

5/14/99 5/17/99
1:00
2/15/00 11:00

PERMIT

05-400460

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 511555

A 39154

DISTRICT 5th

DATE 5/4/99

DATE SYSTEM APPROVED 2/15/00

INSPECTOR M. Ritkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Clarksville Manor LOT 16 ROAD 6315 Morning Dew Court

PROPERTY OWNER John & Rita Coleman

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

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 - Place the distribution box 140 feet off the rear (240.64') lot line and 105 feet off the left (605.21') lot line and seen when facing the lot from Morning Dew Court.

Run trenches on contour 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 8/1/98 MRS

PLANS APPROVED BY Glen Savage REVISED DATE 08/04/98

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

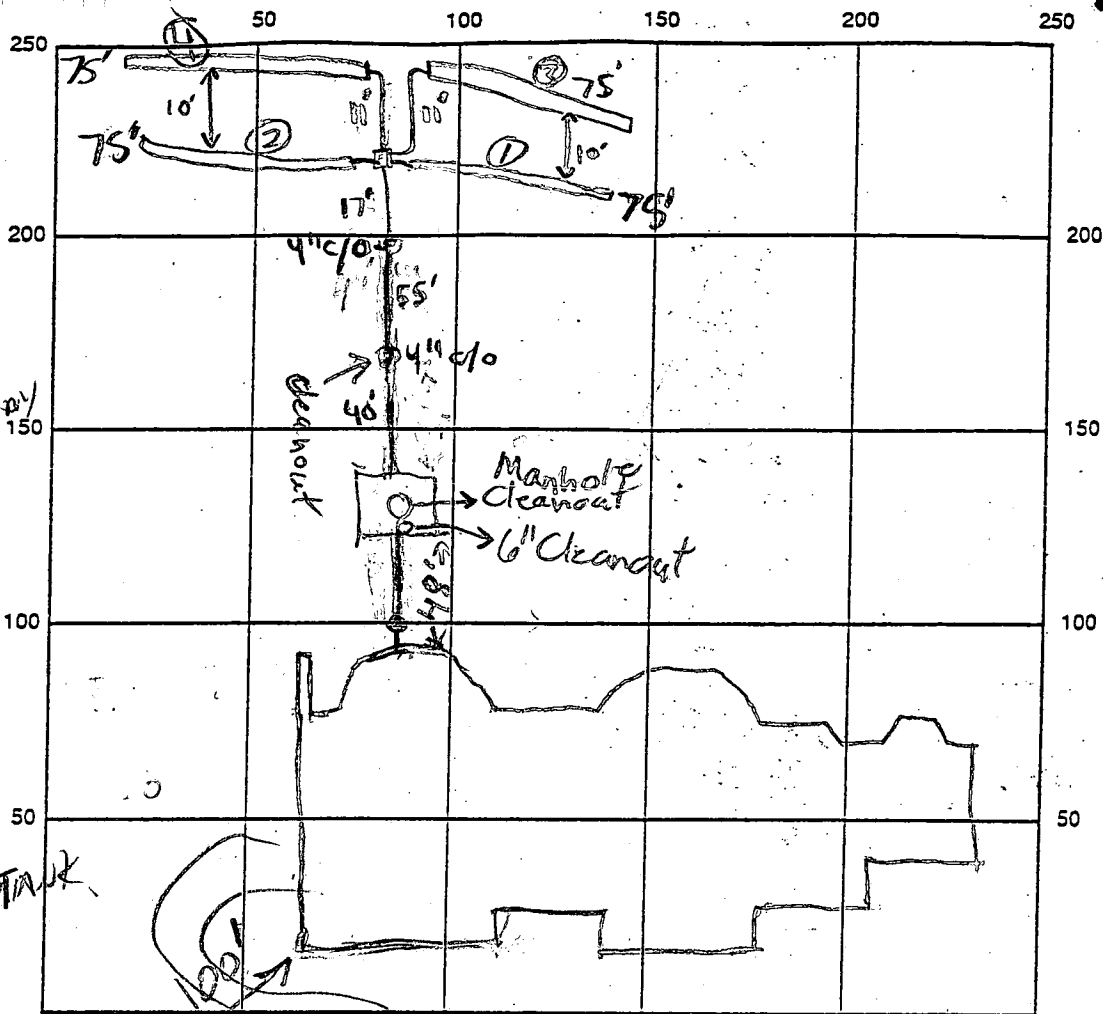
PERMIT VOID AFTER TWO YEARS

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**

A 39154



GO AS FAR DOWN IN FIELD AS NECESSARY TO GET 4' INLET + 1 FT. TO SPARE. PROBABLY WILL ADD A SECOND TANK.

275
4
300

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 Well Morning Dew Ct CLEANOUTS 16' @ tank, 11' Manhole @ tank, 2-4" @ pipe from tank to box

DISTRIBUTION BOX LEVEL Baffle was in

