

2/2/87 A.M. ✓ A.S.A.P.

File

2/1/89 P.O.C.O.  
C.B.D.  
Card signed

2/1/89 noon

05-408776

Received  
12:15  
C.B.D.

# PERMIT

P 43293

SEWAGE DISPOSAL SYSTEM

A 39239

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 12/27/87

DATE SYSTEM APPROVED 2/2/89

INSPECTOR C.B.D.

## INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Westside ROAD 5925 Clifton Oaks Dr. LOT 5

PROPERTY OWNER Rao Group

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from left rear (345/606/81') lot corner, place the distribution box 165 feet down the left (606.81') lot line and 150 feet off the left line as seen when facing property from Clifton Oaks Drive. Run trenches towards the right (685') and left (605') lot lines. NOTE: TRENCH LENGTH NOT TO EXCEED 80 FEET IN EITHER DIRECTION.

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 B. Nixon DATE 5/03/88

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

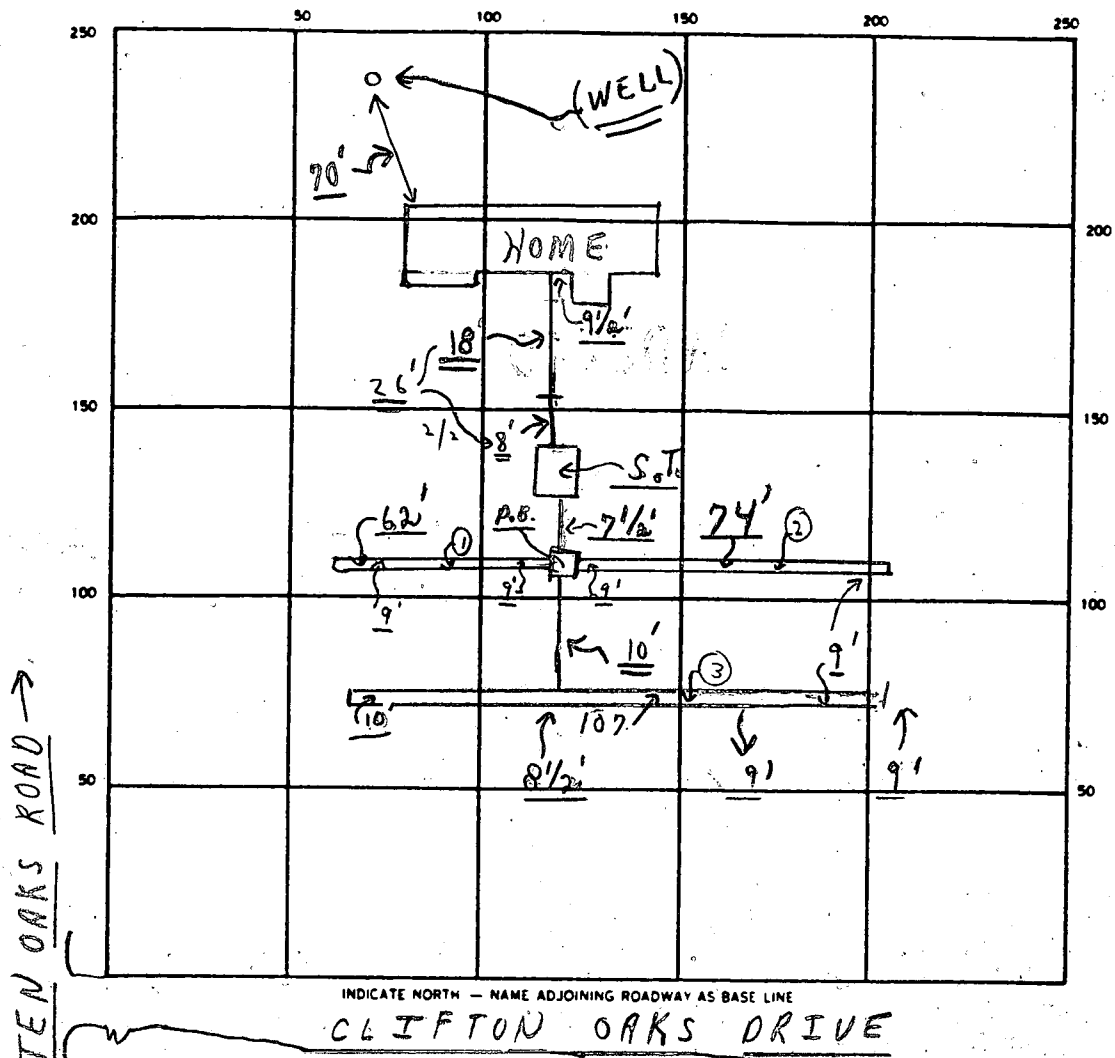
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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 39239



SEPTIC TANK. LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX. LEVEL OK (Bubble in)

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 9 FT. TOTAL LENGTH 243 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1093<sup>+</sup> SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 1093<sup>+</sup> SQ. FT.

