446

448

450

452

3.76'

DRIVEWAY

458

457

456

455

454

453

452

451

450

449

448

447

446

445

444

443

442

441

10'

30'

40'

50'

60'

70'

80'

90'

100'

110'

120'

130'

140'

150'

160'

170'

180'

190'

200'

210'

220'

230'

240'

250'

260'

270'

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980'

990'

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1010'

1020'

1030'

1040'

1050'

1060'

1070'

1080'

1090'

1100'

1110'

1120'

1130'

1140'

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1180'

1190'

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2070'

2080'

2090'

2100'

2110'

2120'

2130'

2140'

2150'

2160'

2170'

2180'

2190'

2200'

2210'

2220'

2230'

2240'

2250'

2260'

2270'

2280'

2290'

2300'

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2470'

2480'

2490'

2500'

2510'

2520'

2530'

2540'

2550'

2560'

2570'

2580'

2590'

2600'

6/3/02  
Anytime

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: American Water Technologies Telephone #: 301-963-4457

Address: 17 N. FREDERICK AVENUE  
GAITHERSBURG, MARYLAND 20877

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Sheldon Fenlon License# 11092

\*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: \_\_\_\_\_ Telephone #: New Home  
Subdivision: Clarksville Manor Lot #: 14 Well Tag #: HO-94-1575  
Site Address: 6327 Morning Dew Court  
Clarksville, Maryland 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: FLAT WALLING Make: CUMMEL Two piece watertight cap: \_\_\_\_\_  
Model #: 24HP 10GPM 230V Model #: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 8.5 GPM NSF approved:  Conduit min 18" B.C.:   
Depth of well encountered at time of pump installation: 120 (feet) Conduit secured to well cap:   
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 Both  
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house House Connection  
Type: 1" POLY PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 3.5'  
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: Yes

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.

Signature of company representative responsible for installation: \_\_\_\_\_ date: 2/18/02

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

Date Insp. Requested: 1/3/02 Date Insp. Approved: 6/3/02 (KG)<sup>SRK</sup>  
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 6" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

HD-215 (Rev. 8/00)

well line not sleeved  
under proposed driveway  
location - MR ok'd + trust  
one time. Super Knows to cover it.

C1 05197 SEQUENCE NO. (MDE USE ONLY)

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 A 39152

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 07 23 98

Depth of Well 22 120 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1575

OWNER: Politzer, David; STREET OR RFD: Morning Dew Ct; TOWN: Clarksville; SUBDIVISION: Clarksville; SECTION: 14; LOT: 14

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (25), NO. OF POUNDS (250), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0 to 30+ ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (100 feet).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

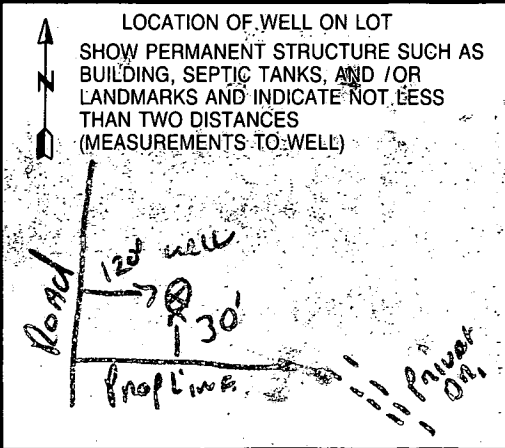
DEPTH (nearest ft.) table with columns for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51) and corresponding well depth (98, 120).

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (8.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (25 ft. before, 51 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+ above, - below).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 1116 RALPH MAYNE DRILLERS SIGNATURE

LIC. NO. 1 M S D 1117 DRILLERS SIGNATURE

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

**Date Received (APA)**  
 05/17/98  
**OWNER INFORMATION**  
 POLITZER DAVID  
 2739 GUARNEY HEIGHTS  
 BALTIMORE MD 21209

**B 3** LOCATION OF WELL  
 HOWARD  
 CLARKSVILLE MANOR  
 SECTION 7 LOT 14  
 CLARKSVILLE  
 MILES FROM TOWN (enter 0 if in town) 1 MI

**DRILLER INFORMATION**  
 Ralph Mayne  
 RALPH MAYNE Well Drilling  
 9120 Brown Church Rd. Mt Airy  
 Ralph Mayne 5-26-98

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 NEAR WHAT ROAD: Tew Oaks Rd.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST  
 DISTANCE FROM ROAD: 25 FT  
 ENTER FT or MI: FN

