

LAYOUT 1-2pm 9/9/02 INSP 4 \_\_\_\_\_  
 INSP 2 9/17/02 9-10 am INSP 5 \_\_\_\_\_  
 INSP 3 9/17/02 9-10 INSP 6 \_\_\_\_\_

05-410479

ISSUE DATE: 7/1/02

P 517341

APPROVAL DATE: 9/17/02

A 39155

**PERMIT  
INDEXED**

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

Whitworth Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 12680 Clarksville Pike PHONE NUMBER: Clarksville, MD 21029

SUBDIVISION: Clarksville Manor LOT NUMBER: 17

ADDRESS: 6309 Morning Dew Court PROPERTY OWNER: Mehrabani

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 <sup>7.5</sup> feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour, three(3) 80' trenches towards the left side of the property or four(4) 60' trenches towards the driveway side.
NOTES:	

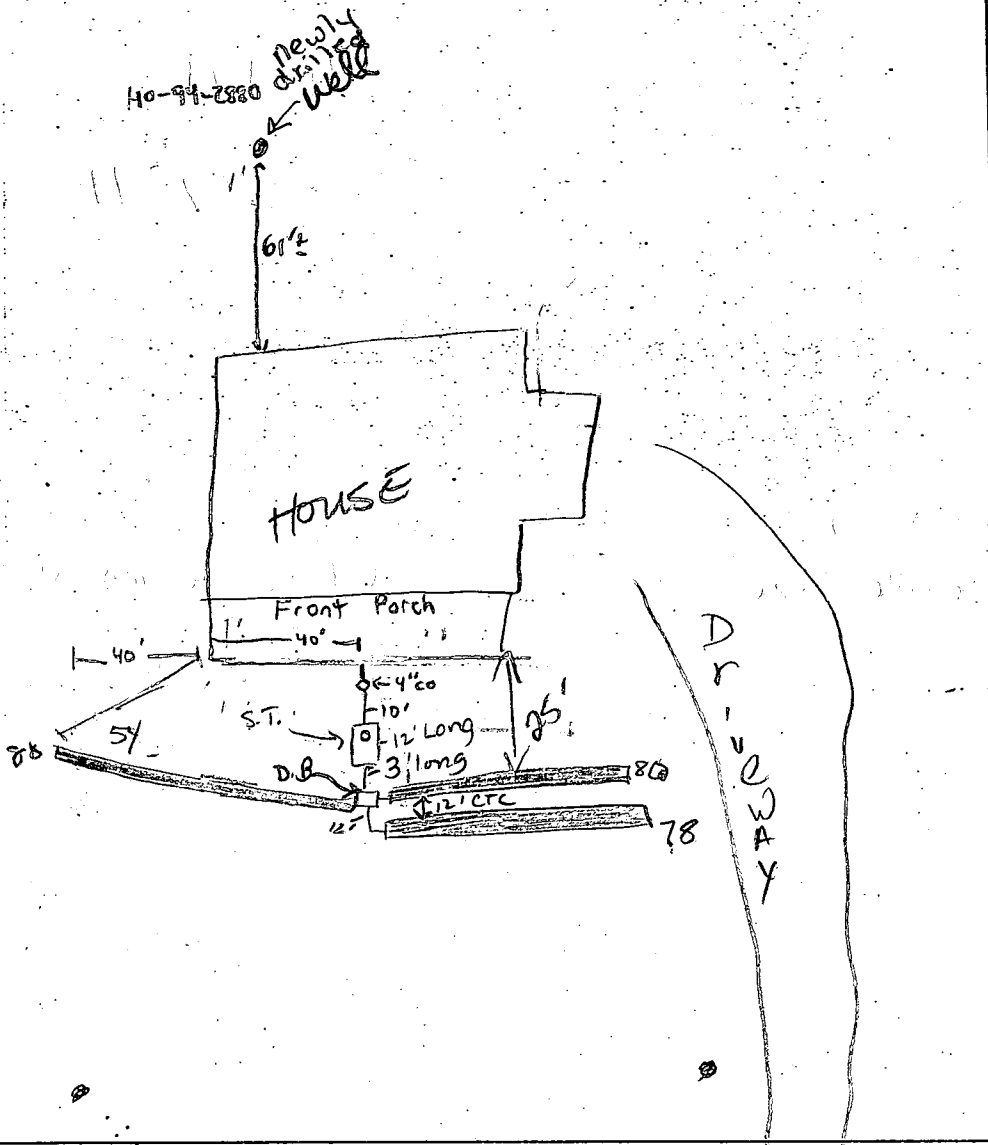
PLANS APPROVED: Amy McMillen OK SRK 7/2/01 DATE: 4/27/2001

