

8/8/95
ASAP

Tax ID - 05-414075

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50819

A 37798

DISTRICT 5th

DATE 8-7-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 8-8-95

INSPECTOR AW

~~*Time Expired for EOP Compliance*~~

Bill Ingram - Farm & Home Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 901 Driver Road, Marriottsville, MD 21104 PHONE 442-2139

SUBDIVISION Clearview Section 2 LOT 40 ROAD 12073 Broad Meadow Lane

PROPERTY OWNER John S. Wagner

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

210
4
840
280
3
840
280

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Starting from the lot corner at the end of the flagstem (555.95'/192.70' intersection), place the distribution box 280 feet up the 555.95' lot line and 140 feet off this same lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/31/95 DKS

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin/Amy McMillen REVISED DATE 5/11/95

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

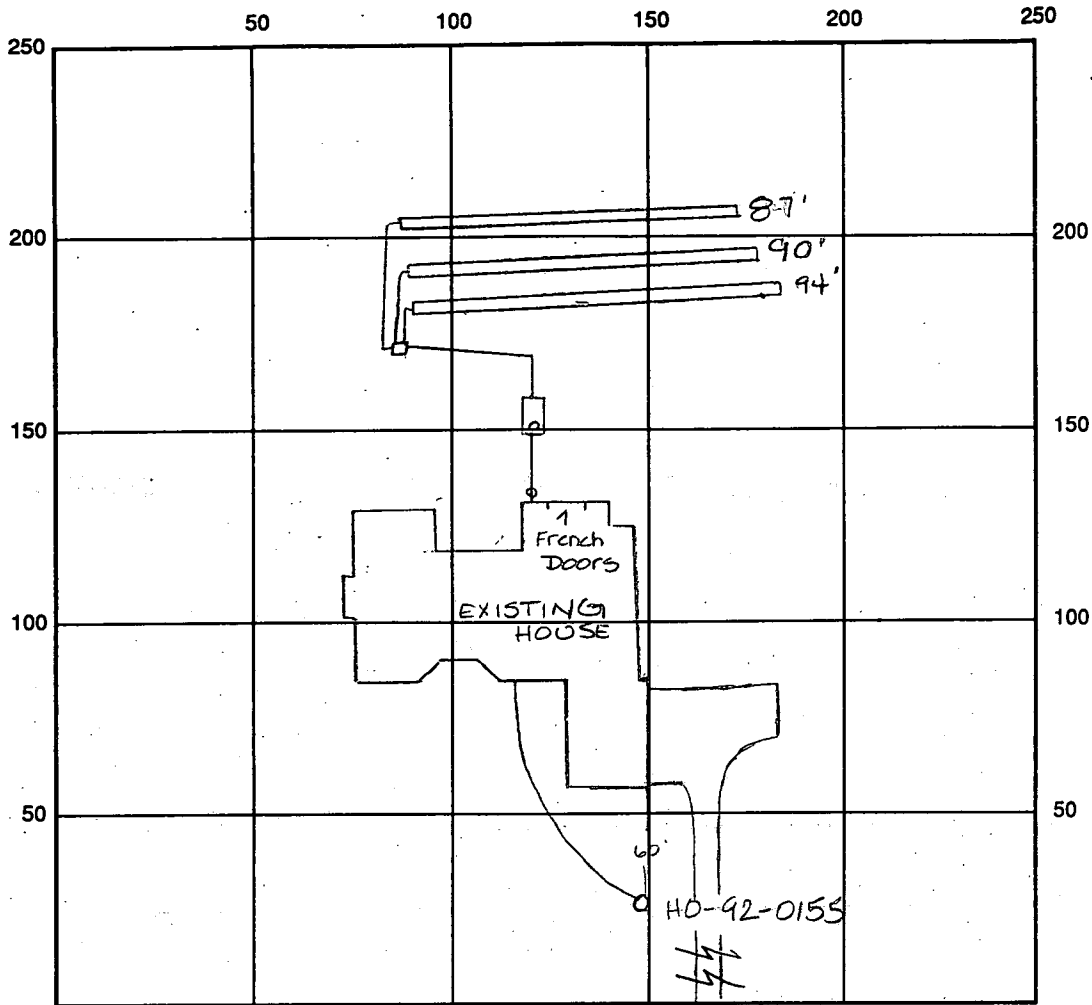
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

