

PERMIT

05-408903

P 5/13/08

SEWAGE DISPOSAL SYSTEM

A 39897

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

11/30/99 ASAP
12/2/99 AFTER
1:00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE 11/8/99

DATE SYSTEM APPROVED 12/2/99

INSPECTOR BB

INDEXED

Plumbing Services Unlimited, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6254-56 Fallard Drive, Upper Marlboro, MD 20772 PHONE 301-599-5515

SUBDIVISION Westside LOT 17 ROAD 5900 Clifton Oaks Drive

PROPERTY OWNER Peter J. Mai-Leng Ong

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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 - Start the first trench 100 feet from the front lot line and 150 feet from the right lot line as seen when facing the lot from Clifton Oaks Drive. Run trenches on contour in both directions.

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

PLANS APPROVED BY Sid Abel/Amy McMillen DATE 7-26-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

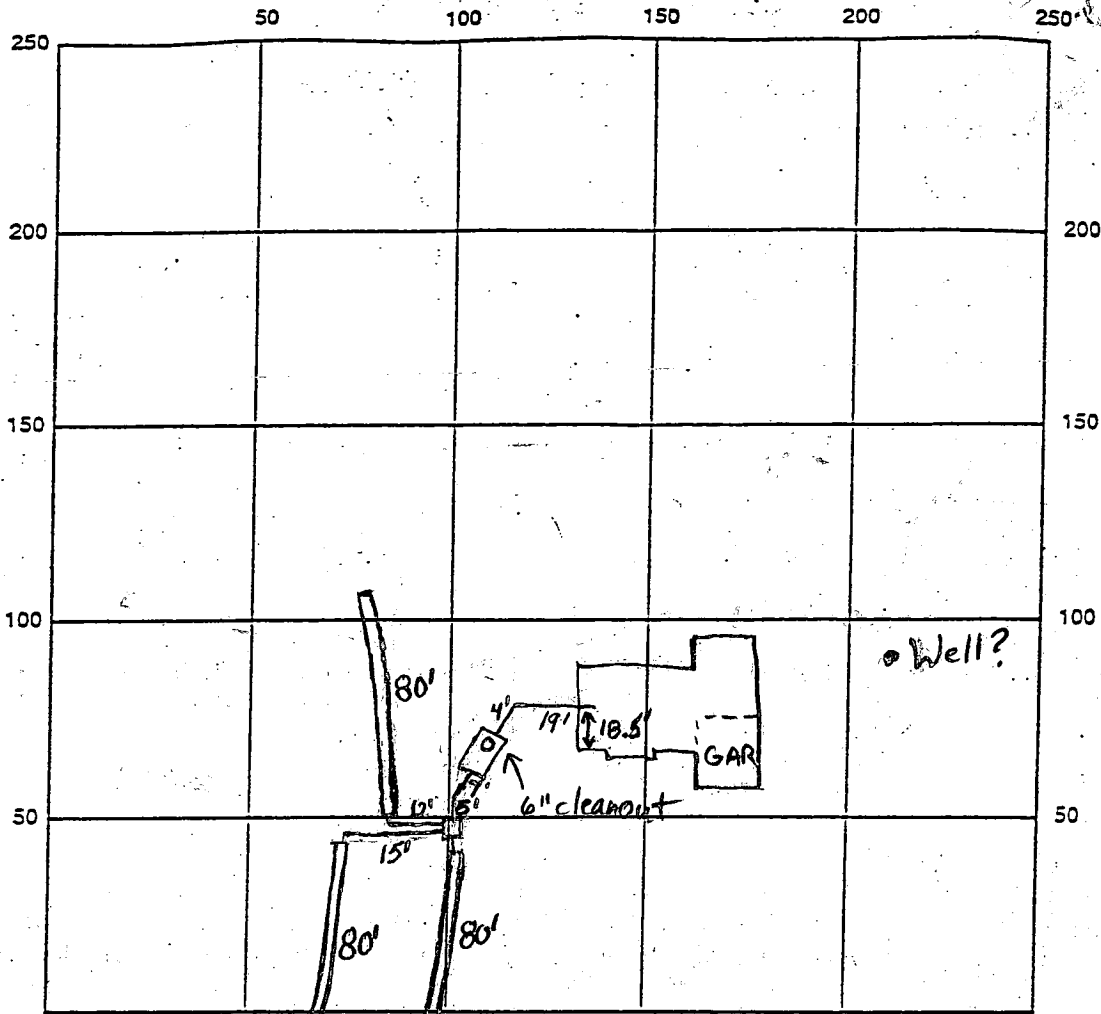
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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 PVA 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



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
 Clifton Oaks Dr.

