

PERMIT

05-414288

SEWAGE DISPOSAL SYSTEM

P 50142D

A 37810

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE 7/11/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~4609013~~ 313-2640

DATE SYSTEM APPROVED 8/23/94

INSPECTOR R. Pinkley

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Clearview Estates LOT 59 ROAD 12016 Misty Rise Court

PROPERTY OWNER Robert and Arlene Cahn

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

**BUILDING PERMIT SIGNED
AND RETURNED 8/15/02
600 136167-DECK**

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 85 feet from junction of left front (210.12') and left rear (98.57') lot lines and 110 feet from back property line (570.13') (along Sheppard's Lane) as viewed from access right-of-way off Misty Rise Court. Install trenches on contour 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 6/2/94 DKS

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin/Donna Soe REVISED DATE 05/02/94

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

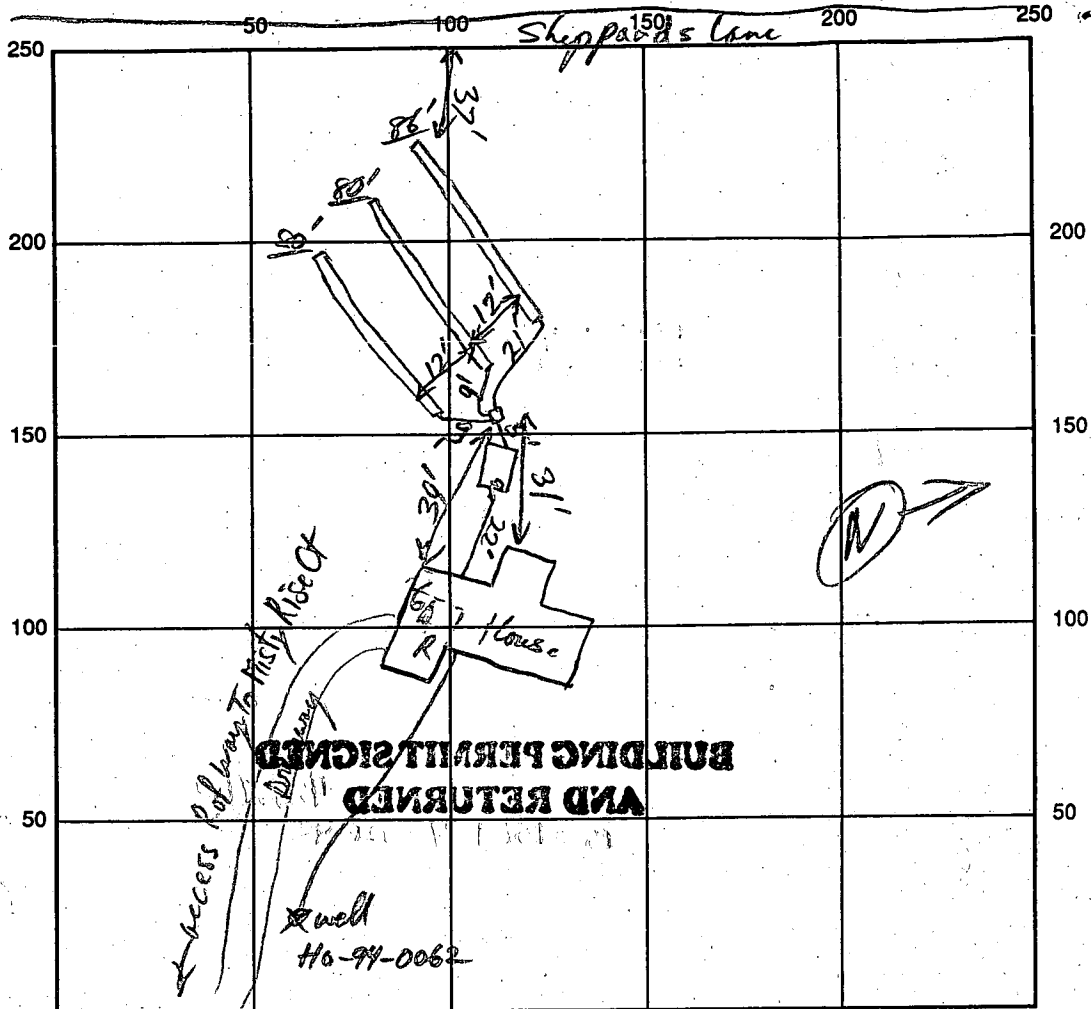
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 37810