~~BLDG PERMITS~~
~~AND RETURNED~~ 5/30/01
B00130572-deck

A
37798



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BROADMEADOW LANE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS #1 OK #2 OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 7' FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 3' FT. TOTAL LENGTH ① 94 ② 90 ③ 87 = 281 total length

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 843 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 8-8-95 ^{9:30 AM} system begins appx. 15' lower in reserve area than specs call for - OK - enough reserve area remains for 2 repairs
OK to stone trenches - house connection made. 2:00 pm OK to cover all work final. A. M. Mullen

8-8-95 WPI OK - AMM

DATE SYSTEM APPROVED 8-8-95 INSPECTOR A. M. Mullen

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37798

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 10/09/86
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 Conrad J. and Patricia Langenfelder WAGNER Martha V. Langenfelder
11904 Clarksville Road 5511 Hamilton Avenue
ADDRESS Clarksville, Maryland 21029 PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:
SUBDIVISION Langenfelder Farm Cleareview Sec 2 LOT NO. 26 27 29 (40)
12075 Broad Meadow Lane
ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

SIZE OF LOT 3.8 AC. TYPE BLDG. Residential
(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 M. Munday
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

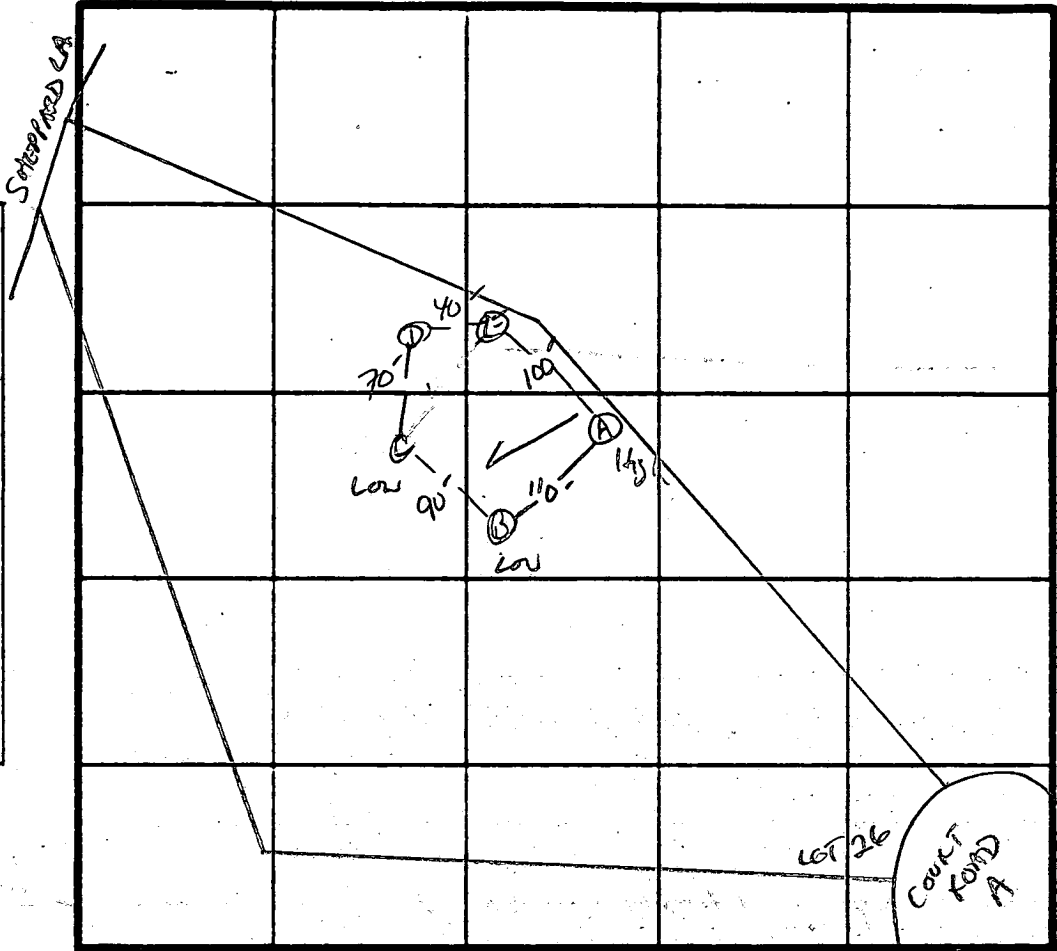
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-23-86 Per Satisfactory, Hold for Subdivision Plat.

