

05-414210
PERMIT

Logged

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49585

A 37814

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 09/07/93

BUREAU OF ENVIRONMENTAL HEALTH

~~467308~~ 313-2640

DATE SYSTEM APPROVED 9/10/93

INDEXED

INSPECTOR C.B.A.

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Clearview Estates LOT 53 ROAD 12040 Misty Rise Court

PROPERTY OWNER NV-Homes, Md. West *McDonald*

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 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 60 feet from the left (343.60') lot line and 155 feet from the rear (187.00') lot line as viewed from Misty Rise Court. Install trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 9/7/93*

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED DATE 9/07/93

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

BLDG. PERMIT SIGNED AND RETURNED 5-5-99

PERMIT VOID AFTER TWO YEARS

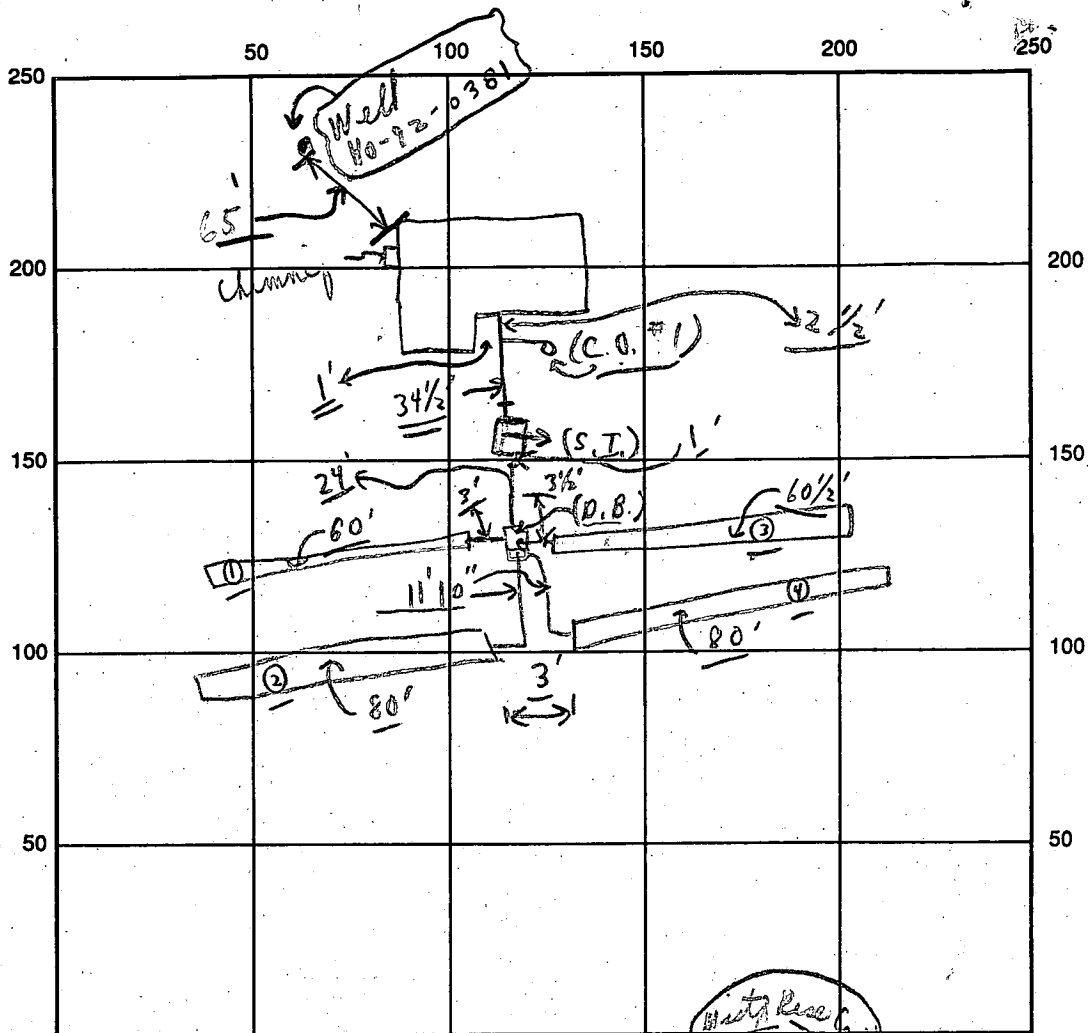
Sevick BR 117706

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. *dick*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 37814



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK S.T. / C.O. #1
 DISTRIBUTION BOX LEVEL OK (Baffles in)
 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. (0 60'; 2 80'; 3 60 1/2'; 4 80') = 280 +
 NUMBER OF TRENCHES 4 ONE ~~SIDEWALK~~ BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.
 ABSORBENT AREA 840 SQ. FT.