DRAIN FIELD/TITLE DEPTH 8 1/2 - 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 3 1/2 - 4 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1200 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: No House Connection Yet. INVERT TOO DEEP AT TARGET LOCATION? NO POK TO MAINTAIN DESIGNATED TRENCH DIMENSION BY MOVING

20' FURTHER INTO DESIGNATED RESERVE AREA, UPPER AREA CAN STILL BE ACCESSED FOR FUTURE REPAIR BY INSTALLING "STANDARD" I.E. WIDER TRENCHES WITH DEEPER INVERTS. 5/14/99 CW/BB

DB+Trenches 1 & 2 are set 2ft deeper than called for in permit, soils still minimal but only have 2 1/2 ft between trench bottoms and deepest near hole bottom on this lot. Hire Contractor all HD before proceeding. N/Philly

* 5/17/99 - INLET SET AT 5' NOT 6', TRENCHES 8 1/2 - 9' deep at most. WORK OK, OK TO COVER

SRK DATE SYSTEM APPROVED 2/15/00 INSPECTOR M. Ripkin

2/15/00 HOUSE CONN OK (MR)

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 39154

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 John + RITA COLEMAN
DR. FRED LEWIS + C. Ellsworth Jager

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

PROPERTY LOCATION:
SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 10

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 30
(6315 Morning Dew Court)

SIZE OF LOT PLEASE ATTACHED LIST 3.07 ACRES TYPE BLDG. BLDG. PERMIT SIGNED
AND RETURNED 8-4-98 5Bm
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 6-10-87 Rec. Satisfactory - Hold for P&T Subdivision - S. Abel