SEPTIC TANK LEVEL 1500 gal - top sealed CLEANOUTS 1-6" tank

DISTRIBUTION BOX LEVEL Good - levelers installed

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 80 FT. (240' total)

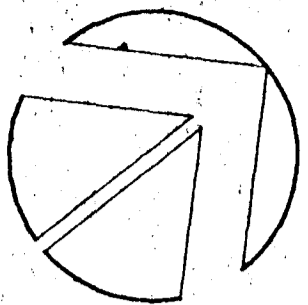
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/30/99 Septic tank installed. Well buried under a pile of dirt and
stone. O.K. to continue BB 12/2/99 House connection made. Well not
visible. O.K. to cover everything. BB Well not
visible O.K. to cover everything. BB

DATE SYSTEM APPROVED 12/2/99 INSPECTOR B. Baker



NORTH
PLAN SCALE: 1"=30'

NOTE: DRIVEWAY GRADES MAY REQUIRE FIELD MODIFICATION OR ADJUSTMENT TO MEET EXISTING FIELD ELEVATIONS. (TOPO BY OTHERS)

N/F LOT 1 WESTSIDE P.N. 7992

CLIFTON OAKS DRIVE
50' R/W

TEN OAKS ROAD
VARIABLE R/W

PROVIDE TEMPORARY STABILIZED CONSTRUCTION ENTRANCE

LIMITS OF GRADING AND DISTURBANCE

EXISTING BITUMINOUS PAVEMENT

N 88°48'34" E 373.10'

PERC TEST PER PLAT #7992 (TYPICAL)

LIMITS OF GRADING AND DISTURBANCE

PROVIDE TEMPORARY SILT FENCE

75 LF TRENCH 11

80 LF TRENCH 12

SEPTIC FIELD PER PLAT 7992

PROPOSED DISTRIBUTION BOX

PROPOSED SEPTIC TANK

LOT 17
130,710 S.F.
OR
3,0007 AC.

EXISTING BITUMINOUS PAVEMENT

N 42°34'56" W 289.30'

3 CAR GARAGE SLAB-4'10"11

FF-491.35
DSMT-48250

W/O

80 LF TRENCH 11

75 LF TRENCH 12

PROVIDE TEMPORARY SILT FENCE

LIMITS OF GRADING AND DISTURBANCE

EX HOUSE TO BE REMOVED

60' BRL

S 38°48'34" W 445.15'

Total linear feet of trench required 240 feet

width of trench(es) 30 feet

depth of trench(es) 5.5 feet

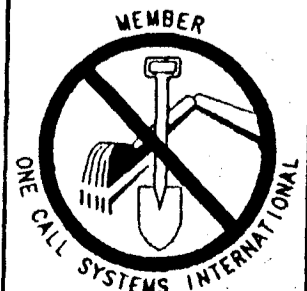
depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Broward County Health Department

N/F LAGER LIBER 1335 - FOLIO 99

[Signature]
Date

48 Hours
Before You Dig Call
"MISS UTILITY"
Service Protection Center



CALL TOLL FREE
1-800-257-7777

NOTE: EXISTING TOPOGRAPHIC SURVEY AND UNDERGROUND UTILITY INFORMATION AS SHOWN IS BASED UPON AVAILABLE RECORD INFORMATION AS PROVIDED BY THE OWNER/DEVELOPER/APPLICANT. ALL UNDERGROUND UTILITIES MUST BE FIELD VERIFIED BY DIGGING TEST PITS, BY HAND, PRIOR TO THE START OF ANY CONSTRUCTION ACTIVITY. JOYCE ENGINEERING CORPORATION ASSUMES NO LIABILITY FOR ACCURACY OF UTILITY INFORMATION PROVIDED BY OTHERS.