REMARKS 2/1/89 Partial - OK FOR STONE IN ALL TRENCHES. ONLY  
2/2/89 FINAL - OK TO COVER ALL WORK - FILE, C.B. C.B.

DATE SYSTEM APPROVED 2/2/89 INSPECTOR Charles Bryan & Associates

# APPLICATION

PERCOLATION TESTING

A 39239

P \_\_\_\_\_

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

DISTRICT 5

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

ADDRESS 6570 Rt 32, CLARKSVILLE PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP Inc

ADDRESS 6570 Rt 32, CLARKSVILLE PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOVENGER PROPERTY LOT NO. 5

ROAD AND DESCRIPTION ~~5909 TEN OAKS RD, CLARKSVILLE~~  
5925 CLIFTON OAKS DR.

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.0ac 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. Cestrapali BLD  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidy Abel FOR Deq Funds DATE 8-10-88

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

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

REASONS FOR REJECTION OR HOLDING 6-25-87 PERC SATISFACTORY HOLD for Subdivision P&S. S&H

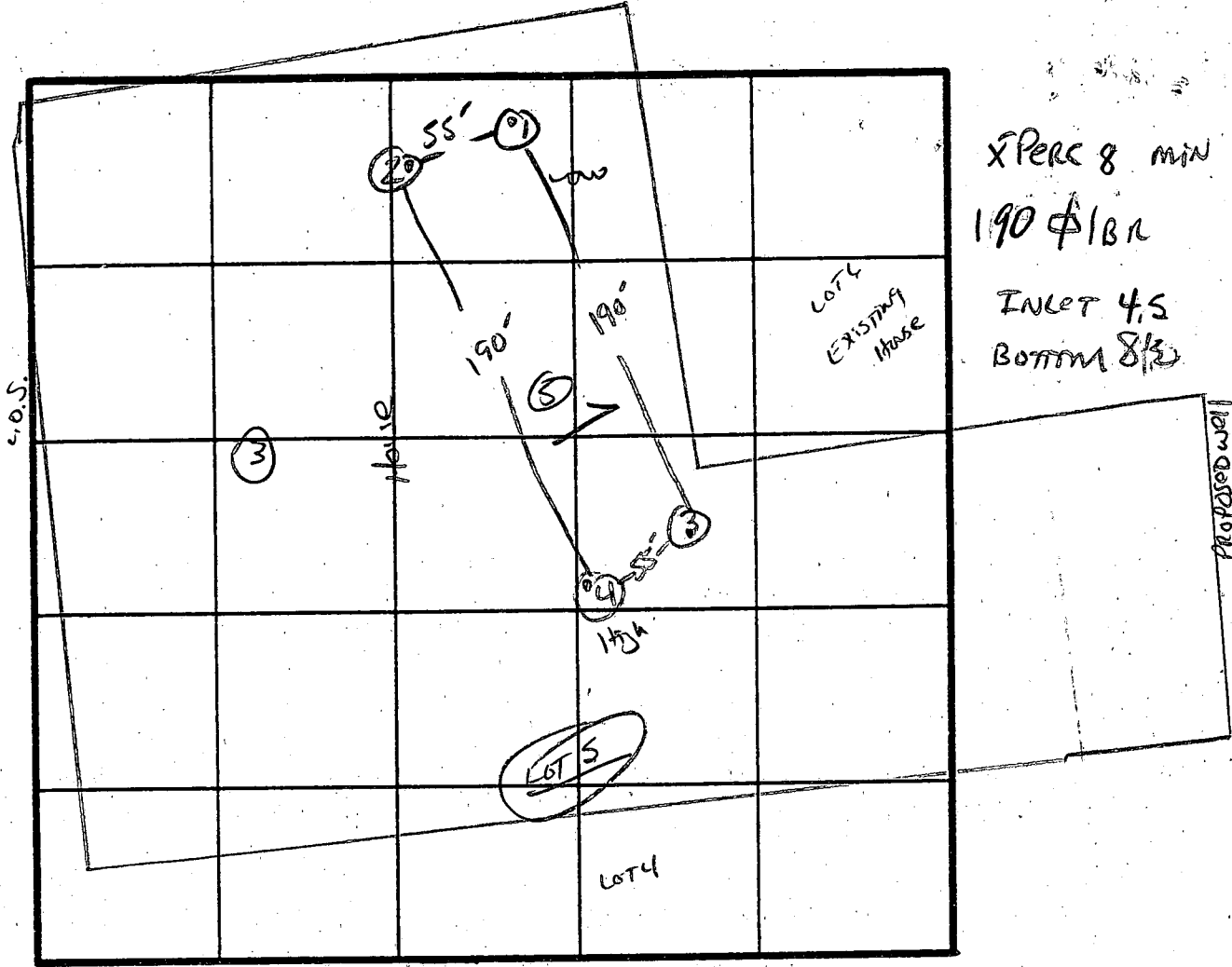
BLDG. PERMIT SIGNED  
AND RETURNED 8-10-88