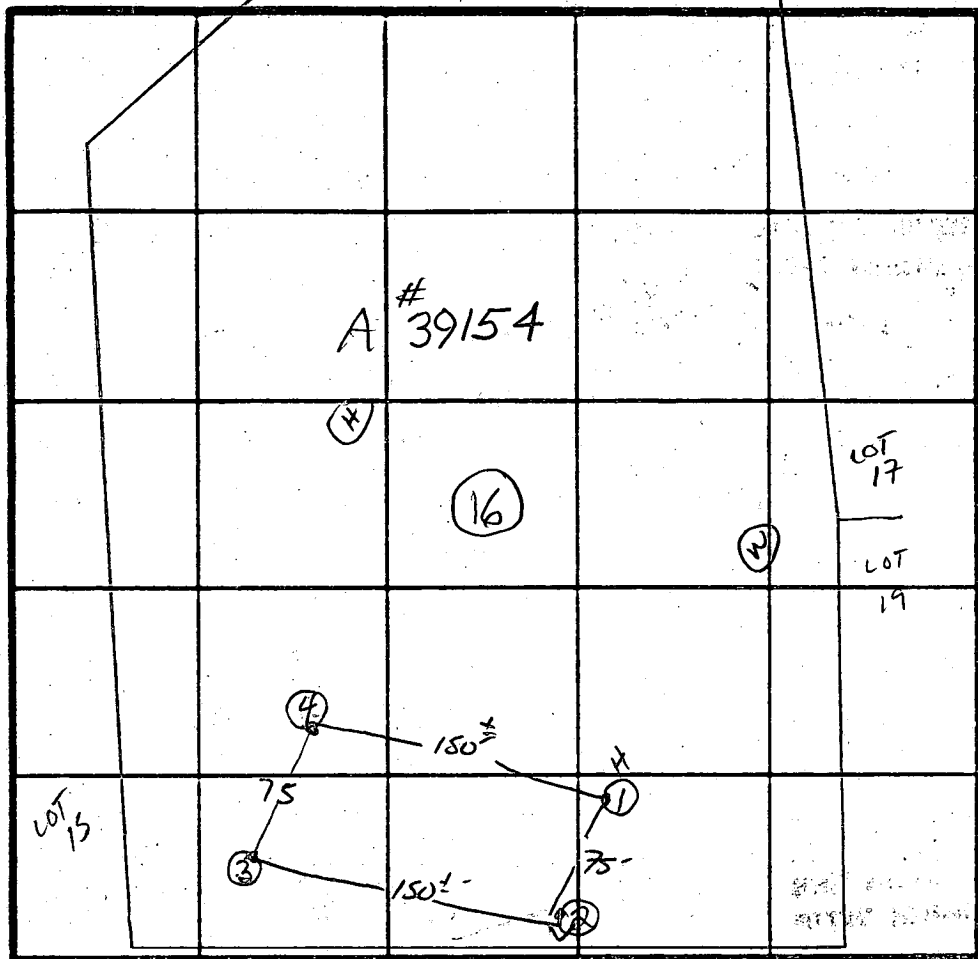
BLDG. PERMIT SIGNED
AND RETURNED _____

THIS IS NOT A PERMIT

① → ④

SOIL PROFILE

0	AP
10"	Yellow BR Silty CLAY LOAM 10-15% FRAS
4'	Yellow BR → BR S: 1 ROOM Highly micaceous 15-20% FRAS
12.5'	



\bar{x} Perc 5 min

160 #/BR

Inlet 4'

Bottom 8'

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	
6/4/87	1S	4.5'	10:32	10:35	10:35	10:38	3min
		8'	10:32	10:35	10:35	10:42	7min
	1V	12.5'	UNIFORM soil below 4'				
	2S	4.5'	10:33	10:34	10:34	10:36	2min
		12'	UNIFORM below 4'		SIMILAR TO #1		
	3S	5'	10:46	10:50	10:50	10:55	5min
		12'	UNIFORM soil below 4.5'		SIMILAR TO #1		
	4V	12'	UNIFORM soil below 4-4.5'				

REMARKS 1 HILLS PER PLAT

TYPE OF SOIL Glenelg -

TESTED BY SID Abel

ALSO PRESENT Rock, JAWO, CRSS

EH 12 1079

C1 5916

SEQUENCE NO. (ENV 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)

COUNTY NUMBER A 39154

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 122994

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0259

OWNER COLEMAN John W. STREET OR RFD last name Morning Dew Ct first name TOWN Clarksville SUBDIVISION Clarksville Manor SECTION LOT 16

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND, Yellow clay, SAND stone, GRAYMICA Rock.

WELL LOG (continued) Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

GROUTING RECORD. WELL HAS BEEN GROUTED (YES/NO). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 25, NO. OF POUNDS 2350. GALLONS OF WATER 150. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 95 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL), 6 inch diameter, 115 feet total depth.