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

**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)

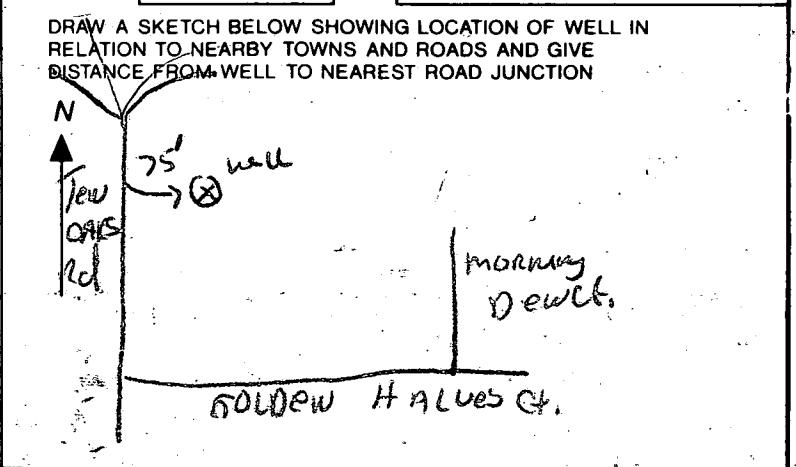
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 Howard H39152  
 COUNTY NAME: Howard COUNTY NO.:  
 STATE SIGNATURE: Kim M... DATE ISSUED: 6/1/99  
 NORTH GRID: 499000 EAST GRID: 0813000

APPROXIMATE DEPTH OF WELL: 150 FEET  
 APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER:  
 1. well  
 2. GROUT 9:00  
 3. not done today (km)  
 NO INSP  
 WRITE THE BOX NUMBER FROM THE MAP HERE:  
 8143  
 500499

**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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): \_\_\_\_\_



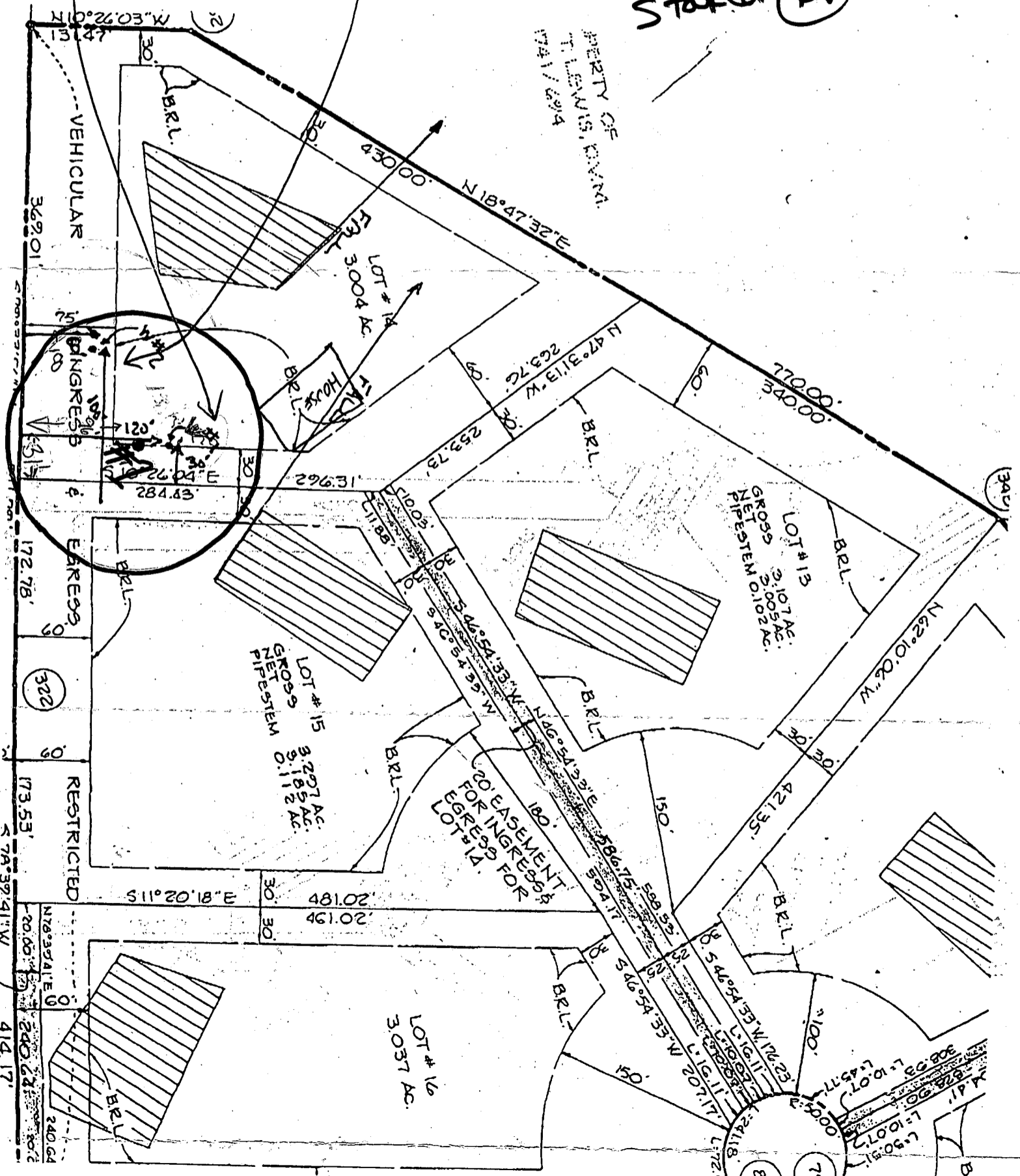
**Not to be filled in by driller (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER: GAP  
 FORCE: KM PERMIT No.: 10-94-1575