ELECTRONIC FILE DISCLAIMER:
THE INFORMATION CONTAINED HEREON WAS PREPARED AS AN ELECTRONIC "CAD" FILE BY JOYCE ENGINEERING CORPORATION (JEC). JEC HAS TAKEN REASONABLE STEPS TO ASSURE THE ACCURACY OF THE INFORMATION CONTAINED IN THE ELECTRONIC FILE. HOWEVER, JEC CANNOT GUARANTEE THAT CHANGES AND/OR ALTERATIONS HAVE NOT BEEN MADE TO THE FILE. NO RELIANCE ON THE INFORMATION CONTAINED HEREON SHALL BE MADE UNLESS THE INFORMATION IS FIRST COMPARED TO THE SIGNED ORIGINAL DOCUMENT. JEC SHALL ASSUME NO LIABILITY OR RESPONSIBILITY, AND DOES NOT GRANT ANY WARRANTY, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY OF ANY INFORMATION THAT HAS BEEN TRANSMITTED OR RECEIVED VIA COMPUTER OR OTHER ELECTRONIC MEANS. IF VERIFICATION OF THE INFORMATION CONTAINED HEREON OR IF THE ELECTRONIC FILE USED TO CREATE THIS DOCUMENT IS REQUIRED, PLEASE CONTACT JEC DIRECTLY. THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND SHALL NOT BE REPRODUCED, STORED IN A RETRIEVAL SYSTEM, OR TRANSMITTED IN ANY FORM INCLUDING ELECTRONIC OR PHOTO REPRODUCTION WITHOUT THE EXPRESS WRITTEN PERMISSION OF JEC. BY ACCEPTANCE OF THIS DOCUMENT, THE RECIPIENT AGREES TO HOLD JEC HARMLESS FROM AND AGAINST ALL SUCH REPRODUCTION.

AREA STATEMENT:
LOT AREA: 30007 AC. OR 130,710 SQ. FT.
DISTURBED AREA: 0.46 AC. OR 20,211 SQ. FT.
LIMIT OF CLEARING: 0.03 AC. OR 1200 SQ. FT.
TOTAL WORKING TIME: 150 DAYS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~410-228-8330~~

Phone 313-2640
Fax 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL, PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____
Name of Installer Plumbing Services UNLTD
License Number 17960
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner _____ Telephone _____
Subdivision WEST SIDE Lot # 17 Well Tag # HD-88-0762
Site Address 5900 CLIFTON OAKS DR CLARKSVILLE

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make GOULDS
3. Model # 2445089003
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards _____ Other _____

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

Pitless Adapter
1. Make SNAPPY
2. Model # 8PL61.2U
3. Depth 4 FT

Tank
1. Capacity 66
2. Pressure relief valve? YES
Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FT

Well data
1. Depth 365 ft.
2. Yield 7-10 GPM
3. Static water level 117 ft.
4. Will water supply be disinfected by installer? YES

37100
Well line, P.A. 5' below grade
well casing 1' above " "
PVC conduit OK
2pc cap OK - ok to cover

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: Richard J. Somchik

Date: 3-7-00

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

APPLICATION

PERCOLATION TESTING

A 39397

P _____

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

DISTRICT 5

DATE 5-27-87

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 PETER J. MAI-Leng Ong

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

PROSPECTIVE BUYER RAO GROUP Inc

ADDRESS 6570 Rt 32 PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOWENGER PROPERTY LOT NO. 17 P-87-12

ROAD AND DESCRIPTION 5970 CLIFTON OAKS ROAD
5909 FEN OAKS Rd (EXISTING HOUSE)

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3 AC TYPE BLDG Single Family - 4 Br
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~BLDG. PERMIT SIGNED~~
~~AND RETURNED 7-26-99~~

Serial # B7018970
Single Family - 4 Br
(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.

