

11/14/94  
PM Cooper (PH)  
11/7/94  
M

05-411017

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50210

A 41018

DISTRICT \_\_\_\_\_

DATE 8/10/94

DATE SYSTEM APPROVED 11/7/94

INSPECTOR ALM

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXXX 313-2640

INDEXED

Kimbal Contractors, Inc.

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 4540 Baltimore National Pike, Suite 2, Mt. Airy, Md. PHONE 301-831-7022

SUBDIVISION Foxview Manor LOT 8 ROAD 5601 Foxview Ct.

PROPERTY OWNER Pete Soloman & Mindy Bernstein

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

250 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 334

250  
4  
1000  
333  
311000  
9

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place distribution box 275 feet from the lot corner at the end of the flagstem and 15 feet off the left lot line (717.88/838.14). Run trenches on contour toward the right lot line (717.88/838.14).

NOTES - No trench to exceed 100 feet in length. Provide 6"-8" diameter cleanout and cap to grade or above septic tank. OK 4/5/94 DKS

PLANS APPROVED BY Jane Nadeau / Ron Pinkley / Mark Rifkin

DATE 1/22/93

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

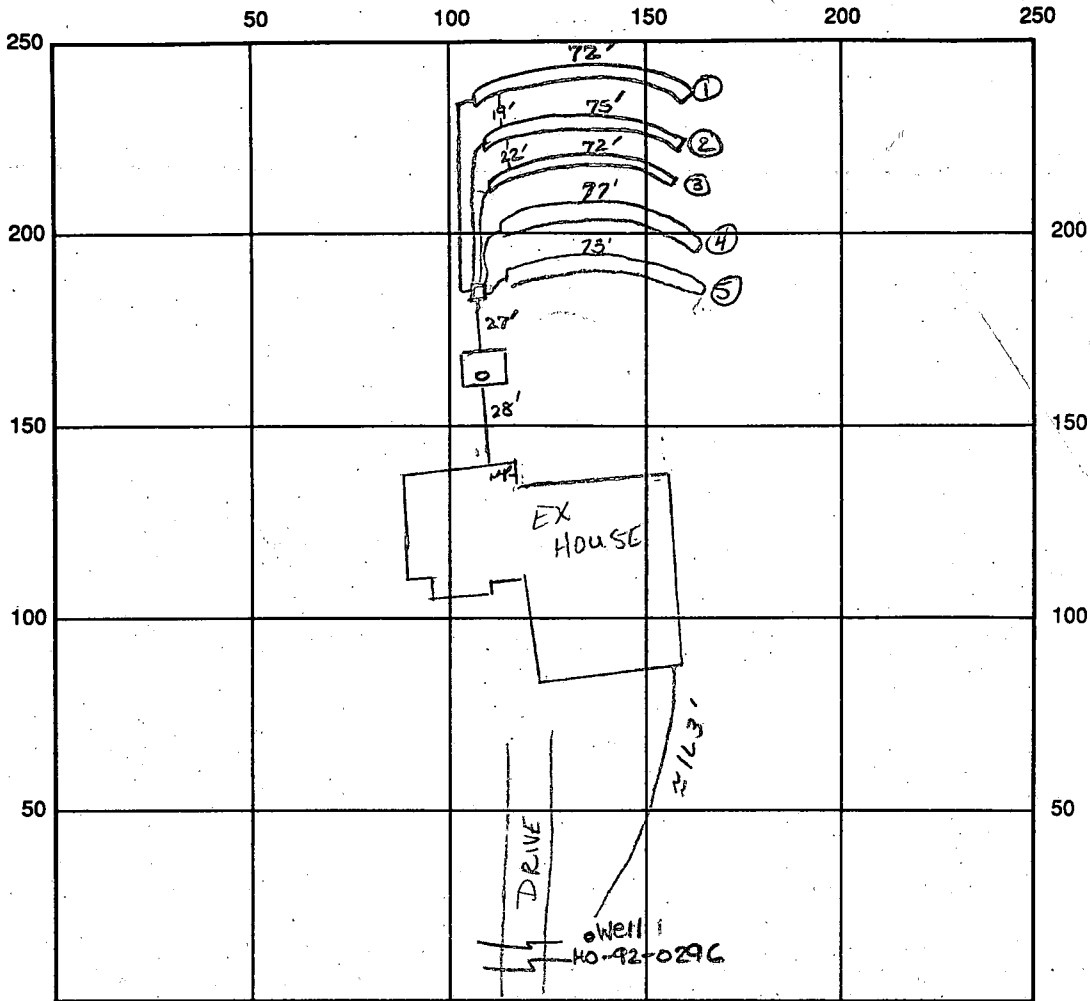
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

2-9-00  
BOD 122367  
BUILD POOL IG  
44x20

A  
41018



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 FOXVIEW COURT

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH ①72' ②72' ③73' = 369 linear ft

NUMBER OF TRENCHES 5 ~~ONE PER TRENCH~~ / BOTTOM AREA 1107 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 11/4/94 PM OK to cover house to d.b. and first

three trenches. OK to continue. DKS

11/7/94 OK to cover all work final. Ann

DATE SYSTEM APPROVED 11-7-94

INSPECTOR Amy M. Miller

22  
369  
3  
1107

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER

DATE

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY."

SIGNATURE OF DEVELOPER

DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

U.S. SOIL CONSERVATION DISTRICT

DATE

THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT. APPROVED:

DISTRICT HOWARD SOIL CONSERVATION DIST.

DATE

SEQUENCE OF CONSTRUCTION

- 1. OBTAIN GRADING PERMIT.
2. INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.
3. PERFORM NECESSARY GRADING AND STABILIZE THE SITE.
4. AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

SEEDING PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

SOIL AMENDMENTS

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (0.7 LBS./1000SQ.FT.) FOR THE PERIOD NOVEMBER 15 THRU FEBRUARY 29. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.

MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 2 1/2 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 6 FEET OR HIGHER, USE 3 1/2 GALLONS PER ACRE (6 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1986 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

SEEDING PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

SOIL AMENDMENTS

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 LBS./1000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREA-FORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (11.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 80 LBS./ACRE (4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 29, PROJECT SITE BY OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OPTION (2) - USE SOO, OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (90 TO 120 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 6 FEET OR HIGHER USE 3 1/2 GALLONS PER ACRE (6 GAL./1000 SQ.FT.) FOR ANCHORING.

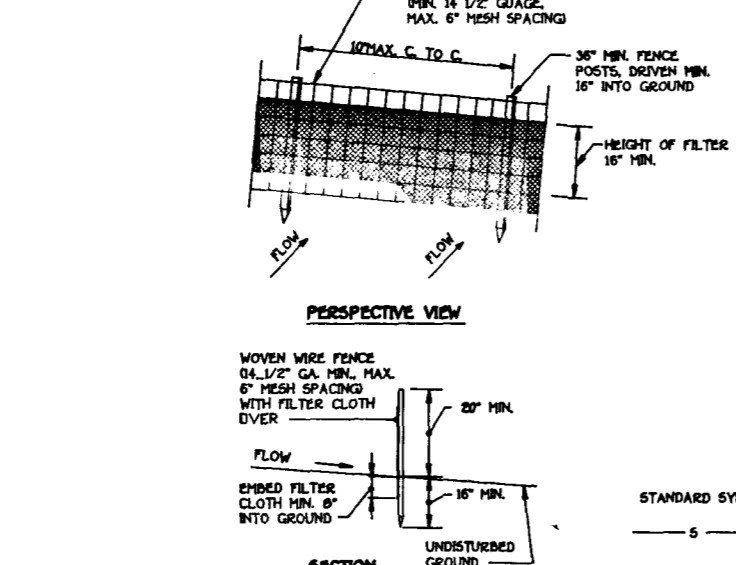
MAINTENANCE

INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

SEDIMENT CONTROL NOTES

- 1. A MINIMUM OF 24 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY OFFICE OF INSPECTIONS AND PERMITS PRIOR TO THE START OF ANY CONSTRUCTION 1992-2437.
2. ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE 1983 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
3. FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DICES, PERIMETER SLOPES AND ALL GREATER THAN 3:1 b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
4. ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE. ALL DISTURBED AREAS SHALL BE STABILIZED WITHIN THE PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1983 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDINGS (SEC. 50) AND TEMPORARY SEEDING (SEC. 50) AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
5. ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
7. SITE ANALYSIS:
TOTAL AREA OF SITE 3.69 ACRES
AREA DISTURBED 0.82 ACRES
AREA TO BE ROOFED OR PAVED 0.82 ACRES
AREA TO BE VEGETATIVELY STABILIZED 0.44 ACRES
TOTAL CUT 3000 CU.YDS.
TOTAL FILL 3000 CU.YDS.
OFFSITE WASTE/BORROW AREA LOCATION N/A CU.YDS.
8. ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
9. ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY DPW SEDIMENT CONTROL INSPECTOR.
10. ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.