SCREEN RECORD. SCREEN TYPE: HO (OPEN HOLE), 112 inch diameter, 320 feet depth.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (Y) NO (N)

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

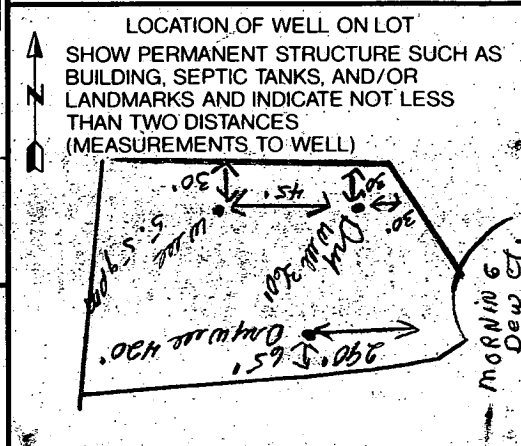
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 24. DRILLERS SIGNATURE: Joseph L. Maigne. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 3.5. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 54, WHEN PUMPING 198. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP YES (Y) NO (N). TYPE OF PUMP INSTALLED: S (submersible). CAPACITY: GALLONS PER MINUTE (to nearest gallon). PUMP HORSE POWER. PUMP COLUMN LENGTH (nearest ft.). CASING HEIGHT (circle appropriate box and enter casing height): + above, - below. LAND SURFACE 3 (nearest foot).



B 1 **5312** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

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

STATE PERMIT NUMBER **HO-94-0259**
fill in this form completely

OWNER INFORMATION

Date Received (APA) **11 28 94**

COLEMAN **JOHN**
Last Name Owner First Name

6333 LORING DRIVE
Street or RFD

COLUMBIA **MD** **21045**
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
8 COUNTY

CLARKSVILLE MANOR
23 SUBDIVISION

SECTION **16** LOT **16**

CLARKSVILLE
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2 4** MI

DRILLER INFORMATION MSD/MGD/MWD

Joseph L. Mayne **24**
Driller's Name License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt Airy, Md. 21771
Address

Joseph L. Mayne **11/25/94**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Morning Dew Ct
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

290
DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

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)

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 **A 39154**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **120794** INSERT S **12-7-94**

Ronald R. R. R. **12-7-94**
43 CO SIGNATURE EXP. DATE

NORTH GRID **500000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **300** FEET

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 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**

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0259**

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

814
500

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Morning Dew Ct.
Golden Howard Dr.
Tan oaks Rd.
Clarksville

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 4/21/89

Name of Installer ROBERT L. FEEZER CO. INC. Telephone _____

License Number 2122
Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner M/M JOHN COLEMAN Telephone 410-765-8086
Subdivision CLAYVILLE ~~MANOR~~ Lot # 16 Well Tag # HO-94-0257
Site Address 6315 MARLOWING DEW CT.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>HANVARD</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>STARITE</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>SPC05087L</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

Tank <u>WAL-X-TAL</u>	Piping	Well data
1. Capacity <u>19 GALS.</u>	1. Type <u>Poly.</u>	1. Depth <u>320 ft.</u>
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>50</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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).

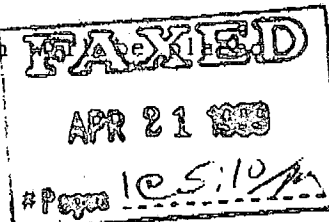
All information given above is true to the best of my knowledge.

Insp.?

