

11/20/02
10 AM
12/26/02
12:30

05-408865

1-13-03
Final
Normal

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 518031

A 39249

ISSUE DATE 12/18/2002

APPROVAL DATE 1/13/03

INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL x ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Westside LOT NUMBER 14 ADDRESS 5918 Clifton Oaks Drive

PROPERTY OWNER Hari Singh PROPERTY OWNER'S ADDRESS 15 Roger Valley Court

SEPTIC TANK CAPACITY 1250 GALLONS
PUMP CHAMBER CAPACITY N/A GALLONS
Baltimore, MD 21234
443-829-1830

NUMBER OF BEDROOMS 4 ** WATERTIGHT SEPTIC TANK REQUIRED **

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 150 feet down the right (507.19') lot line and 60 feet off this same lot line. Run trenches on contour to right side of lot.
REQUIRED LAYOUT: 50', 60', 60', 70'

(* Dig 4 standard perc holes at locations shown on attached plan for inspector's evaluation.

3/5/02 House lowered 7-8 feet. Builder/homeowner advised that they will have to install pump in basement - homeowner agreed to do whatever necessary. Trenches cannot be installed deeper. (B)

PLANS APPROVED Mark E. Rifkin, R.S. OHSRVC 12/11/00 DATE 11/29/2000

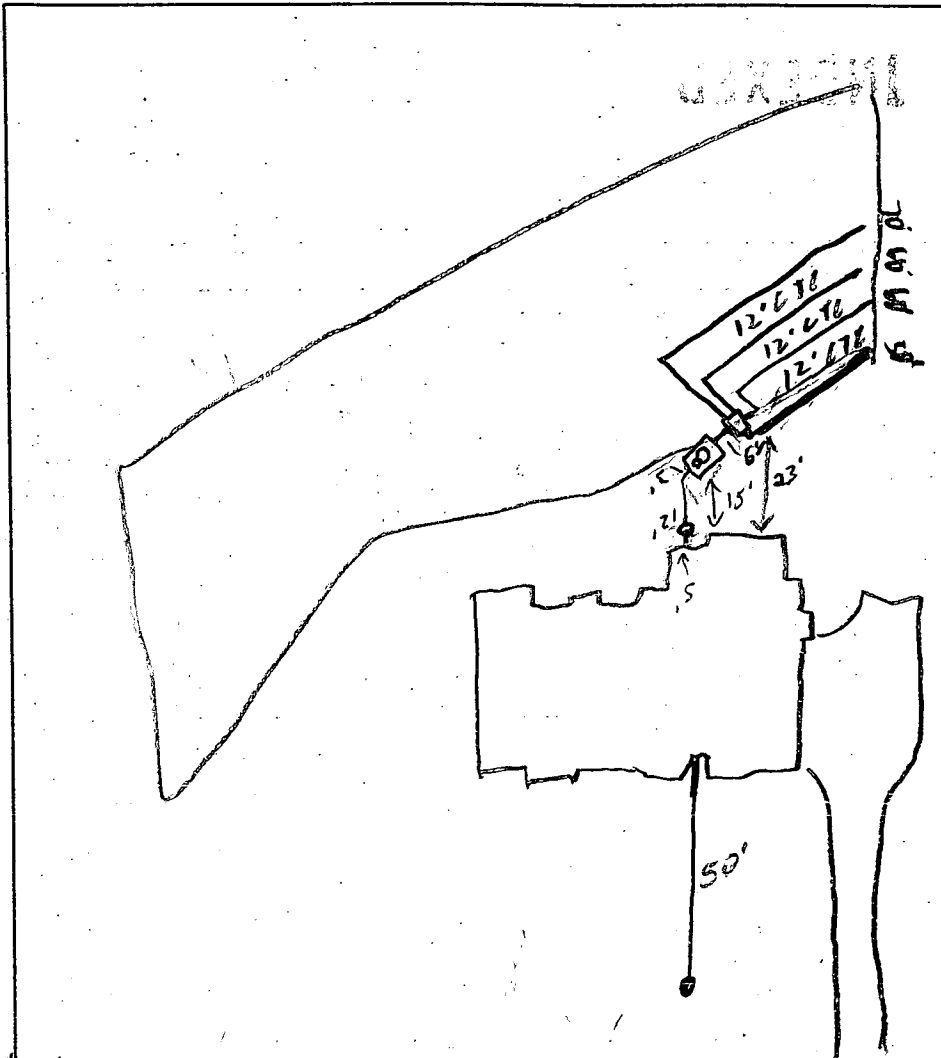
- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BUILDING PERMIT SIGNED AND RETURNED
9/24/03 800 144207 - FIMSH
Basement