SPECIAL CONDITIONS: Jim Binwell Drill at well site #1

6-1-98  
 Well stakes #1 #2 both  
 too close to existing  
 sewage easements. (KM)

well #1 was proposed (First attempt) 6-1-98 too close to existing  
 well #2 was proposed (second attempt if 1st failed) SDA for Lot 15 (KM)  
 (too close to existing SDA)  
 well #2 (KM)

6-11-98  
 Well site #1 OK as  
 staked (KM)



# 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 39152

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

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

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 14

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

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 \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

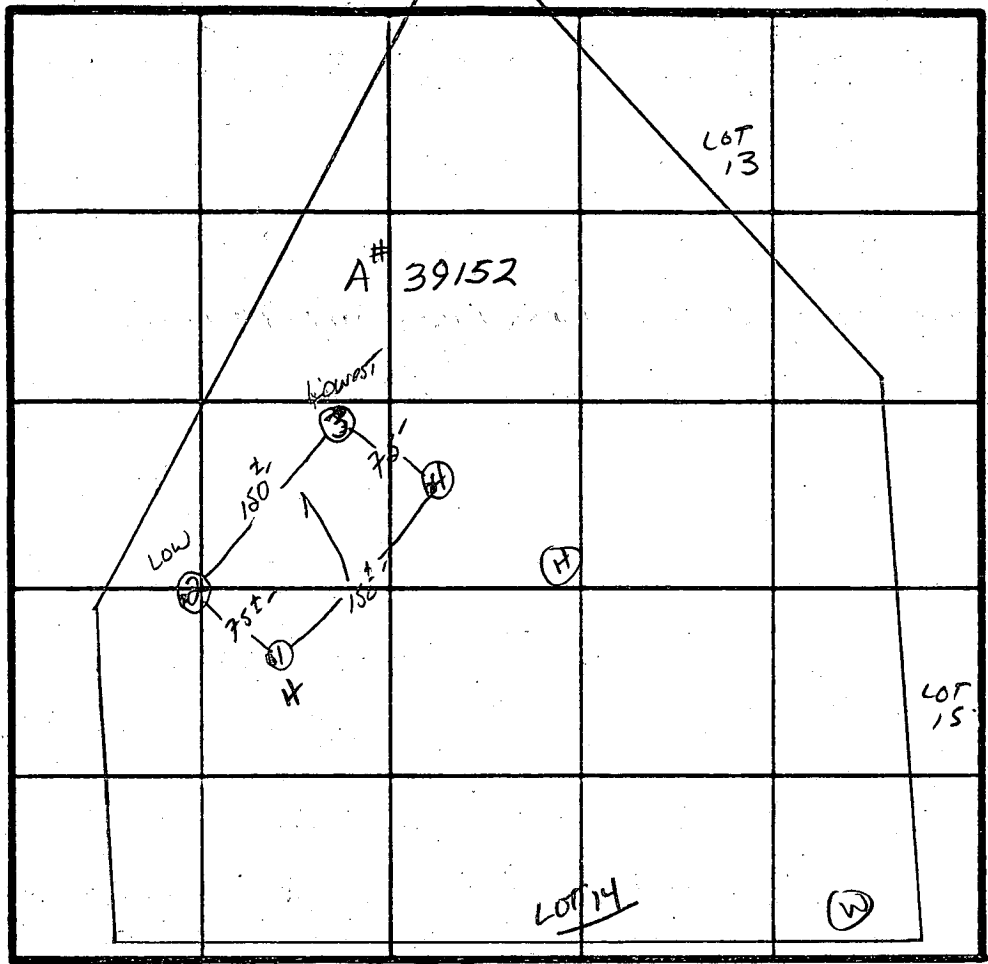
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6-9-87 perc Satisfactory - Hold for subdivision plat. S. Hill

# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0	AP
10"	RED BROWN Silt CLAY LOAM micaceous 15-20% FRAGS
4"	RED BROWN Silt LOAM Highly micaceous 15-20% FRAGS
4.5"	
13-14"	



̄ Perc 6min  
3' INLET  
5' BOTTOM  
180# BR  
Initial  
3' Inlet  
7' Bott  
Future Sys.  
Shallow!

