

Tax ID - 05-414024

9/20/96
3.00
9/23/96
10% Later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57279

A 37791

DISTRICT 5th

DATE 9-18-96

DATE SYSTEM APPROVED 9-23-96

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 313-2640

INDEXED

William H. Smith, Jr. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Clearview Estates, Sec. 2 LOT 35 ROAD 12056 Broad Meadow Lane

PROPERTY OWNER Dwayne and Deborah Rosenberg

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 154

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3½ feet below original grade. 3½ feet of stone below distribution pipe.

LOCATION - Place distribution box 140 feet from closest point of Cul-de-sac and 80 feet from the left property line as viewed from Broad Meadow Lane. Install trenches on contour toward left lot line.

NOTES - 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 Ronald Pinkley DATE 05/26/92

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

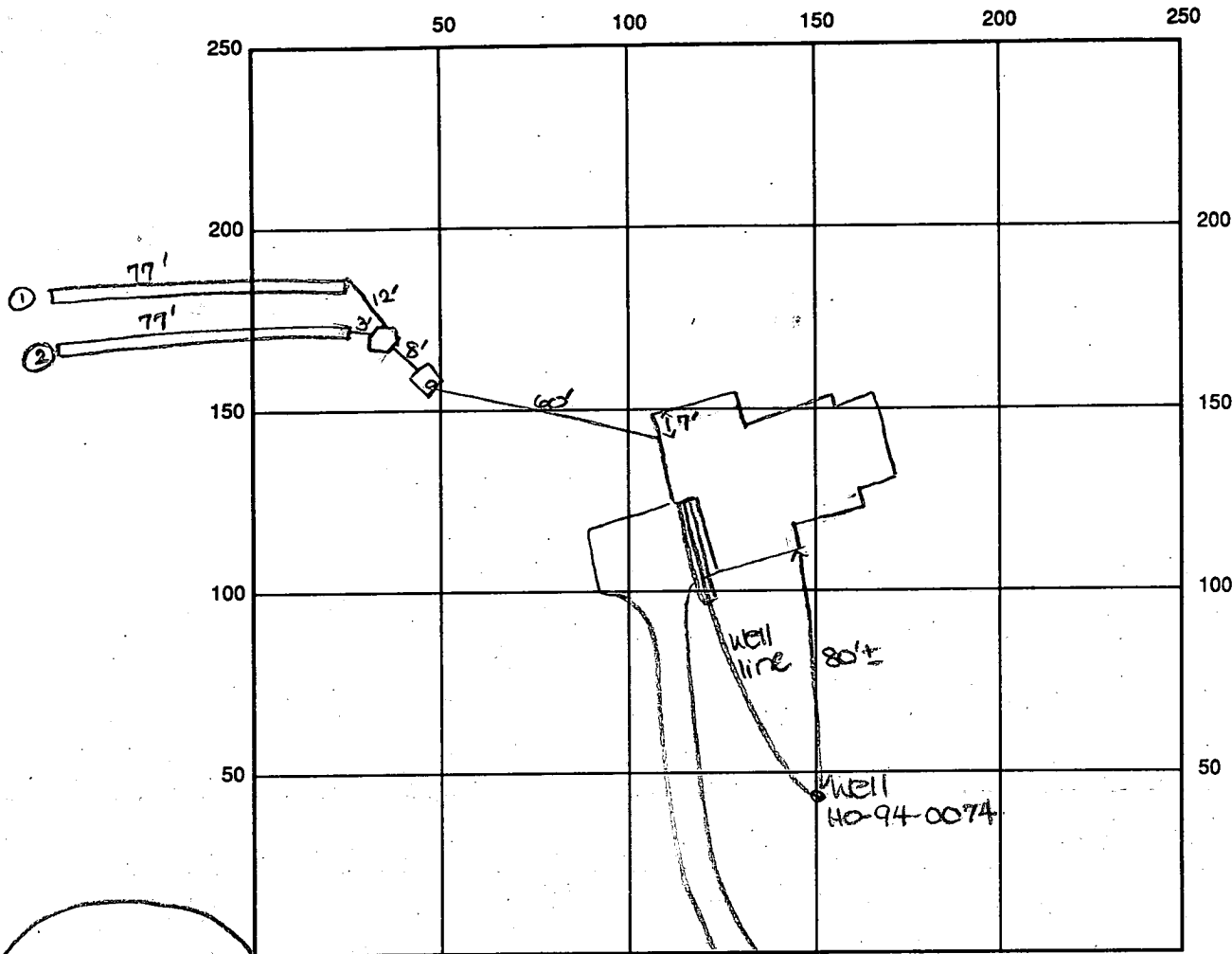
PERMIT VOID AFTER TWO YEARS

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**

A 37791



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Broad Meadow Lane

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 3.5 FT. TOTAL LENGTH 2 x 77 FT. → 154'

NUMBER OF TRENCHES 2 ONE SIDEWALL/AREA 539 SQ. FT.