BP 2049 SAL

# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0"	AP Hx
10"	RED yellow Silt CLAY LOAM 10-15% FRAGS
2-5"	Yellowed Silt LOAM Highly Micaceous 10-20% FRAGS
13"	To 30% AT BOTTOM



x Perc 8 min  
190 #18  
INLET 4.5  
Bottom 8 1/2

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	
4/25/87	1S 1V	2.5" 13"	12:04 UNIFORM	12:06 Soil below 2"	12:06	12:09	3 MIN
	2V	13"	SAME AS #1				
	3S 3V	5" 13"	12:12 UNIFORM	12:14 Soil below 4.5"	12:14	12:19	5 min
	4S 4M	5" 9"	12:13 12:15	12:20 12:19	12:20 12:19	12:35 12:28	15 MIN 9 MIN
	4V	13'	UNIFORM soil below 4.5'				
	5V	12'	UNIFORM soil below 4.0'				

REMARKS Holes Per PLAT

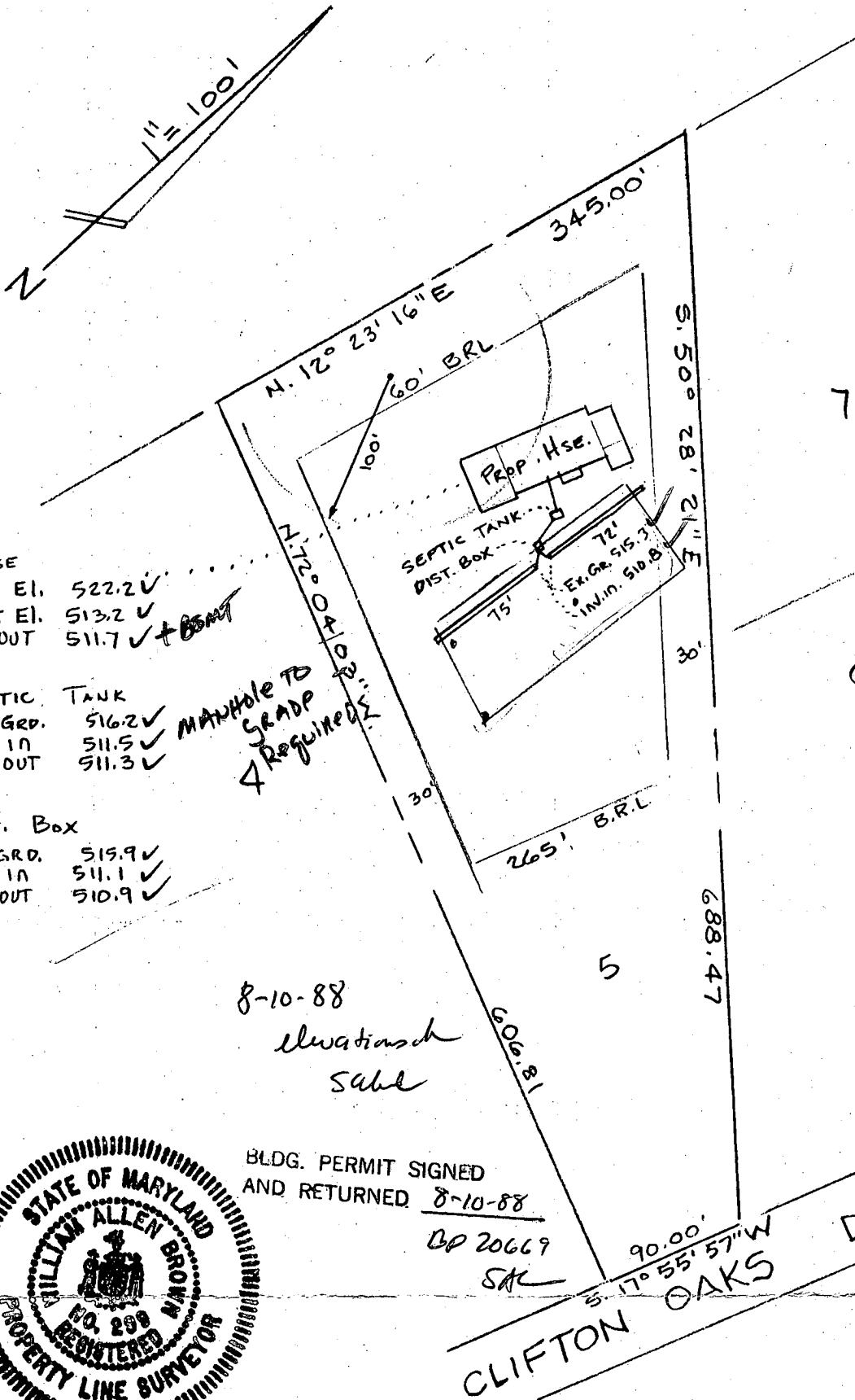
TYPE OF SOIL Chesser Lamm

TESTED BY S. Abel

ALSO PRESENT SKIP, Rocky

EH-12-1079

**SITE PLAN**  
**LOT 5, WESTSIDE**  
**CLARKSVILLE (5<sup>th</sup>) DISTRICT**  
**HOWARD COUNTY, MARYLAND**  
 SCALE 1" = 100'      AUGUST, 1988



House  
 F.F. El. 522.2 ✓  
 Bsmt El. 513.2 ✓  
 INV. OUT 511.7 ✓

SEPTIC TANK  
 EX. GRD. 516.2 ✓  
 INV. IN 511.5 ✓  
 INV. OUT 511.3 ✓

Dist. Box  
 EX. GRD. 515.9 ✓  
 INV. IN 511.1 ✓  