Wet up all Bldg
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-26-88 - Perc Satisfactory; Hold for PLAT. Saw

BLDG. PERMIT SIGNED
AND RETURNED 8/7/90
Serial # 39333
entrance wall

THIS IS NOT A PERMIT

HD-216

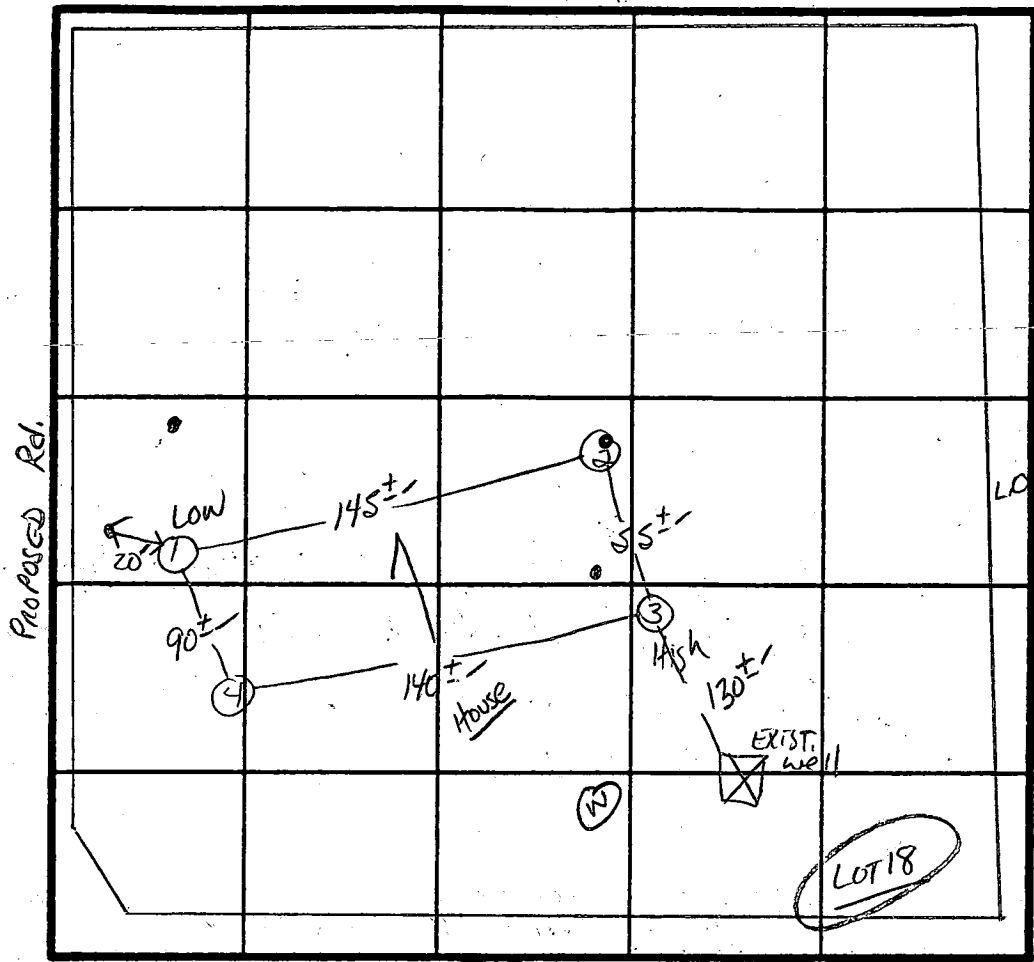
LOT 17

① → ④
SOIL PROFILE

0" - 10" AP 1/2
Yellow BK
SI Hy CLAY
LOAM 10-15%
FRAGS

4-4.5 Yellow BK
SI LOAM
Highly
MICAEOUS
15-20%
FRAGS

13



X Perc 6 min
180 Φ / BL
INLET 3.5
BOTTOM 5.5

LO.S.