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A39155

NOT TO SCALE



MORNING Dew Court ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	2 1/2	4 1/2
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq ft
DISTRIBUTION BOX LEVEL		yes checked
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	TAD
TANK LID DEPTH	2 1/2 - 3'
BAFFLES	yes
BAFFLE FILTER	
MANHOLE LOC	None
6" PORT LOC	front
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	NA
CAPACITY	NA GAL
SEAM LOC	NA
TANK LID DEPTH	NA
BAFFLES	NA
BAFFLE FILTER	NA
MANHOLE LOC	NA
6" PORT LOC	NA
WATERTIGHT TEST	NA

PRE-CONSTRUCTION 9/9/02 Tono accurate. Not staked per adjusted SDA - NEED 40' from front porch; currently 17' from left stake to porch

INSTALLATION <sup>stop work</sup> (KN) 9/13/02 Run 2-80' trenches toward the driveway and one 80' the other direction. Place septic tank 10' off porch & distribution box 3' directly below tank. Trenches run in both directions to prevent encroachment of SDA on driveway side. Okay to drop <sup>system</sup> another 6" or so if need (SITE) (KN)

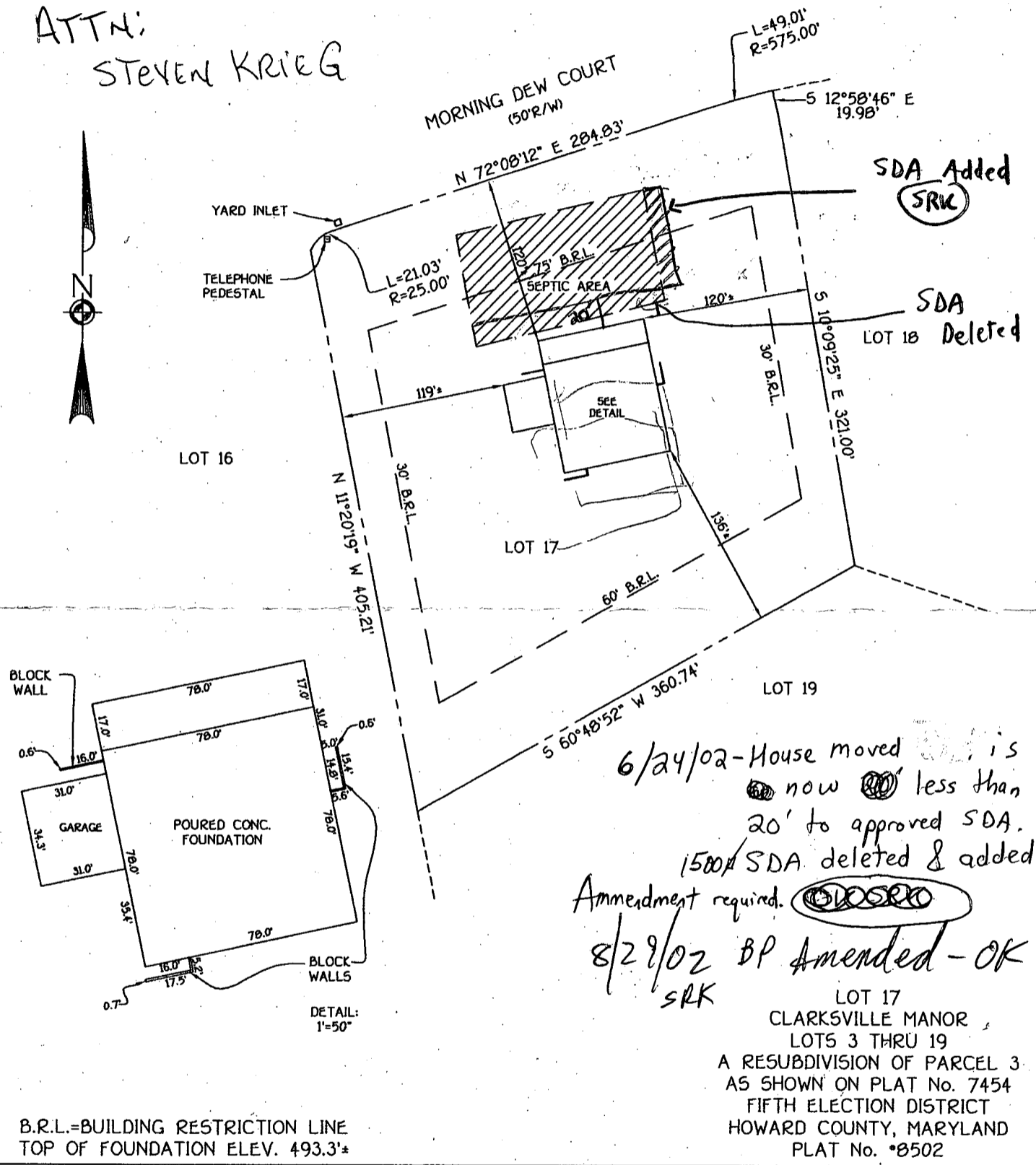
9/17/02 Told contractor to check d.b. with water & use levels. From the road, the pipe to the right side of d. box is higher than the other two. Trenches are a little higher than per specs by 6".