REMARKS: 9/10/93 (Noon) - ok to finish last trench & cover - final
(Material on site) C.B.

9/9/93 A.M. W.P.I. - only
 DATE SYSTEM APPROVED 9/10/93 INSPECTOR Charles Bryan Stricker

8/9/93

Logged
9/9/93
Final
ok
CBS

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 # -0-
Date 9/3/93

Name of Installer Van Sant Plumbing & Heating Telephone 258-0002

License Number 14167
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner AV Hines Telephone 258-0002
Subdivision Cherry View Lot # 503 Well Tag # HO-92-0381
Site Address 12015 Misty Rise Ct

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Cambell</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <input type="checkbox"/>	2. Model # <u>B-102</u>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <input type="checkbox"/>	3. Depth <u>48"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input type="checkbox"/>	
2. Make <u>Goulds</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <input type="checkbox"/>		
4. Capacity <input type="checkbox"/> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>100</u>	1. Type <u>PE</u>	1. Depth <input type="checkbox"/> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <input type="checkbox"/> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <input type="checkbox"/> ft.
	4. Depth of supply line <u>48"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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: 8/28/93

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

Note: ① How the wall of house
② steel casing - ok at inspection
③ Mud + trench caved in some areas CBS

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

48828

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
12040 Misty Rise Ct.
Ellicott City, Md. 21043

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
Model: Belmont
Plans on file
2 Sty, Full Bsmt, 10K, 21 B. 115
Garage (MBR) Opt FF

LOT NO. 53	PARCEL NO. 356	SEC. -	AREA -	BLOCK NO. 19	LIBER -	FOLIO -
SUB DIVISION Clearview Est.		ZONE R	ZONE MAP 29	ELEC. DIST. 5th	CENSUS TR. 2051.0	

OWNER NAME AND ADDRESS
N/Homes Md. West
555 Quince Orchard Rd. Ste 240
Gaithersburg, Md. 20878
PHONE NO. 238-0002

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
4,402	50'	34'	10'
4st	50'	32'	10'
	50'	32'	10'

OCCUPANT'S NAME AND ADDRESS
N/A
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1708		Asph
ROOMS	1433		Gable
BATHS			
FIREPLACES	1257		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Building Permit Services, Inc. Agent
9533 Belair Rd. Ste. 201
Baltimore, Md. 21236
PHONE NO. 529-8383

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	6" CONC	6" CONC

CONTRACTOR'S NAME AND ADDRESS
Same as owner
PHONE NO.

UTILITIES				
WATER WEL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				AC

EXISTING USE
Vacant lot
PROPOSED USE
SFD

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application, and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST
70,000.00
LICENSE NUMBER
PERMIT FEE

Agent
SIGNATURE
DATE 5/15/93
TITLE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE
SIDE YARD
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/26/93	Frank Shuman
FIRE PROTECTION		
STORM WATER MGM.		