S. Abel
BLDG. PERMIT SIGNED
AND RETURNED 5/11/95
Serial # 58959
SFD-4/Beta

THIS IS NOT A PERMIT

SOIL PROFILE
 (A) (B)
 0
 10"
 AP
 ORANGE BR
 S: 1 FLOAM
 9-12% CLAY
 10-20%
 FRAGS
 4.5'
 STRONG BR
 TO YELLOW
 OR S: 1 F
 LOAM 19%
 CLAY
 10-20%
 FRAGS
 8'
 YELLOW BR
 TO TAN
 SAND LOAM
 15-20%
 FRAGS
 12.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(E) (B) (D)
 0
 9"
 AP
 STRONG BR
 S: 1 FLOAM
 9-12% CLAY
 4'
 TAN TO BROWN
 SAND LOAM
 10-15%
 FRAGMENTS
 12.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23/86	A M	5'	10:56	11:03	11:03	11:19	16 min
		8.5'	10:56	10:57	10:57	10:59	2 min
	A V	12.5'	UNIFORM	SOIL BELOW 4.5'			
	E V	12.5'	UNIFORM	SOIL BELOW 4'			
	B S	4.5'	11:05	11:07	11:07	11:15	8 min
	B V	12.5'	TRANSITION BETWEEN A & E				
	C	NOT DUG - UNREASONABLE TO DIG BETWEEN 2 GRID LINES					
	D S	4.5'	11:20	11:21	11:21	11:23	2 min
	D V	12.5'	SAME AS HOLE E				

REMARKS HOLES PER PLAT (-) ONE

TYPE OF SOIL Chester/Glenside

TESTED BY S. Abel

ALSO PRESENT JAMES MADUE, Jeff, Neil

EHS 12 10/9

C1 6744 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 37798

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

090492

082892

280 (TO NEAREST FOOT)

HO-92-0155

OWNER Scott Investment last name first name STREET OR RFD Broad Meadow Lane TOWN Clarksville SUBDIVISION Clearview Estate SECTION 2 LOT 40

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 Topsoil, Br. Micaceous Sandstone, Tan Micaceous Sandstone, Granite, Tan micaceous Sandstone with quartzite, Granite, Fractured Granite Quartzite, Granite.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

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

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

DEPTH (nearest ft.) HO 28 280 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Puck WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 52 TYPE OF PUMP USED (for test) 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 below LAND SURFACE (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) Front lot line