8/22/94
2:30
8/23/94
12:00



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS S.T. ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5-5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 1/2/3 80/80/86 FT. = 246 Total

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Final Trench OK to Cover - HSE connector OK. 8/23/94

WPI Pitless adaptor + water line OK @ 4ft 8/24/94

DATE SYSTEM APPROVED 8/23/94 INSPECTOR R. Pinkley



NO RESPONSE TO
Letter

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

July 3, 2001

Robert Cahn
12016 Misty Rise Court
Clarksville, MD 21029

RE: **Replacement Well Issues**
Clearview Estates, Lot 59
Well Permit #: HO-94-3041

Dear Mr. Cahn:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also 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 Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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.

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-1775. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg

Steven R. Krieg,
Registered Environmental Sanitarian
Well and Septic Program

SRK

Enclosure

cc: Community Environmental Health Program
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

C-1 0881 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A37810 7/10

DATE RECEIVED

DATE WELL COMPLETED 4/19/01

DEPTH OF WELL 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3041

OWNER: Cahn, Robert; STREET OR RFD: Misty Rise Ct; TOWN: Clarksville; SUBDIVISION: CLEAR VIEW; SECTION: ; LOT: 59

WELL LOG

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. Rows include Top Soil, Brown Shale, Brown Micr, Gray Micr, Brown Micr, Gray Micr.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 14, NO. OF POUNDS 1700, DEPTH OF GROUT SEAL 35 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL), Nominal diameter top (main) casing: 6, Total depth of main casing: 40

OTHER CASING (if used): diameter, depth (feet)

SCREEN RECORD: screen type or open hole: ST (STEEL), BR (BRASS), PL (PLASTIC)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MWD 040, George F. Eustachy; LIC. NO. 1 MWD 038, Bruce Thompson

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

DEPTH (nearest ft.)

Table showing depth intervals: 1-8 ft (Ho), 8-11 ft (39), 11-15 ft (17), 15-17 ft (400), 17-21 ft, 21-23 ft, 23-24 ft, 24-26 ft, 26-30 ft, 30-32 ft, 32-36 ft, 36-38 ft, 38-39 ft, 39-41 ft, 41-45 ft, 45-47 ft, 47-51 ft

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, (E.R.O.S.), W, Q

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8, PUMPING RATE (gal. per min.) 2, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 50 ft, WHEN PUMPING: 400 ft

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (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

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, (-) 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)

Well Plot

B 1 0958 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL
W515008 please print or type

STATE PERMIT NUMBER
HO-94-3041
fill in this form completely

Date Received (APA) 03 27 01
OWNER INFORMATION 8543
Robert Cahn
12016 Misty Rise Ct
Clarksville, Md 21029

B 3 LOCATION OF WELL
Howard
Clearview Estates
Clarksville
NEAREST TOWN

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
3/21/2001

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
12016 Misty Rise Ct
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 1000 FT
TAX MAP: 29 BLK: 19 PARCEL: 356

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A37810
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 03 27 01 Mark Kiffin 3/28/01
NORTH GRID 506 000 EAST GRID 0818 000

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

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E 818
N 506

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)
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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
14G5
Broadmeadow Lane
Misty Rise
Clarksville