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	
6/9/87	1 S	5'	9:37	9:38	9:38	9:40	2min
	1 M	9'	9:37	9:39	9:39	9:42	3min
	1 V	13'	UNIFORM SOIL below 4'				
	2 S	5.5'	9:41	9:44	9:44	9:50	6min
	2 V	14'	UNIFORM SOIL below 4.5-5'				
	3 S	3.5'	9:46	9:49	9:49	9:54	5min
	3 V	WATER AT 11.5' → UNIFORM SOIL below 3'					
	4 S	4.5'	9:53	9:58	9:58	10:08	10min
	4 V	13'	UNIFORM SOIL below 4'				

REMARKS Holes Per Plat / Shallow Syst only  
 TYPE OF SOIL Glanely LOAM  
 TESTED BY SID Abel ALSO PRESENT Rocky, Criss

EN 12 10/8

PROPERTY OF  
FRED T. LEWIS, D.V.M.  
1741/694

LOT # 13  
GROSS 3.107 AC.  
NET 3.005 AC.  
PIPESTEM 0.102 AC.

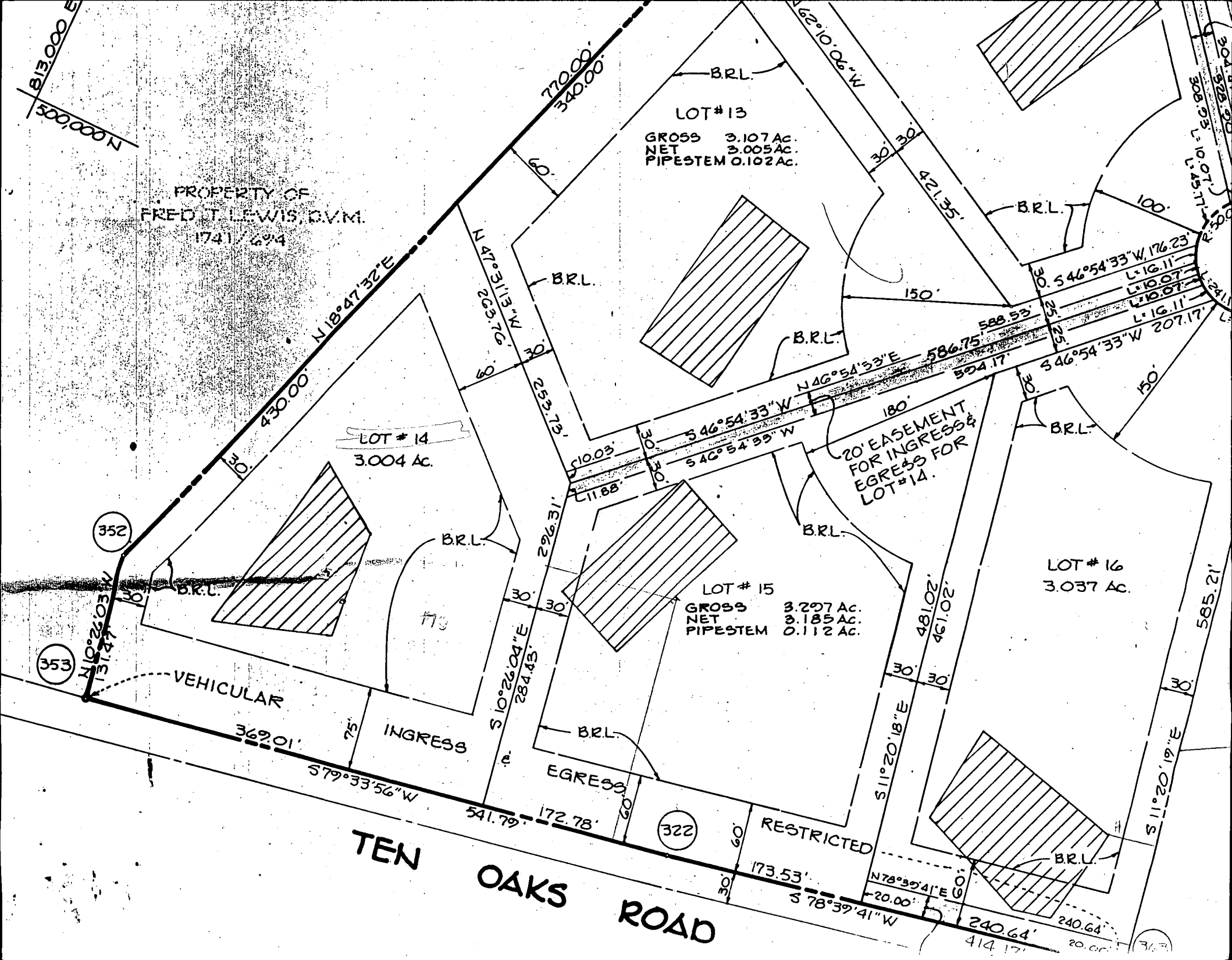
LOT # 14  
3.004 AC.