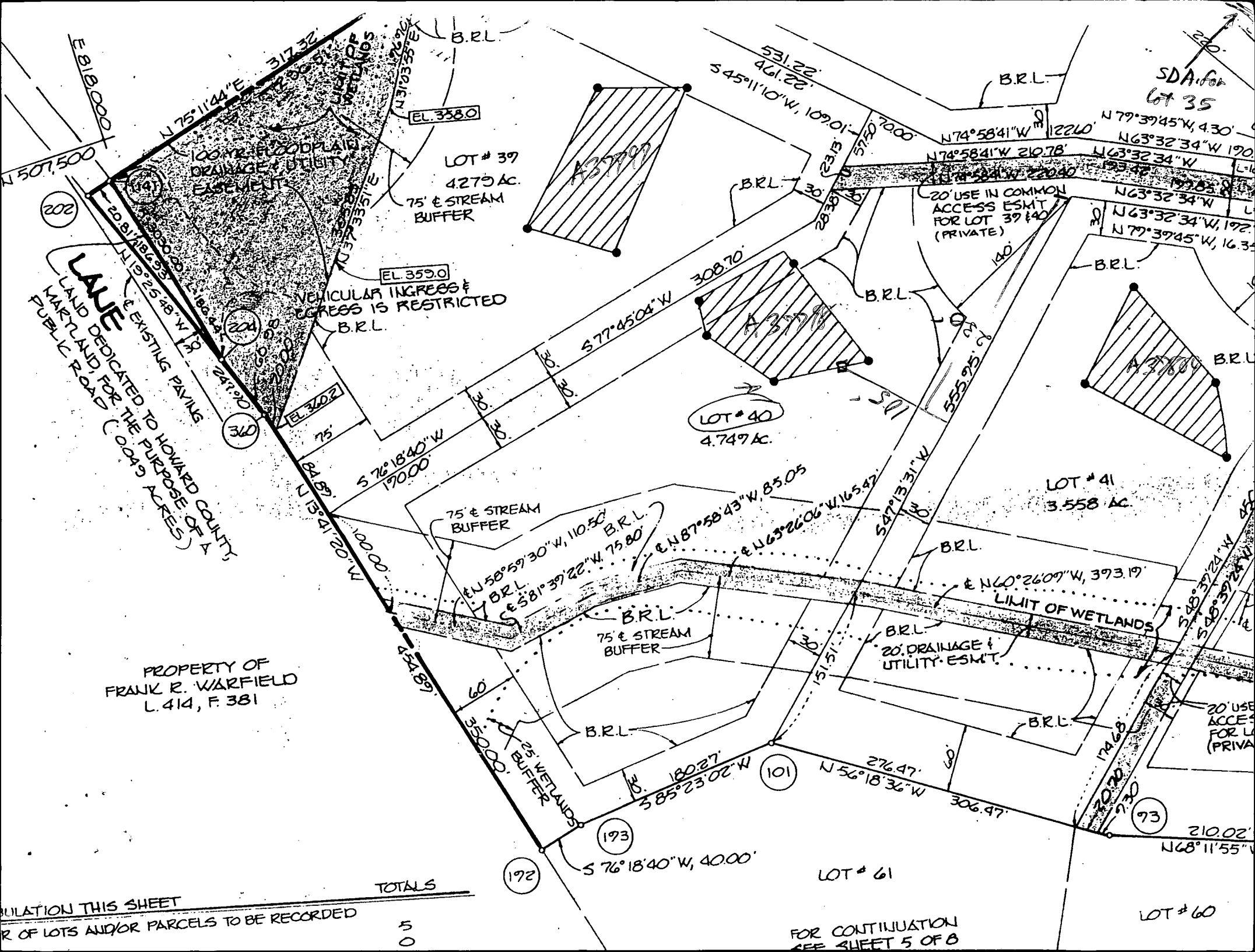
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (Sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

SDA for
Lot 35



LALUE
LAND DEDICATED TO HONIARD COUNTY,
MARYLAND, FOR THE PURPOSE OF A
PUBLIC ROAD (0.049 ACRES)