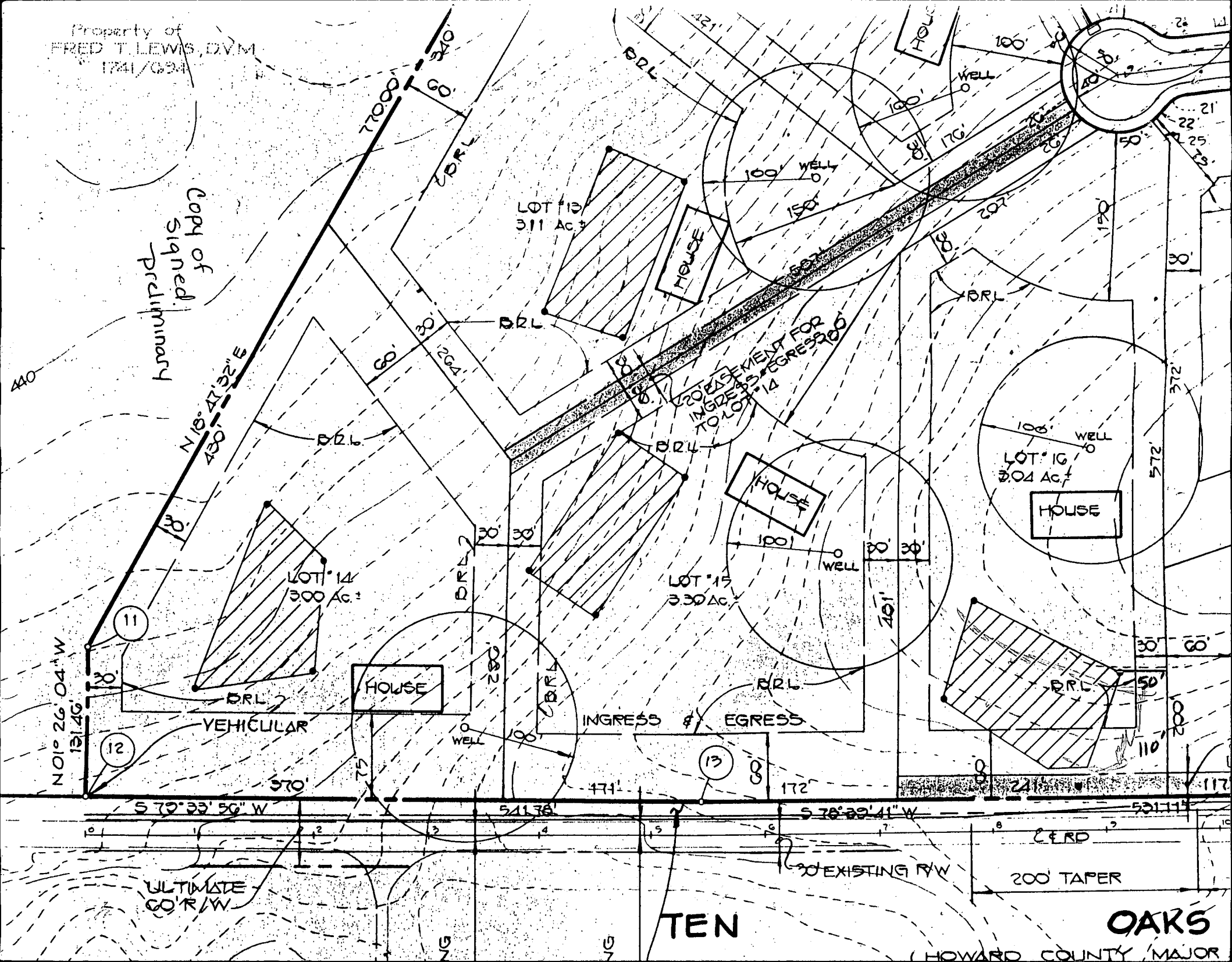
Signature of Applicant: [Signature]

Date: 4/21/89

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



Copy of
Signed
Preliminary



ULTIMATE
60' R/W

TEN

OAKS

(HOWARD COUNTY MAJOR

GRADING STUDY

LOT 16 "CLARKSVILLE MANOR"
 5th ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE: 1" = 50'
 DATE: JULY, 16 1998

RECORD PLAT # 8503

MORNING DEW COURT 50' R/W

LOT 16
 3.037 AC.