 INV. OUT 510.9 ✓

*MANHOLE TO  
 GRAB  
 4 Required*

*8-10-88  
 elevations  
 Sahl*

BLDG. PERMIT SIGNED  
 AND RETURNED 8-10-88  
 BP 20669  
 SAC



I CERTIFY TO THE BEST OF  
 MY KNOWLEDGE AND BELIEF  
 THAT THE PLAN SHOWN HEREON  
 IS CORRECT.  
*W. Allen Brown 8/8/88*  
 W. ALLEN BROWN MD. PLS. #299



3652

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-81-2694

(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)

041388

OWNER INFORMATION

RHO GROUP INC

6570 RIVER RD

CLARKSVILLE MD 21231

B 3

LOCATION OF WELL

40000 COUNTY

WESTSIDE SUBDIVISION

SECTION LOT 5

CLARKSVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1.70 MI

DRILLER INFORMATION

Joseph B. Mayne 238 License No. 80

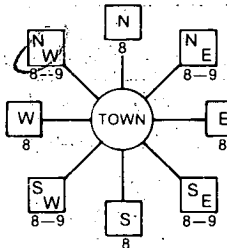
Joseph B. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Signature: Joseph B. Mayne Date: 4/6/88

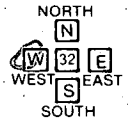
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clifton oaks Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI 550 FT

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

HEWARD COUNTY NAME A 39239 COUNTY NO.