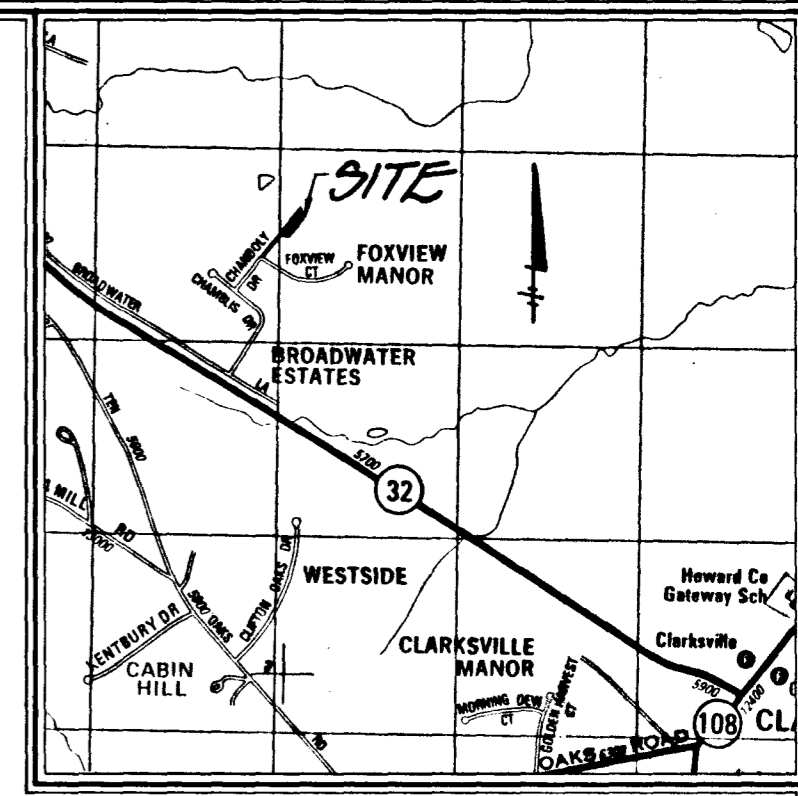
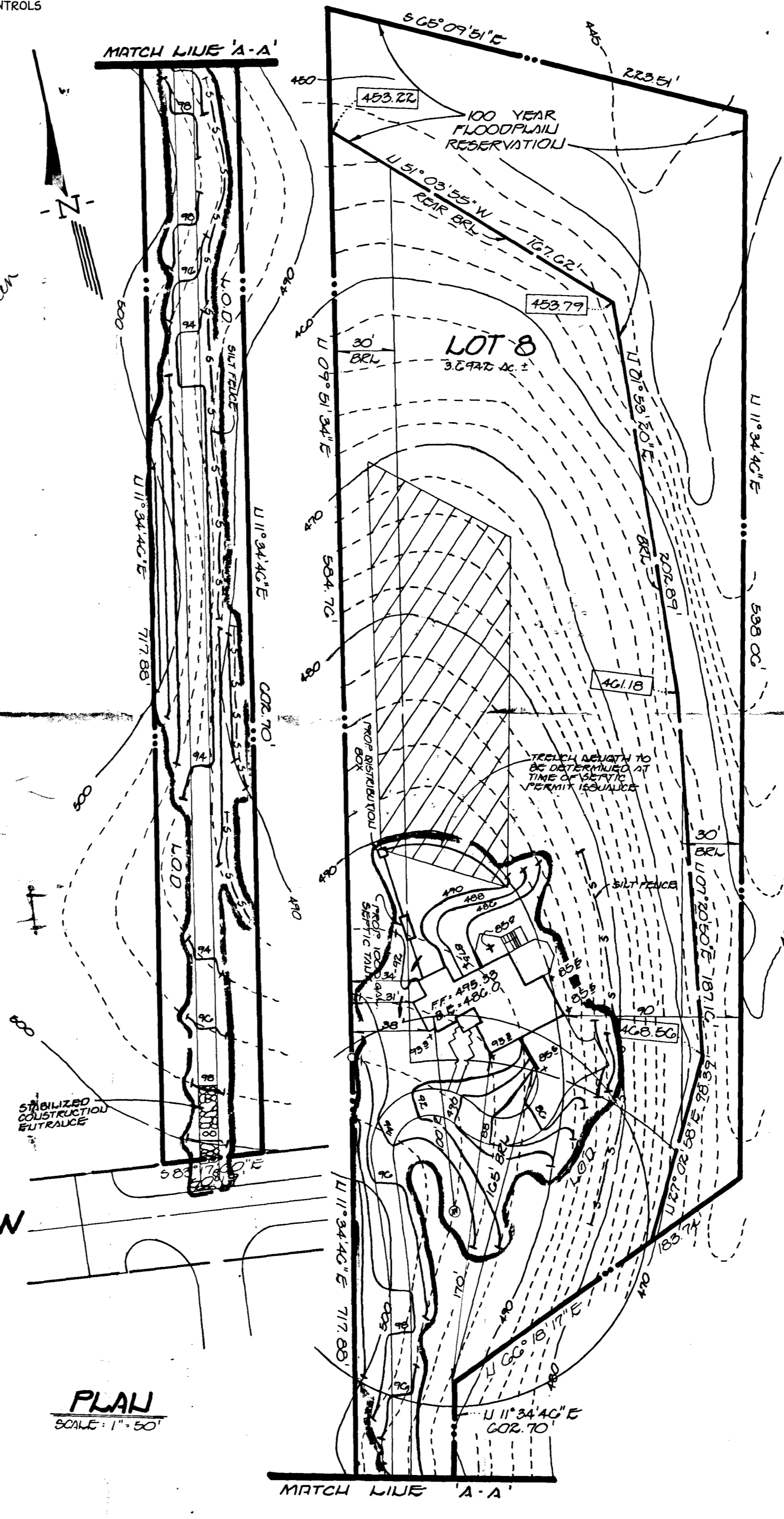


- CONSTRUCTION SPECIFICATIONS
1. STONE SIZE - USE #1 STONE, OR RECLAIMED OR RECYCLED CONCRETE EQUIVALENT.
2. LENGTH - AS REQUIRED, BUT NOT LESS THAN 50 FEET EXCEPT ON A SINGLE RESIDENCE LOT WHERE A 30 FOOT MINIMUM LENGTH WOULD APPLY.
3. THICKNESS - NOT LESS THAN 18 INCHES.
4. WIDTH - TEN (10) FOOT MINIMUM, BUT NOT LESS THAN THE FULL WIDTH AT PORTS WHERE INGRESS OR EGRESS OCCURS.
5. FILTER CLOTH - WILL BE PLACED OVER THE ENTIRE AREA PRIOR TO PLACING OF STONE. FILTER WILL NOT BE REQUIRED ON A SINGLE FAMILY RESIDENCE LOT.
6. SURFACE WATER - ALL SURFACE WATER FLOWING OR DIVERTED TOWARD CONSTRUCTION ENTRANCES SHALL BE PIPED ACROSS THE ENTRANCE. IF PIPING IS IMPRACTICAL, A MOUNTABLE BERM WITH 5:1 SLOPES WILL BE PROVIDED.
7. MAINTENANCE - THE ENTRANCE SHALL BE MAINTAINED IN A CONDITION WHICH WILL PREVENT TRACKING OR FLOWING OF SEDIMENT ONTO PUBLIC RIGHTS-OF-WAY. THIS MAY BE ACHIEVED THROUGH TOP DRESSING WITH ADDITIONAL STONE AS CONDITIONS DEMAND AND REPAIR AND /OR CLEANOUT OF ANY MEASURES USED TO TRAP SEDIMENT. ALL SEDIMENT SPILLED, DROPPED, WASHED OR TRACKED ONTO PUBLIC RIGHTS-OF-WAY MUST BE REMOVED IMMEDIATELY.
8. WASHING - WHEELS SHALL BE CLEANED TO REMOVE SEDIMENT PRIOR TO ENTRANCE ONTO PUBLIC RIGHTS-OF-WAY. WHEN WASHING IS REQUIRED, IT SHALL BE DONE ON AN AREA STABILIZED WITH STONE AND WHICH DRAINS INTO AN APPROVED SEDIMENT TRAPPING DEVICE.
9. PERIODIC INSPECTION AND NEEDED MAINTENANCE SHALL BE PROVIDED AFTER EACH RAIN.