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	
6/26/87	1S 1V	5.0 13"	9:47	9:54	9:54	10:05	11 MIN
	2S 2V	4" 13"	9:49	9:52	9:52	9:56	4 MIN
	3S 3M	4.5 7.5	9:55	9:57	9:57	10:00	3 MIN
	3V	13"	9:55	9:57	9:57	10:00	3 MIN
	4V	18.5"					

REMARKS Holes DIFFERENT THAN PLAT - Shallow Syst only

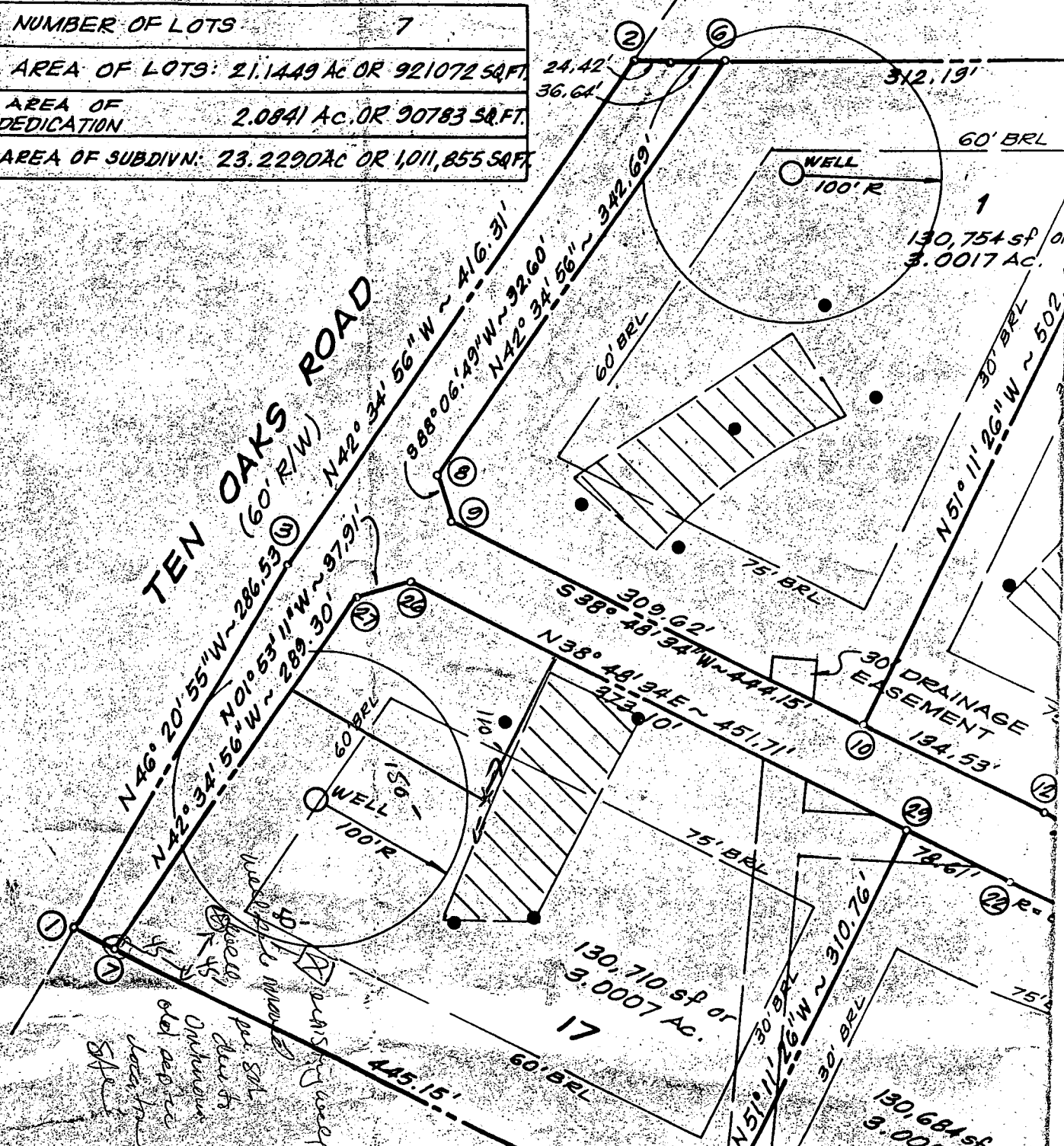
TYPE OF SOIL Chester

TESTED BY S. Abel ALSO PRESENT SKIP,

AREA TABULATION THIS PLAT

NO	Δ	CURVE RAD
1	20° 52' 37"	475.00'
2	20° 52' 37"	525.00'

TOTAL NUMBER OF LOTS	7
TOTAL AREA OF LOTS: 21.1449 AC OR 921072 SQ.FT.	
TOTAL AREA OF ROAD DEDICATION	2.0841 AC OR 90783 SQ.FT.
TOTAL AREA OF SUBDIVN: 23.2290 AC OR 1,011,855 SQ.FT.	



