

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

CLIFTON OAKS DR. S.T.

SEPTIC TANK LEVEL (?) CLEANOUTS { OK }

DISTRIBUTION BOX LEVEL (?)

DRAIN FIELD/TILE FIELD DEPTH (?) FT. TRENCH WIDTH (?) FT. INLET DEPTH (?) FT. *per specs per contractor*

EFFECTIVE GRAVEL DEPTH (?) FT. TOTAL LENGTH { 2 50' } 185 FT. { 3 90' } +

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA (?) 740 SQ. FT. *per drawing above*

DRYWELL INSIDE DIAMETER        FT. EFFECTIVE DEPTH BELOW INLET        FT.

ABSORBENT AREA 740 + SQ. FT.

REMARKS 3:30 P.M. 1/31/90 system completely covered. Hold for supervisor.  
No official inspection today. See below also.  
(C.W. → See front 2/2/90)  
C.B.d

1/31/90 NO W.P.I - trench dug only. C.B.d  
See above + front

DATE SYSTEM APPROVED        INSPECTOR M. C. W. / C. B. d

# APPLICATION

PERCOLATION TESTING

A 39237

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT S

DATE 4-16-87

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 RAO GROUP Inc Nageswara R. Karipineni - 721-2194

ADDRESS 6570 Rt 32, CLARKSVILLE, MD 21029 PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP Inc

ADDRESS 6570 Rt 32, CLARKSVILLE, MD 21029 PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOVENEX LOT NO. 3

ROAD AND DESCRIPTION C 5909 TEN OAKS Rd. CLARKSVILLE 5913 Clifton Oaks Drive

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.0 AC TYPE BLDG Single family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Uttarapalli Patel  
(SIGNATURE OF APPLICANT)

APPROVED BY J. Stahl FOR Deep Trunches DATE 6-28-88

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

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

REASONS FOR REJECTION OR HOLDING 6-25-87 PERC SATISFACTORY - Hold for Subdivision PA7. Stahl

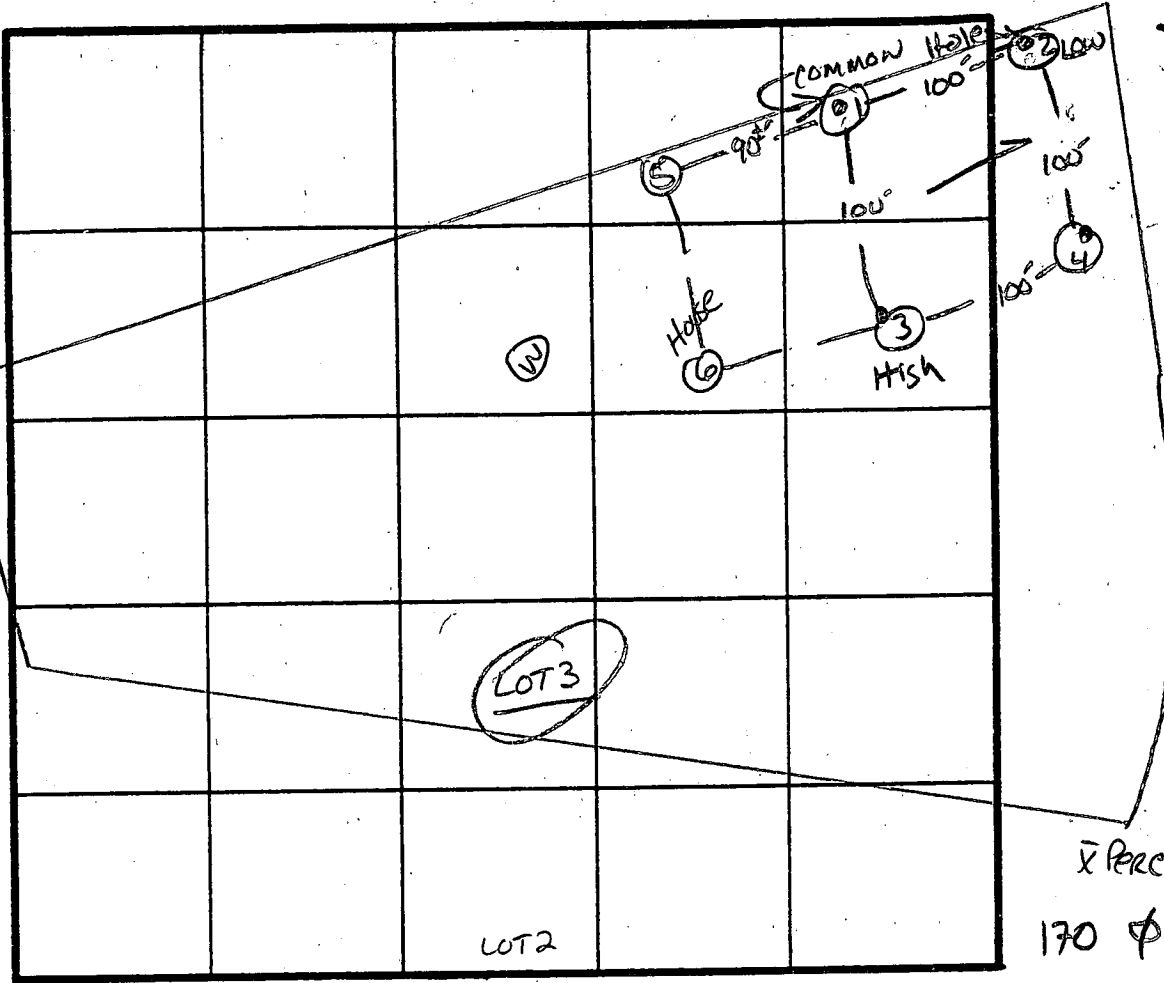
10-26-87 Reperc. SATISF. Stahl  
BUDG. PERMIT SIGNED AND RETURNED 7/25/89  
Serial #27999  
4 Bedrooms - SPD