STABILIZED CONSTRUCTION ENTRANCE - 2 NOT TO SCALE

SILT FENCE NOT TO SCALE

FISHER, COLLINS & CARTER, INC. CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS 9171 BALTIMORE NATIONAL PIKE, SUITE 100 ELLICOTT CITY, MARYLAND 21042 (410) 461-2955



- GENERAL NOTES
1. SEPTIC CASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No. A 41018
2. PROPOSED 1000 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 475.93
B. BASEMENT ELEVATION: 468.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 468.70
D. INVERT IN AT SEPTIC TANK: 468.05
E. INVERT OUT AT SEPTIC TANK: 468.30
F. PROPOSED GRADE OVER SEPTIC TANK: 472.00
G. INVERT AT DISTRIBUTION BOX: 468.00
4. EXISTING GROUND OVER DISTRIBUTION BOX: 470.3
5. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
6. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
7. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
8. 468.50 DELETED ELEVATION OF 100 YEAR FLOOD LEVEL.

Approved Septic System Plan
Howard County Health Department
Signature: Amy M. Miller Date: 6/23/94

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT
FOXVIEW MAJOR LOT 8
5TH ELECTION DISTRICT HOWARD CO., MD.
TAX MAP: R3 PARCEL: G7
SCALE: AS SHOWN DATE: JULIE 16, 1994
SHEET 1 OF 1

PLAN SCALE: 1" = 50'

0773  
 SEQUENCE NO. (MDE 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE Received  
 MM DD

DATE WELL COMPLETED  
 MM DD YY  
 07 20 2001

Depth of Well  
 22 300 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL":  
 HO 94 3129  
 28 29 30 31 32 33 34 35 36 37

OWNER Burstein Mindi  
 STREET OR RFD 5601 Foxview Court TOWN Clarksville  
 SUBDIVISION Foxview Manor SECTION        LOT 8

**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	
Overburden	0	45	
Gray Rock	45	300	x

water at 110'

**GROUTING RECORD**  yes  no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 10 NO. OF POUNDS 600  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 45 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch)!  
 Total depth of main casing (nearest foot)  
PL 6 51

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  yes  no

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 LIC. NO. M D 399  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Robert Brun  
 LIC. NO. M D 052

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

**C 2** DEPTH (nearest ft.)  
 T 2  
 1 HO 51 300  
 E A C H 8 9 11 15 17 21  
 S C 2 23 24 26 30 32 36  
 R 3 38 39 41 45 47 51  
 E E  
 N SLOT SIZE 1        2        3         
 DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
 from to

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

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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 8 9  
 PUMPING RATE (gal. per min.) 15.0  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE Submersible  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 34 ft.  
 17 20  
 WHEN PUMPING 75 ft.  
 22 25  
 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 INSTALLED PUMP YES  NO  
 (CIRCLE) (YES OR NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29  
 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)  
50' 51'

**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)  
 NA



<b>B 1</b>	<b>7040</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER <b>HO-94-3129</b>
1 2 3 6			<i>W51531</i> please print or type	70 fill in this form completely 79

Date Received (APA) **01-02-01**

**OWNER INFORMATION**

**Burstein** **Minda**  
15 Last Name Owner First Name 34

**5601 Foxview Ct**  
36 Street or RFD 55

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

**B 3** **Howard** LOCATION OF WELL  
8 COUNTY 21

**Foxview Manor**  
23 SUBDIVISION 42

SECTION **44** 46 LOT **8** 48 50

**Clarksville**  
52 NEAREST TOWN 71

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

**DRILLER INFORMATION**

**Paul M. Fabiszak** **MWD399**  
Driller's Name 76 License No. 81

**G Edgar Harr Sons Corp**  
Firm Name

**12047 Falls Rd Cockeysville 21030**  
Address

*Paul M. Fabiszak* **6-28-01**  
Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**5601 Foxview Ct**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**  
14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, DEWATERING

**P** PUBLIC WATER SUPPLY WELL

**T** TEST, OBSERVATION, MONITORING

**G** GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **13**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED **01/02/01** *Paul M. Fabiszak* **07/1/02**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **507 000** EAST GRID **0012 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
NEAREST

**METHOD OF DRILLING (circle one)**

BORED (or Augered) **JETTED** Jetted & DRIVEN

30 AIR-ROTary **AIR-PERCussion** ROTARY (Hydraulic Rotary)

37 CABLE **REVERSE-ROTary** Drive-POINT

other \_\_\_\_\_

**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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

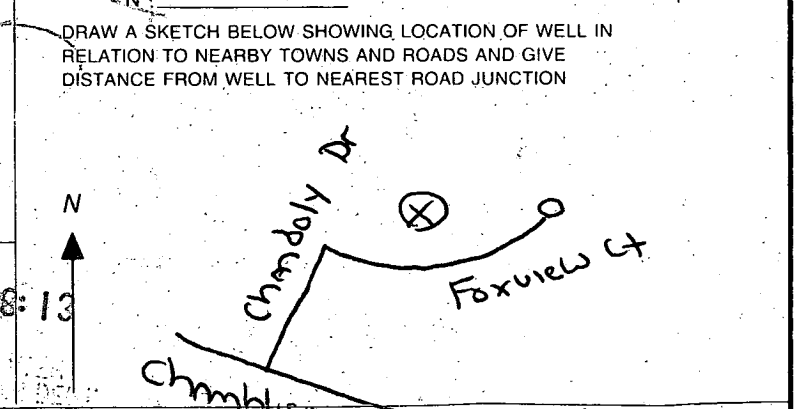
**E 800 12**  
**N 5007**

7/19/01 YIELD TEST (OPTIONAL)  
NO INSP 9:30  
*missed insp*

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **HO-94-3129**  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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 10/19/94  
Telephone 301 6214009