FINAL INSPECTOR <sup>6" - INSTALLED LARGER S.T. than necessary.</sup> (KN) Noonan, Kave DATE OF APPROVAL 9/17/02

**GENERAL NOTES:**

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440032 BEFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

ATTN:  
STEVEN KRIEG

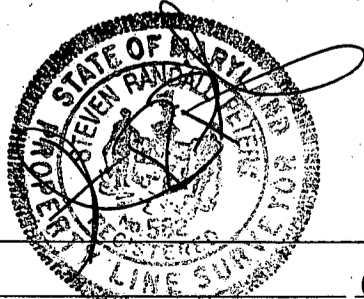


6/24/02 - House moved ~~is~~ is now ~~20'~~ less than 20' to approved SDA. 1500' SDA deleted & added. Amendment required. ~~SRK~~  
8/29/02 BP Amended - OK  
SRK

LOT 17  
CLARKSVILLE MANOR  
LOTS 3 THRU 19  
A RESUBDIVISION OF PARCEL 3  
AS SHOWN ON PLAT No. 7454  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT No. 08502

B.R.L.=BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 493.3'+

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

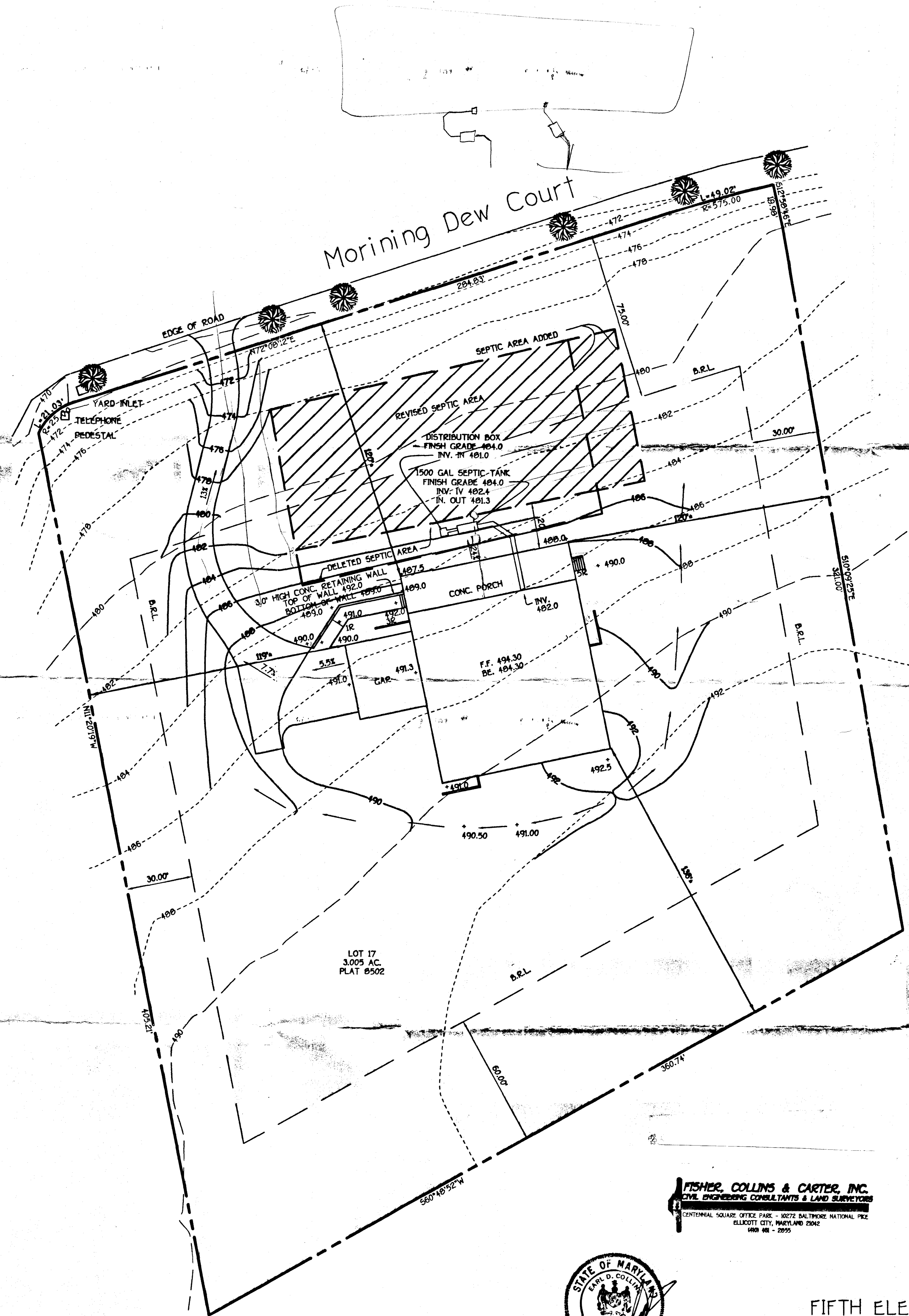


PROFESSIONAL LAND SURVEYOR DATE 6/6/02  
REG. 582

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 6/06/02  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=100'  
DATE: 6/07/02  
DRAWN BY: D.B.  
CHECKED BY: \_\_\_\_\_  
PROJECT No.: 61654