# THIS IS NOT A PERMIT

③ ④  
SOIL PROFILE

AP 1H  
w/stone layers  
Yellow Red  
Silty CLAY  
LOAM  
SMALL STONES  
10-15% FRAGS  
Red Yellow  
w/ yell +  
RED ALBN.  
veins of  
Silt LOAM  
10-15%  
FRAGS

L.O.S.



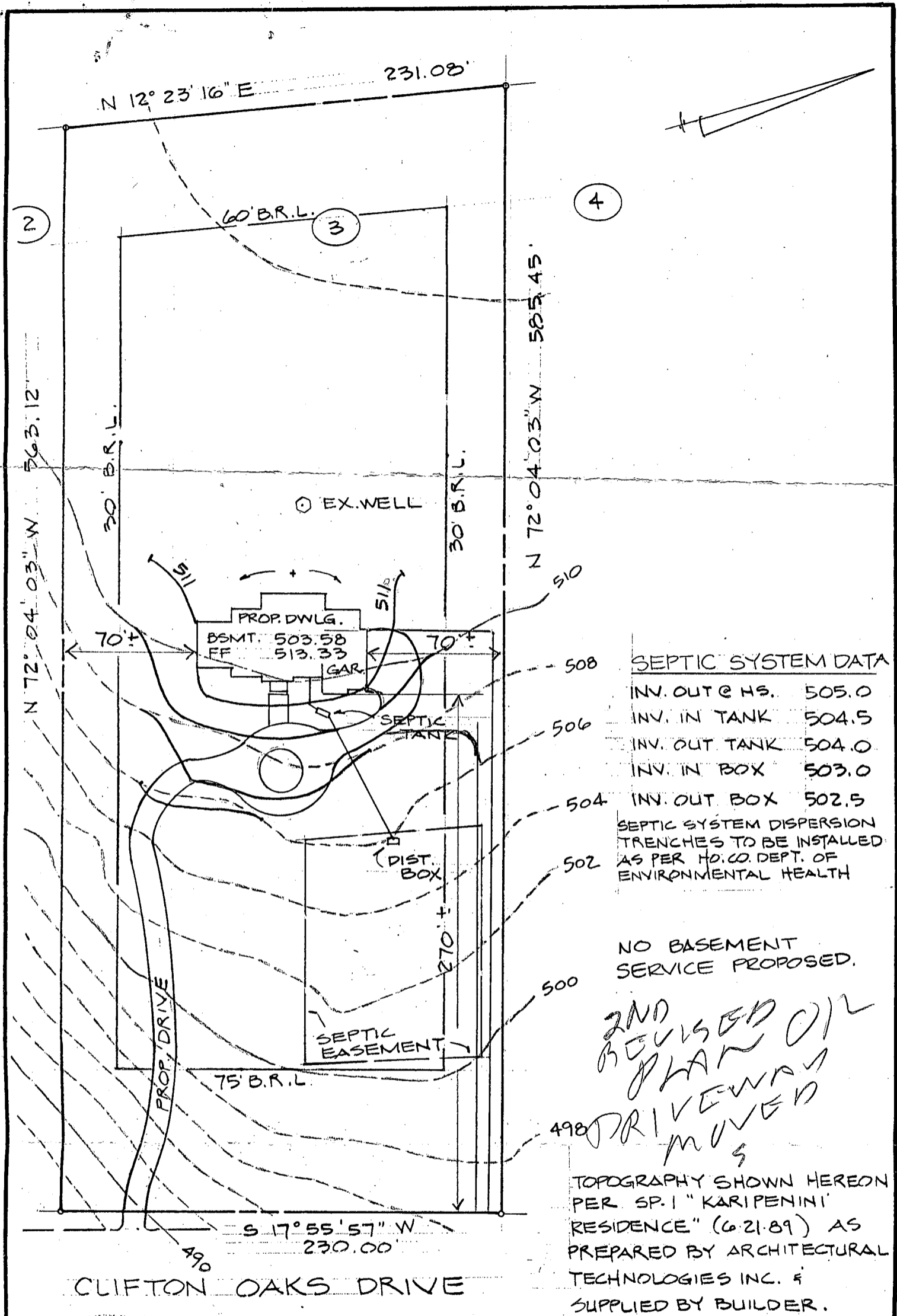
Propose Rd.