Name of Installer Fireside Pllg Inc

License Number 20088  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Pete Sohman Telephone 301 4983577  
Subdivision Foxview Lot # 8 Well Tag # \_\_\_\_\_  
Site Address 5601 Foxview Court  
Clarksville MD 21029

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Gold  
3. Model # \_\_\_\_\_  
4. Capacity 10 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 TSP

**Motor**  
1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # McDaniel  
3. Depth 42"

**Tank**  
1. Capacity 80 Gall  
2. Pressure relief valve? Yes

**Piping**  
1. Type Black Plastic  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 42"

**Well data**  
1. Depth 200 ft.  
2. Yield 12 GPM  
3. Static water level 23 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: [Signature] #20088

Date: 10/19/94

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

10/28/94  
ASAP

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
 Subdivision Foxview Lot # 8 Well Tag # HO-92-0296  
 Site Address 5601 Foxview Ct

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
<i>pitless adapter and water line OK @ 3ft AP 10/28/94</i>	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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.

C1 7655

SEQUENCE NO. (DENV USE ONLY)

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

A41018

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 030102

Depth of Well grid: 200

PERMIT NO. grid: A0-92-0296

OWNER Harrington last name, Greg first name, STREET OR RFD Foxview Ct, TOWN Clarksville, SUBDIVISION FOXVIEW MANOR SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Overburden, Brown Shale, Gray Rock, and Well #1 300' Dry (backfilled).

GROUTING RECORD section: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS (10), NO. OF POUNDS (1000), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (to nearest foot).

CASING RECORD section: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE section: Nominal diameter top (main) casing (nearest inch) and Total depth of main casing (nearest foot).

OTHER CASING (if used) section: diameter inch and depth (feet) from to.

SCREEN RECORD section: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) section: grid for depth measurements from 8 to 51 feet.

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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

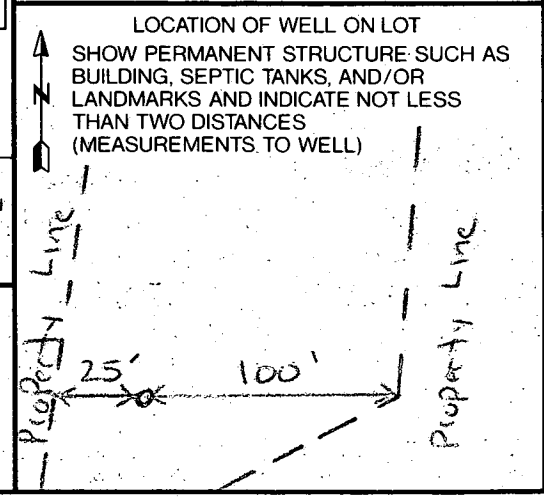
SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) from to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST section: PUMPING TEST, HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (distance from land surface) BEFORE PUMPING (33), WHEN PUMPING (112), TYPE OF PUMP USED (for test) (S) submersible.

PUMP INSTALLED section: DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. 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), LAND SURFACE (nearest foot).





**B 1** 01702 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  
 HD-92-0296  
 fill in this form completely

Date Received (APA) 011193  
**OWNER INFORMATION**  
 Harrington Greg  
 426 Ridge Road #1  
 Greenbelt MD 20770

**B 3** LOCATION OF WELL  
 Howard  
 Fox View Manor  
 SECTION 44 46 LOT 8 50  
 Clarksville  
 MILES FROM TOWN (enter 0 if in town) 2 MI

**DRILLER INFORMATION**  
 Paul M. Fabiszak  
 G. Edgar Harr Sons' corp.  
 12047 Falls Rd Cockeysville 21030  
 1-12-93

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 Foxview Court  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 200  
 DISTANCE FROM ROAD  
 ENTER FT or MI F 7

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150

**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 A41018 COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 012693 Mark E. Lilkim  
 NORTH GRID 507000 EAST GRID 0812000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. 2. 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 80812  
 N 5087  
 000 000

**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)  
 APPROP. PERMIT NUMBER GAP  
 FORCE INITIALS IN BOX PERMIT No. HD-92-0296

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 Linden church Rd  
 Broadwater Lane  
 32

SPECIAL CONDITIONS Mr. Harrington 1-301-595-5500 x2656  
 COUNTY

B 1 5946 SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

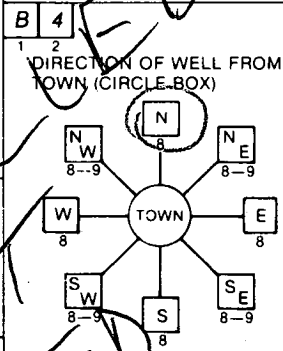
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 HO-88-0818  
 fill in this form completely

Date Received (APA) 052209  
 OWNER INFORMATION  
 TE NIMSATT CONST CO  
 8401 MURPHY RD  
 LAUREL MD 20707

LOCATION OF WELL  
 HOWARD COUNTY  
 FOXVIEW MANOR  
 CLARKSVILLE  
 MILES FROM TOWN 1 MI

DRILLER INFORMATION  
 Frank Delph 453  
 Frank Delph Well Drillers Inc  
 18234 Penn Shop Rd. Mt Airy  
 Frank Delph 5/23/89



NEAR WHAT ROAD  
 Broadwater Lane  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH  
 WEST EAST  
 DISTANCE FROM ROAD 700 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)