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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A39249

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2-3'
 TRENCH BOTTOM DEPTH 4.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq ft
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{Top} GALLONS
 MANHOLE RISER Center = 3'
 6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM _____
 PUMP PERFORMANCE TEST _____

11/20/02 GRAVITY SVCE NOT A PROBLEM, SINCE ORIG. BP ELEV #s NOT CORRECT, WAIT PRE-CONSTRUCTION INSPECTION: FOR STAKEOUT FOR FINAL LAYOUT INSP (SR)

INSPECTION COMMENTS: 12/26/02 Lot not staked, must be staked. Fill on SHA. Address house moved (SD) Trenches too shallow on ends (SD) ~~AND RETURNED~~ ~~PERMIT SIGNED~~ good at ends Question if a transit was used (SD)

INSPECTOR [Signature] DATE SYSTEM APPROVED 1/13/03

Building Address 5918 CLIFTON OAKS DR
CLARKSVILLE, HOWARD COUNTY, 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.01 Subdivision WEST SIDE

Section — Area — Lot 14

Tax Map 34 Parcel 3 Grid 5

Zoning RR Map Coordinates 14C6 Lot size 3.0466AC

Property Owner's Name HARI RAJ SINGH

Address 15 ROGER VALLEY CT

City BALTIMORE State MD Zip Code 21234

Home Phone 410-665-6921 Work Phone 443-829-1830

Applicant's Name & Mailing Address, (if other than stated hereon):
AS ABOVE

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 170,000.00

Description of Work NEW HOUSE 2 STORY WITH
BASEMENT, ATT 3 CAR GARAGE, 4 BED, 4 1/2
BATHS, OPTIONAL ROUGHIN IN BASEMENT

Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Fax _____

Phone _____

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>64'-0" x 88'-0"</u> Depth Width	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>41' x 52'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>64' x 88'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company HOME OWNER

Print Name HARI RAJ SINGH
 Date 11-14-00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11/29/00</u>	<u>Mark Ripken</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>48691</u>	
Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>1537</u>
Validation #	<u>34355</u>

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by [Signature]

**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: Michael P. Gartland Telephone #: 410 549-1755
Address: 6984 Runnels Rd
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): Michael Gartland License# 6353

*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: Harri Ray Singh Telephone #: 410 665-6921
Subdivision: West Side Lot #: 14 Well Tag #: HO-81-2424
Site Address: 5918 Clinton Oak Dr
Clarksville MD 21039

Submersible Pump Data

Make: Torquax
Model #: 75471269216
Pump Capacity 7 GPM
Well Yield: GPM

Pitless Adapter

Make: Hidemat
Model#: PT400
Depth: 42 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.C.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 7 (feet)
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 NO

Piping to house

Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42(36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: Yes

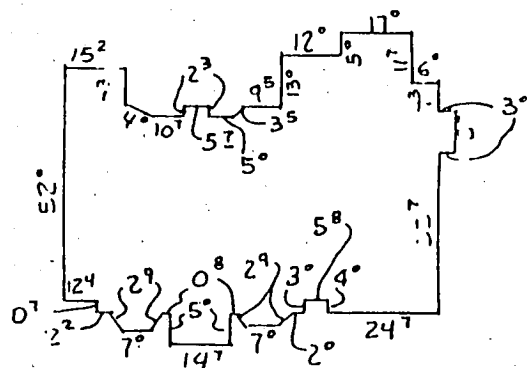
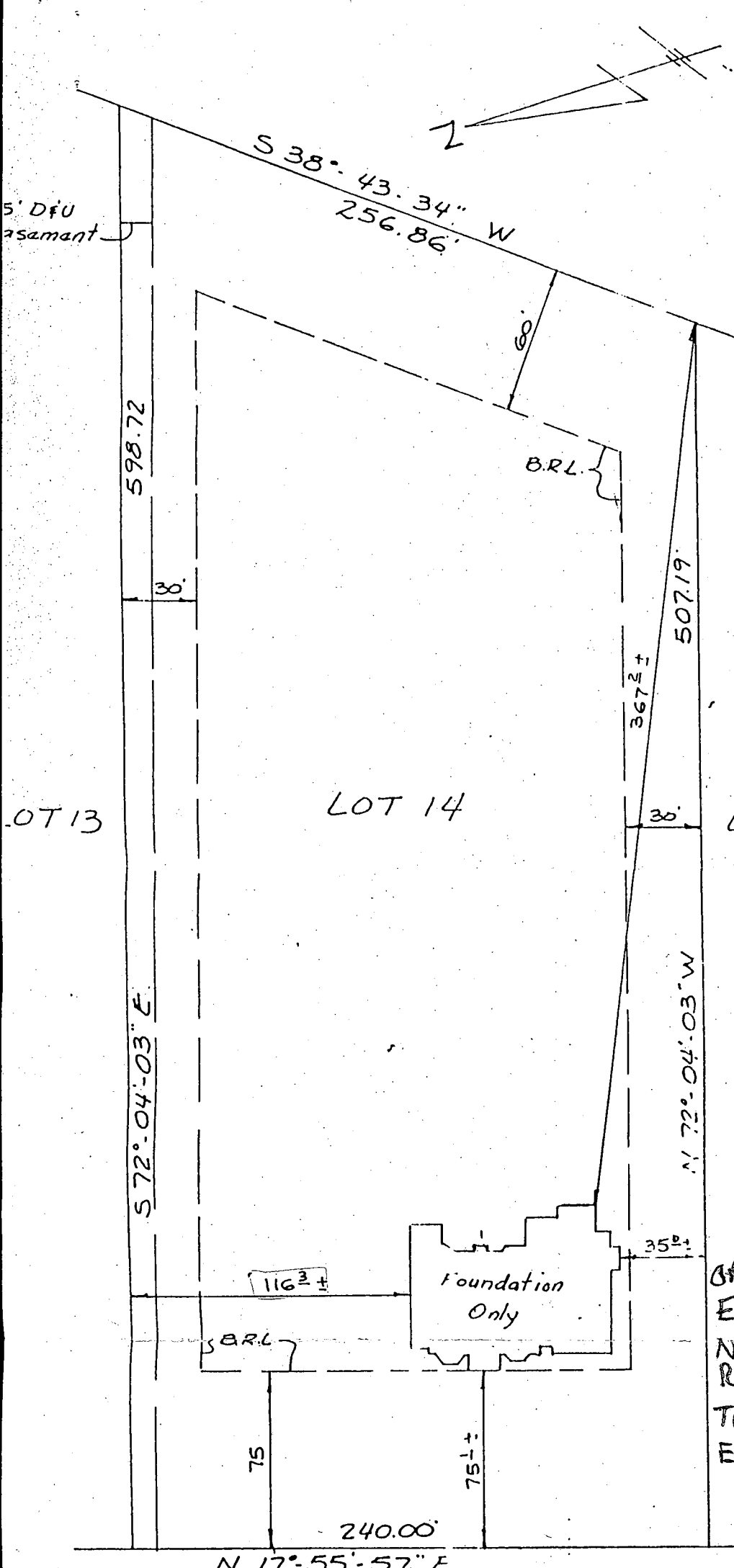
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Gartland 8/25/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/19/02 Date Insp. Approved: 8/19/02 (50) SRK
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 ✓

This is to certify that the improvements shown hereon are correct. This is not a boundary survey and should not be used as one. This property lies in flood zone "C" as shown on F.I.R.M. map # 240044 0052 B dated December 4, 1986.



Not to Scale

3/5/02
 Building Permit
 Revision O.K.
 with Health
 Department.