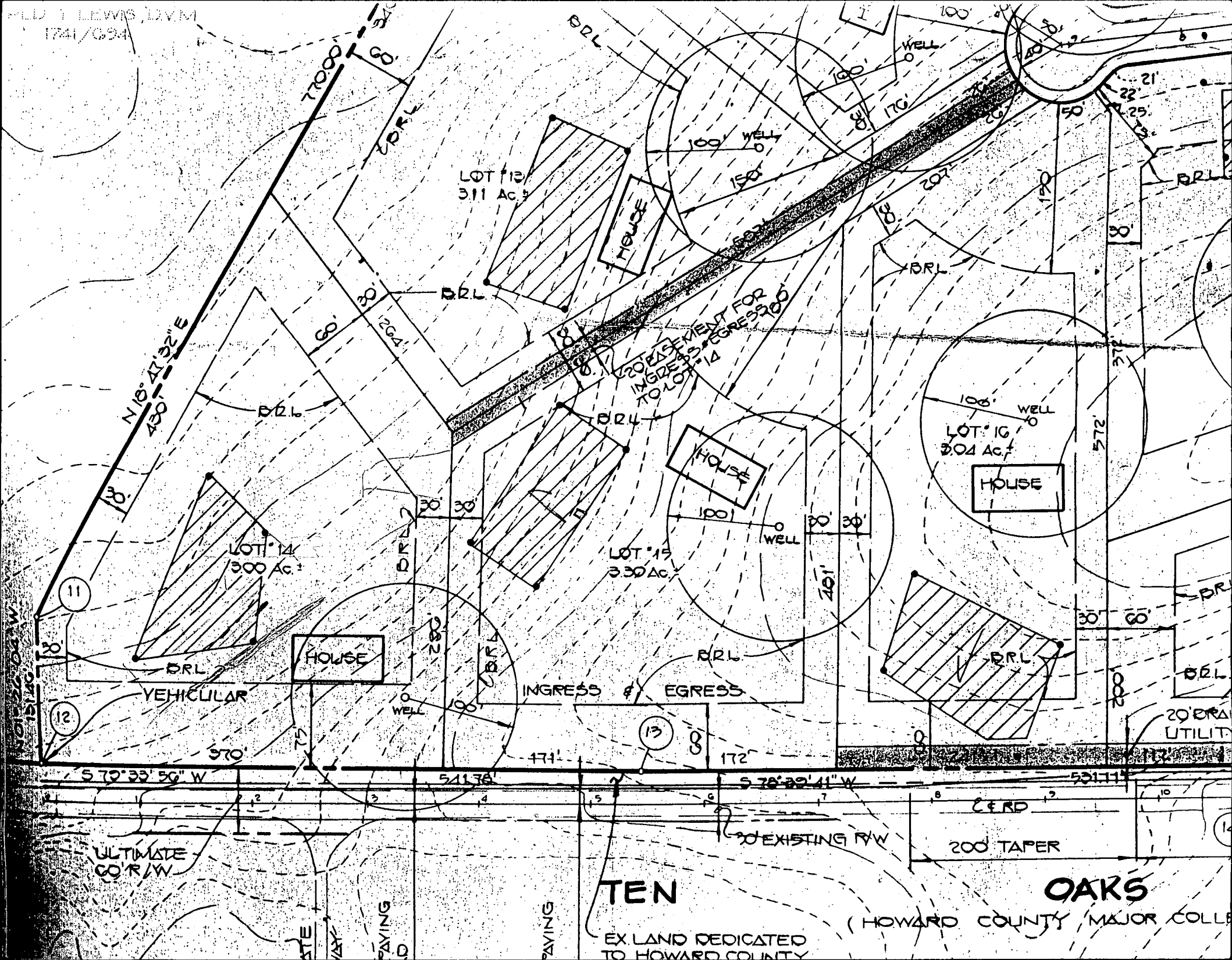
LOT # 15  
GROSS 3.297 AC.  
NET 3.185 AC.  
PIPESTEM 0.112 AC.