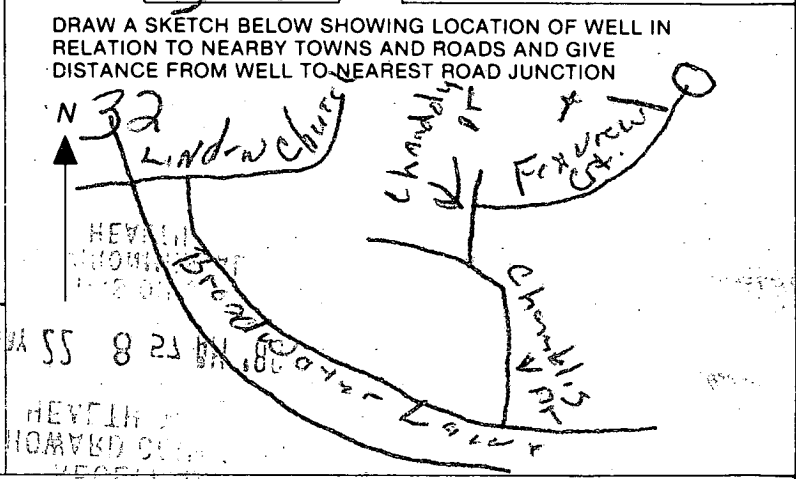
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard A 41018  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S  
 DATE ISSUED 030389  
 CO SIGNATURE G. E. Madcow 1-390  
 EXP. DATE  
 NORTH GRID 506000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 200 FEET  
 APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 8121  
 5080

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROtary Drive-POINT  
 other

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)  
 APPROP. PERMIT NUMBER GAP  
 FORCE JM WRITE INITIALS IN BOX PERMIT NO. HO-88-0818

# APPLICATION

PERCOLATION TESTING

A 41018

P \_\_\_\_\_

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

DISTRICT 542

DATE 2-14-88

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 J. E. Skimatt Construction Pete Saloman + Mindy

ADDRESS 8401 Murphy Rd. Laurel, MD 20707 PHONE Berstein 490-3666

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Dopruw Manor (proposed) LOT NO. 147A new 8

ROAD AND DESCRIPTION Dopruw Ct. off Chandely drive adjacent to Broadwater Lane (5601 Foxview Court)

TAX MAP 28 PARCEL # 69

SIZE OF LOT 3.0 acres TYPE BLDG SFD  
(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. Christine A. Richards  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR (HOLDING) Pending perc hole locations and subdivision plat approval, SFAFLOW SYSTEM ONLY DEN

BLDG. PERMIT SIGNED AND RETURNED 9/23/94  
Serial # 54906 - SFD - 4Bm

# THIS IS NOT A PERMIT

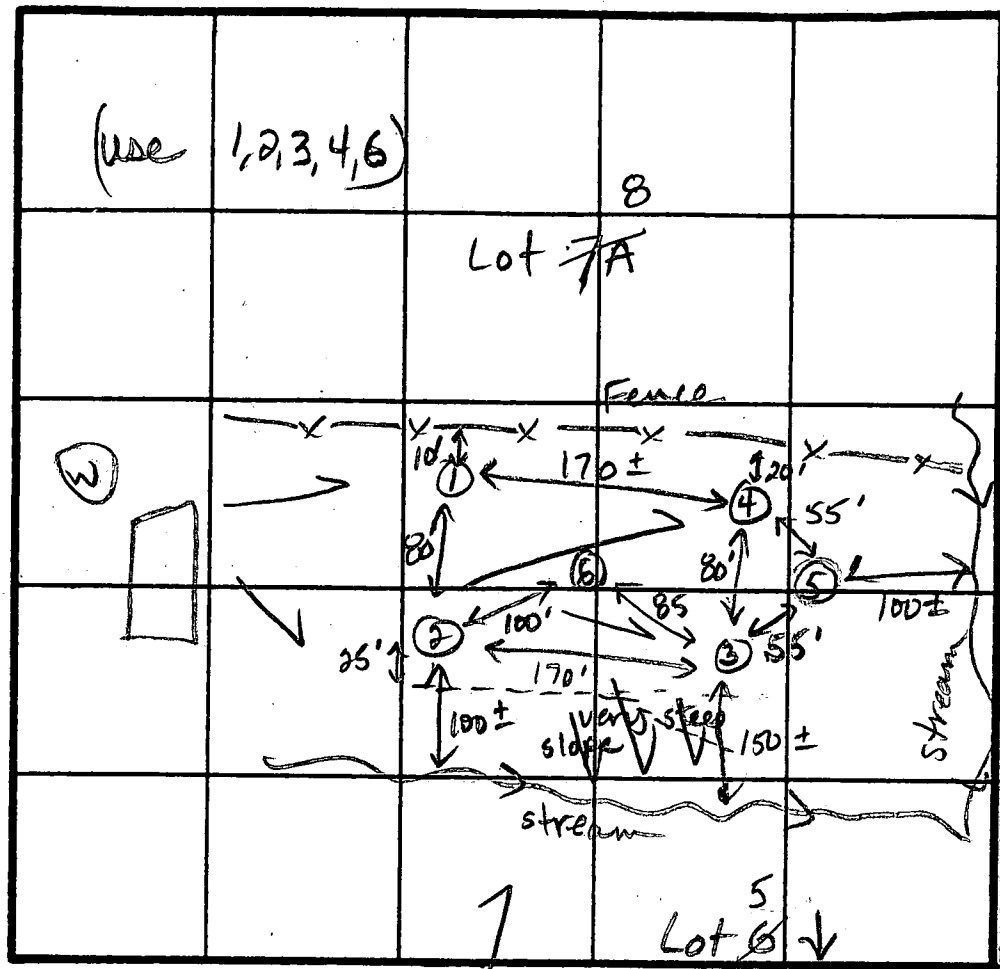
HD-216

High 1/2 A 41018

Low 3/4

SOIL PROFILE

0-2 Br si cl loam  
 2-9.5 Br mica sa si loamy < 20% decomposed rock frags  
 9.5 Refusal



0-2 Br si cl loam  
 2-7.5 Br mica sa si loam, 20% decomposed rock  
 7.5 Refusal