PROPERTY OF
FRANK R. WARFIELD
L. 414, F. 381

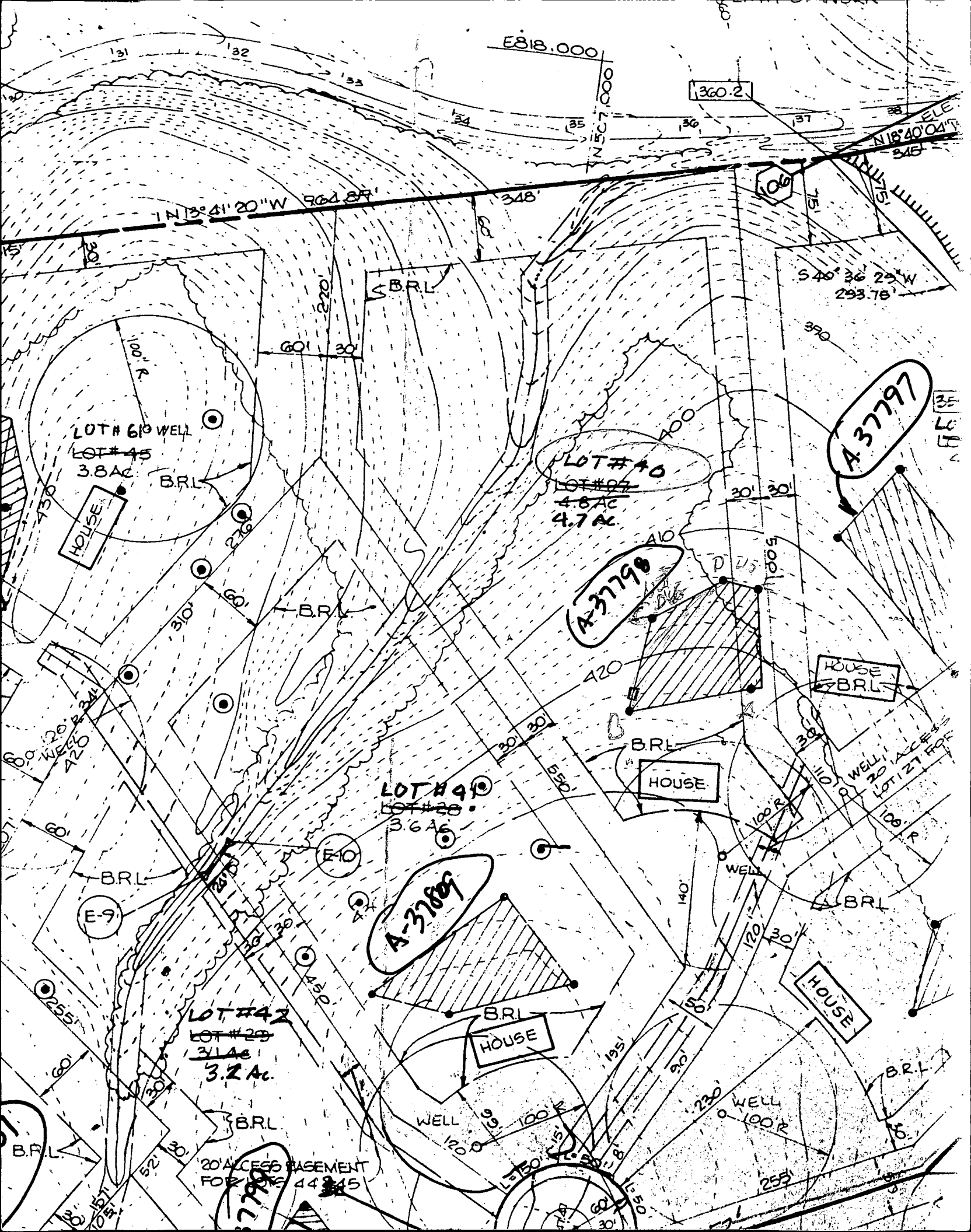
TOTALS

REGULATION THIS SHEET
NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED

5
0

FOR CONTINUATION
SEE SHEET 5 OF 8

LOT # 60



E818.000

360.2

N 13° 41' 20" W 964.87'

348'

S 40° 36' 29" W
293.76'

LOT # 60 WELL
LOT # 45
3.8 AC B.R.L.

HOUSE

LOT # 40
LOT # 37
4.8 AC
4.7 AC

A-37797

A-37798

HOUSE
B.R.L.

