

PERMIT

05-414 318

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49949
A 37803

DISTRICT 5th

DATE 4/4/94

DATE SYSTEM APPROVED 4/29/94

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Arnolds Bäckhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7110 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Clearview Estates, II LOT 61 ROAD 12061 Broad Meadow Lane

PROPERTY OWNER Maggie & Mark Gerencser ~~Scott Development Company~~ Sherry Grey

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210
840
210
41840

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 170 feet from front lot line (276.47') and 105 feet from left lot line (597.49') as seen from driveway. Install trenches on contour in

NOTES - both directions. ***** MAINTAIN 100 FEET SEPARATION DISTANCE (MINIMUM) FROM WELL TO ALL PARTS OF SEPTIC SYSTEM. ***** No trench to exceed 100 feet in length. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank. OK 3/25/94 DKS

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED DATE 11/03/93

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. sewer/poult did

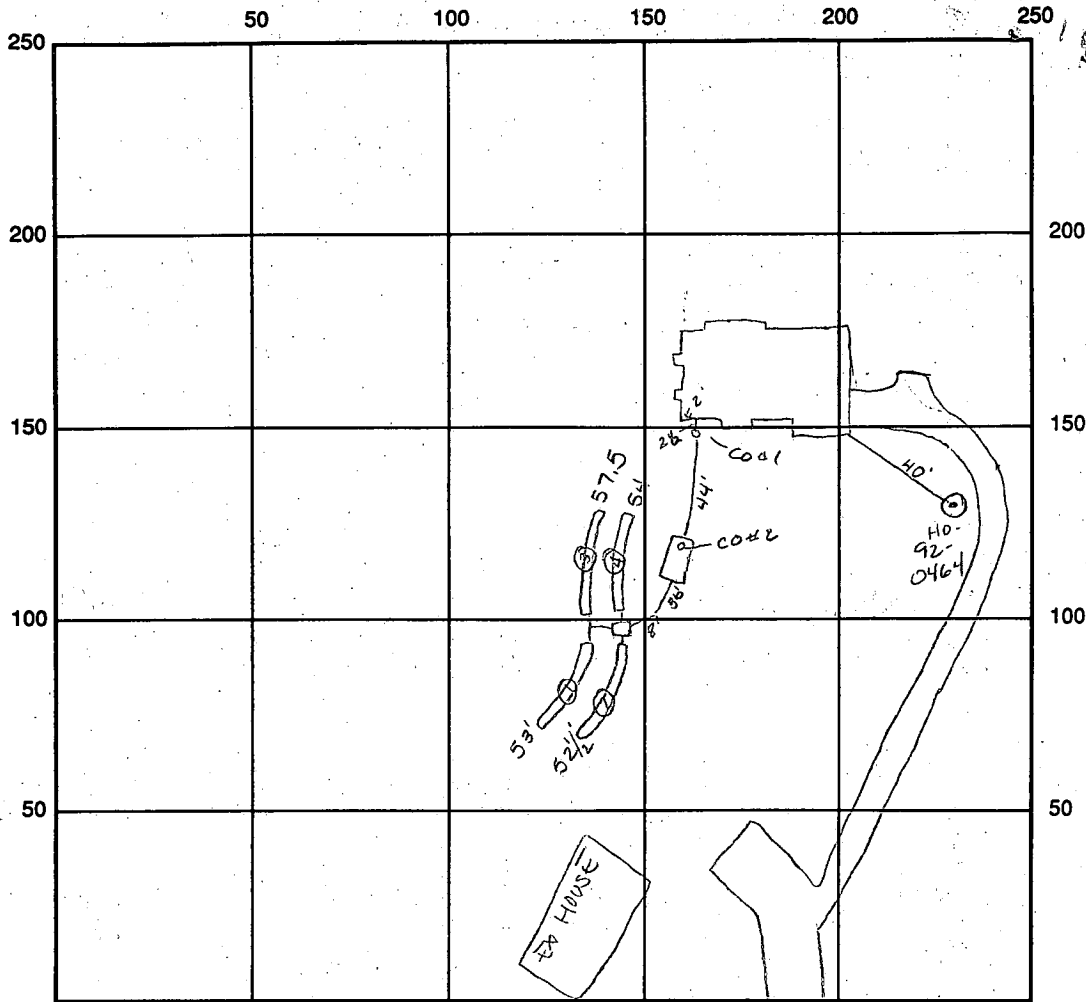
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