0-1.5 Br si clay  
 1.5-11.5 Br mica sa si lm, < 20% decomposed rock, slight structure  
 11.5 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0-2.0 Br si cl loam  
 2-10 Br mica sa si lm < 40% broken rock, slight resist structure at 7.5  
 10.0 Refusal

0-2.0 Br si cl loam  
 2.0-10.5 Rd-br mica sa si loam, < 40% decomposed rock  
 10.5 Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-23-88	2	2.0 S	3:26	3:50	3:50	4:15	25 min	
		6.5 M	3:26	3:28	3:28	3:30	2 min	
		9.5 D	Bottom (see profile)					ok
	3	2.5 S	3:33	3:35	3:35	3:37	2 min	
		10.0 D	(Refusal at 10.0 ft)					ok
	4	3.0 S	3:40	3:43	3:43	3:46	3.	
		10.5 D	(Refusal at 10.5 ft)					ok
	5	7.5 V	Refusal at 7.5 ft)					Failed
	6	11.5 V	(see profile - Refusal at 11.5)					ok
	1	10.0 V	(see profile - Refusal at 10.0)					ok

0-2.5 Br si cl lm  
 2.5-10 Br mic sa si loam, little decomposed rock  
 15%  
 10.0 Refusal

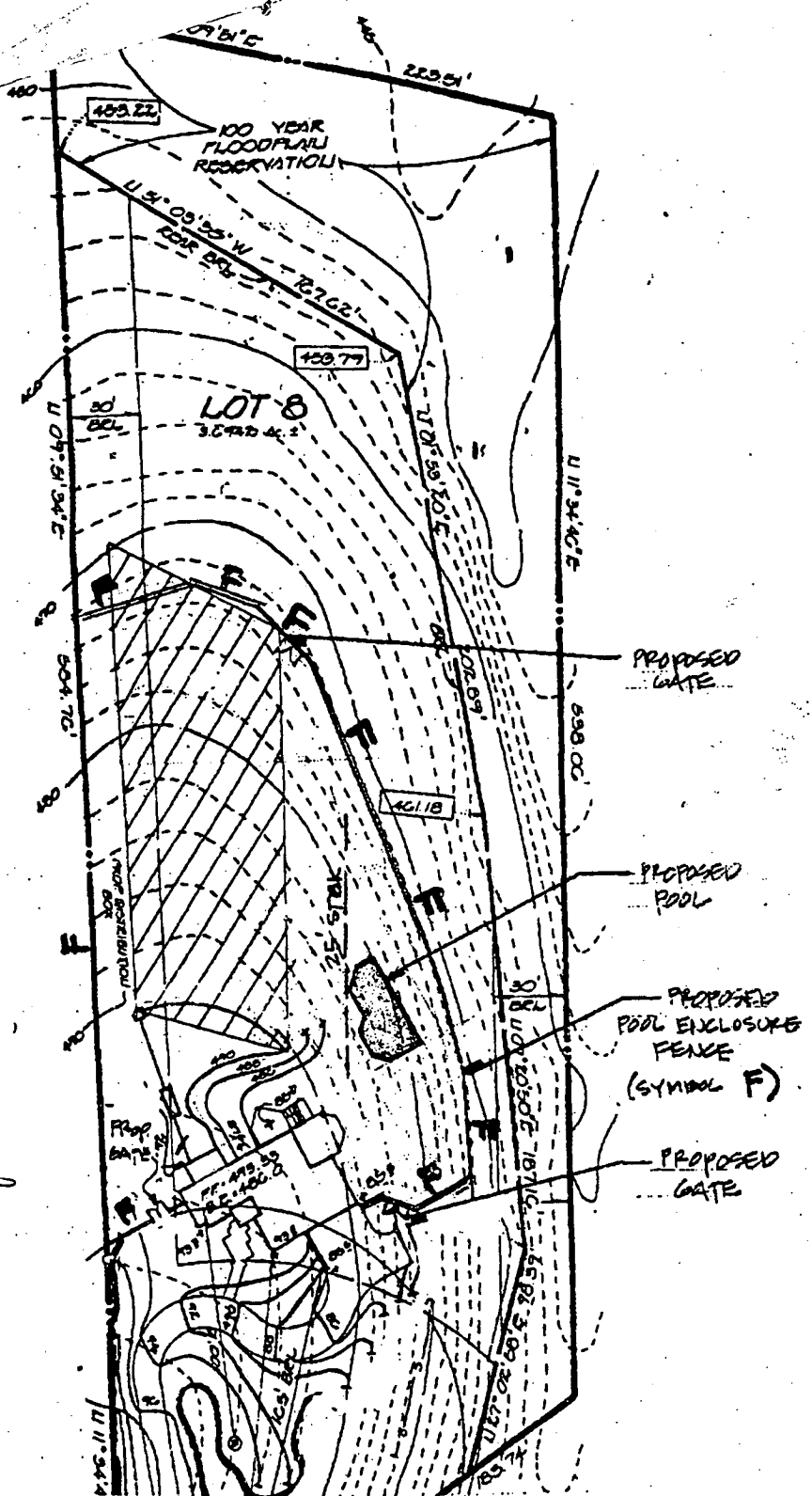
X = 20 min  
 Inlet = 2.5 ft  
 Bot = 3.5 ft  
 210 sq ft / ltr m  
 SHALLOW ONLY