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER
PERMIT No. HO-94-3041

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

SITE INSPECTION SHEET

3/21/07
10:00

OWNER: Cahn

DATE REQUESTED: _____

PHONE #: _____

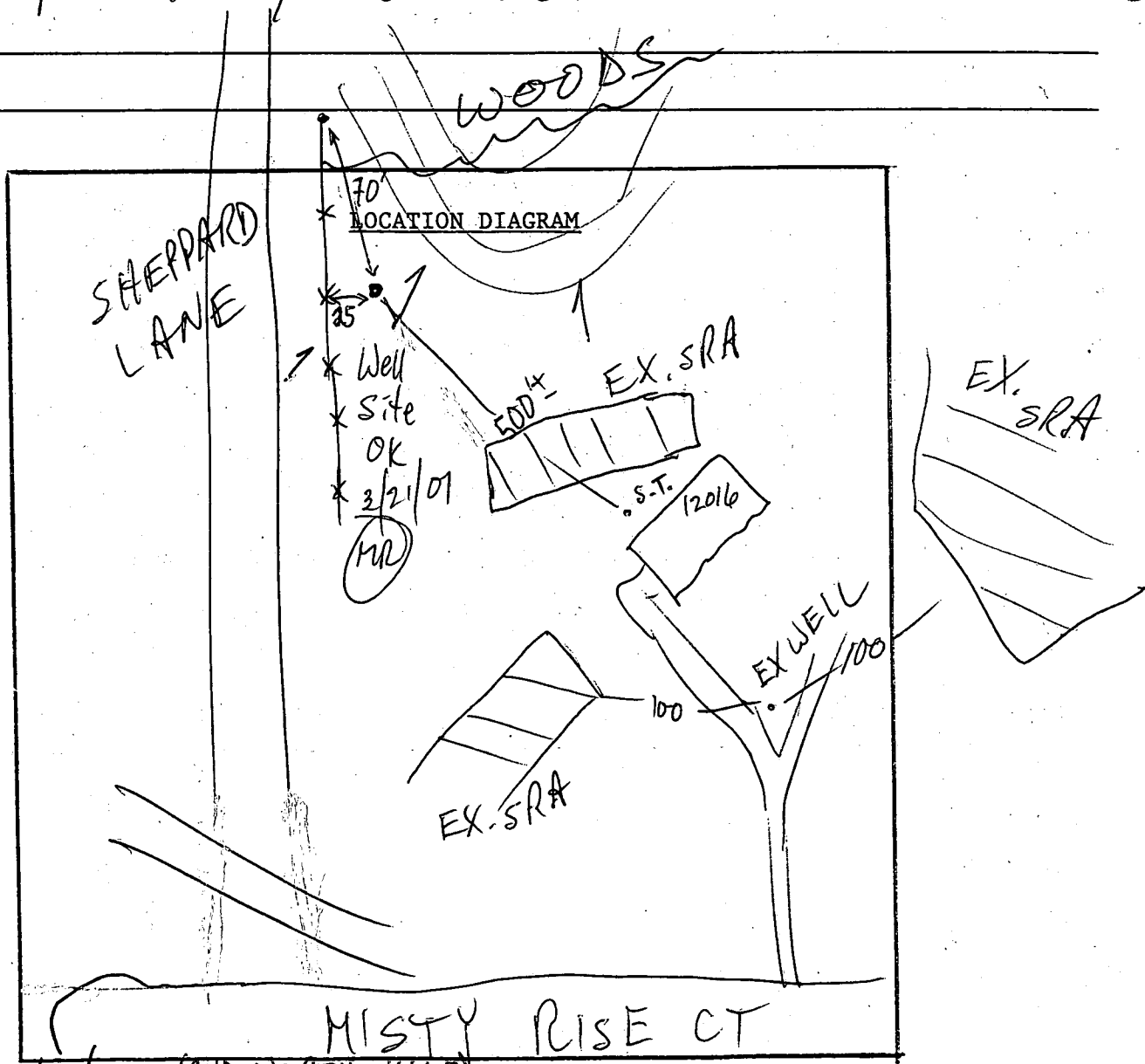
CONTRACTOR: _____

ADDRESS: 12016 Misty Rise Ct

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: repl well requested due to insuff flow (1/4-1/2 GPM)



COMMENTS: 3/21/07 (AND WORTHWHILE) NO LEGITIMATE WELL SITE OPTIONS AT HIGH PORTION OF LOT DUE TO ADJ. SEPTICS; OK FOR WELL SITE @ LOW PORTION OF LOT DUE TO NOT BEING DIRECTLY DOWNSLOPE OF ANY SRA (MR)

DATE: _____ INSPECTOR: _____

C1 8807

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 A37710

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0062

OWNER: Bagant Homes last name: Mistrisett first name: TOWN: CHEARVIEW STATES SECTION: 2 LOT: 59

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. Includes handwritten entries: SAND 0-39, GRAY MICA ROCK 39-360. Note: Dry well 365' filled in with cement & drilling materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 346 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD casing types insert appropriate code below: ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE SF Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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 BRONZE HOLE PL OT PLASTIC OTHER

Table with columns: DEPTH (nearest ft.) 1-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51. Includes handwritten entries: 110, 360.