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

ABSORBENT AREA 539 SQ. FT.

REMARKS: 9/23/96 A.M. OK to stone trenches and continue. DKS

9/23/96 A.M. FINAL - OK to cover all work. DKS

* well line sleeved under driveway. * OK to cover. DKS

9/23/96 well line @ P.A. 3' 10" below grade. casing 1' above grade.

DATE SYSTEM APPROVED 9/23/96 INSPECTOR Donna J. [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37791

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 10/19/86
June 30, 1986

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	<u>DWAYNE & DEBORAH ROSENBERG</u> <u>Conrad J. and Patricia Langenfelder</u>	Martha V. Langenfelder
ADDRESS	<u>11904 Clarksville Road</u> <u>Clarksville, Maryland 21029</u>	<u>5511 Hamilton Avenue</u> <u>Baltimore, Maryland 21206</u>
		PHONE _____

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm Cleanview Est sec. 2 LOT NO. 19 23 35
(12056 Broad Meadow Lane)

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

**BLDG. PERMIT SIGNED
AND RETURNED 3-12-96**

SIZE OF LOT 3.4 AC. TYPE BLDG. Residential SFD-3 BRMS
(NUMBER OF BEDROOMS)

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.

Steven P. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-23-86 - Due Results Satisfactory, Hold for Subdivision Plat
Shallow System only For Repairs. S.H.Bee