COORDINATES

NO	NORTH	EAST
1	500,575.0910	811,573.8840
2	501,079.4080	811,084.8660
3	500,772.8770	811,366.5610
4	501,103.2638	811,090.1057
5	500,574.1588	811,573.1342



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 1, 1999

TO: Caruso Homes
1662 Village Green
Crofton, Maryland 21114

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program

RE: Westside - Lot 17
5900 Clifton Oaks Drive

*Am 7/26/99
Resolved*

At this time, this office can not recommend approval of the above referenced building permit for the following reason:

*7/2/99 Spoke w/
owner - OK to release
prior to demo so
work can be done
concurrent w/ house AC*

- It appears that there is an existing dwelling on the property. This structure needs to be demolished prior to building permit issuance. Please be advised that prior to the issuance of a demolition permit, the existing well and septic will need to be properly abandoned.
- Incorrect septic specs - the distribution box should set on the 481 contour (see attached) and the invert elevation into the distribution box should be 3.5 feet below grade.
- Septic drain fields should run on contour in both directions (see attached) - utilizing the highest portion of the sewage disposal easement.

*7/2/99 T/C W/ENG'R
RE: COMMENTS
ALSO ADVISED
OF 30' REQ'D
SEPARATION
TO HOUSE (MR)*

If there are any questions regarding this matter, I may be contacted at the address below or by calling (410)313-2640.

alm
cc:Caruso Homes
File

From: Peter Ong (Lot 17 Westside in Clarksville)

To: Dept. of Health of Howard County

I've applied for a permit at end of June to build my home at "5900 Clifton Oaks Drive, Clarksville". This property is near Ten Oaks RD. and RT. 108. There is an existing old house on the property. The house is old and has not been used for over 10 years. There is a hand-dug well and a septic tank-dry field type. To help save time and money, I would like to get the permit for the new home and then as the construction people/equipment are on site, get them to "shut down" the well and septic tank. The construction process will take 3-4 months and there will be many opportunities to get the equipment to do the "shut down", and then demolish the old house well before the completion of the new house. I request that both the building permit and the demolition permit be issued at the same time so I can accomplish this. I understand other "clearances" such as elect. and phone disconnections will need to be shown prior to the demolition permit insurance. All required prior notices and county inspector's on-site inspections will be complied with in full. According to the Permit Department (Mrs. Corbin), they can issue them at the same time if Health Dept concurs on it. I can be reached on 202-366-0583 or 301-586-1960 or pmg@gne.net or pong@nhusa.dot.gov. The ability to start in the coming month and complete by Dec 1999 would allow my children to be able to attend schools in Clarksville in the Fall.

Peter Ong

cc: Dept of Permit

Fm: Peter Ong

To: Dept. of Health (Amy McMillen)

As requested, "my plans" is attached.

Permit said that if Health issues

an "O.K." ltr, they would issue both

at same time.

Thanks

Peter Ong

C1 **0221** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 **A39397**

ST/CO USE ONLY, DATE Received
 8 13

DATE WELL COMPLETED
02 25 89
 15 20

Depth of Well
 22 **365** 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-88-0762
 28 29 30 31 32 33 34 35 36 37

OWNER **RAC** last name **CLIFTON** first name **BAR** TOWN **CLARKSVILLE**
 STREET OR RFD **CLIFTON CREEK DR.**
 SUBDIVISION **West Side** SECTION **17** 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	
SAND Stone	0	79	
Grny Mica	79	365	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **85**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 48 52 54 58