Brian
 Baser

HOUSE DROPPED 6.4'

INV. 465.0 - 465.5

BE = 467.6

First Floor
 Elev. 476.6

ORIG
 ELEVS
 NOT
 RELATIVE
 TO NEW
 ELEVS.



3/4/02

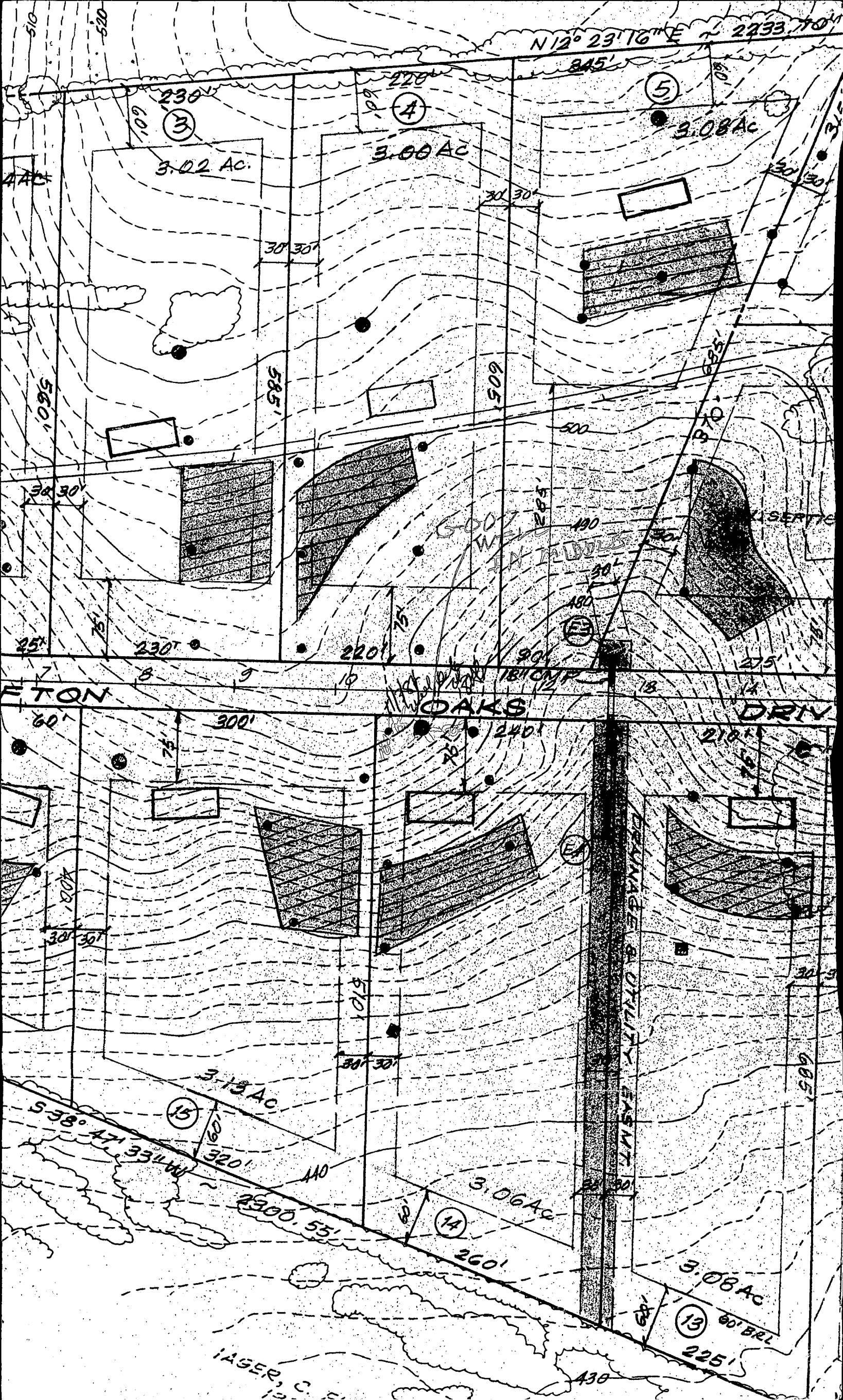
CLIFTON OAKS DR. (50' R/W)

REVISED

Date: 3-5-02

Comments: Elevation change

FOUNDATION LOCATION
 LOT 14 CLIFTON OAKS DRIVE
 5TH ELEC. DIST. HOWARD CO., M.D.