Total linear feet of trench required 225 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

300113086

Glen Day 8/4/98
 Signature Date

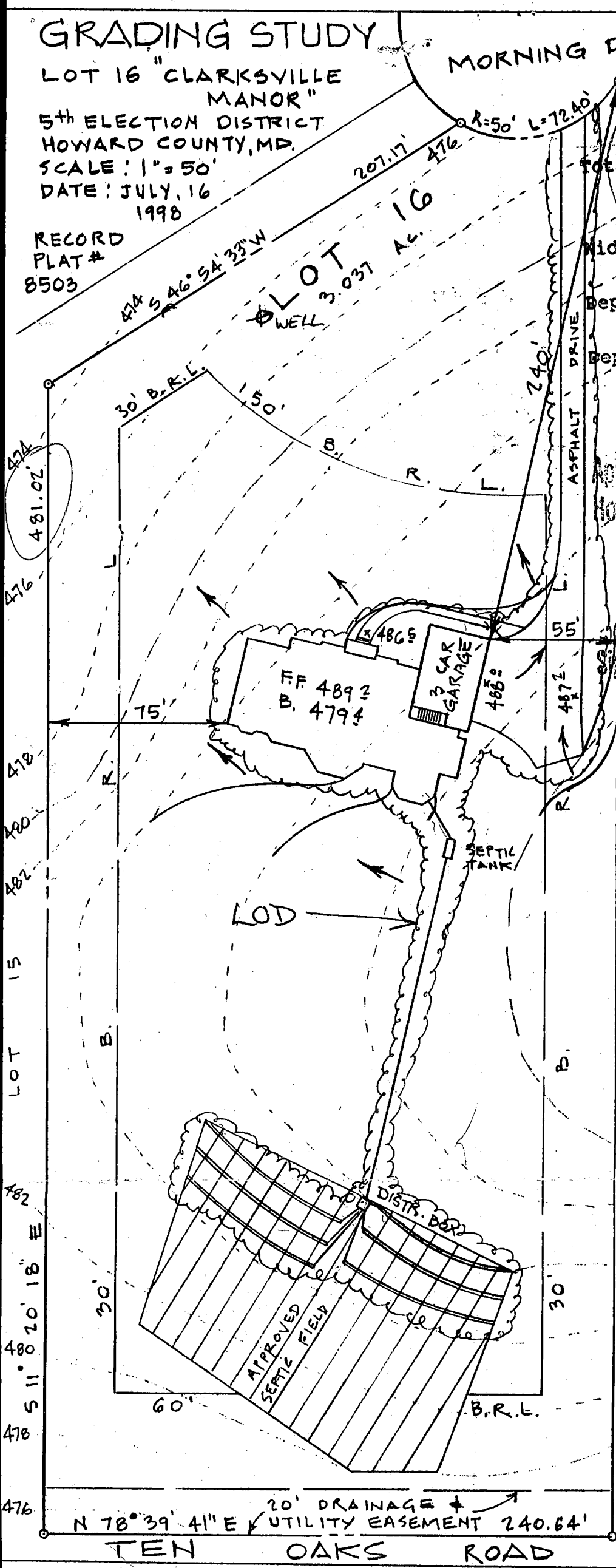
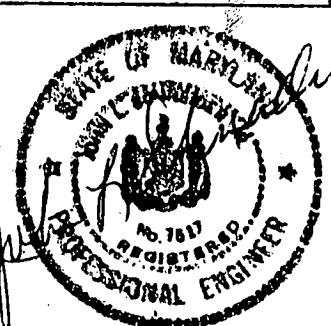
- SEPTIC DATA -