LOT # 41
LOT # 38
3.6 AC

A-37809

HOUSE

LOT # 42
LOT # 29
3.1 AC
3.2 AC

HOUSE

HOUSE

20' ACCESS BASEMENT
FOR LOTS 44 & 45

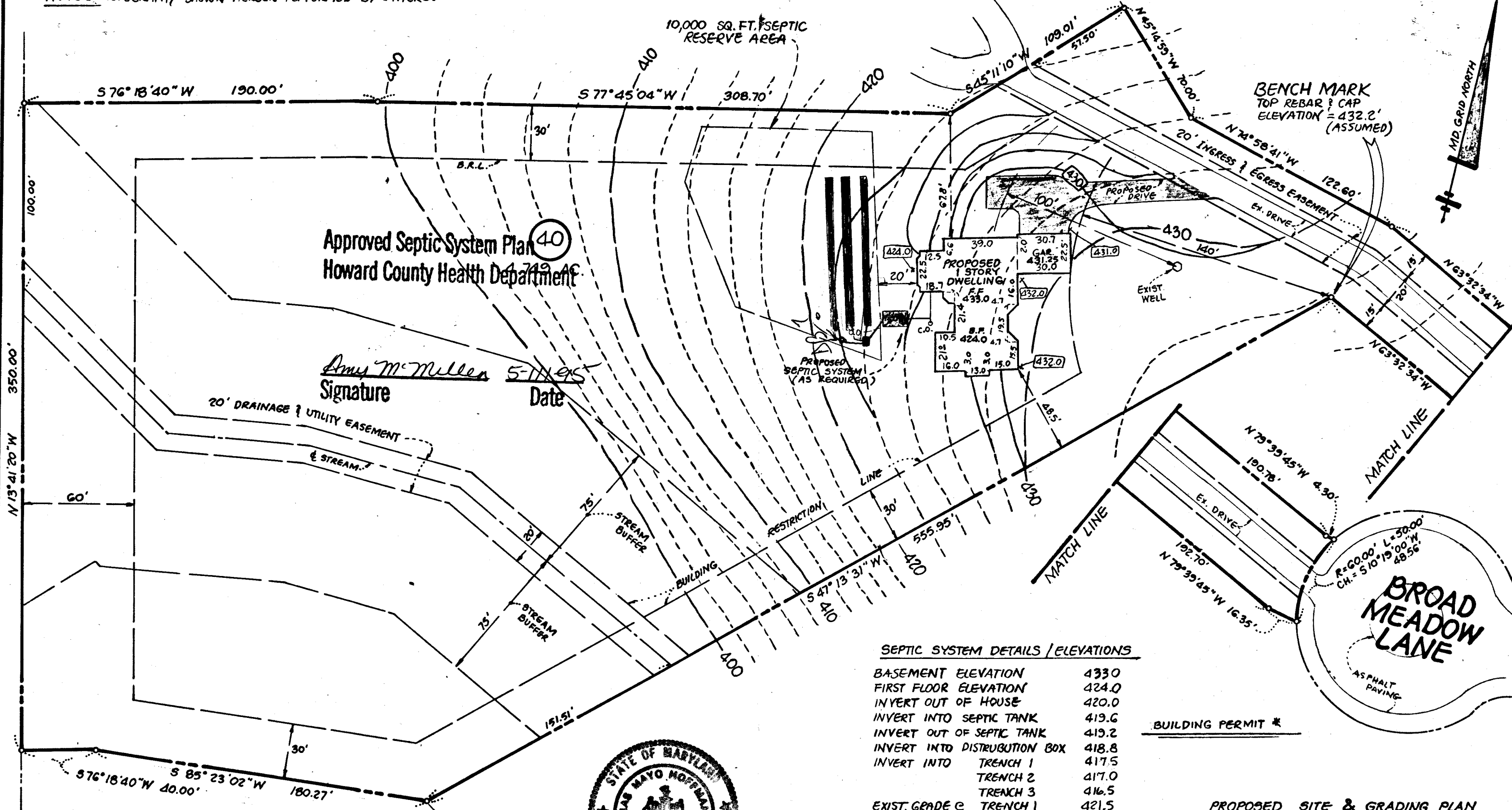
WELL
100' R

7790

WELL
100' R

WELL
100' R

NOTE: TOPOGRAPHY SHOWN HEREON PERFORMED BY OTHERS.