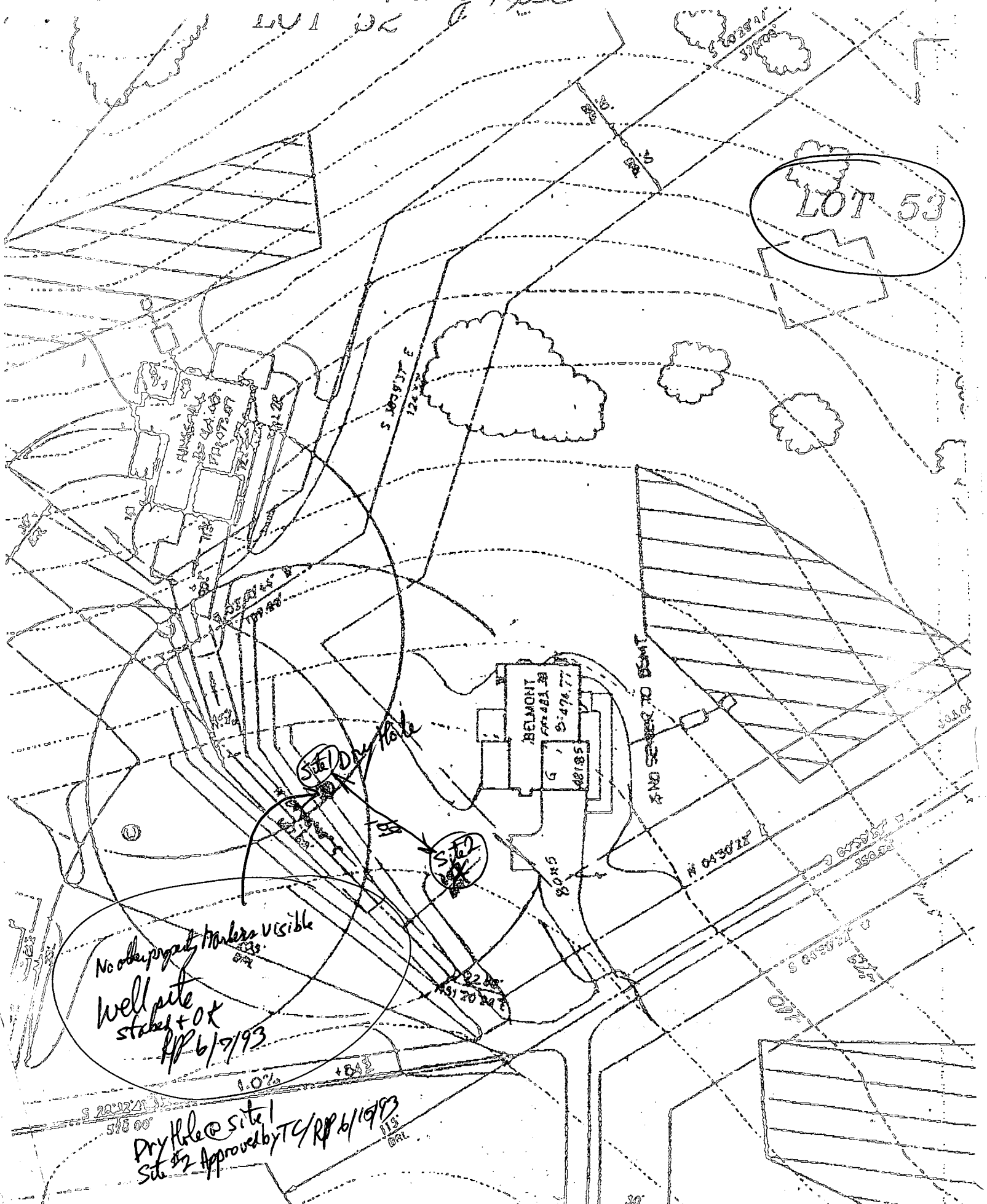
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
This permit application is not a permit and should not be used to obtain any other permits or to begin construction of a building.
This permit application must be applied for and fees paid before any other permits are applied for.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED. APPROVED DATE

LP-69-591
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

12040 misty Rise Court
LVI 2K 0



LOT 53

No other property markers visible
Well site
staked + OK
RP 6/1/93

Dry Hole @ site 1
Site #2 Approved by TC/RP 6/1/93
115
BRL

APPLICATION

PERCOLATION TESTING

A 43825

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 3/17/89

~~REB~~ wetseason

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 NV Homes Md. West
~~CLEARVIEW ASSOCIATES LTD. c/o RANDALL CONSTRUCTION Co.~~

ADDRESS 5501 TWIN KNOWS Rd. SU. 102 PHONE _____
COLUMBIA 21045

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CLEARVIEW ESTATES II LOT NO. 49A 53