̄ PERC 7 MIN  
170 PBR  
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		
4/21/87	1 V	13'	UNIFORM Soil below 4" (MANOK)					
	2 S	4.0'	11:10	11:11	11:11	11:12	2 MIN	
	2 V	13'	UNIFORM Soil below 4" (MANOK)					
	3 S	5'	10:53	10:56	10:56	11:04	8 MIN	
	3 M	8'	10:53	10:55	10:55	11:02	7 MIN	
	3 V	12.5'	UNIFORM Soil below 4.5'					
	4 S	4.5'	10:54	10:58	10:58	11:07	9 MIN	
	4 V	13'	UNIFORM Soil below 4.0'					
6/24/87	5 V	12'	UNIFORM Soil below 4.0'					
	6 S	4.5'	11:02	11:06	11:06	11:14	8 MIN	
	6 V	12'	UNIFORM Soil below 4.0'					

REMARKS Holes Per PLAT  
 TYPE OF SOIL CHESTER-MANOK TRANSITION  
 TESTED BY S. Abel ALSO PRESENT Rocky, SKIP



SEPTIC SYSTEM DATA

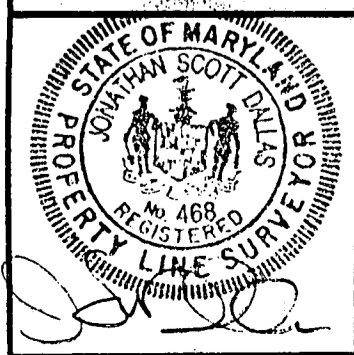
INV. OUT @ HS.	505.0
INV. IN TANK	504.5
INV. OUT TANK	504.0
INV. IN BOX	503.0
INV. OUT BOX	502.5

SEPTIC SYSTEM DISPERSION TRENCHES TO BE INSTALLED AS PER HO. CO. DEPT. OF ENVIRONMENTAL HEALTH

NO BASEMENT SERVICE PROPOSED.

*2ND REVISED ON PLAN 498 DRIVEWAY MOVED*

TOPOGRAPHY SHOWN HEREON PER SP. 1 "KARIPENINI RESIDENCE" (6-21-89) AS PREPARED BY ARCHITECTURAL TECHNOLOGIES INC. & SUPPLIED BY BUILDER.



**SITE PLAN**  
LOT 3, WESTSIDE, 5TH EL. DIST., HO. CO., MD.

**VT ASSOCIATES, INC.**  
Surveying & Engineering  
4932 Hazelwood Avenue  
Baltimore Md 21206  
(301) 866-2001

date	8-15-89
scale	1"=60'
job no.	TB-6
drawn	JSD
checked	ILK

B 1 1286

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER 25

MD-88-0025

fill in this form completely

Date Received (APA)

06/14/88

OWNER INFORMATION

40 R V E G R E G

6570 R F 32

CLARKSVILLE MD 21000

70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne 238

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph L. Mayne 6/10/88

LOCATION OF WELL

HOWARD

WESTSIDE

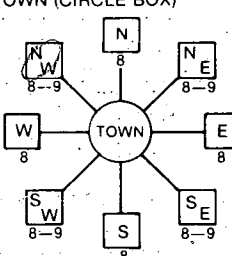
SECTION 44 46 LOT 3 48 50

CLARKSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 7/8 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clifton Oaks Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT or MI 300 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A-39237 COUNTY NO.