JUDG. PERMIT SIGNED
AND RETURNED 5-7-94
Smith # 810105731

A 37803

4/29/94
(12:00
NOON)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TILE DEPTH 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH ① 53 ② 57.5 ③ 52 1/2 ④ 54 FT. 217 linear feet total

NUMBER OF TRENCHES 4' ONE SIDEWALL/BOTTOM AREA 868 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/29/94 OK to cover work from house to DB. OK to fill trenches 1, 2, 3: 4 with stone. call for insp when completed AIM / OK to cover all work final Trenches; DB OK AIM

4/29/94 No WPT AIM

DATE SYSTEM APPROVED 4/29/94 INSPECTOR J. McMillen

APPLICATION

A 37803

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE _____

*3/7/82
revised
pending approval
pld @*

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 Crystal Hill Investments Scott Development, Inc

ADDRESS 10005 Old Columbia Rd. Suite L265 PHONE 730-241 208-8011
Columbia, Md. 21046

PROPERTY LOCATION:

SUBDIVISION Clearview Estates Sec. 2 LOT NO. 31 45 57 61

ROAD AND DESCRIPTION Md Rt. 108 and Shepherd Ln. (12061 Broad Meadow Lane)

SIZE OF LOT 5.1 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 P. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified sales & sub-plan

BLDG. PERMIT SIGNED
AND RETURNED 11/9/93
Serial # 57207
SFD-4Bum

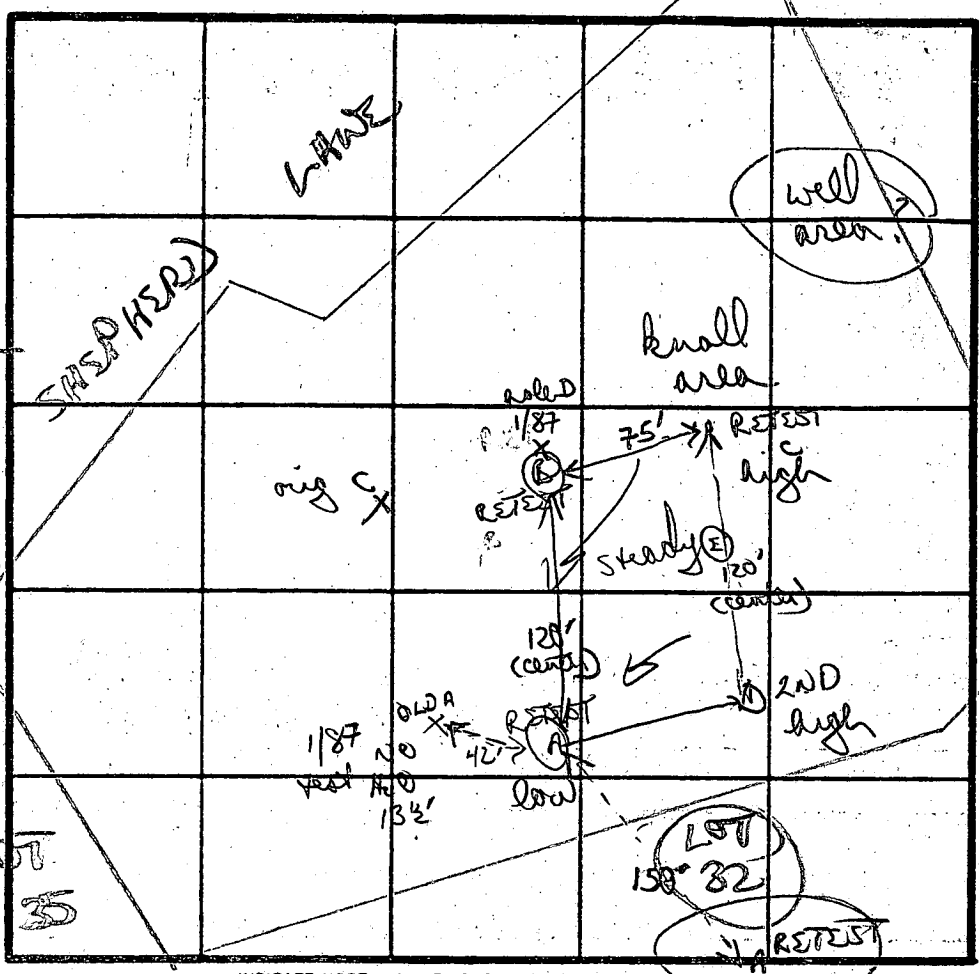
THIS IS NOT A PERMIT

RETEST A
SOIL PROFILE

0' brown/yellow clay 3 1/2' to clay loam 4 1/2'

to brown/orange/tan silty loam mix

12 1/2 - 13' D



8' 8" MIN
INLET 4'
MAX D 8'
107 1/2 / 109 AM

orange/tan sandy/clay loam 4' mostly tan to tan white small gravelly sandy loam

RETEST B

orange/brown small gritty clay/sand loam 4'

to brown orange silty loam 8'

view of well med frags (15%) mixed soil 12' D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
3/9/87	Retest A	4'-4 1/2 S'	1159	1206	1206	1230	14 MIN	
		8 1/2 M	1159	1203	1203	1209	6 MIN	
		12 1/2 D	bottom (see profile)					
	RETEST B	4 1/2 S	1212	1214	1214	1219	5 MIN	
		12' D	bottom (see profile)					
	RETEST C	VISUAL ONLY (FOR POSSIBLE ROCK)						
		13' D	bottom (see profile)					
		SOILS GOOD BY 4' on lower holes						

REMARKS: perc field flipped uphill from original test(s)

TYPE OF SOIL: clay + clay sand loams 4'; to mostly silty loams

TESTED BY: _____ ALSO PRESENT: _____

EM-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

A 37803

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 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

Martha V. Langenfelder

11904 Clarksville Road

5511 Hamilton Avenue

ADDRESS Clarksville, Maryland 21029

PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm

LOT NO. 31 45

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

SIZE OF LOT 3.1 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.

[Handwritten Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/24/86 Perc Satisfactory, Hold for wet season low hole
visual, Hold for Subdivision Plat. S. Abm

THIS IS NOT A PERMIT

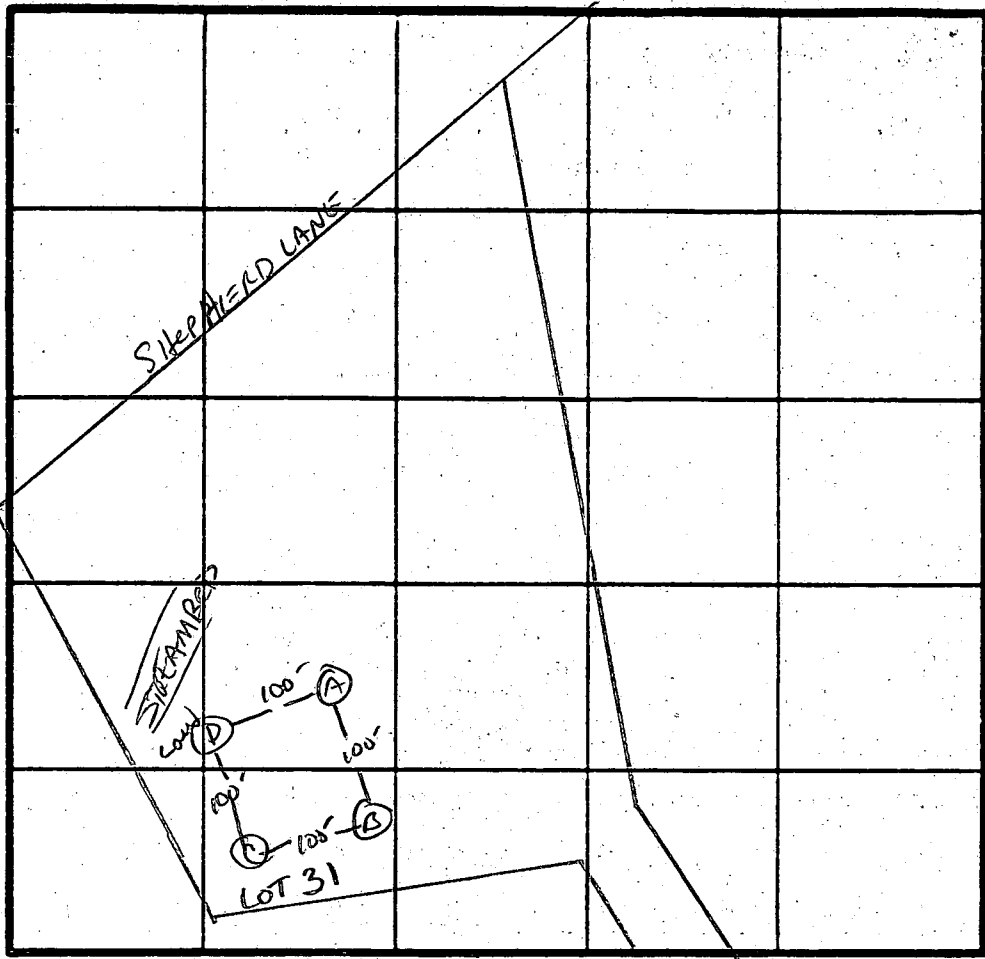
①
SOIL PROFILE

0
4"
A-1-3
Yellow Red
Silt loam
layers of
small stone
20-25%
9-12% clay

4.5
Yellow Br.
Sand loam
15-20%
fragments

② ③
AP
Yellow Br.
Silt loam
100% frag
99% clay

12
0
12
Yellow Br. to
Tan Sand
loam
10-15%
frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1/2 TD 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/29/64	D S V	4.5 12-	11:33 UNIFORM	11:47 SOIL	11:47 below 4.5-	12:15	28 MIN
	A S V	5- 12-	11:37 UNIFORM	11:38 SOIL	11:38 below 4-	11:39	1 MIN
	B S M	4.5- 8-	11:45 11:42	11:47 11:43	11:47 11:43	11:55 11:44	8 MIN 1 MIN
	B V	12.5-	UNIFORM SOIL below 4-				
	C S V	5- 12-	11:50 WATER AT 11.5'	11:59	11:59	12:18	19 MIN

REMARKS HOLDS PER PLAT / HOLD TILL WET SEASON

TYPE OF SOIL Glenelg-Chester

TESTED BY S. Abel

ALSO PRESENT JANE WADDE Allen
ORRICK

EM 12 10/3

B 1 **09939** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-92-0464**
70 fill in this form completely 79

Date Received (APA) **04/09/93** OWNER INFORMATION
MDDTT DEVELOPMENT
 15 Last Name Owner First Name 34
BOOK 8607
 36 Street or RFD 55
5917 HERKERSBURG RD
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
George F. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771A
 Address
George F. Easterday 9-10-93
 Signature Date

B 2 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)

APPROXIMATE DEPTH OF WELL **400** 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
 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 DEEPEMED 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 **AM** WRITE INITIALS IN BOX PERMIT No. **40-92-0464**

SPECIAL CONDITIONS
Maintain 100' minimum from well to any part of septic area.

B 3 LOCATION OF WELL
HOWARD COUNTY
CLEARVIEW EST SUBDIVISION
 SECTION **44** LOT **61**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **BROADMEADOW LN**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **800** FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co. COUNTY NAME **A37803** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **092893** **James M. McGee** 9/28/95
 NORTH GRID **508000** EAST GRID **0897000**

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 **820**
 N **507**

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

COUNTY

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A37803

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: 100193

Depth of Well grid: 300 (TO NEAREST FOOT)

PERMIT NO. grid: 40-92-0464

OWNER last name first name TOWN SUBDIVISION SECTION LOT

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, FEET (FROM, TO), Check if water bearing. Includes entries like TOP soil, red clay, brown shale, Sand Stone, granite, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing of (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) grid: 4026300

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...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Charles P. Williams SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN grid: 300 (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.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 WHEN PUMPING 112 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) 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) deline 30' well 800'

5/31/94

OK - 5/31/94
Final
C. Red

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 X Receipt # - 0 -
Replacement _____ Date 5/31/94
Name of Installer Klipp & Sons, Inc. Telephone 301-662-1914
License Number 634
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Scott Development Telephone 208-8011
Subdivision Clearview Lot # 61 Well Tag # Ho - 92 - 0464
Site Address 12061 Broad Meadow Lane, Clarksville

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make Red Jacket
3. Model # _____
4. Capacity 4 GPM
5. Pump exceeds well capacity Yes _____ No X
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 X Cable guards _____ Other _____

Motor
1. Horsepower 1
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 X

Pitless Adapter
1. Make Martinson
2. Model # 50
3. Depth 4Ft.

Tank
1. Capacity _____
2. Pressure relief valve? X

Piping
1. Type 160lbs.
2. Size _____
3. NSF and/or BOCA Code approved X
4. Depth of supply line 480

Well data
1. Depth 300 ft.
2. Yield 3 GPM
3. Static water level 25 ft.
4. Will water supply be disinfected by installer? no

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.

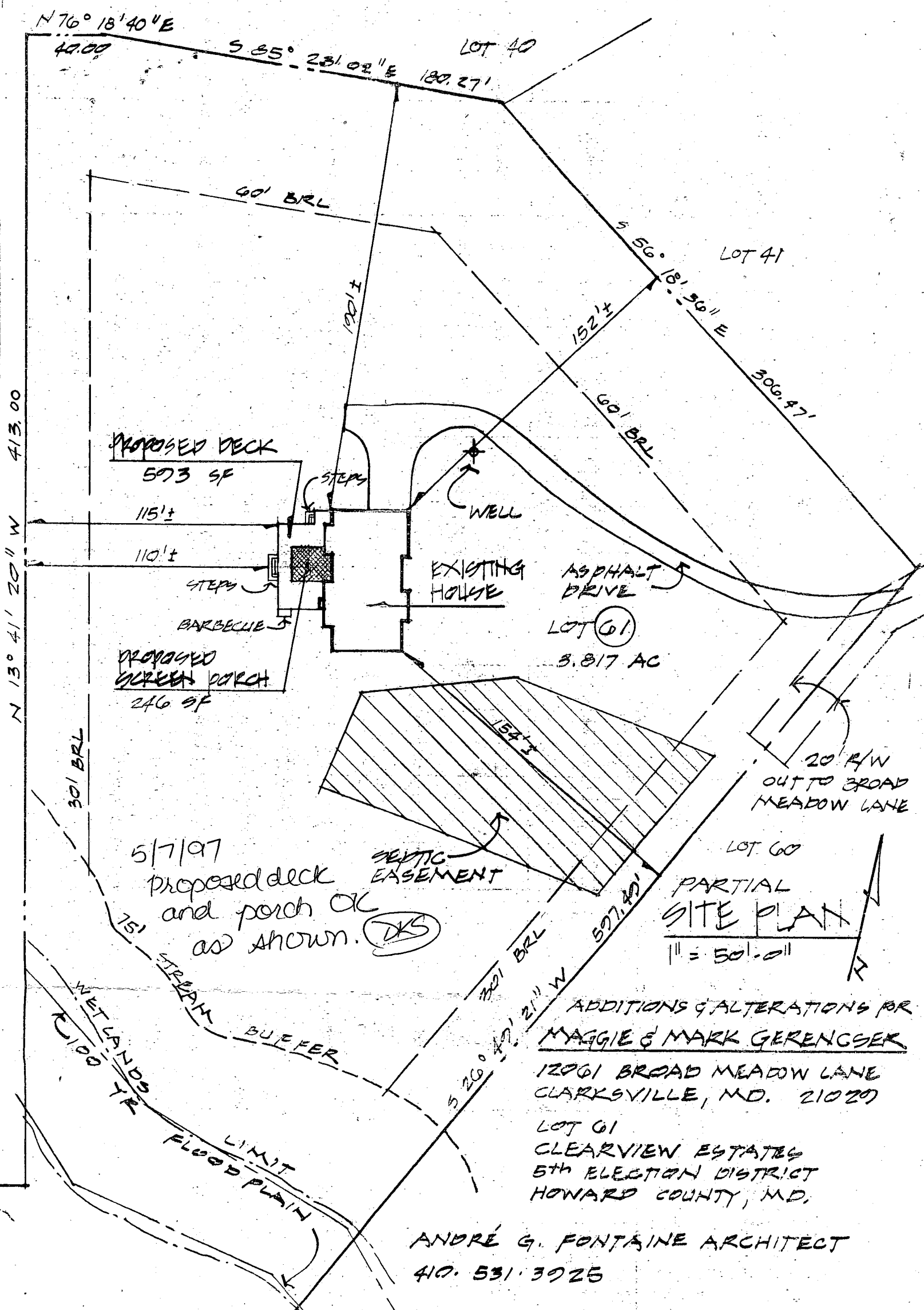
Signature of Applicant: Kenneth P. Klipp

Green
5/31/94

Date 5/25/94

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

HD-215 5/31 No file with this



ADDITIONS & ALTERATIONS FOR
 MAGGIE & MARK GERENCSEK
 12061 BROAD MEADOW LANE
 CLARKSVILLE, MD. 21020
 LOT 61
 CLEARVIEW ESTATES
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD.

ANDRÉ G. FONTAINE ARCHITECT
 410.531.3925