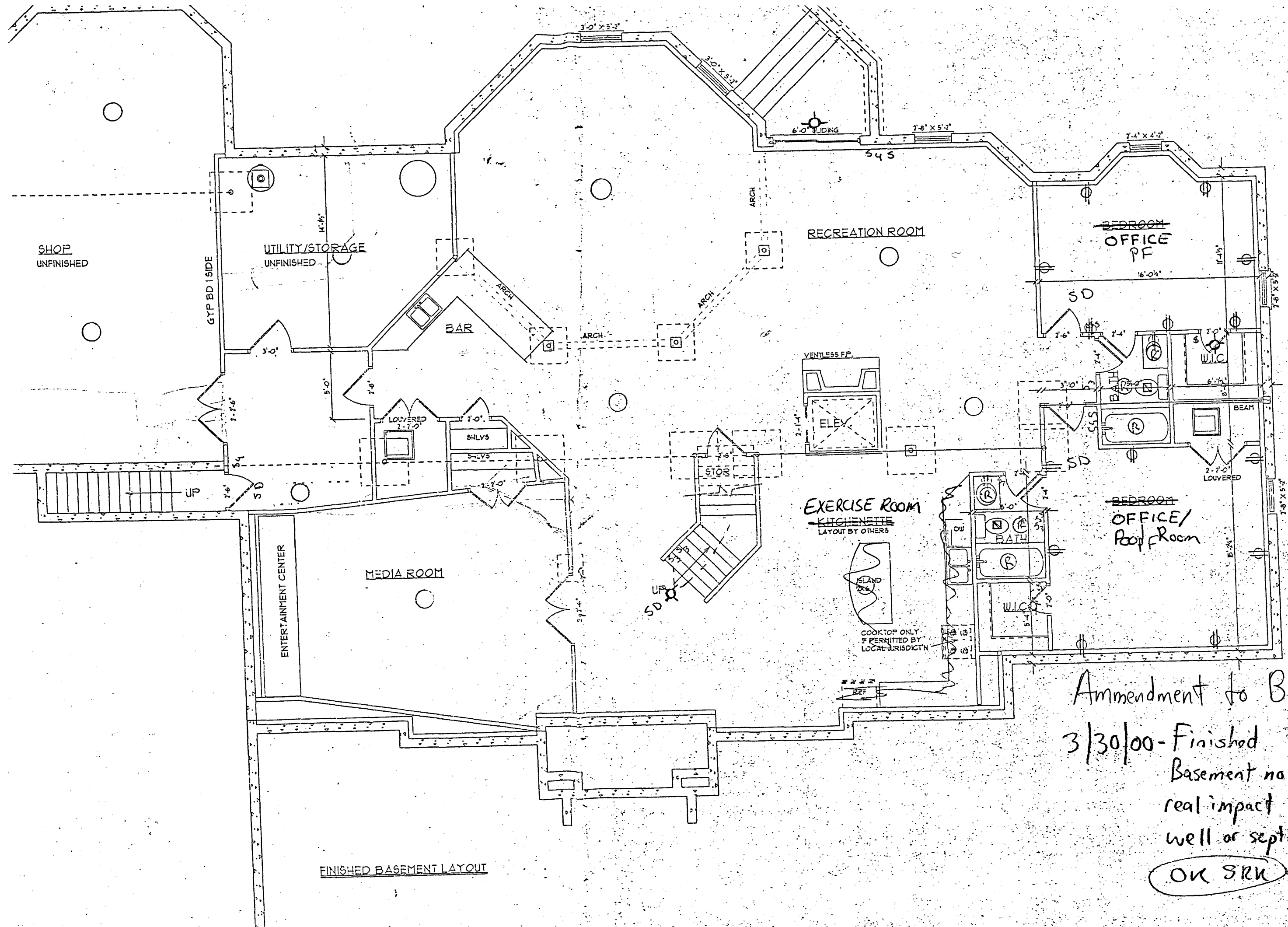
HOUSE FIN. FL.	489 ²
" BSM'T	479 ⁴
" SEWER INV.	485 ¹
SEPTIC INV. IN	485 ³
TANK " OUT	485 ⁰
TANK FIN. GR.	488 ⁵
DISTR. " "	486 ⁰
BOX INV. IN	482 ⁰
WATER FIN. GR.	477 ²
WELL EX. GR.	"

Note: Total trench length to be determined at time of septic permit issuance.

- ENGINEER -

JOHN L. SCHNEIDER
 100 N. Rolling Rd.
 Catonsville, MD.
 410-744-1945





Amendment to BP
3/30/00 - Finished 300' of
Basement no System
real impact to initially
well or septic installed
for SBR House.
OK SRK