STATE SIGNATURE DATE ISSUED

062888 Fichal 12-27-88

NORTH GRID 501000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

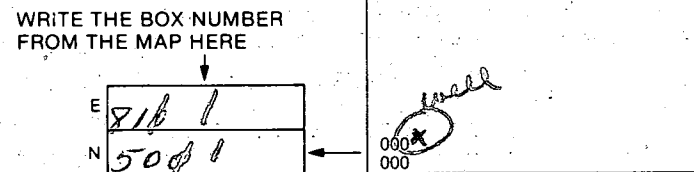
METHOD OF DRILLING (circle one)

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

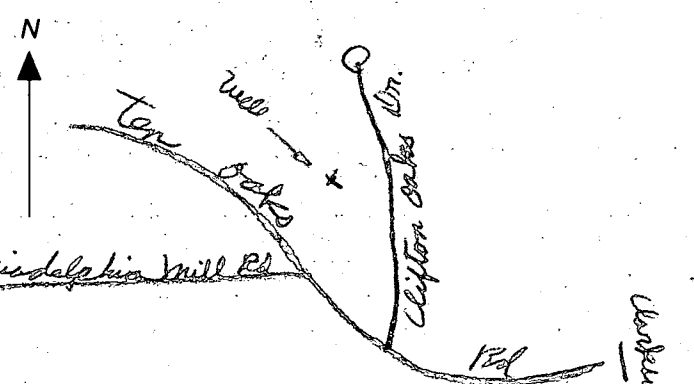
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



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 DEEPEMED AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE MA INITIALS PERMIT NO. MD-88-0025