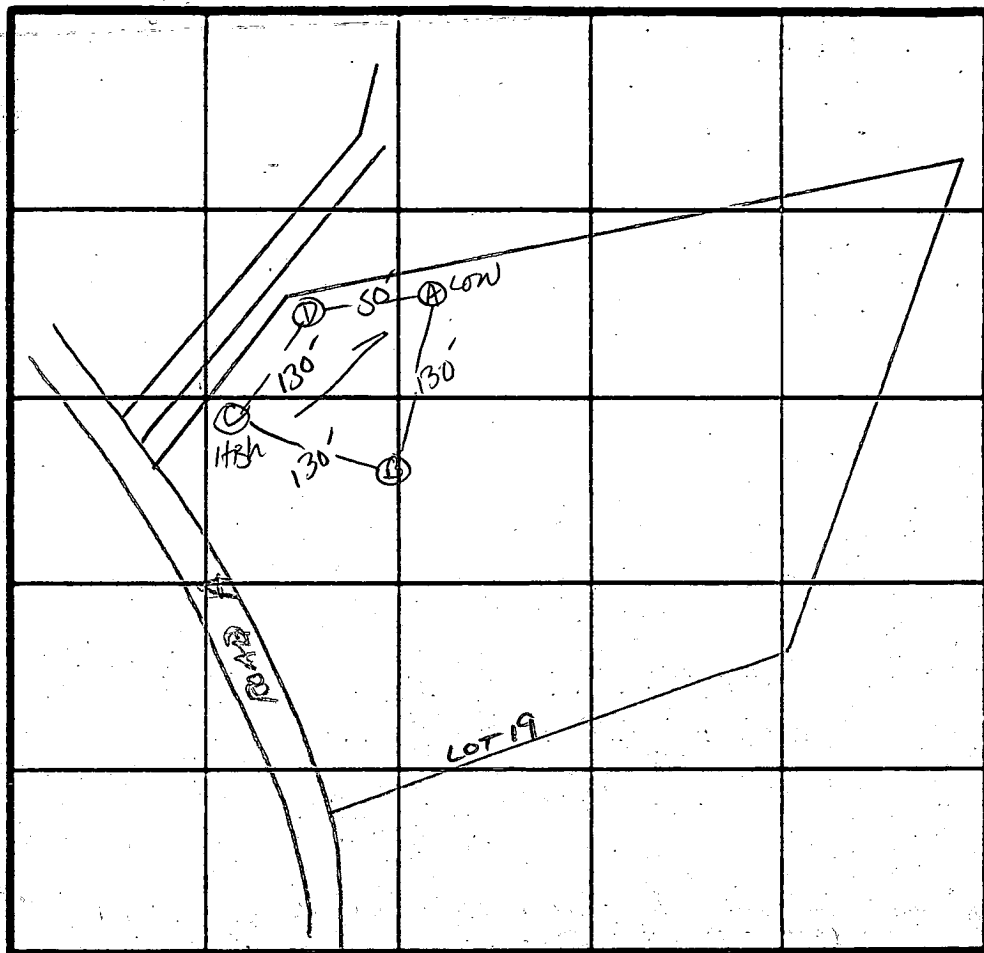
THIS IS NOT A PERMIT

ⓑ ⓓ ⓐ
SOIL PROFILE

0
12" AP
Yellow Br.
Silt loam
9% CLAY
210% FRASS

3.5
Tan/Brown
SAND LOAM
10-15%
FRAGMENTS
Gravelly
Vein AT
3-4.5'

12.5



$\bar{x} = 4 \text{ min}$
Inlet = 4.5 ft
Bottom = 8.5 ft
160 sq ft/bdrm
Repair - Shallow

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO 108

0
12" AP
Red Brown
Silt loam to
Yellow Brown
AT 4'
10% FRASS
9-12% CLAY

4.5
Yellow Br. to
Strong Br.
SAND LOAM
10-20%
FRAGMENTS

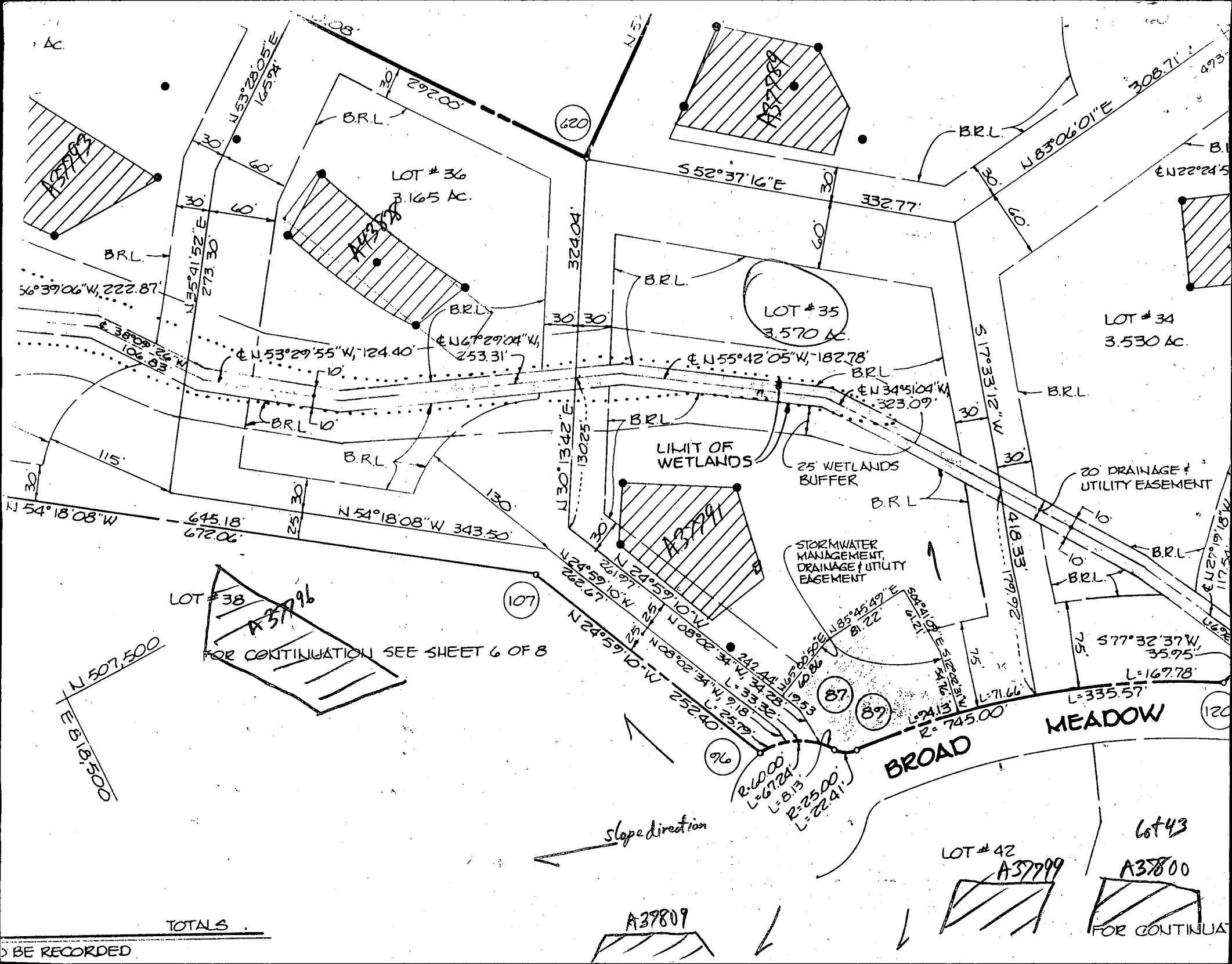
12.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/23/86	B ^S	12.5'	UNIFORM soil below 3.5'					
	D ^S	4.5'	10:26	10:27	10:27	10:29	2min	
	A ^S	11.5'	UNIFORM soil below 3' SAME AS B					
	A ^S	4.5'	10:29	10:33	10:33	10:44	11min	
	C ^S	5.5'	10:38	10:39	10:39	10:41	2min	
	C ^S	9.5'	10:36	10:37	10:37	10:39	2min	
	C ^V	12.5'	UNIFORM soil below 4.5'					