OWNER  
 Esfandiar Mehrabani  
 5811 Quebec St.  
 College Park MD. 20740

Total linear feet of trench required 240-370 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department  
 Signature Steven R. King 8/19/02  
 Date

Total linear feet of trench required \_\_\_\_\_ feet  
 Width of trench(es) \_\_\_\_\_ feet  
 Depth of trench(es) \_\_\_\_\_ feet  
 Depth of stone required below distribution pipe \_\_\_\_\_ feet

B00130910  
 Amendment OK SRK  
 8/19/02  
 (Red stamp from DILP missing; resubmission confirms OK)

FISHER, COLLINS & CARTER, INC.  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 4100 481 - 2295



REVISED  
 SITE DEVELOPMENT  
 CLARKSVILLE MANOR  
 LOT 17

TAX MAP 34 PARCEL 180  
 FIFTH ELECTION DISTRICT HOWARD COUNTY MD.  
 SCALE 1" = 30' JULY 2002

ATT STEVE

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: RALPH MAYNE INC Telephone #: 301-829-0702  
Address: 17824 HARDY ROAD  
MT AIRY MD 21771

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:  
Name (Print): RALPH E. MAYNE License #: MSO 117  
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: ESSIE MENTRABAWI Telephone #: \_\_\_\_\_  
Subdivision: CLARKSVILLE MANOR Lot #: 17 Well Tag #: HO-94-2880  
Site Address: MORNING DAWN CT  
CLARKSVILLE MD.

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: ROSS GOMLOS      Make: CAMDICE      Two piece watertight cap:   
Model #: 56507922      Model #: B10X      Screened, vented well cap:   
Pump Capacity: 5 GPM      Depth: 4 FT (36" min)      Cap secured to casing:   
Well Yield: 5 GPM      NSF approved:       Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 300 (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  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house      House Connection  
Type: PLASTIC      PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (150 psi min.)      Approximate length of sleeve: 1 FT  
Depth of supply line: 4 FT (36" min.)      Sleeve caulked and sealed properly:

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: [Signature]      date: NOV 4 2003

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/17/03 (KN) BB  
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 08064

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER **13** A39155

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
13

DATE WELL COMPLETED  
MM DD YY  
10 22 01

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

OKSRK 6/20/02  
PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO 94 2890

OWNER Mehrabawi Essle  
STREET OR RFD Morning Dew Ct. TOWN Clarksville  
SUBDIVISION Clarksville Manor SECTION \_\_\_\_\_ LOT 17

**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	45	
Sand Stone	45	55	
MICA	55	65	
Sand Stone	65	70	
MICA	70	300	

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 16 NO. OF POUNDS 1200  
GALLONS OF WATER 96  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55  
60 61 63 64 66 70

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT 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. MSD 112  
DRILLERS SIGNATURE [Signature]  
LIC. NO. D

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

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

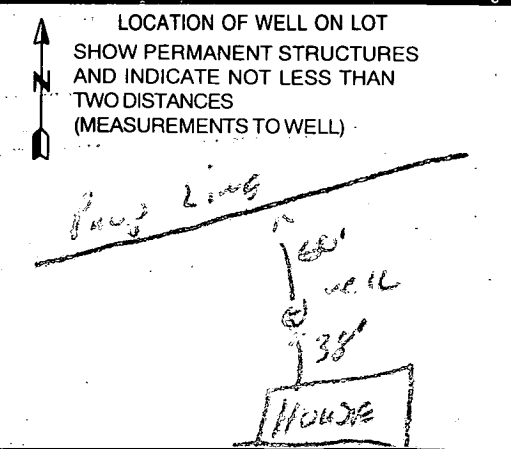
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3 PUMPING TEST**  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 2  
METHOD USED TO MEASURE PUMPING RATE Built  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 50 ft.  
WHEN PUMPING 105 ft.  
TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 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 } LAND SURFACE  
 - below } 2 (nearest foot)



B 1	<b>18618</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W514633</i>	STATE PERMIT NUMBER <b>HO-94-2880</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) \_\_\_\_\_

8 MM DD YY 13

**Mehrabani** **ESSIE**

15 Last Name Owner First Name 34

**5811 Quebec St.**

36 Street or RFD 55

**BER WYN Hghts MD. 20740**

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 **Howard**

8 COUNTY 21

**CLARKSVILLE MANOR**

23 SUBDIVISION 42

SECTION      LOT 17

44' 46' 48' 50'