ROAD AND DESCRIPTION 12040 MISTY RISE COURT

TAX MAP 29:35 PARCEL # 39:40

SIZE OF LOT 3.0 ACRES TYPE BLDG SFO
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Donald S. Sweeney Jr Randy Reiser
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/26/93
Serial # 4828-SFD-4Bms

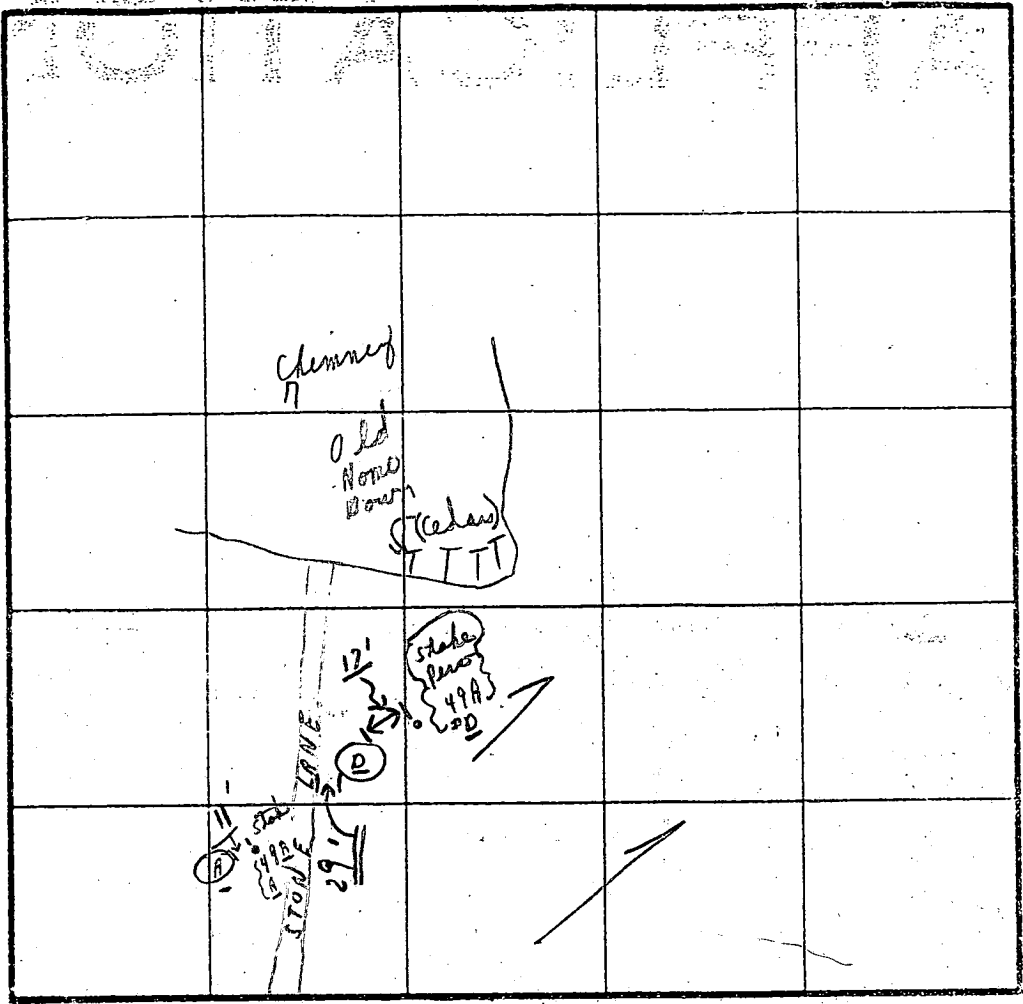
THIS IS NOT A PERMIT

A# 43825

49A

SOIL PROFILE

1 HOLE
 1'-6"
 CLAY
 6'-12"
 LOAM
 1/2" H₂O
 WATER
 "D"
 49A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 108

Soil Profile
 Clay 1'-6"
 6'-12"
 LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/29/89	49A "D"	6'	10:44	10:48	10:48	10:55	7 min
	only	12' - 12 1/2' A.M.	Water at 12'-7'				X X
		(already 4 pass 7 holes per PHIL - previous tests)					
		[No other paperwork with this today]					
	49A-A	4 1/2'	11:55	11:57	11:57	11:59	2 min
	Stake =	14'	DRY	LOAM	SANDY		ok

{ Shallow system }
 only
 { Water up }
 to 11' P.M.