REMARKS HOLES PER PLAT - INITIAL SYST DEEP REPAIRS SHALLOW

TYPE OF SOIL Manor loam → Gravelly loam / Chester in C
TESTED BY S. Abel
ALSO PRESENT JANA MADJE, Allen Baillhoc, Jeff. Neil

FILE 2 1079



AC

LOT # 36
3.165 AC.

LOT # 35
3.570 AC.

LOT # 34
3.530 AC.

LOT # 38

FOR CONTINUATION SEE SHEET 6 OF 8

LIMIT OF WETLANDS

25' WETLANDS BUFFER

20' DRAINAGE & UTILITY EASEMENT

STORMWATER MANAGEMENT, DRAINAGE & UTILITY EASEMENT

BROAD MEADOW

slope direction

LOT # 42

LOT # 43

TOTALS

TO BE RECORDED

FOR CONTINUATION

R=1000
L=6724
L=8.13
R=22500
L=22.41

N 507.500
E 618.500

L=335.57

S 77° 32' 37" W
35.95'
L=167.78

R=745.00

87

89

107

120

120

A37809

A37799

A37800

A37789

A37793

A37792

A37794

A37796

C1 5153

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 # 37791

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

ST/NO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER ROSENBERG DWAYNE (ROSENBERG) last name first name TOWN CLARKVILLE STREET OR RFD 22056 BROAD MEADOW LANE SUBDIVISION CLEICVIEW EST SECTION 2 LOT #25

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Dirt, Clay, Soft Br. Mica & Clay, Hard Blue & Br. Sandstone, Br. Sandstone, Blue Sandstone, Br. Sandstone, Blue Sandstone, Br. Sandstone, Blue Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

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) S T 6 55

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

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

DEPTH (nearest ft.) H O 202 55 C2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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 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. 256 DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Dana Kyker Jr II

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.) W.Q. 74 75 76 70 72

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8.5 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 133 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) LAND SURFACE 2 (nearest foot)

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)

2056 Broad Meadow Lane Dwell

B 1 02770 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
#0-94-0074
fill in this form completely

Date Received (APA) 050894
OWNER INFORMATION
ROSENBERG DWAYNE
8027 GREENPRAE COURT
ELKBRIDGE MD 21227

B 3 LOCATION OF WELL
HOWARD
CLARVIEW
CLARKSVILLE
MILES FROM TOWN 1.8 MI

DRILLER INFORMATION
VANZ KUBER JRE
Westminster Pottery Well Drilling Inc
PO BOX 561 Westminster MD 21158
Signature: [Signature] Date: 4/16/94

B 4 BROAD MEADOW LANE
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 30 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 450

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A# 37291
DATE ISSUED 050994 Charles Ryan Shaker 5/9/95
NORTH GRID 507000 EAST GRID 0819000

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)

APPROXIMATE DEPTH OF WELL 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. City
WRITE THE BOX NUMBER FROM THE MAP HERE
E 818 2
N 500 2

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

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 DEEPEMED 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
N
1256 Broadmeadow Lane
21 MAY - 5 AM 8:38
HEALTH DEPT
RECEIVED

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP

FORCE C WRITE INITIALS IN BOX PERMIT No. #0-94-0074

SPECIAL CONDITIONS: Vicki 876-1911