N12° 23' 16" E 2233.70'

③

④

⑤

3.02 AC

3.00 AC

3.08 AC

4.4 AC

560'

585'

605'

670' 655'

30' 30'

30' 30'

30' 30'

500'

25'

230'

220'

90'

275'

FETON

OAKS

DRIV

60'

300'

240'

210'

400'

75'

75'

75'

30' 30'

30' 30'

30' 30'

S38° 47' 33" W

3.15 AC

3.06 AC

3.08 AC

⑮

⑭

⑬

WAGNER, C. E.

430'

60' BRK

225'

605'

30' 30'

75'

275'

180'

190'

30'

30'

30'

30'

600' WELL IN ADJACENT PLOT

180' COMP

180' COMP

12'

12'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30

APPLICATION

PERCOLATION TESTING

A 39249

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, MD PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP INC

ADDRESS 6570 RT 32 CLARKSVILLE, MD PHONE 854-0809

PROPERTY LOCATION:
SUBDIVISION CLAVENGER PROPERTY LOT NO. 14 P-87-12
15

ROAD AND DESCRIPTION C 5909 Fern Oaks Rd, CLARKSVILLE MD

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.05 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.

Robert B. B...
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 0-20-87 Perc. Satisfactory; 1407 for Subdivision Plat; Check House + well size carefully. S.W.

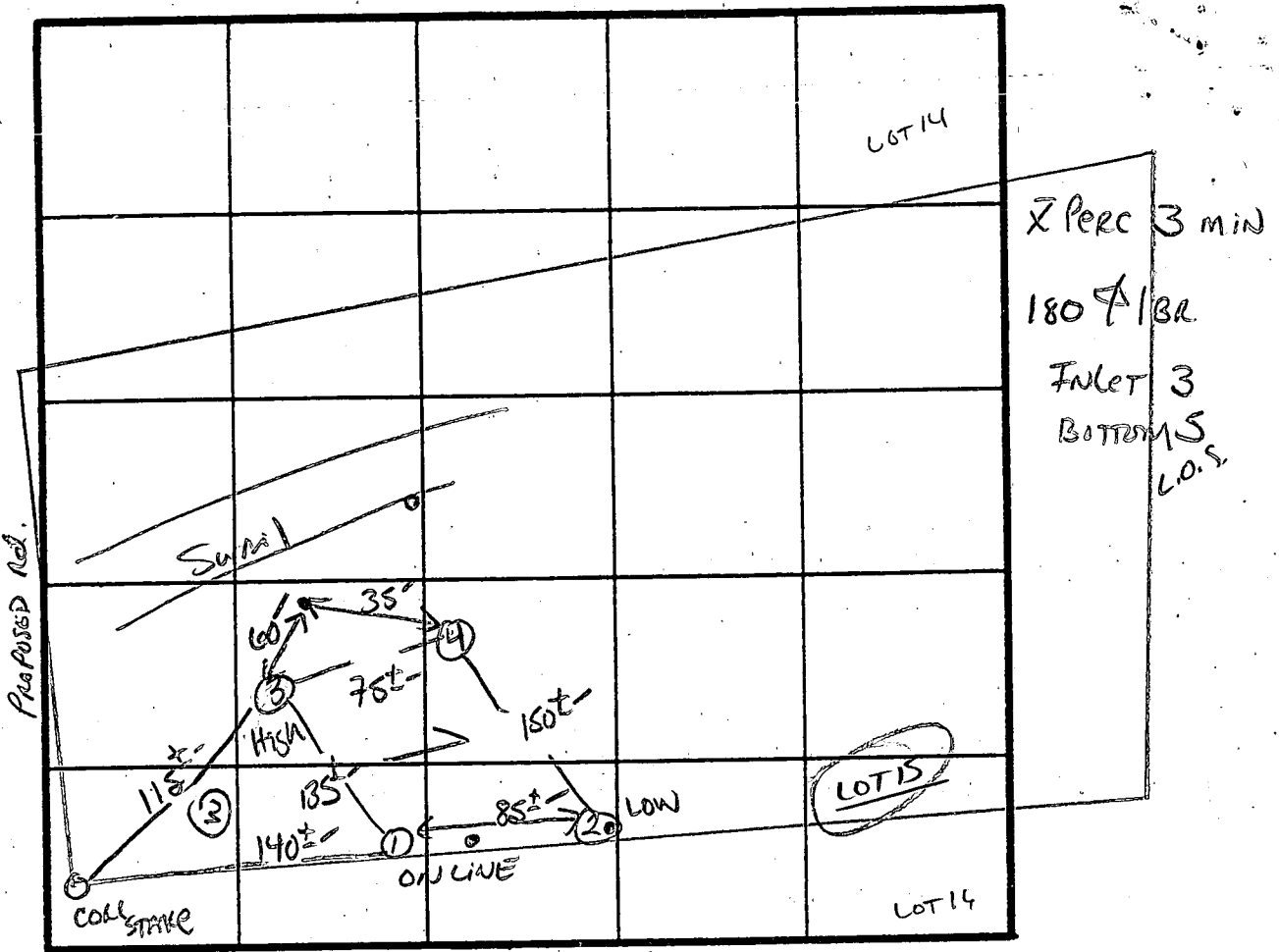
THIS IS NOT A PERMIT

① →
SOIL PROFILE

0
APP HX
w/SMALL STONES

10"
Yellow Red
Si HCLAY LOAM
10-15% FBSS

24"
Yellow Brown
Si H LOAM
TO Yellow
Red Si H
LOAM
Highly
MICACEOUS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TENOAK Rd.