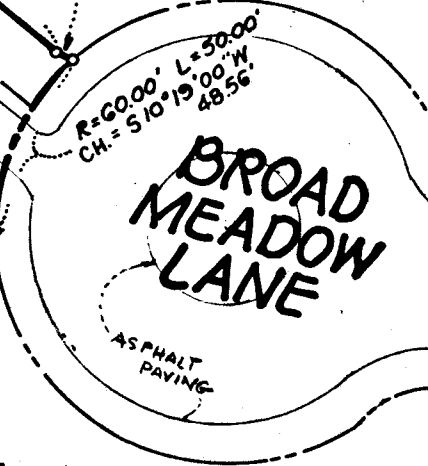


Approved Septic System Plan (40)
Howard County Health Department

Amy M. Miller
Signature
5-11-95
Date

SEPTIC SYSTEM DETAILS / ELEVATIONS

BASEMENT ELEVATION	433.0
FIRST FLOOR ELEVATION	424.0
INVERT OUT OF HOUSE	420.0
INVERT INTO SEPTIC TANK	419.6
INVERT OUT OF SEPTIC TANK	419.2
INVERT INTO DISTRIBUTION BOX	418.8
INVERT INTO TRENCH 1	417.5
TRENCH 2	417.0
TRENCH 3	416.5
EXIST. GRADE @ TRENCH 1	421.5
TRENCH 2	421.0
TRENCH 3	420.5
EXIST GRADE @ WELL	430.5



BUILDING PERMIT *

PROPOSED SITE & GRADING PLAN

LOT 40
"SECTION TWO, LOTS 27-64"
"CLEARVIEW ESTATES"
PLAT No 9715
5TH Election District • Howard County, Md.
SCALE: 1" = 50' MAY 9, 1995