REMARKS All holes moved across stream to ridge. SHALLOW SYSTEM ONLY

TYPE OF SOIL 0-2 Br si cl lm 2-11 Br mica sa si lm, < 20% decomposed rock

TESTED BY J. E. Nadeau ALSO PRESENT Olen K. Pap Mark Reicht

UNSUBMITTED  
 SEPARATION  
 2001



B00122369  
 POOL  
 LOCATION OK  
 ADEQUATE  
 SEPARATION  
 FROM  
 WELL & SEPTIC,  
 2/9/00  
 CW

ORIGINAL BASE PLAN  
 PROVIDED BY OTHERS

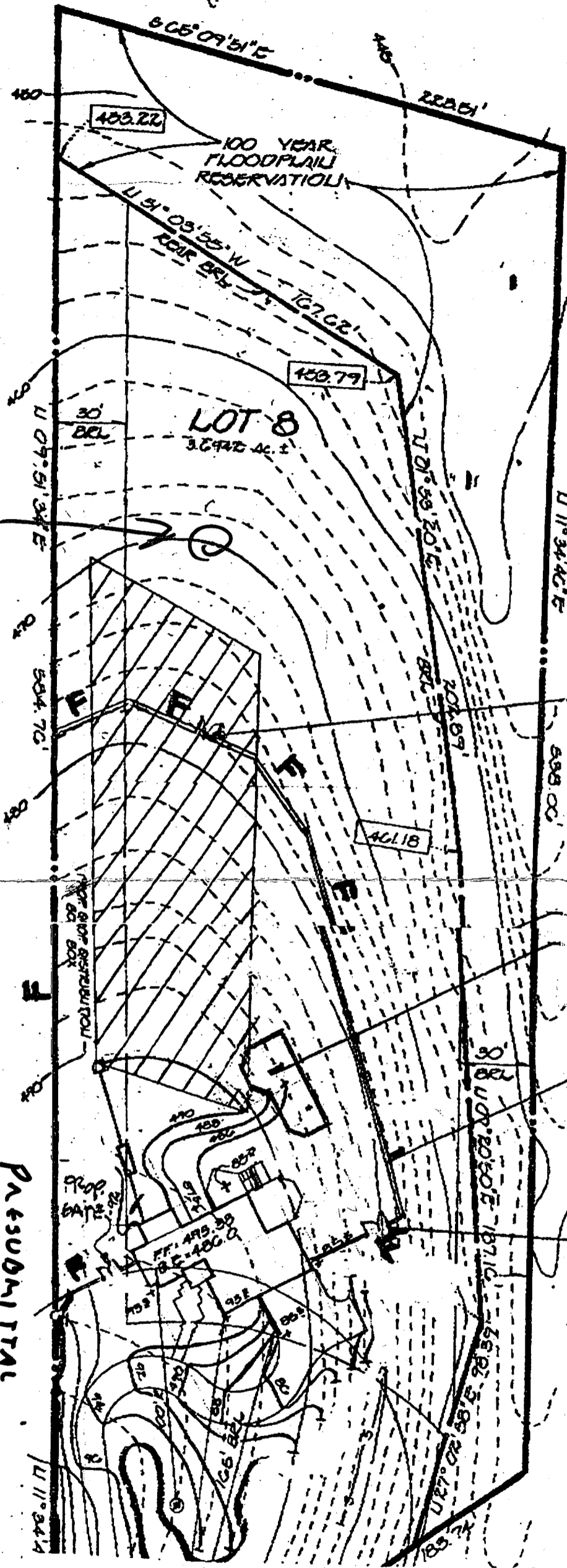
RELEASED 11-23-00 - POOL 25' FROM SPA; FENCE

  
**FRIEDMAN ASSOCIATES**  
 LANDSCAPE ARCHITECTURE  
 6510 Falls Road  
 Coppermine Terrace  
 Baltimore, Maryland 21209  
 410-828-7777

**PROPOSED POOL & FENCING PLAN**  
 BURSTEIN, SOLOMON  
 RESIDENCE

SCALE: 1"=50'	DATE: 12.23.99	DRAWN BY:	DESIGN BY:	REVIEW BY:	JOB NO.:
---------------	----------------	-----------	------------	------------	----------

ORIGINAL  
PLAN TEXT  
NOTES  
SUGGEST  
FAILED  
ROCK HOLT  
H.M.C.



PROPOSED GATE

USED POOL

PROPOSED POOL ENCLOSURE FENCE (SYMBOL F)

PROPOSED GATE

Area 20' Below 30'

PRESUMPTIVE  
RELOCATION;

NO! CONFLICTS WITH  
DESIGNATED & INSTALLED  
TAGUCHES. 30' RELOCATION  
OF POOL SUGGESTED.

APPLICANT REPLIES CANNOT DO  
THAT MUCH BUT WILL  
RECONSIDER AND SUBMIT  
"FAIRTEST POSSIBLE" PROPOSAL  
FOR COMMENT. 1/19/00 CBJ/SK

ORIGINAL BASE PLAN  
PREPARED BY OTHERS



FRIEDMAN ASSOCIATES  
LANDSCAPE ARCHITECTURE

6510 Falls Road  
Coppermine Terrace  
Baltimore, Maryland 21209  
410-828-7777

PROPOSED POOL & FENCING PLAN

BURSTEIN, SOLOMON  
RESIDENCE

SCALE: 1" = 50'	DATE: 12.23.99	DRAWN BY:	DESIGN BY:	REVIEW BY:	JOB NO:
-----------------	----------------	-----------	------------	------------	---------

9/7/01  
Letter Not Sent  
Called Ms. Burnstein  
at work (301) 854-3304  
She said she would call



Comm. Env. Health **HOWARD COUNTY HEALTH DEPARTMENT**  
for Sampling Diane L. Matuszak, M.D., M.P.H., County Health Officer

(BB)

September 7, 2001

Mindi Burstein  
5601 Foxview Court  
Clarksville, MD 21029

11/4/01  
TCAP

RE: **Replacement Well Sampling**  
5601 Foxview Court  
Well Permit #: HO-94-3129

Dear Ms. Burnstein:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.**

The sampling is free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

cc: Community Environmental Health Program  
File