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...

DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE Joseph K. Mayne (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) 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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE: WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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)

See Attached locations

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-94-0062
 Location of property (road) Misty Rise Ct.
 Subdivision Clearwater Lot 59 Block Plat Sec.
 Well Driller Joseph Mayne Owner Bageant Homes
 Depth of well 360'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 331 ft/below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	165'	3 sec.	N/A	20 gpm
8:00	331	3		20
8:15	330	60		1
8:30	330	60		1
8:45	330	60		1
9:00	329	60		1
9:15	328	60		1
9:30	327	60		1
9:45	327	60		1
10:00	325	60		1
10:15	325	60		1
10:30	325	60		1
10:45	325	60		1
11:00	325	60		1
11:15	325	60		1
11:30	325	60		1
11:45	325	60		1
12:00	324	60		1
12:15	324	60		1
12:30	324	60		1
12:45	324	60		1
1:00	324	60		1
1:15	324	60		1
1:30	324	60		1



B 1 **02395** 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-94-0062
 fill in this form completely

Date Received (APA)
040997 **OWNER INFORMATION**

BAGEHUT HOWES
 Last Name Owner First Name

7719LINDA WILSON RD
 Street or RFD

CLARKSVILLE MD 21036
 Town State Zip

B 3 **LOCATION OF WELL**

HOWARD
 COUNTY

CLARKSVILLE ESTATES
 SUBDIVISION

SECTION **2** LOT **59**

CLARKSVILLE
 NEAREST TOWN

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

DRILLER INFORMATION

Joseph L. Wayne
 Driller's Name License No. **24**

Joseph L. Wayne Well Drilling
 Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21791
 Address

Joseph L. Wayne **4/4/94**
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

12016 Misty Rise Court
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **400** FT

ENTER FT or MI

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **595**

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 **A39810**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE **Ronald Walker** INSERT S

DATE ISSUED **041594** EXP. DATE **4-15-95**

CO SIGNATURE **Ronald Walker**

NORTH GRID **505000** EAST GRID **0818000**

APPROXIMATE DEPTH OF WELL **500** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. WELLS

WRITE THE BOX NUMBER FROM THE MAP HERE

818
5005

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

412194
 9:30 groud
 7:30 pump (6hrs)

casing 42'
 bags of 9
 cement
 open 36'

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

APPROX. PERMIT NUMBER **GAP**

FORCE WRITE INITIALS IN BOX PERMIT No. **HD-94-0062**

SPECIAL CONDITIONS **Maintain 100 FT separation distance from nearby septic areas (minimum)**

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 37810

P _____

DISTRICT _____

DATE 10/9/86
June 30, 1986

*10/15/86
perc OR 70
approved plan
(BR)*

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 Robert and Arlene Cain Martha V. Langenfelder
11904 Clarksville Road 5511 Hamilton Avenue
ADDRESS Clarksville, Maryland 21029 PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm Cleaview Est. Sec. 2 LOT NO. 58 New 43 58
ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane (12016 Misty Rise Court) (59)

SIZE OF LOT 3.0 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. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING certified rules

BLDG. PERMIT SIGNED
AND RETURNED 5/5/94
Serial # 53733
SFD - BR

THIS IS NOT A PERMIT

$\bar{x} = 3 \text{ MIN}$
 INLET $3 \frac{1}{2}$
 MAX DEPTH 8'
 174 \times 80/ROOM

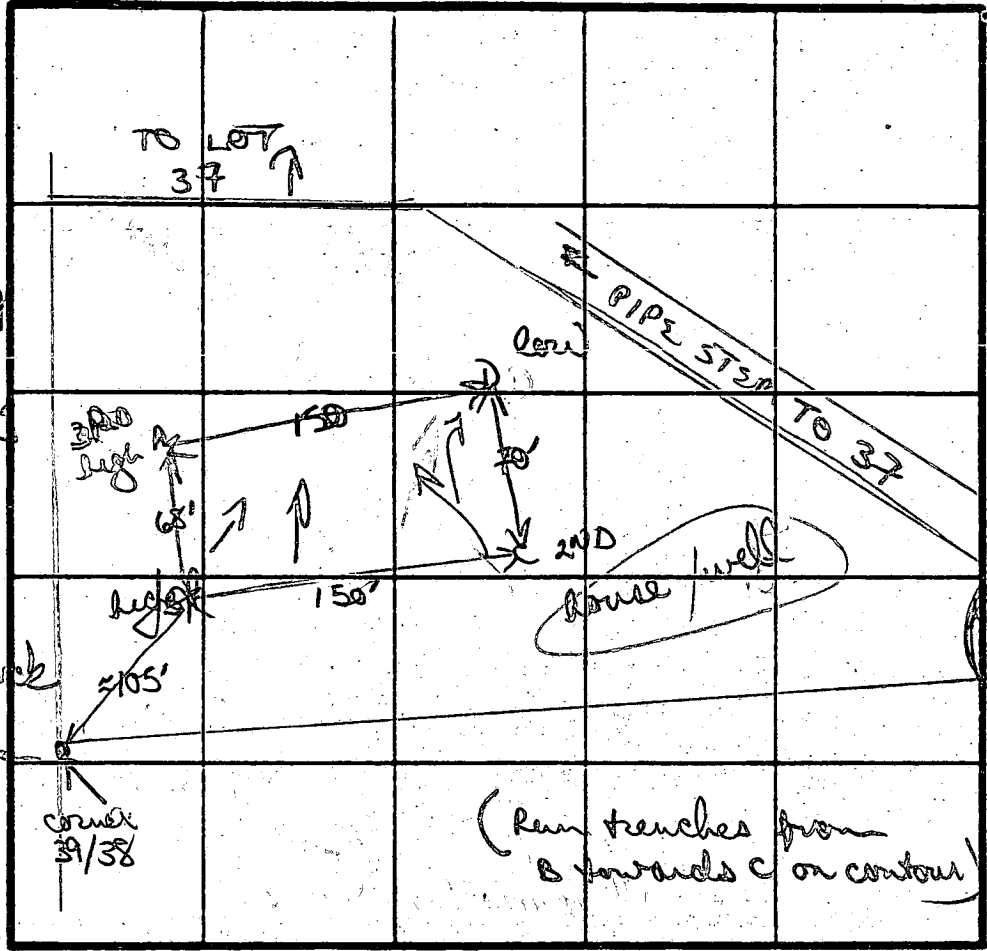
B
 SOIL PROFILE

0
 brown gritty
 chunky sandy
 silty mix

$2 \frac{1}{2}$
 fine powder
 silty mica
 loam

2/over
 of 10-15%
 small
 frag hard rock
 (3-4)
 silty loam

12 3/4 D



Similar to hole D with only 5% small frags top 2-5'

12" D

C

orange/brown
 gritty sandy
 (some gravel
 frags)

-3 1/2"

light tan
 powdery silty
 mica loam

12 3/4 D

D

chester gravelly
 w/ tan brown
 silty loam
 (20%) 5'
 to brown
 silty loam

12" D

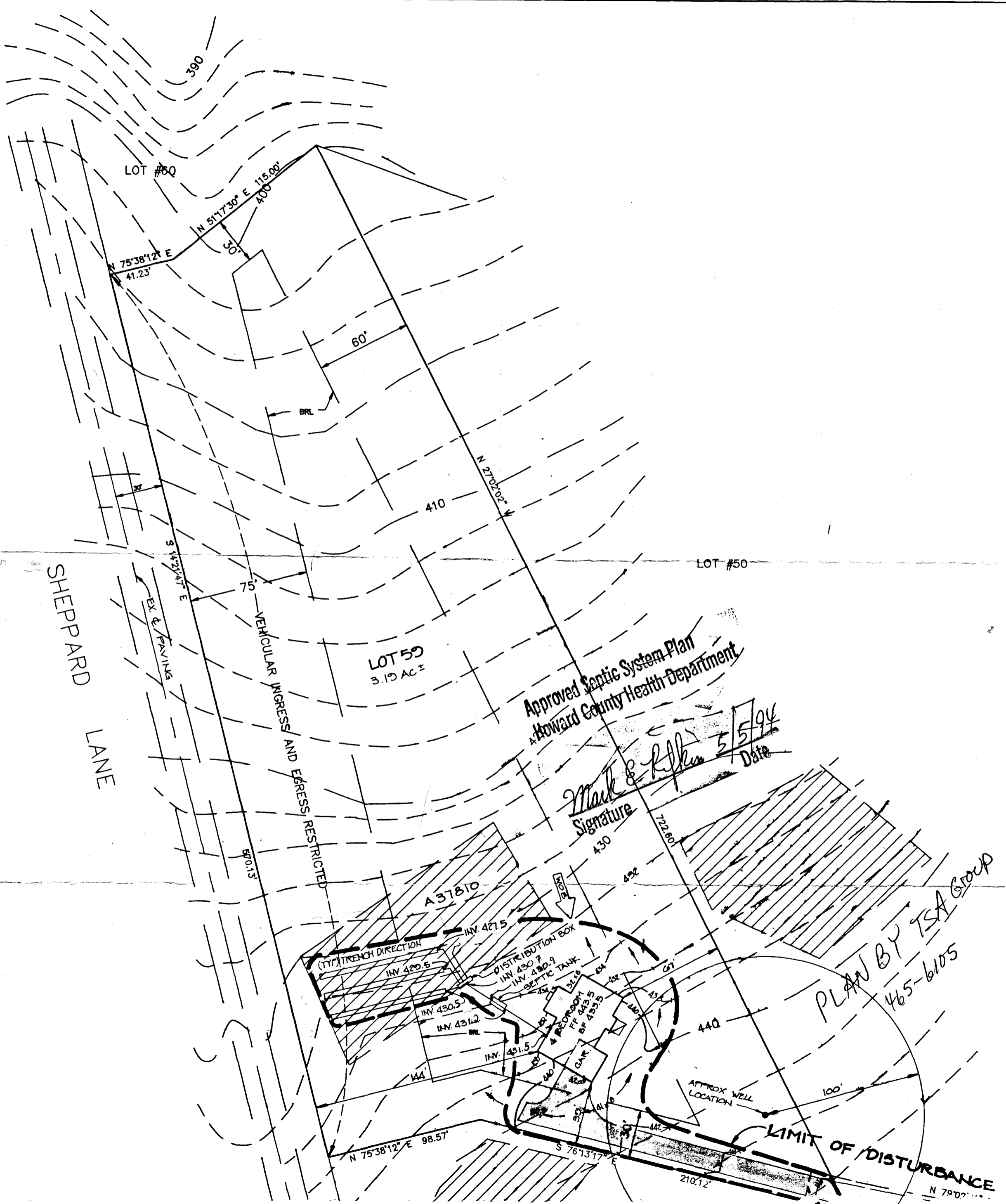
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/15/86	B	3 1/2 S	1057	1058	1058	1059	1 MIN	
		7 1/2 M	1057	1058	1058	1059	1 MIN	
		12 3/4 D	bottom (see profile)					
	C	3 1/2 S	1104	1106	1106	1108	2 MIN	
		12 3/4 D	bottom (see profile)					
	D	4' S	1113	1115	1115	1118	3 MIN	
		8' M	1113	1118	1125		7 MIN	
		12' D	bottom (see profile)					
	A	4 1/2-5 S	1216	1218	1218	1221	3 MIN	
		12" D	bottom (see profile)					

REMARKS Tested as staked, soils similar enough that visual not needed

TYPE OF SOIL chester gravelly, sandy clay - to 5'; below tan silty mica loam

TESTED BY B N yon ALSO PRESENT James (partner soils rep)



SHEPPARD LANE

LOT #50

LOT #59
3.19 AC ±

LOT #50

Approved Septic System Plan
Howard County Health Department

Mark & Kellen
Signature
Date 5/5/94

(TYP) TRENCH DIRECTION

A37810

INV. 427.5
INV. 420.5
INV. 430.5
INV. 431.2
INV. 431.5

DISTRIBUTION BOX
INV. 430.7
SEPTIC TANK
INV. 430.9

BEDROCK
FF 433.5
BF 433.5

APPROX WELL LOCATION

PLAN BY TSA GROUP
465-6105

LIMIT OF DISTURBANCE
N 79°02'

N 75°38'12" E
41.23'

N 51°17'30" E 118.00'
400.00'

60°

410

N 27°02'02" E

S 14°22'47" E

VEHICULAR INGRESS AND EGRESS RESTRICTED

8'0" ±

N 75°38'12" E 98.57'

S 76°13'17" E

210.12'

N 79°02'