**CLARKSVILLE**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0 M I I

73 76 77 78

**DRILLER INFORMATION**

**Ralph E. MAYNE** **M S D 117**

76 License No. 81

**Ralph Mayne Well Drilling**

Firm Name

**17024 Handover Mt Ainy MD. 21071**

Address

**Ralph E. Mayne** **11-7-00**

Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**MORNING Dew Ct.**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **375** 37

DISTANCE FROM ROAD **A**

ENTER FT OR MI 38 39

TAX MAP: **34** BLK: **11** PARCEL **398**

**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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard** **(13) A39155**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **11/20/2000** **Brian Baber** **11/20/2001**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **500** 0 0 0 EAST GRID **815** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 815

N 500

000 000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER 54 \_\_\_\_\_ GAP \_\_\_\_\_ 63

PERMIT No. **HO-94-2880**

70 71 72 73 74 75 76 77 78 79

B-1 9184

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-0981

please print or type

fill in this form completely

Date Received (APA)

062189

OWNER INFORMATION

RZEPKOWSKI CO

212 DROM AVE

PASADENA MD 21122

B 3

LOCATION OF WELL

HOWARD

CLARKSVILLE MAJOR

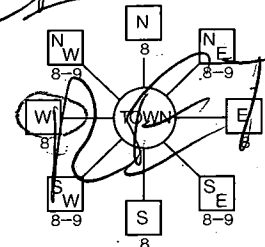
SECTION 44 46 LOT 48 50

CLARKSVILLE

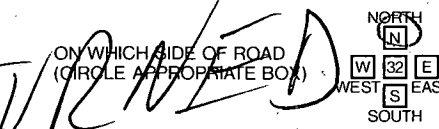
MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GOLDEN HARVEST CT. NEAR WHAT ROAD



DISTANCE FROM ROAD 500 FT

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)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- JETTED & DRIVEN
- AIR-ROTARY
- AIR-PERCUSION
- ROTARY (Hydraulic Rotary)
- CABLE
- REVERSE-ROTARY
- DRIVE-POINT

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 (DP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE INITIALS IN BOX: CL PERMIT No. HO-88-0981

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

DEBOWARD

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

080489 CRAIG WILLIAMS 8/4/90

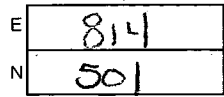
NORTH GRID 000 EAST GRID 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

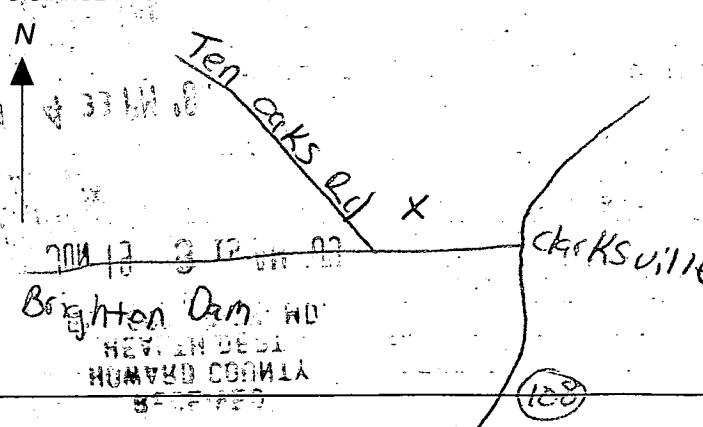
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

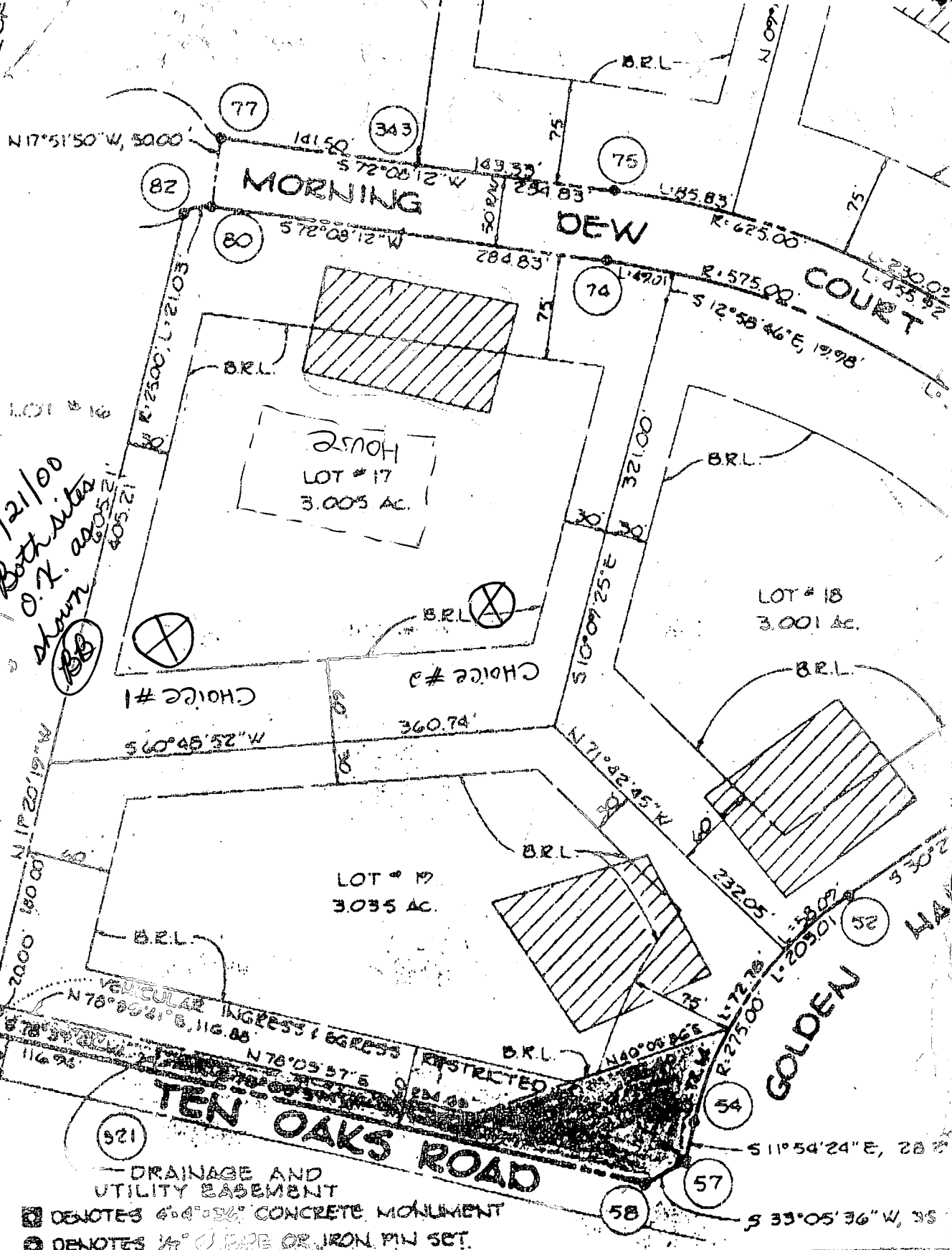
WRITE THE BOX NUMBER FROM THE MAP HERE



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



FOR CONTINUATION SEE SHEET 3 OF 4



11/21/00  
Both sites  
O.K. shown  
down

TOTALS  
 SUT. 7  
 22.051 AC.  
 0.829 AC.  
 22.880 AC.

— DRAINAGE AND UTILITY EASEMENT  
 [Symbol] DENOTES 4" x 4" x 36" CONCRETE MONUMENT  
 [Symbol] DENOTES 1/8" IRON OR IRON PIN SET.

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE FINAL PLAN SHOWN HEREON IS CORRECT. THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY MARY ELIZABETH IAGER, PERSONAL REPRESENTATIVE OF THE ESTATE OF C. ELLSWORTH IAGER (DECEASED), GRANTOR, WHO WAS DULY AUTHORIZED TO ADMINISTER THE ESTATE BEFORE THE REGISTER OF WILLS FOR HOWARD COUNTY, STATE #15-8973-382), TO CHARLES E. IAGER, JR. AND EUGENE W. IAGER, TRUSTEES UNDER THE WILL OF C. ELLSWORTH IAGER BY DEED DATED JULY 28, 1888 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN USER 1888 AT FOLD 052, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE

WE, CHARLES E. IAGER, JR. AND EUGENE W. IAGER, TRUSTEES UNDER THE WILL OF C. ELLSWORTH IAGER, DO ADOPT THIS PLAN OF FINAL PLAT BY THE RESTRICTION LINES AND ASSIGNS, (1) THE RIPES AND OTHER STREET RIGHTS OF THE RIGHT TO REQUIRE ROADS AND EOOD VALUABLE CONSIDER

NTY  
 DATE

# 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 39155

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 18001 ROUTE 108 COLUMBIA, MARYLAND PHONE 730-6062  
21044

PROPERTY LOCATION:  
SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 17

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 Sidney Abdul FOR Deep trenches DATE 8-9-89