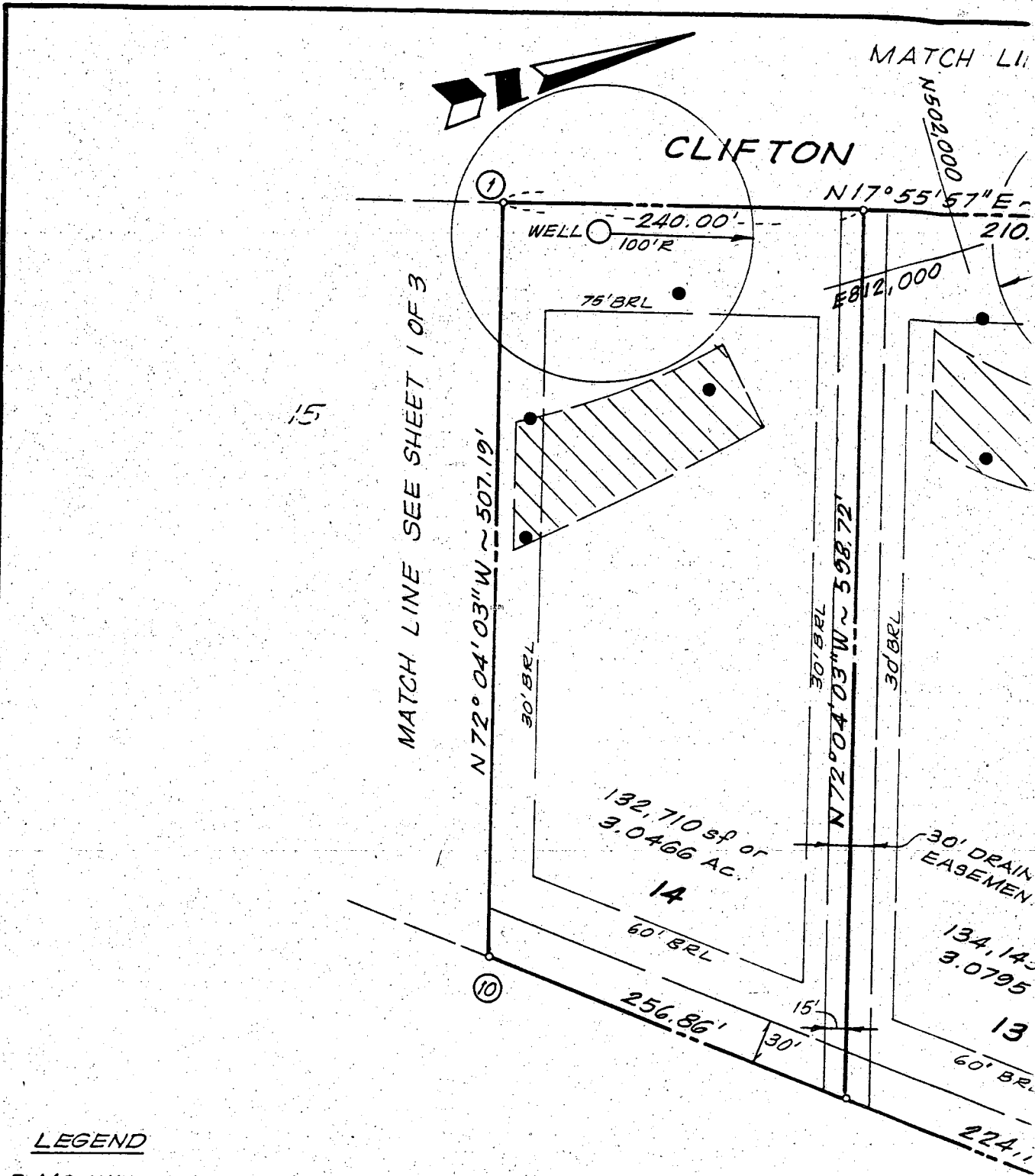
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/26/87	1V	12.5	UNIFORM SOIL	below 3.5'			
	2V	2.5	10:27	10:29	10:29	10:33	4 min
		13.0	UNIFORM	SOIL	below 2.0'		
	3V	2"	10:49	10:50	10:50	10:52	2 min
		5"	10:49	10:50	10:50	10:52	2 min
	3V	10.5"	HARD	BOTTOM - UNIFORM SOIL	below 2"		
	4V	3.5"	10:51	10:53	10:53	10:56	3 min
		12.5"	UNIFORM	SOIL	below 2.5'		

REMARKS Holes Diff Than Plat - Shallow Syst. Only

TYPE OF SOIL MANOR LOAM

TESTED BY S. Abel ALSO PRESENT STEWART, SKIP

EH-12-1079



LEGEND

- MONUMENT
- ◆ MARKER

AREA TABULATION THIS PLAT

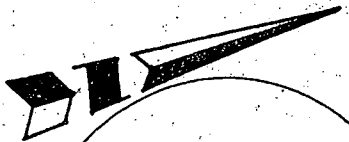
TOTAL NUMBER OF LOTS:	5
TOTAL AREA OF LOTS:	18.7503 AC OR 816,763 sf.
TOTAL AREA OF ROAD DEDICATION:	0.0000 AC.
TOTAL AREA OF SUBDIVISION:	18.7503 AC. OR 816,763 sf.

CURVE DATA

NO.	Δ	RAD	ARC	TAN	CHD
-----	---	-----	-----	-----	-----

LAGER
L 13351 F 39

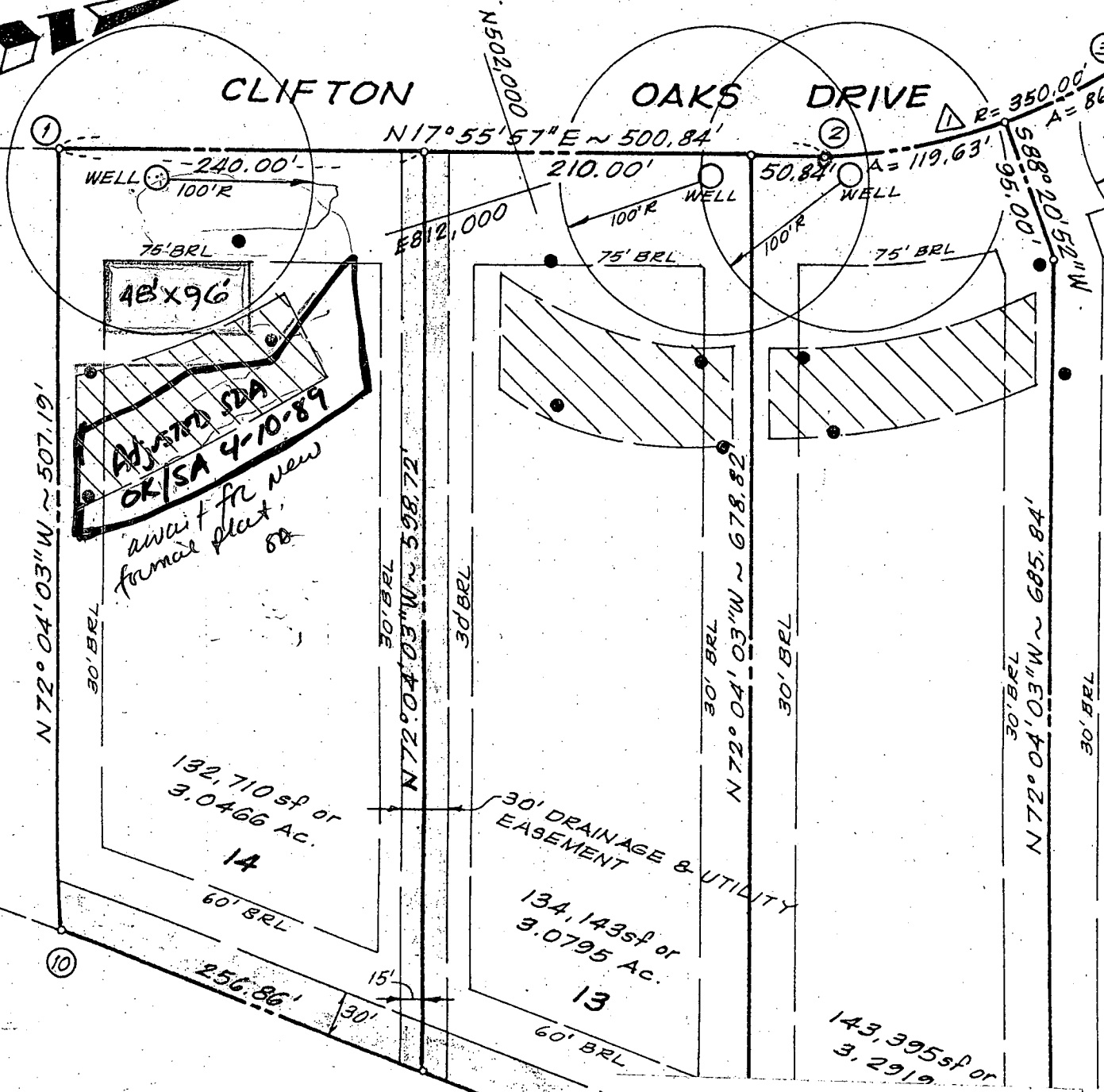
MATCH LINE SEE SHEET 2 OF 3



CLIFTON

OAKS DRIVE

MATCH LINE SEE SHEET 1 OF 3



48' x 96'
ADJUSTED SDA
OK/SA 4-10-89
await for new
formal plat.

TO FILE - WESTSIDE, LOT 14
I SPOKE TO MS. QUINN 9/21/98
SHE INQUIRED ABOUT VALIDITY
OF THIS 'ADJUSTED SDA', AS
SHOWN. I ADVISED HER
THAT RETESTING TO CONFIRM
MAY BE NECESSARY, IF
NOT AT LEAST PRUDENT,
UPON SUBMISSION OF
PROPOSAL.

9/21/98 DCS

THIS PLAT

OTS	5
	18.7503 AC OR 816,763 sf.
	0.0000 AC.
TOT	18.7503 AC. OR 816,763 sf.

CURVE DATA			
CHD	TAN	ARC	CHD
202.72'	105.90'	205.66'	

LAGER
L 1335' F 99