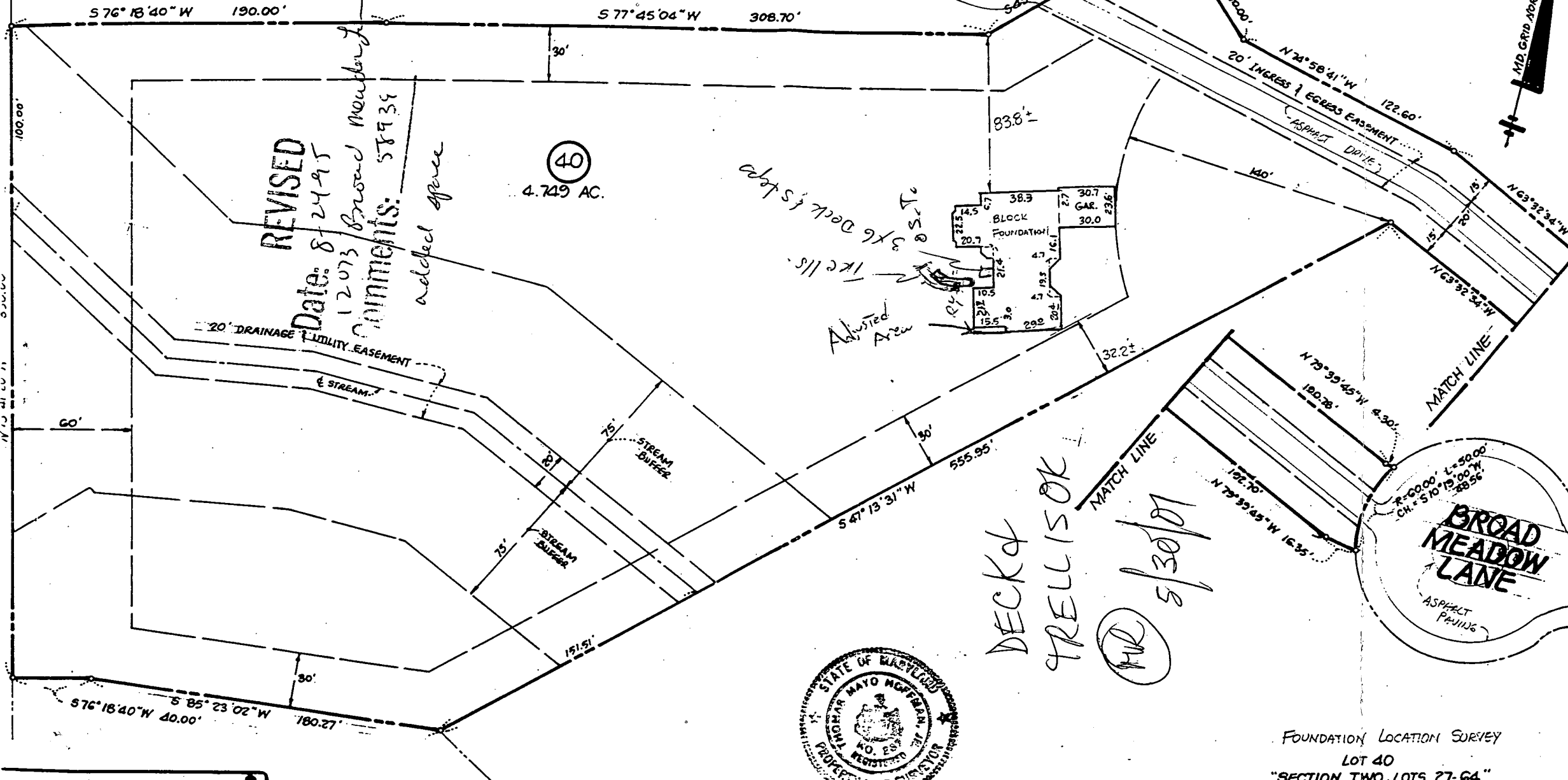


Thomas Mayo Hoffman, Jr.

HOFFMAN and HOFFMAN
SURVEYORS • LAND PLANNERS
5502 STONINGTON AVENUE • BALTIMORE, MARYLAND 21207

PREPARED FOR:
STEPHEN A. THOMPSON, BUILDERS
611 FREDERICK ROAD
BALTIMORE, MD. 21228

THIS PLAT IS NOT TO BE USED FOR THE PHYSICAL LOCATION OF PROPERTY LINES.
 THIS PROPERTY IS NOT LOCATED WITHIN ANY PREVIOUSLY DETERMINED FLOOD PLAIN AREA, UNLESS OTHERWISE INDICATED.



REVISED
 Date: 8-24-95
 12073 Broad Meadow Lane
 Comments: 58734
 added space

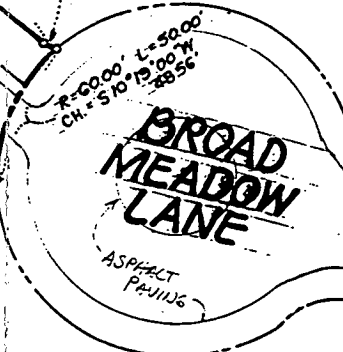
40
 4.749 AC.

Adjusted Area
 3x6 Deck is here
 16' x 11' 6"

DECK &
 PRELISOK
 MR 5/30/07



5-29-95
 Thomas M. Hoffman



FOUNDATION LOCATION SURVEY
 LOT 40
 "SECTION TWO, LOTS 27-64"
 "CLEARVIEW ESTATES"
 PLAT No 9715
 5TH Election District - Howard County, Md.
 SCALE: 1" = 50'
 MAY 29, 1995

HOFFMAN and HOFFMAN
 SURVEYORS • LAND PLANNERS
 102 STONINGTON AVENUE • BALTIMORE, MARYLAND 21207

M.D. REG. PROPERTY LINE SURVEYOR No. 267

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-00130572

Building Address 12073 Broad Meadow Lane
Clarkville Md 21029

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

Census Tract 6-51-01 Subdivision Clearview Est.

Section 2 Area _____ Lot 40

Tax Map 29 Parcel 356 Grid 13

Zoning RE Map Coordinates 14F4 Lot size _____

Property Owner's Name John & Sue Wagner

Address 12073 Broad Meadow Lane

City Clarksville State MD Zip Code 21029

Home Phone (410) 531-5959 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD @ Deck

Estimated Construction Cost \$ 1,000

Description of Work Deck 3x6 @
slips Crawlspace
T-yells

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____ 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 THERE TO; (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.

John Wagner
Applicant's Signature

Title/Company

Sue Wagner
Print Name

5/30
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways	<u>5/30/01</u>	<u>[Signature]</u>
Building Official	<u>5/30/01</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>5/30/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#: <u>2431</u>
Front: _____	Filing fee \$ _____
Rear: <u>140 FT</u>	Permit fee \$ <u>20</u>
Side: <u>60 FT</u>	Excise tax \$ _____
Side St.: <u>30 FT</u>	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>20</u>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>CMH</u>
SDP/Red-line approval date _____	Validation # <u>39066</u>

Accepted by: [Signature]

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP: