

12/3/92 12:00

05-414113

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48627

A 37805

DISTRICT 5th

DATE 10/30/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 12/3/92

INSPECTOR [Signature]

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER E

ADDRESS 3 North Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Clearview Estates LOT 44 ROAD 12037 Broad Meadow Lane

PROPERTY OWNER NV Homes - Maryland West

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below 2 feet of stone below distribution pipe.

LOCATION - Starting from the front left lot corner, place the distribution box 180 feet down the left lot line and 185 feet off this same lot line. Install trenches on contour in both directions away from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 14 OCT 92 RH

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 8/20/92

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

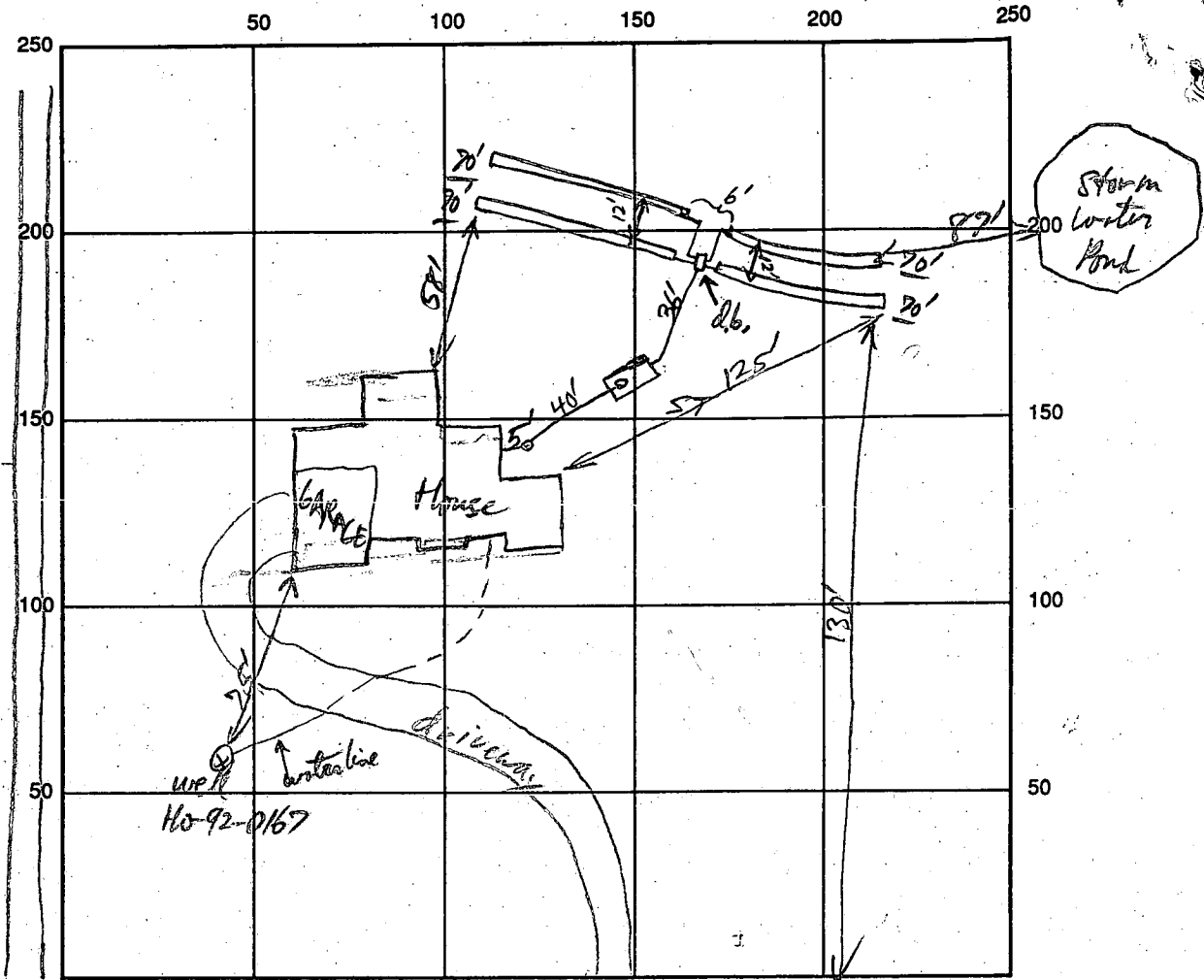
PERMIT VOID AFTER TWO YEARS

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
32805



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Broad Mesquite Lane

SEPTIC TANK LEVEL 1250 gal ✓ CLEANOUTS Hse + S.T. inlet
 DISTRIBUTION BOX LEVEL ✓ Meatpw
Vista Way
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT. (4 separate pot long trenches)
 NUMBER OF TRENCHES 4 Totd ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: System OK as installed, HSE Connection made, OK to cover 12/3/92

DATE SYSTEM APPROVED 12/3/92 INSPECTOR [Signature]

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 # 707
 Date 10/30/92

Name of Installer VAN SANT Plumbing & Heating

Telephone 795-6566

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner NV Homes - Md 1, 2nd fl Telephone 258-0002
 Subdivision C. (earview) Lot # 44 Well Tag # HO-92-0167
 Site Address 12037 Broad Meadow Ln.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make Campbell
- Model # B10K
- Depth 48"

Tank

- Capacity V-100
- Pressure relief valve?

*Pitless Adapter
 installed OK to be OK 4 ft
 HP 12/21/92*

Piping

- Type P.E.
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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]

Date: 10/30/92

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

B 1 00489

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-92-0167

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

please print or type

fill in this form completely

Date Received (APA)

08/12/92

OWNER INFORMATION

NU HOMES

15 Last Name Owner First Name 34

15215 SHADY GROVE RD

36 Street or RFD 55

ROCKVILLE MD 20850

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

R-48434 40.00 8/13/92

HOWARD

8 COUNTY 21

CLEARVIEW

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

CLARKSVILLE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

AUSTIN GARVER 144

Driller's Name License No. 80

Korn - James Well Drilling Inc.

9175-B Belle Rd Frederick, MD 21702

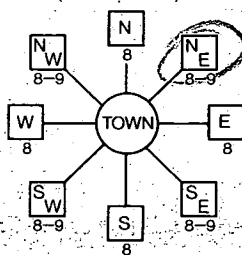
Address

Austin Garver 8/10/92

Signature Date

B 4

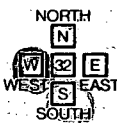
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BROAD MEADOW LN.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD

ENTER FT or MI 17

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

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 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

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)

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

APPROX. PERMIT NUMBER GAP

FORCE AP PERMIT No. HD-92-0167

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 3705

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 082692

CO SIGNATURE EXP. DATE

NORTH GRID 50 55 EAST GRID 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

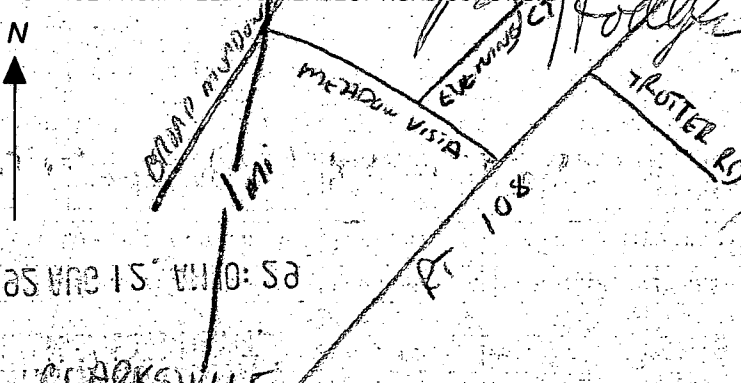
SOURCES OF DRILLING WATER

- 1 WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

819 507

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



APPLICATION

SEWAGE DISPOSAL TESTING

A 37805

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 10/9/86

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 Clearview Est. Sec. 2 LOT NO. 338 LOT 3143 (44)

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

SIZE OF LOT 3.5 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. May
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-21-86 PERC SATISFACTORY, SHALLOW SYST. ONLY USED FOR
Subdivision PLAT. S. A. 100

BLDG. PERMIT SIGNED
AND RETURNED 10/8/86
Serial # 45610
SFD - (4 Bedrooms)

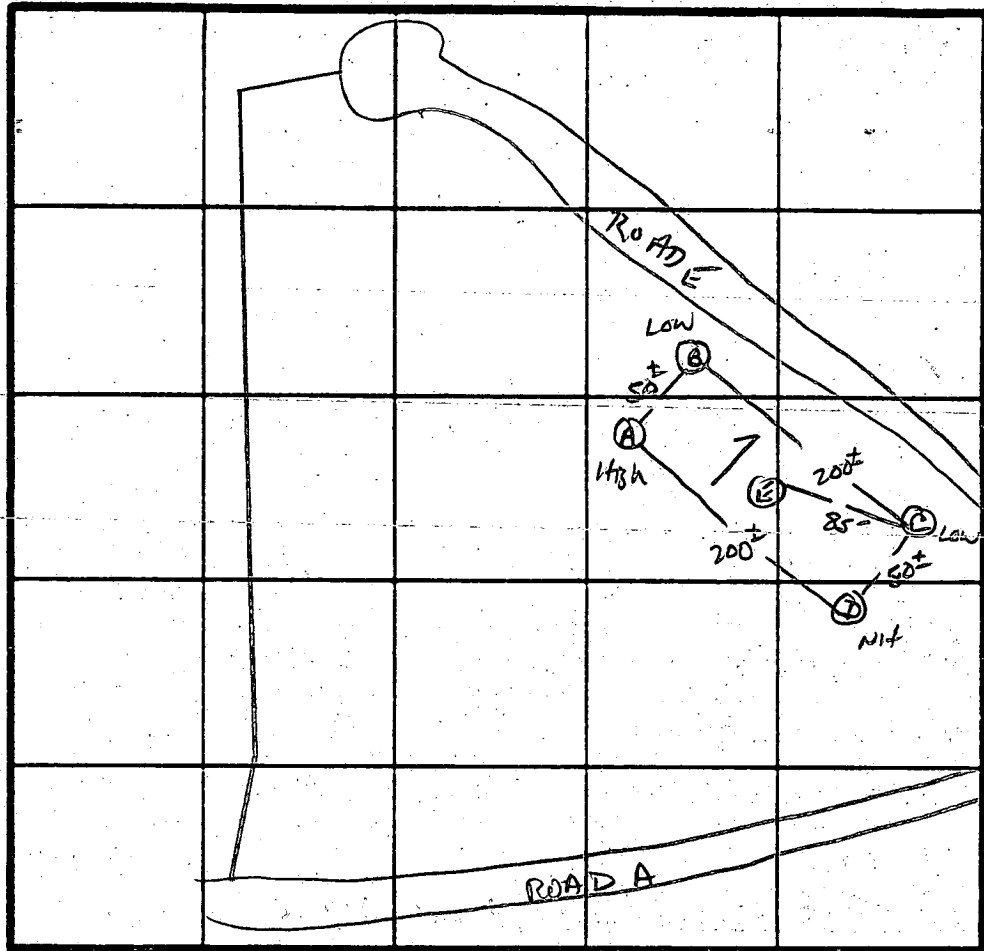
THIS IS NOT A PERMIT

SOIL PROFILE

0
9"
2'
13'

AP
Yellow br SANDLOAM
29% CLAY
16% FRAGS

Yellow BL
→ TAN
SANDLOM.
16%
FRAGS.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UTO 108

0
12"
4 1/2'
12'

AP
Yellow BR →
ORANGE BR
Silt LOAM
9-12% CLAY
20-30% FRAGS

Yellow BROWN
SANDSILT
Highly micaceous
10-15%
FRAGMENTS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/21/86	AS	4"	3:34	3:35	3:35	3:36	1 MIN
	AV	8"	3:31	3:32	3:32	3:34	2 MIN
	AV	12"	UNIFORM SOIL below		SAME AS B		
	BS	4"	3:22	3:23	3:23	3:24	1 MIN
	BV	13"	UNIFORM SOIL below 2"				
	CS	4.5"	3:38	3:47	3:47	4:05	18 MIN
	DV	12"	SAME AS HOLE C - UNIFORM below 3.5'				
	EV	12"	SAME AS HOLE A & B		TRANSITION SOIL FROM GL → CH UNIFORM below 3"		

REMARKS

AS PLATTED / SHALLOW TEST ONLY

TYPE OF SOIL

Glenok / Chester

TESTED BY

S. Abel

ALSO PRESENT

ALLEN BACKHOE

C 1 **6756** SEQUENCE NO. (DENY USE ONLY)
 (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 **A87905**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **090497**

Depth of Well
320
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
Mo-92-0162

OWNER **N.K. Homes**
 STREET OR RFD **Road Meadow Lane** TOWN **Clarksville**
 SUBDIVISION **Clearview Springs** SECTION **11** LOT **44**

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	
OVER BURDEN	0	30	
SANDSTONE WITH WATER AT 80' 2 GPM	30	80	✓
SANDSTONE WITH WATER AT 290' 12 GPM	80	290	✓
SANDSTONE	290	320	

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

NO. OF BAGS **12** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **42** 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 **ST** **G** **40**
 Nominal diameter top (main) casing (nearest inch) **40**
 Total depth of main casing (nearest foot) **320**

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 OPEN HOLE
PL **OT**
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
HO 40 320
 E A C H S C R E E N
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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. **144**
 DRILLERS SIGNATURE *Arvin Brown*

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Arvin Brown

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

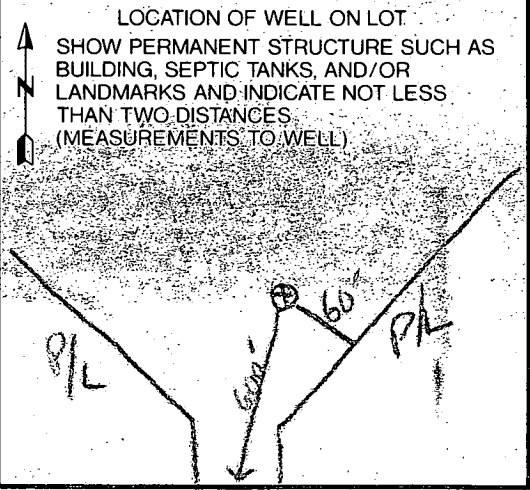
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