STATE SIGNATURE DATE ISSUED

042388 B Nylan 10/28/88 CO SIGNATURE EXP. DATE

NORTH GRID 502000 EAST GRID 0511000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

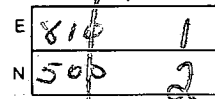
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

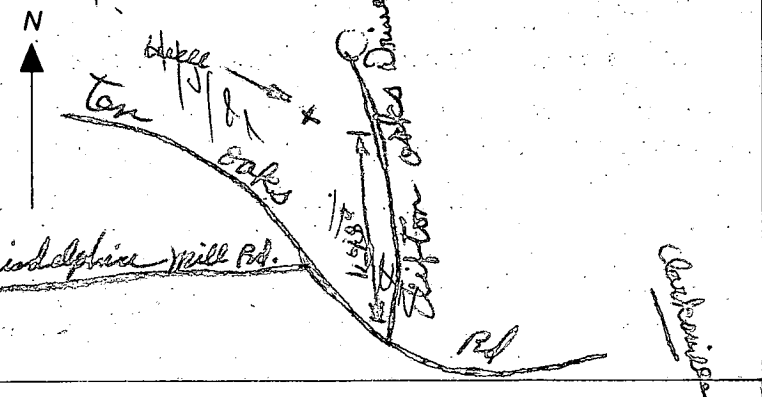
SOURCES OF DRILLING WATER

- 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



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)

APPROX. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT NO. 40-81-2694

SPECIAL CONDITIONS

6/12/89

This well has be damaged.  
Casing in bent AND Broken  
AND TOP missing. Before  
any BP is issued please  
be sure the well is properly  
repaired. owner of well HAS  
been notified

S. A. —

REPAIRS 7/14/89  
CW, S. A.



C1 7776 SEQUENCE NO. (OEP-USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 39 239

DATE Received [ ] DATE WELL COMPLETED 05/12/88 Depth of Well 145 (TO NEAREST FOOT) PERMIT NO. HO-81-2694

OWNER GROUP INC. RAO  
 STREET OR RFD CLIFTON OAKS DRIVE first name TOWN CHARLESVILLE  
 SUBDIVISION WESTSIDE SECTION LOT 5

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	
SAND	0	134	
GRAY MICH ROCK	134	145	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 15 NO. OF POUNDS 1310  
 GALLONS OF WATER 70  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter 60 top (main) casing (nearest inch) 61  
 Total depth of main casing (nearest foot) 130 66 70

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.)  
 HO 128 145  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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. 237  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

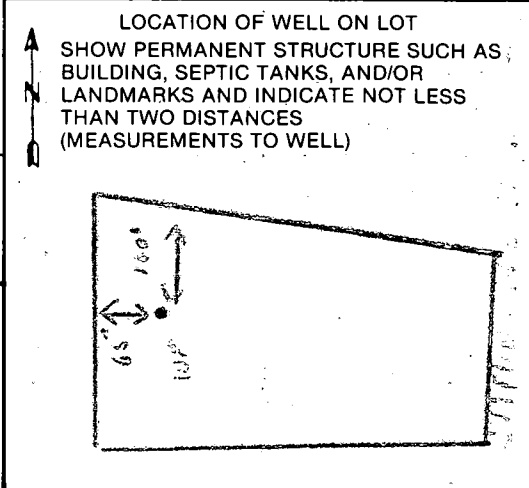
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) 70 72 WQ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 73  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 57  
 WHEN PUMPING 72  
 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 WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 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 } (nearest foot) 49 50 51



2/1/89 ✓  
2/2/89 ✓

5/2/88

2/1/89  
Partial ↓  
2/2/89 ↓

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 X  
Replacement \_\_\_\_\_

Receipt # WP 43534  
Date 1/23/89

Name of Installer ISAAC ALLEN NEWTON III

Telephone 426-6074

License Number 9025

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ✓

Name of Property Owner RAO GROUP

Telephone \_\_\_\_\_  
Well Tag # H0-81-2694

Subdivision WESTSIDE Lot # 5  
Site Address 5925 CLIFTON OAKS DR.

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

- 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 \_\_\_\_\_

Tank

- 1. Capacity \_\_\_\_\_
- 2. Pressure relief valve? \_\_\_\_\_

Piping

- 1. Type \_\_\_\_\_
- 2. Size \_\_\_\_\_
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth 145 ft.
- 2. Yield 7 1/2 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: Isaac Allen Newton III

Date: 1-19-89

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

HD-215 Note: pitless adapter 2/2/89-ok.  
+ well line on 1/89-ok.

[2/1/89 Not ready C.B.D.]

Note: Cap tight on well; need to see pump and tank yet. C.B.D.