

6/25/90 pm

05 - 40487

PERMIT

P 46118

SEWAGE DISPOSAL SYSTEM

A 39156

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEX-TIME EXPIRED

DATE 7/6/90

FOR F.C.O.P. COMPLIANCE

DATE SYSTEM APPROVED 6/25/90

INSPECTOR RH

INDEXED

7/15/93

C. Williams/C.K.D.

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Clarksville Manor ROAD 6307 Golden Harvest Ct LOT 18

PROPERTY OWNER Rzepkowski Company, Inc.

BUILDING PERMIT SIGNED AND RETURNED

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%~~ 129-03 000 145299 - A6 Rollaway TANK

GARBAGE GRINDER? ~~YES~~ ~~NO~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet from the front lot line as seen when facing the lot from Golden Harvest Court and 140 feet from the left side of the lot. Run the trenches toward the left side of the lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Raymond Hodges DATE 8/11/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC 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 SYSTEMS.

A 39156

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 39156

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

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 Jaggi Rzepkowski Co. Inc

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

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 18

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 32
6307 Golden Harvest Court

SIZE OF LOT PLEASE ATTACHED LIST 3.02 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 Jaggi
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

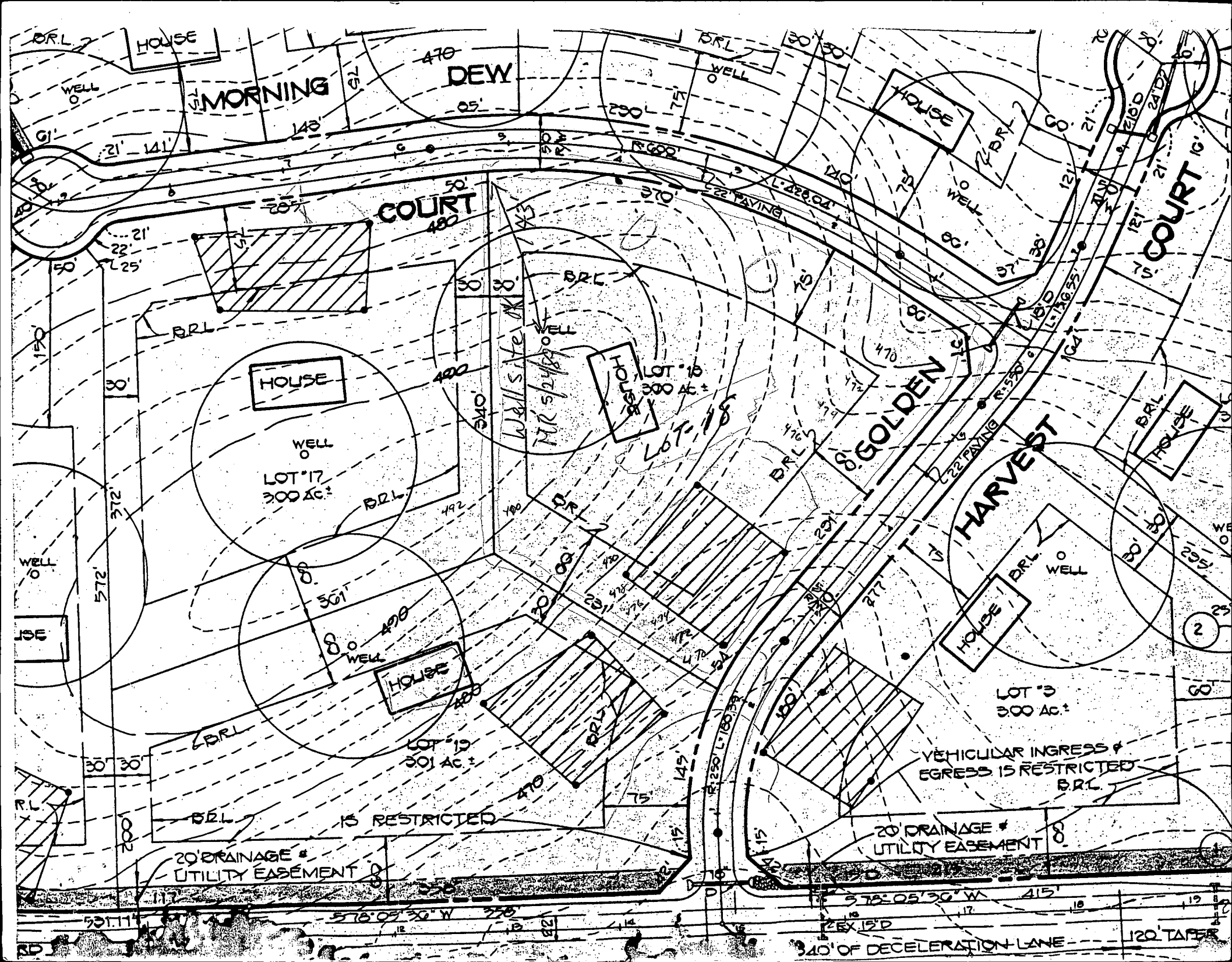
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-9-87 PERC SATISFACTORY, HOLD FOR SUBDIVISION PLAT. S. 261

BUDG. PERMIT SIGNED
AND RETURNED 3/10/87
Serial # 28398
SFD - 4 Bedroom

THIS IS NOT A PERMIT



B.R.L. HOUSE

MORNING

DEW

COURT

GOLDEN HARVEST

COURT

HOUSE

WELL
LOT #17
300 AC.

HOUSE
LOT #18
300 AC.

HOUSE
LOT #19
301 AC.

HOUSE

LOT #3
300 AC.

20' DRAINAGE & UTILITY EASEMENT

20' DRAINAGE & UTILITY EASEMENT

VEHICULAR INGRESS & EGRESS IS RESTRICTED B.R.L.

340' OF DECELERATION LANE - 120' TAPER

RD

578' 05" 30" W

578' 05" 30" W

415'

28' 15" D

120' TAPER

(2)

Well site
MK 5/24/200

DR

R 600'

522' PAVING

522' PAVING

522' PAVING

522' PAVING

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522' PAVING

21' 141' 148'

21' 22' 25'

170'

8'

372'

572'

30'

30'

2002

531' 11"

470

05'

50'

180'

30'

400'

340'

492'

8.0'

490'

480'

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470'

578' 05" 30" W

250'

75'

75'

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578' 05" 30" W

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B.R.L.

WELL

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B 1 9107

SEQUENCE NO. (DP-USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0641

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

please print or type

fill in this form completely

Date Received (APA)

051989

OWNER INFORMATION

RZEPKOWSKI (Owner) (C) (First Name)

2421 DRUM AVE (Street or RFD)

PASADENA (Town) MD 21122 (70 State 72 Zip 76)

DRILLER INFORMATION

George F. Easterday (Driller's Name) 40 (77 License No. 80)

L. FRANKLIN EASTERDAY, INC (Firm Name)

9265 BROWN CHURCH RD, MT. AIRY, MD 21771 (Address)

George F. Easterday (Signature) 5-16-89 (Date)

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

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-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary Drive-POINT

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 DEEPEMED 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 MR PERMIT No. 40-88-0641

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD (8 COUNTY)

CLARKSVILLE-MANOR (23 SUBDIVISION)

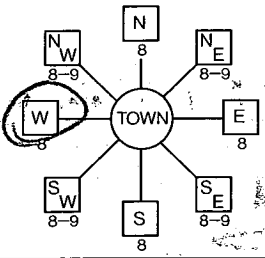
SECTION LOT 18

CLARKSVILLE (52 NEAREST TOWN)

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GOLDEN HARVEST CT (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST

DISTANCE FROM ROAD 500 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A39156 (COUNTY NO.)

DATE ISSUED 11/30/89

053087 (43) Mark E. Ralpin (48 CO SIGNATURE) EXP. DATE

NORTH GRID 501000 EAST GRID 0899000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

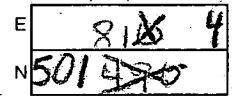
18 Bags of cement

71' Well casing/pully

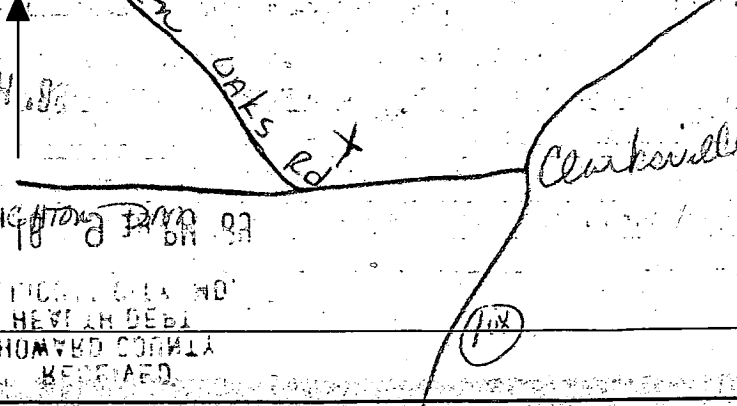
55' Well grout - open

2' Casing above ground

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



C1 2479

SEQUENCE NO. (DENV 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 A39156

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 062189

22 26 400 (TO NEAREST FOOT)

28 37 40-88-0641

OWNER Rzepkowski, C. last name Golden Harvest Co. first name TOWN Clarksville

WELL LOG 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 (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1500

PUMPING TEST HOURS PUMPED (nearest hour) 16 PUMPING RATE (gal. per min. to nearest gal.) 7.5 METHOD USED TO MEASURE PUMPING RATE Pumpt

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Sandstone, Br. mica, Sandstone, Tan mica, Gray mica, Tan mica, Gray mica, Tan mica, Gray mica.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING Nominal diameter Total depth

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE

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

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

DEPTH (nearest ft.) H0 19 400

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

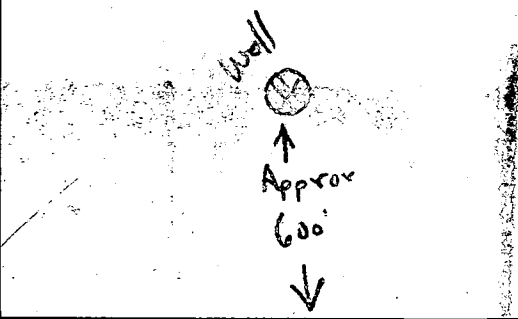
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE SITE SUPERVISOR

TELESCOPE CASING LOG INDICATOR OTHER DATA



For Oats fld.

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 # 46199
Date 8/2/90

Name of Installer David Easterday Telephone _____

License Number 269
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Tim Rzepkowski Telephone 647-2256
Subdivision Clarksville Manor Lot # 18 Well Tag # HO-88-0691
Site Address Golden Harvest Ct

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 5E5674B2
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower _____
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Martinson
- Model # B10X
- Depth 4

Tank

- Capacity 32
- Pressure relief valve?

Piping

- Type _____
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 385

Well data

- Depth 400 ft.
- Yield 2.2 GPM
- Static water level 36 ft.
- Will water supply be disinfected by installer?

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: Samuel F. Eschley

Date: 7-12-90

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

A 391506

7/13/90

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 # 44297
Date 5/19/89

Name of Installer EASTGARDY Telephone _____

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

Name of Property Owner _____ Telephone _____
Subdivision CLANKSVILLE MANOR Lot # 12-18 Well Tag # H0-88-0219
Site Address 6307 Golden Harvest Ct 0641

Pump BP 28398
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ 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 _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____
P.A. 4 1/2 - 5' B-G.
OK MR 7/13/90

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

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

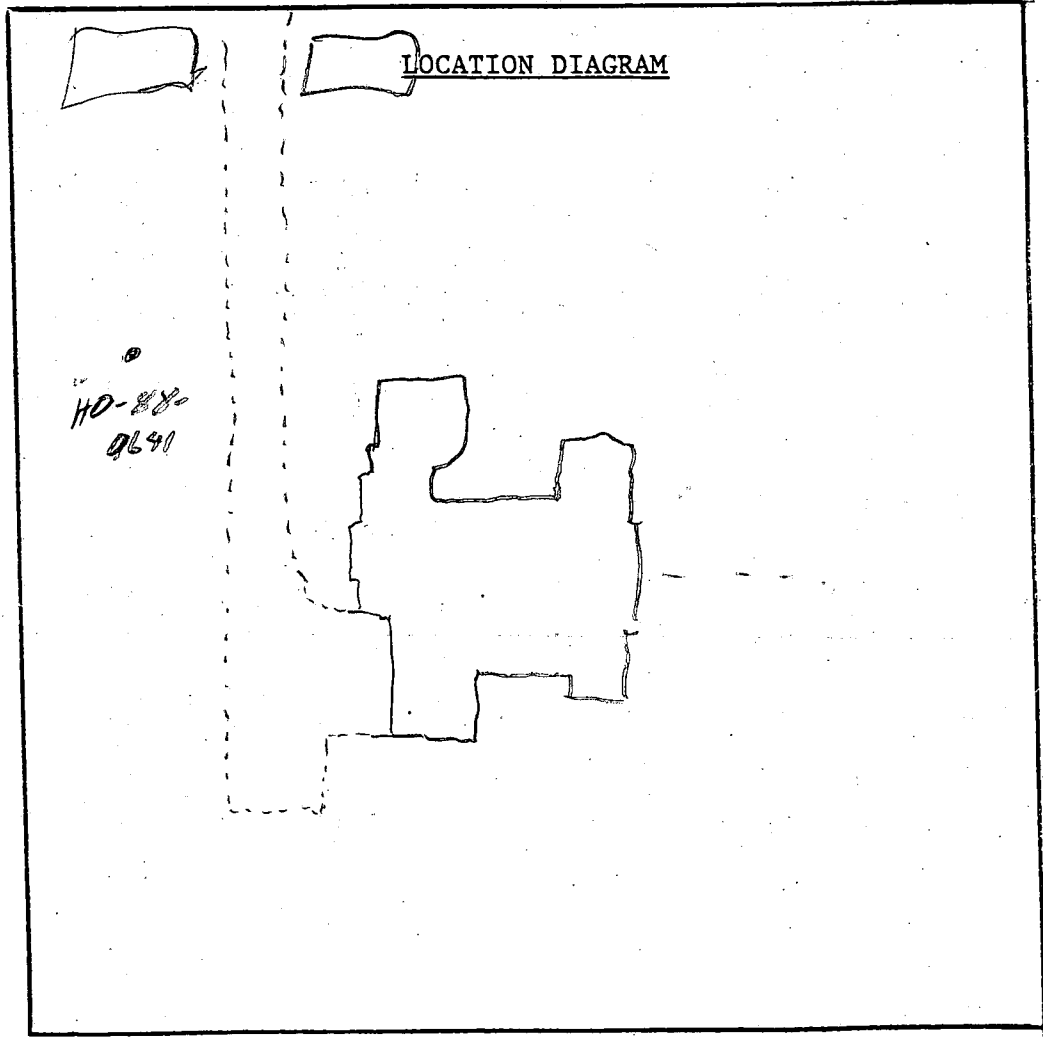
Repl. Well
SITE INSPECTION SHEET

2 p.m.

OWNER: Mr. Sidhu
PHONE #: (301) 596-9397
ADDRESS: 6307 Golden Harvest Ct

DATE REQUESTED: 10/21/01
CONTRACTOR: Ralph Mayne
WELL TAG #: HO-94-32534
COUNTY #: _____

PROPOSAL: Owner reports ex. well is not yielding enough water



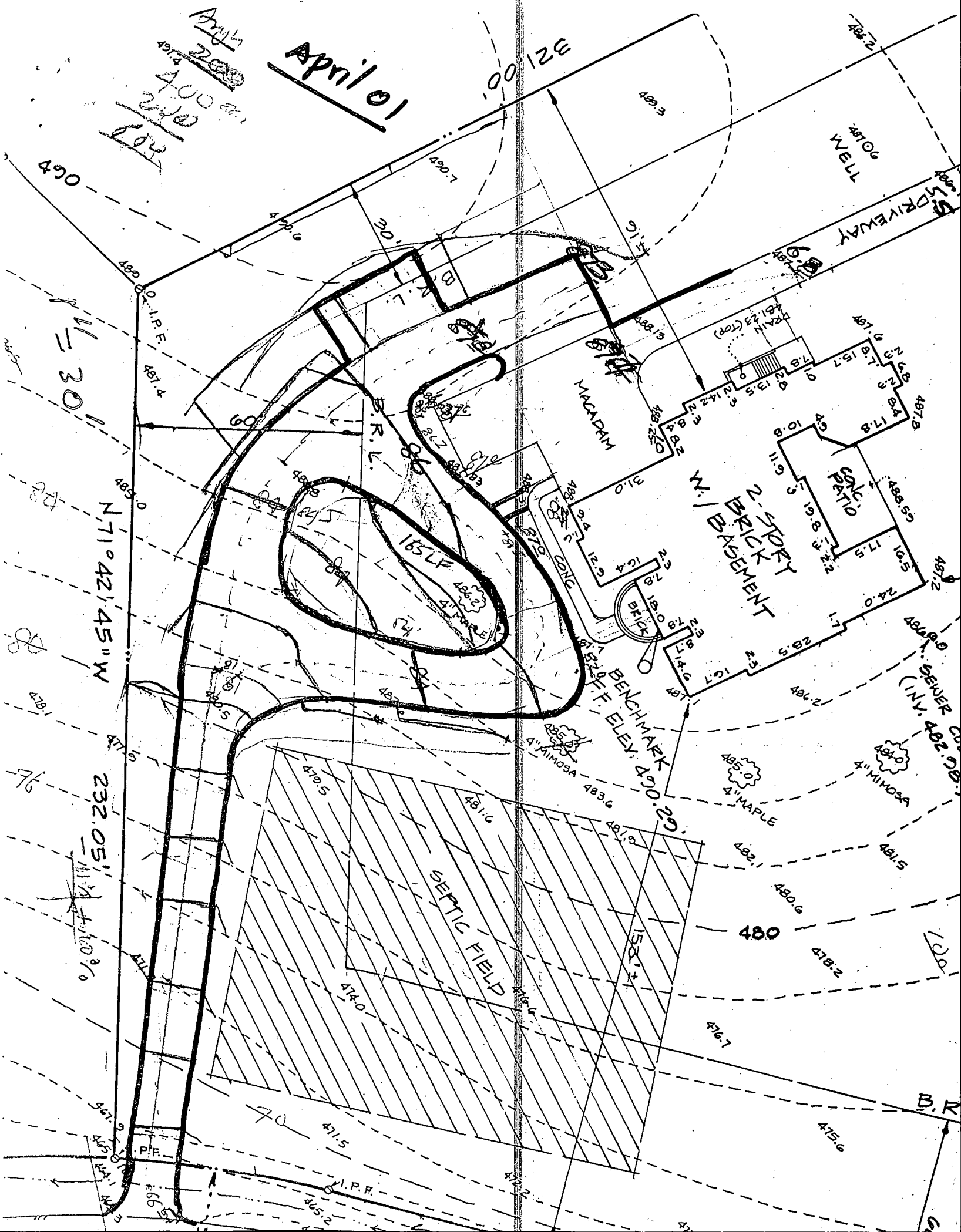
COMMENTS: Owner wants to connect to current well line going into the house so he doesn't have to dig up driveway
Discussed well must be 15' off driveway & 10' off prop line

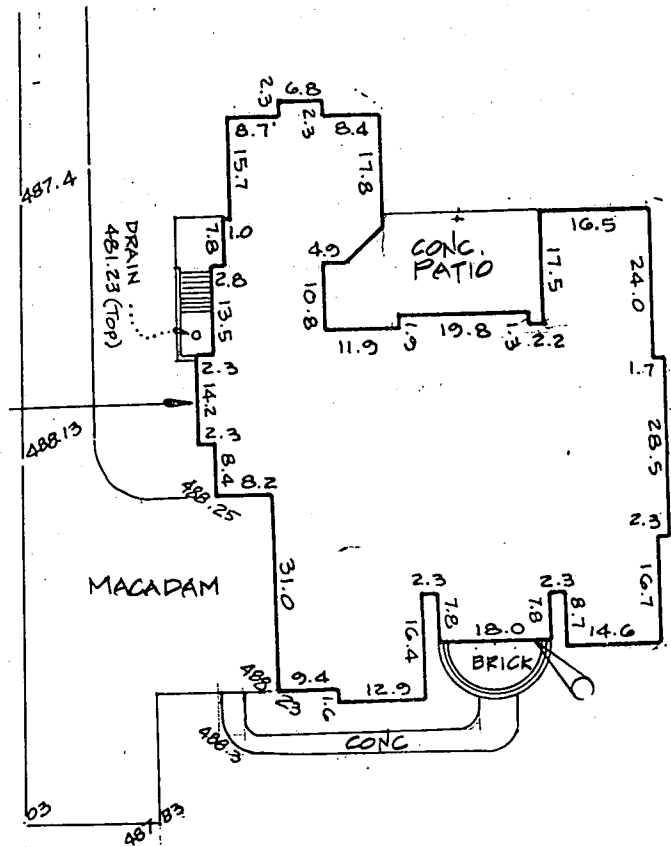
DATE: 10/22/01 INSPECTOR: SO

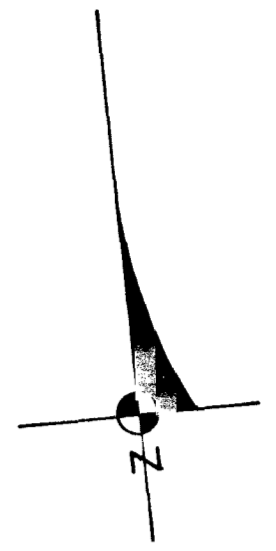
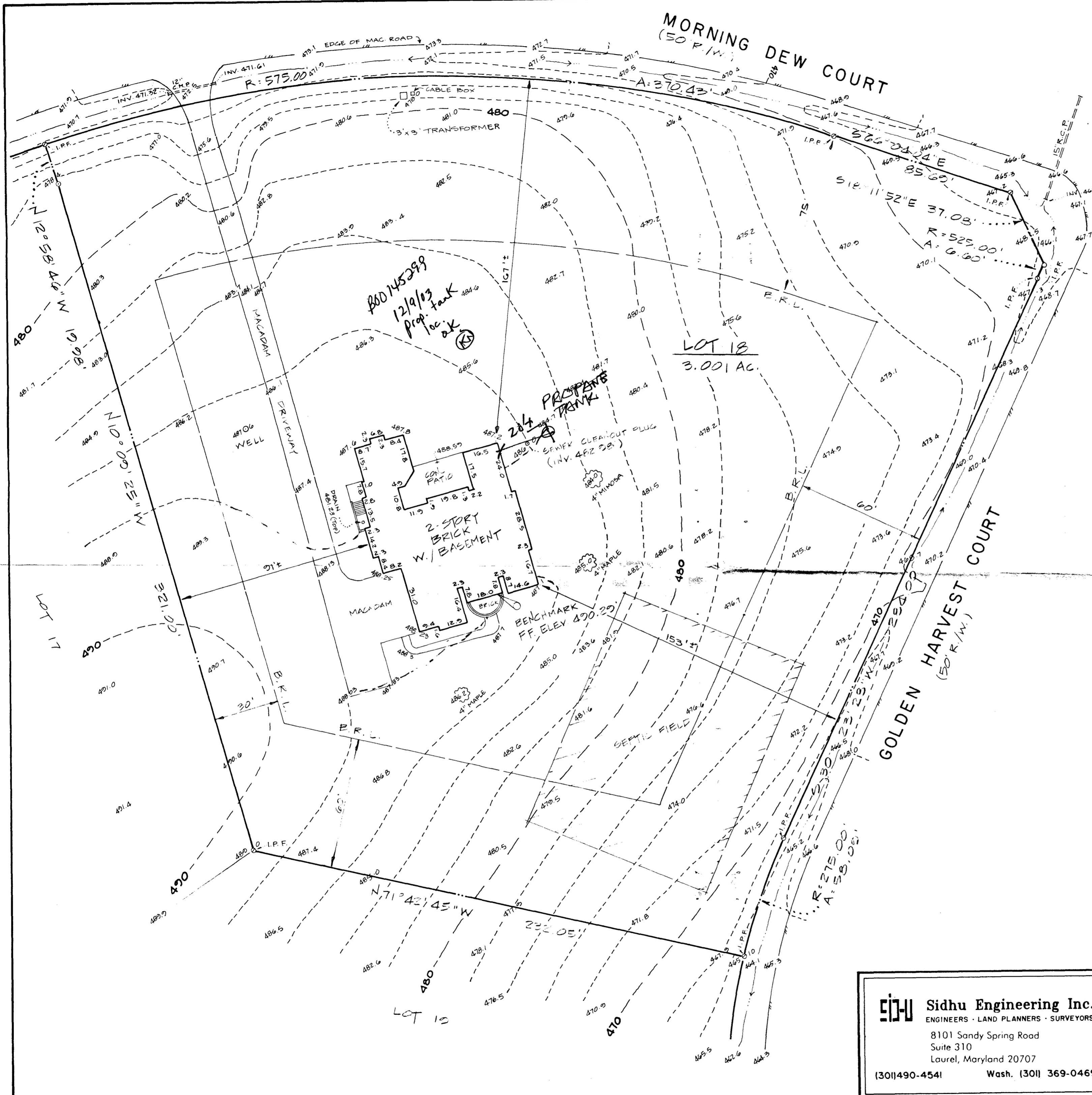
WELL NEVER DRILLED

April 01

April 2000
400
200
100







SURVEYOR'S CERTIFICATE

I hereby certify that I have carefully located the improvements as shown hereon in accordance with recorded property description, and that there are no encroachments except as indicated.

7/8/22
Date

Wesson Cook, Jr.
Professional Land Surveyor
Reg. #8144

SUBJECT TO COVENANTS AND RESTRICTIONS
RECORDED IN LIBER 1980 FOLIO 322.

HOUSE LOCATION SURVEY
LOT 18
CLARKSVILLE MANOR
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Sidhu Engineering Inc. ENGINEERS · LAND PLANNERS · SURVEYORS 8101 Sandy Spring Road Suite 310 Laurel, Maryland 20707 (301)490-4541 Wash. (301) 369-0469	DESIGNER:	PLAT BOOK:	LIBER: FOLIO:
	DRAFTER: JCM	PLAT NO: 8502	
	CHK:	SCALE: 1"=30'	JOB NO:
BK./PG.:	DATE: 7/8/22		
TAX MAP: 34 PARCEL: GRID:	SHEET OF	FILE NO:	