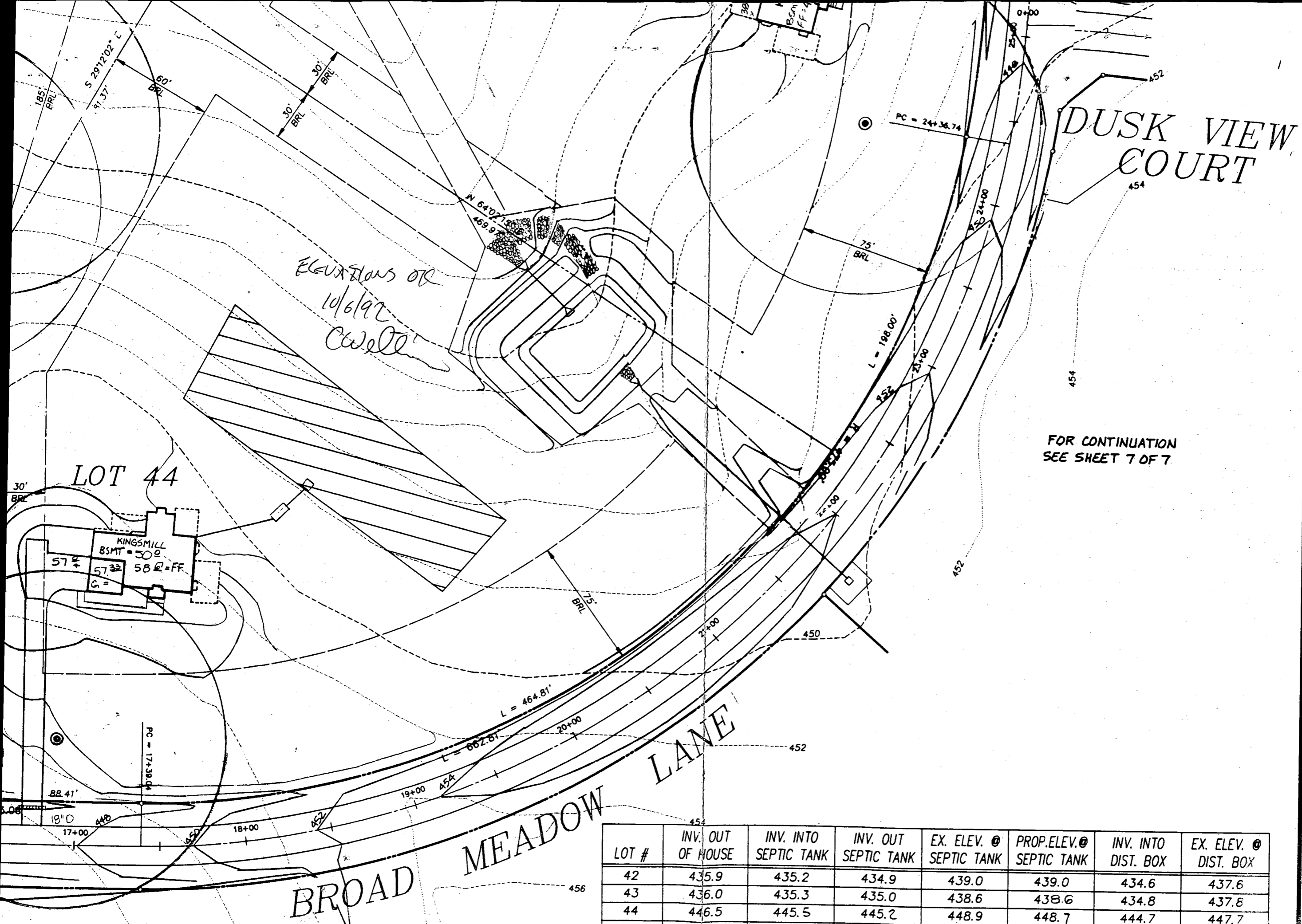
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **65**
 WHEN PUMPING **69**
 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**
 (CIRCLE) (YES or 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
 (-) below } **2** (nearest foot)





SECTION

CLEARVIEW

ELECTION DISTRICT No. 5

DIAT

MILDENBERG, MOCHI & ASSOCIATES, INC.

ENGINEERS • SURVEYORS • PLANNERS

3300 North Ridge Road, Suite 235, Ellicott City, Maryland 21043-3350
(410) 461-0078 D.C. Metro: (301) 621-5768 Fax: (410) 750-6340