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

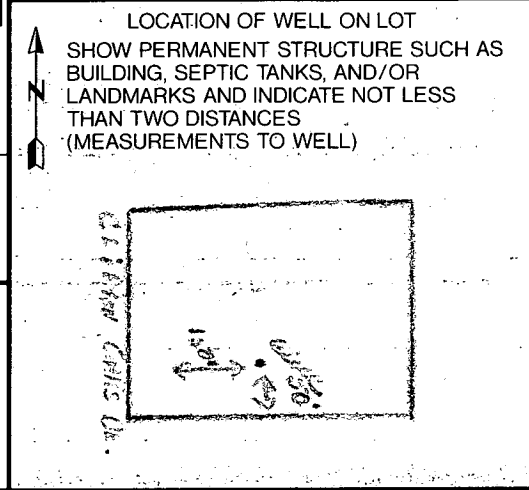
C2
 DEPTH (nearest ft.)
 EACH SCREEN: 1 **HO** **93** **365**
 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **45**
 METHOD USED TO MEASURE PUMPING RATE **Buck-t**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **32**
 WHEN PUMPING **117**
 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)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }



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 IDENT. NO. **239**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **5603** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-45-0762
 fill in this form completely

Date Received (APA)
052689

OWNER INFORMATION

RAO **BOB**
 15 Last Name Owner First Name

6570 RT 32
 36 Street or RFD 55

CLARKSVILLE **MD 21029**
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD **WESTSIDE**
 8 COUNTY 21 23 SUBDIVISION 42

SECTION **17** LOT **17**
 44 46 48 50

CLARKSVILLE
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1 3/8** M I
 73 76 77 78

DRILLER INFORMATION

Joseph L. Maguire **238**
 77 License No. 80

Joseph L. Maguire Well Drilling
 Firm Name

5523 Ridge Rd. Mt. Airy, Md
 Address

Joseph L. Maguire **5/24/89**
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Clifton Oaks Dr.
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150
 34 DISTANCE FROM ROAD 37

ENTER FT or MI **FF**
 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A-38397**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **061689** **CO SIGNATURE** **William** **12/16/89**
 43 48 EXP. DATE

NORTH GRID **501000** EAST GRID **0811000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST 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

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8/25/89 GROUT
85' CASING PARTIALLY
40' OPEN OBS'D
BAGS
1 1/2' CASING A.G.
MR
VTAG OK 8/25/89

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

Clifton Oaks Dr.
5523 Ridge Rd.
CLARKSVILLE

8/25/89

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HC-45-0762**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 5, 1999

MEMORANDUM

TO: Peter Ong
3901 Lakehouse Road
Beltsville, Maryland 20705

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: Demolition Permit
Westside - Lot 17
5900 Clifton Oaks Drive

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

You have advised that the septic tank (and drywell if necessary) will be pumped and collapsed in the immediate future.

You have also advised that the existing well will be properly abandoned, with Health Department notification, by your general contractor Caruso Homes.

*done
11/9/99
11/10/99
DS*

AM
cc: Building Permits Office
file

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 11/9/99 + 11/10/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Garland Bryan

WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

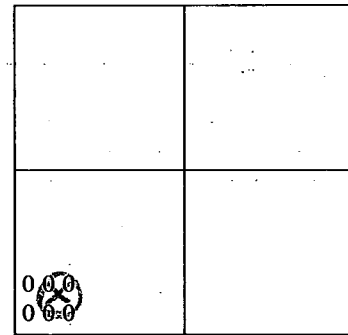
* OWNER'S NAME: Peter Ong

* WELL LOCATION: 5900 Clifton Oaks Drive

COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Westside
 SECTION: _____ LOT: 17

MARYLAND GRID COORDINATES

BOX NUMBER
 E 811
 N 501



SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) stone

* SIZE OF CASING: 36 INCHES IN DIAMETER

* DEPTH OF WELL: 36 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
#2 gravel	36	6
cement mix	6	3
Backfill	3	0

SIGNATURE - MASTER-WELL-DRILLER OR SUPERVISING SANITARIAN

Mark E. Riddin

LICENSE # 989

MWD/MSD/MGD

CIRCLE ONE

DATE 11/10/99