SPECIAL CONDITIONS

③

← 200



SYSTEM  
UPK5017

DRIVE WAY

① 110 ft pipe

② 40 or more open holes

③ Location looks OK

④ ~~24~~ 24 Bags

⑤ Well OK

⑥ Grout started before inspector arrived

7/7/88

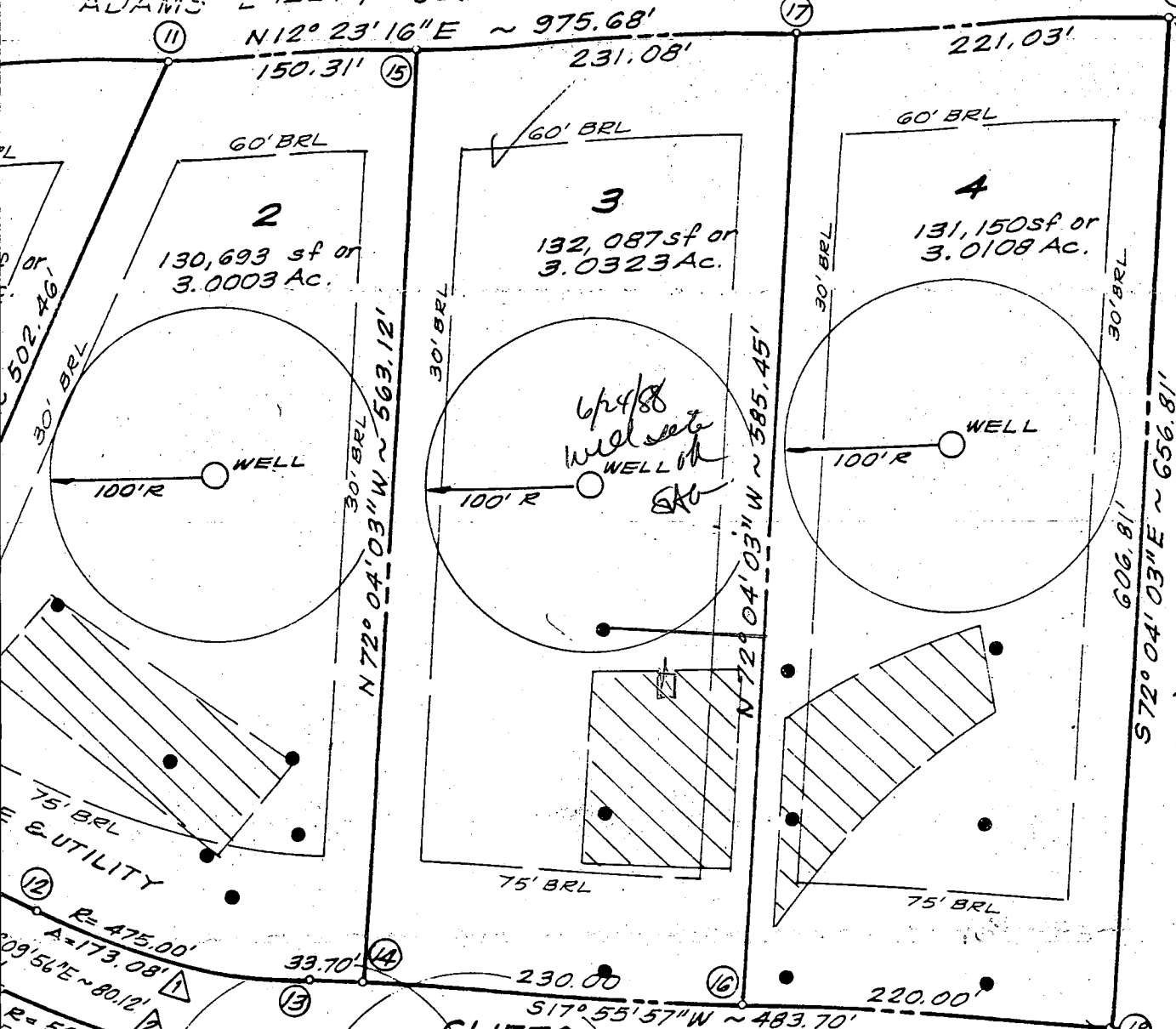
Speed - 3/10/88

FROM: Bob Lee  
 Terrace Rd Property  
 Westside Subdivision  
 Wells for Lots 3 & 4 for GREG FORTNE

VE DATA	ARC	TAN	CHD
	173.08'	87.51'	172.12'
	191.30'	96.72'	190.24'

AREA TABULATION FOR SUBDIVISION	
TOTAL NUMBER OF LOTS	17
TOTAL AREA OF LOTS	56.7988 AC. OR 2
TOTAL ROAD DEDICATION	2.9236 AC OR 1
TOTAL AREA OF SUBDIVISION	59.7224 AC OR 2

ADAMS L 1224 / F 608



MATCH LINE SEE SHEET 2 OF 3



5

1. PROPERTY
2. COORDINATE
3. THE COORD GEODETIC
4.  THROUGH HEALTH AND MENTALS OF SEWAGE IS CONSTRUCTED BECOME SYSTEM.

CLIFTON OAKS DRIVE (50' R/W)  
 N17°55'57"E ~ 483.70'

5. THIS SYM. WELLS ON
6. PERCOLAT AND SHO
7. B.R.L. =
8. FLAG OR LOTS ACC ROAD CAL MINIMUM COUNTY.
9. FOR FLA

SEE SHEET 3 OF 3

C1 9682

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

A-39237

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 09/01/88

Depth of Well grid: 22 203 26 (TO NEAREST FOOT)

PERMIT NO. grid: 40-88-0025

OWNER

HORNE last name CLIFTON GAY S DR first name GREG

STREET OR RFD

TOWN

CLARKSVILLE

SUBDIVISION

SECTION

LOT

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 FROM TO

Check if water bearing

Table with columns for description, feet from, feet to, and check if water bearing. Includes handwritten notes like 'Small', 'GAY S DR', '104', '104 205', 'OK'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Grouting record boxes: Y (checked), N

TYPE OF GROUTING MATERIAL

CEMENT: CM (checked) BENTONITE CLAY: BC (checked)

NO. OF BAGS: 24 NO. OF POUNDS: 2256

GALLONS OF WATER: 144

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

casing types insert appropriate code below

Casing record boxes: ST (checked), CO, PL, OT

MAIN CASING TYPE: ST Nominal diameter: 6 Total depth of main casing: 110

OTHER CASING (if used)

Other casing grid for diameter and depth

screen type or open hole insert appropriate code below

SCREEN RECORD

Screen record boxes: ST, BR, HO, PL, OT

C2

Table for screen depth (nearest ft.) with handwritten values: 110, 108, 205

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

Form for OEP use only with boxes for T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