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE 10/11/87

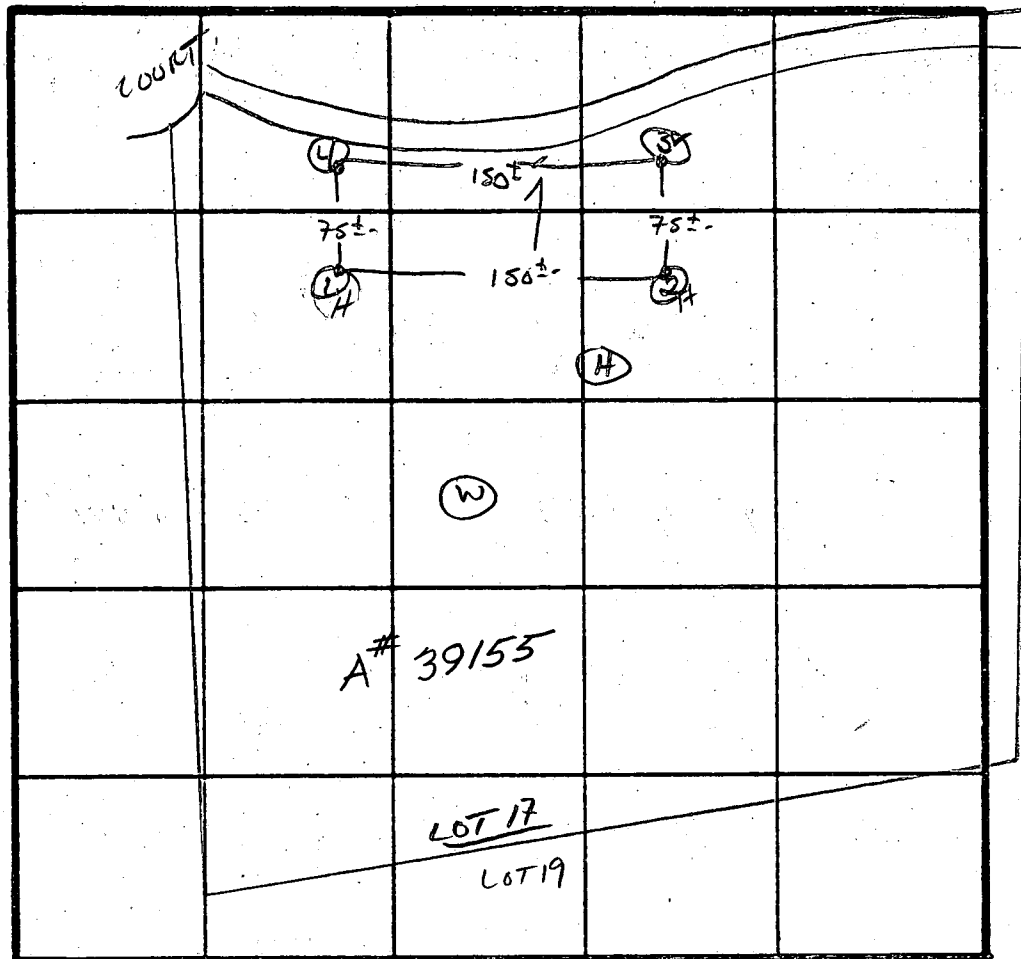
REASONS FOR REJECTION OR HOLDING 6-9-87 PER SATISFACTORY; HOLD FOR SUBDIVISION PLAT S. ABUL

# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0  
9" AP  
Yellow BR w/  
RED BR veins  
Silty CLAY  
LOAM  
10-15% frags

3'  
Yellow BR  
SAND LOAM  
w/ Red yellow  
veins of  
silt LOAM  
Highly  
micaceous  
20-25%  
frags



X Perc 3 min  
160 Φ 1BR  
INLET 3'  
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	
6/9/87	1 S M	3'	11:49	11:50	11:50	11:52	2 MIN
		7'	11:51	11:53	11:53	11:58	5 MIN
	1 V	12.5'	UNIFORM soil below 2.5-3'				
	2 V	13'	UNIFORM soil below 3'				
	3 S V	4'	12:01	12:02	12:02	12:04	2 MIN
		13'	UNIFORM soil below 3.5'				
	4 S V	4'	12:13	12:14	12:14	12:16	2 MIN
		13'	UNIFORM soil below 3'		SMALL VEIN OF QUARTZITE AT 3-3.5'		

REMARKS 1 HOLE PER PLAT

TYPE OF SOIL Glenelg

TESTED BY SID Abel ALSO PRESENT Rocky, CRISS

EM 12 10/9



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

**Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer**  
July 3, 2002

Esfanjar Mehrabani  
5811 Quebec Street  
College Park, MD 20740

7/12/02 - Meeting w/ Mehrabani, MR & SRK  
He will submit an ammendment to the BP  
showing proposed retaining wall solution. SRK

8/29/02 - Resolved

New BP Ammendment  
submitted & approved  
DILP Notified = SRK

RE: Grading and House Location Issues  
Clarksville Manor, Lot 17  
6309 Morning Dew Court  
BP # B00130910

Dear Mr. Mehrabani:

Stop Work Order Lifted

This letter is to follow up on our recent telephone conversation regarding the installation of the septic system for the referenced property.