LOT # 16  
3.037 AC.

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

TEN  
OAKS  
ROAD





LOT #13  
311 Ac.

LOT #14  
300 Ac.

LOT #15  
330 Ac.

LOT #16  
304 Ac.

HOUSE

HOUSE

HOUSE

VEHICULAR

INGRESS & EGRESS

20' DRA  
UTILITY

57°33'50" W

511.78

57°39'41" W

531.11

ULTIMATE  
60' R/W

20' EXISTING R/W

200 TAPER

TEN

OAKS

EX LAND DEDICATED  
TO HOWARD COUNTY

(HOWARD COUNTY MAJOR COLLE

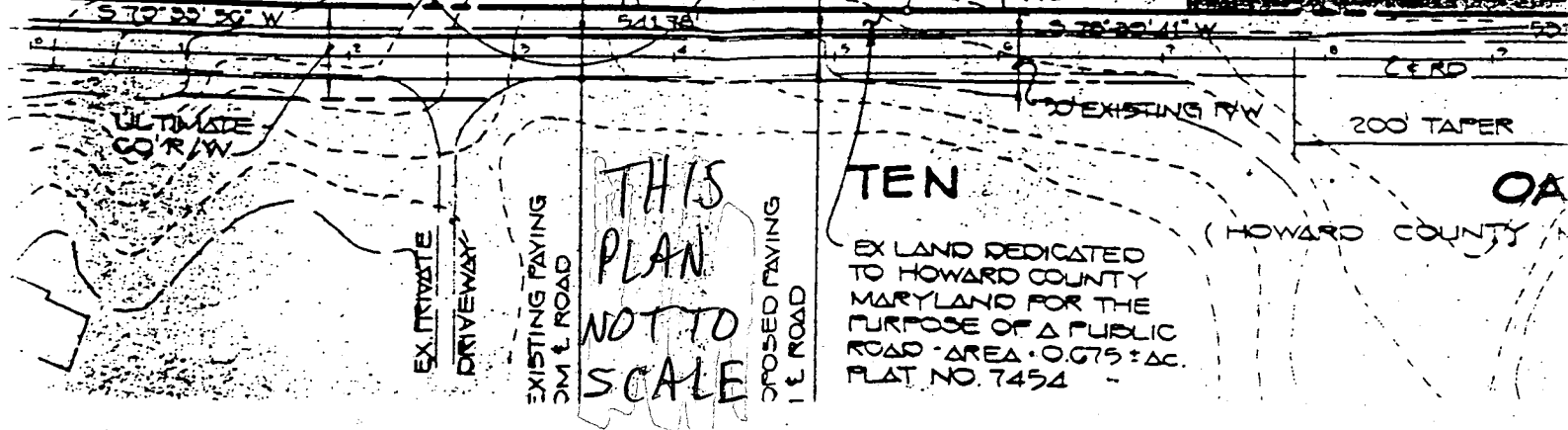
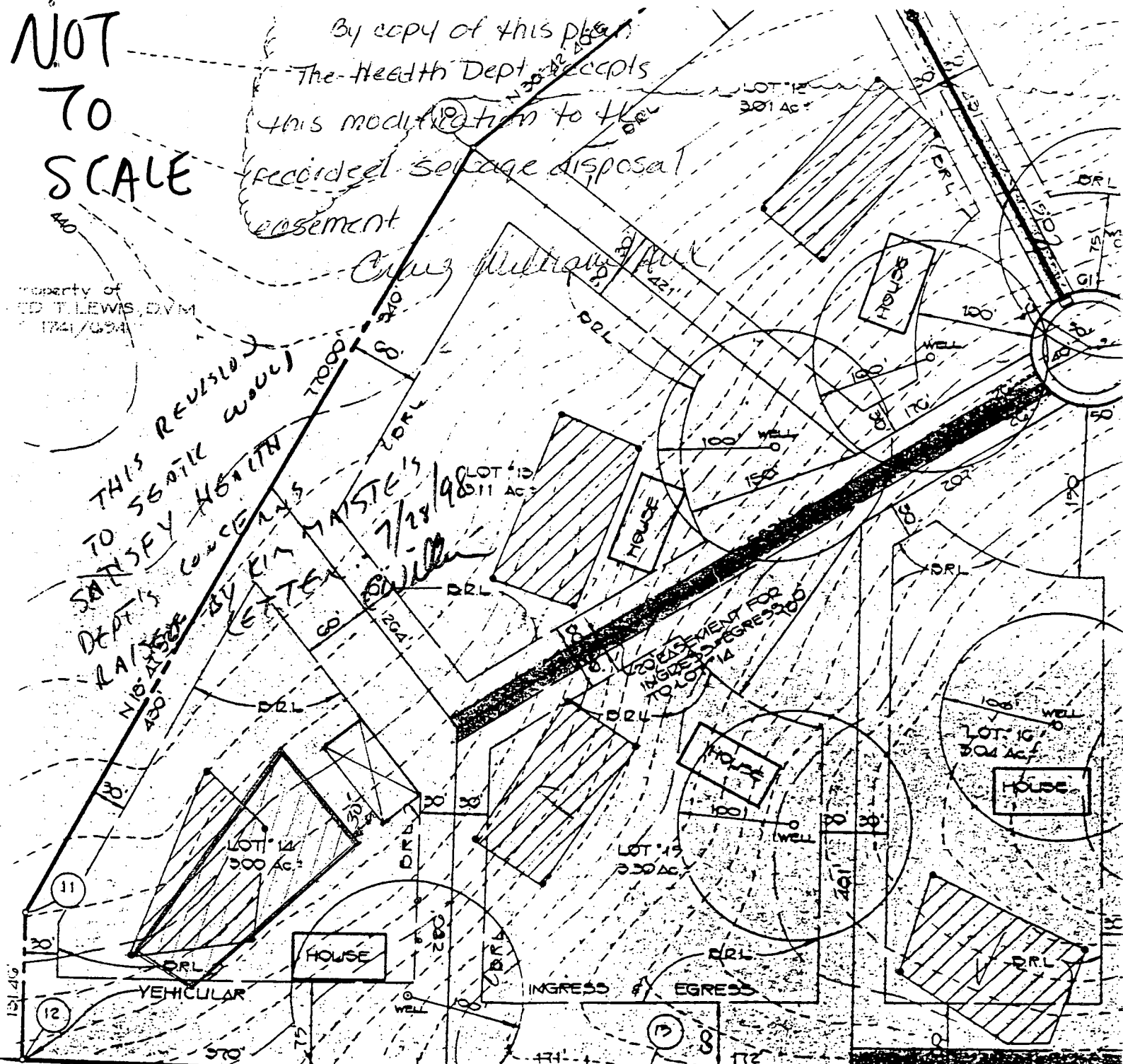
Clarksville Manor - Lot 14

NOT  
TO  
SCALE

By copy of this plan  
The Health Dept. accepts  
this modification to the  
recorded sewage disposal  
easement

Property of  
ED T. LEWIS, DVM  
1741/0341

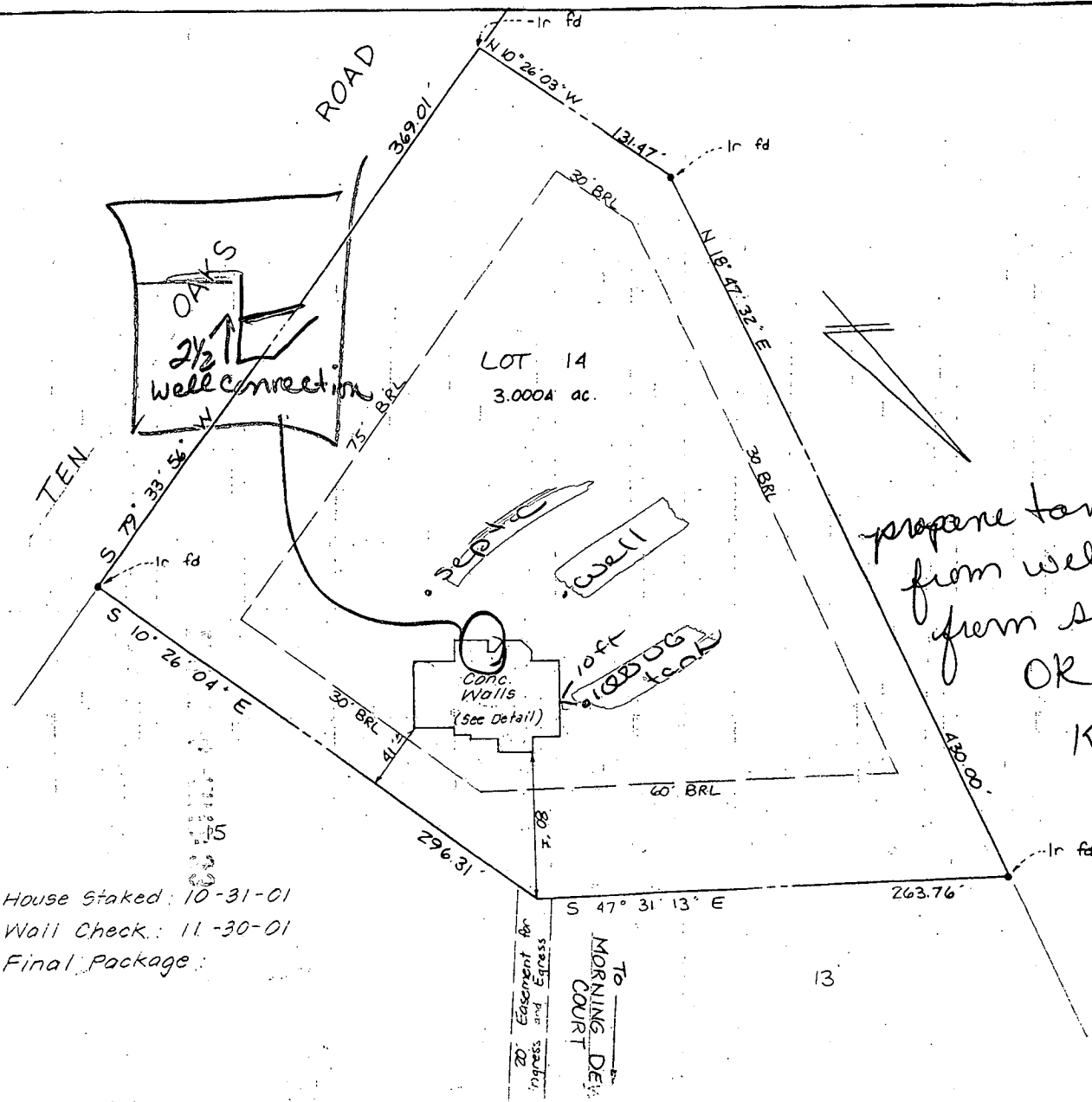
THIS REVISION  
TO SATISFY HEALTH  
DEPT'S CONCERNS  
BY KIM MASTERS  
(ENTERED) 7/28/98



THIS  
PLAN  
NOT TO  
SCALE

TEN  
EX LAND DEDICATED  
TO HOWARD COUNTY  
MARYLAND FOR THE  
PURPOSE OF A PUBLIC  
ROAD - AREA .0675 AC.  
PLAT NO. 7454

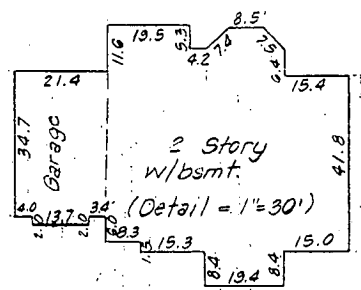
OA  
(HOWARD COUNTY)



House Staked: 10-31-01  
 Wall Check: 11-30-01  
 Final Package:

To  
 MORNING DEW  
 COURT  
 20' Easement for  
 ingress and egress

NOTES:  
 1. This plan is not intended to show the establishment of property lines, but prepared for the exclusive use of the present property owners of record and for their use and disposal, and to be returned to the title liberator within six months from the date hereof, and as to the present time known location survey.  
 2. For information only.  
 3. No title report furnished at this time, subject to all assessments and rights of way of record.  
 4. Property corners have not been set with this survey. Property information taken from best available records.  
 5. This location plot is to be used for the construction of fences or other improvements to boundary survey and for other work to be performed for determining the location of all property lines as shown.  
 6. The property shown hereon is located within ZONE C, as shown on FEMA Flood Insurance Rate Map Community Panel No. 240004-0032-C of Howard Co., Maryland.



prepare tank > 30'  
 from well & > 20'  
 from septic area  
 OR

K6 2-08-02

Job: 01-22

**SURVEYS INC.**  
 350 MAIN STREET  
 LAUREL, MARYLAND 20707  
 301-776-0561

SURVEYING • ENGINEERING • LAND PLANNING  
 PERMIT SERVICES

**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my supervision and that they are located as shown. THIS IS NOT A BOUNDARY SURVEY.

11-01-01  
 DATE

*Gregory C. Benefield*  
 Gregory C. Benefield  
 Registered Professional  
 Land Surveyor, Md. #10994



**HOUSE LOCATION PLAT**

Morning Dew Court

Lot 14, Block —, Sec./plat —

"CLARKSVILLE MANOR"

Clarksville (5th) Election District  
 Howard County, Maryland

Plat Book CMP, Plat B503, Drawing #