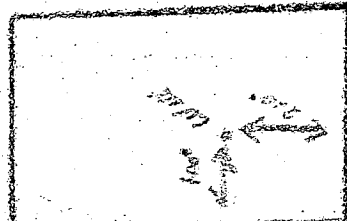
PUMPING TEST

Pumping test form with handwritten values: HOURS PUMPED: 3, PUMPING RATE: 8.2, METHOD: Bucket, WATER LEVEL: 43, WHEN PUMPING: 107, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED

Pump installed form with handwritten values: DRILLER WILL INSTALL PUMP: YES, TYPE OF PUMP: S, CAPACITY: 31-35 GPM, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47, CASING HEIGHT: + above

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



A 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 10.17.13 "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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

A 39237  
2-2-90

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 # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Catonsville Plumbing

Telephone 747-2293

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Horn, Greg  
Subdivision Westside Lot # 3  
Site Address 5913 Clifton Oaks Drive

Telephone 7  
Well Tag # HO-88-0025

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible \_\_\_\_\_
- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- 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 \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Depth \_\_\_\_\_

Tank

- Capacity \_\_\_\_\_
- Pressure relief valve? \_\_\_\_\_

Piping

- Type \_\_\_\_\_
- Size \_\_\_\_\_
- NSF and/or BOCA Code approved \_\_\_\_\_
- Depth of supply line \_\_\_\_\_

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? \_\_\_\_\_

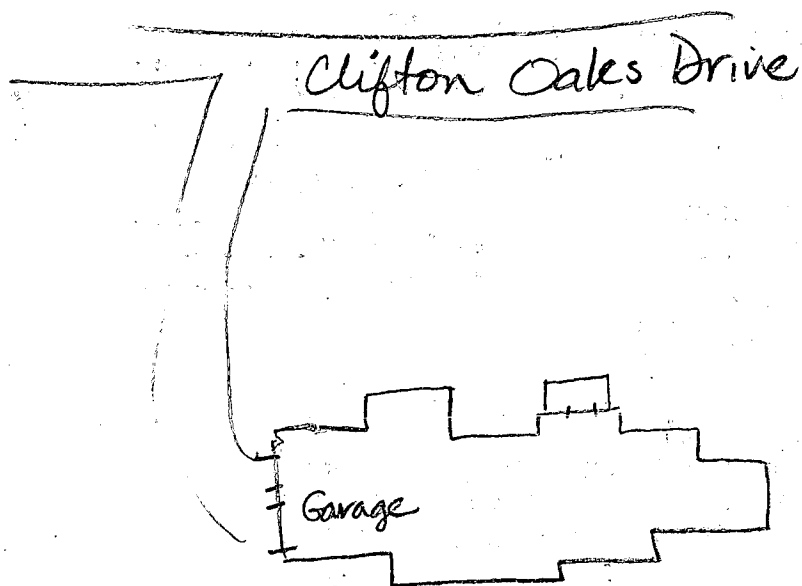
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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



(W) HO-88-0025

2-2-90

Hole in casing for pitless adaptor at 55 inches. Well line not installed yet. Well cap cracked. JEN

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

New Installation   X    
 Replacement       

Receipt # 45525  
 Date 2/7/90

Name of Installer Catonsville Plumbing

Telephone 747-2293

License number 3104

Certified Well Pump Installer        Well Driller        Registered Plumber   X  

Name of Property Owner Newa Homes Telephone       

Subdivision Westside Lot # 3 Well tag # H0-88-0025

Site Address 5913 Clifton Oaks Drive

Pump

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible   X
2. Make Red Jacket
3. Model # 750N1-CN16AD
4. Capacity 5 gal per GPM
5. Pump exceeds well capacity Yes        No   X

Motor

1. Horsepower 3/4
2. RPM
3. Voltage 208/230
  - a. 110   X
  - b. 220

Pitless Adapter

1. Make Campbell
2. Model # B-10X
3. Depth 6'

6. If Yes, is low pressure cutoff switch installed? Yes   X   No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors   X   Cable guards   X   Other sleeved wire down well

Tank

1. Capacity
2. Pressure relief valve?   X

Piping

1. Type Pollyblue
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 180'  
line 4" deep

Well data

1. Depth 205 ft.
2. Yield 8.5 GPM
3. Static water level 43 ft.
4. Will water supply be disinfected by installer?   X

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: *John Kucenas*

Date: 2/6/90

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