A house location drawing submitted June 24, 2002 revealed that the house was constructed approximately 18 feet closer to the approved sewage easement than originally approved at the time of building permit review. This change in house location encroaches on the 20' mandatory setback to the sewage easement. In addition, the first floor elevation was raised 2.3 feet, generating significant concerns about the amount of fill intended to be placed over the approved sewage easement. These concerns were verified by a site inspection conducted July 2, 2002.

This office has not received any building permit amendment proposal to review the adjusted house location. In addition, no grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

As a result of the above situation, a Stop Work Order has been issued by this office for the septic system installation on the above referenced property. Please contact this office to schedule a meeting so that an appropriate solution can be discussed.

Respectfully,

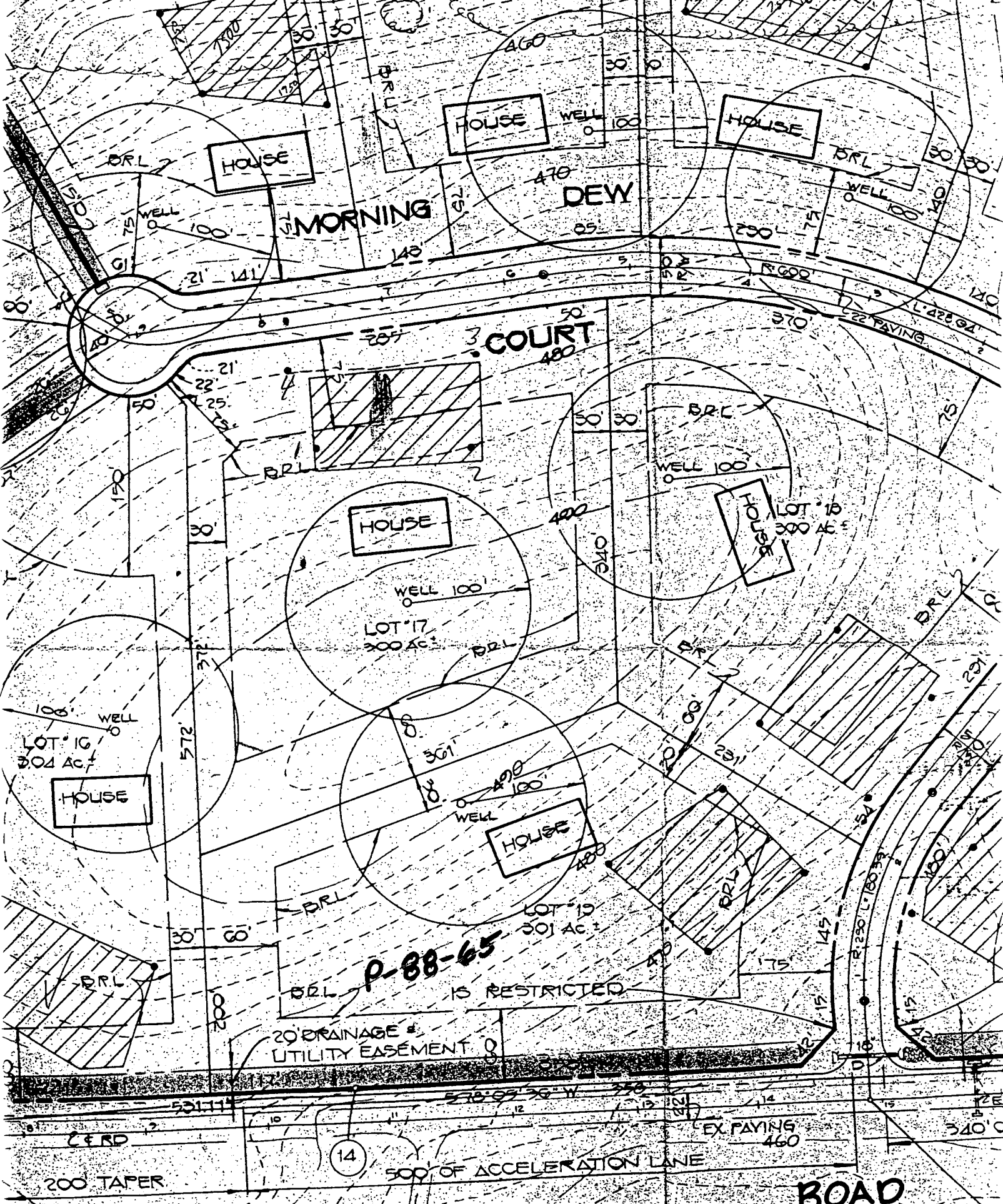
*Steven R. Krieg*

Steven R. Krieg

Registered Environmental Sanitarian  
Well and Septic Program

SRK

cc: Department of Inspections, Licenses and Permits  
Whitworth Excavating  
File ✓



P-88-65  
IS RESTRICTED

**OAKS**  
ARD COUNTY MAJOR COLLECTOR