REMARKS Tests in open; Tests 2 holes per stake

TYPE OF SOIL

TESTED BY

C. B. A.

ALSO PRESENT

{ Phil
 art.
 Development
 of work }

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37814

P _____

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

DISTRICT _____

DATE June 30, 1986

*1077154
perc OK
D*

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. 42 *Part of New 4555
Unused*

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane 53

SIZE OF LOT 4.2 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 _____

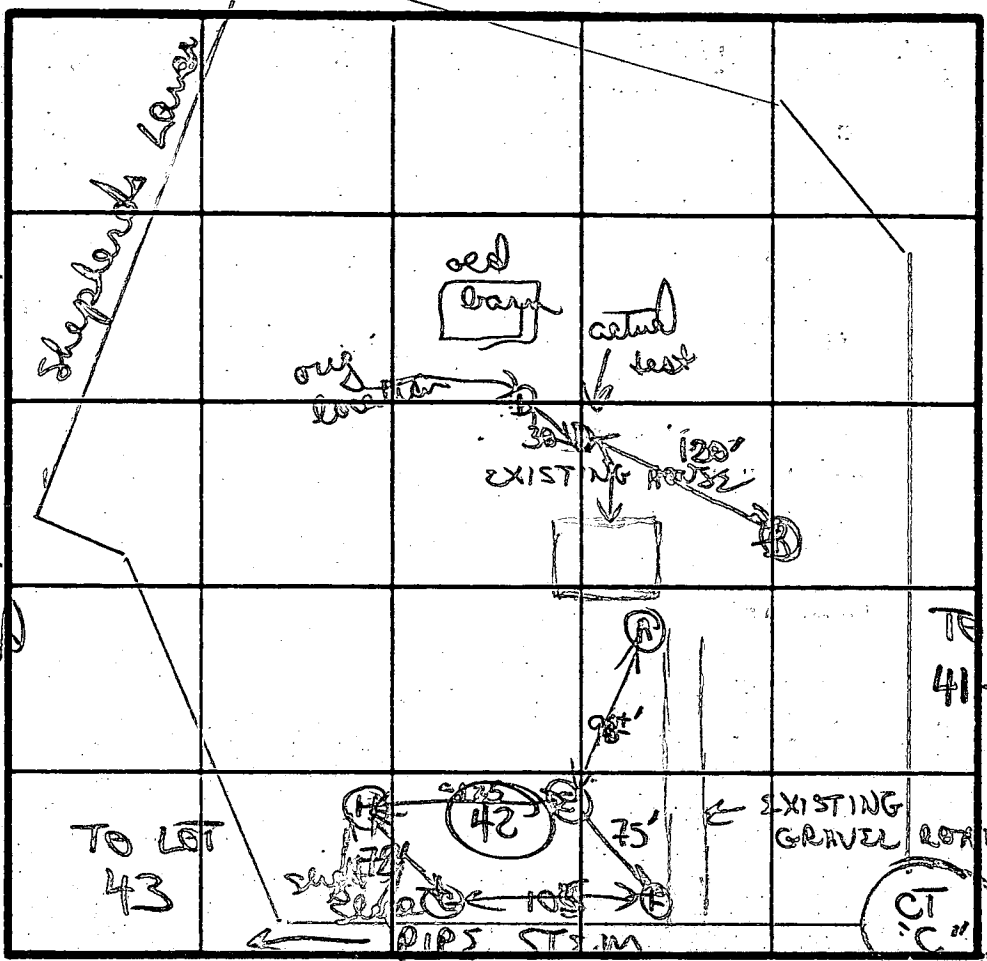
REASONS FOR REJECTION OR HOLDING for certified of all halts & probable lot line adjustment

THIS IS NOT A PERMIT

②

A
SOIL PROFILE

orange/silty
gritty loam
w/ gravelly
rock frags
4'
mostly
red frags
hard rock
w/ silty
loam
20%
↓
8' hard
bottom



AP ZONE 4"
heavy orange
chunky clay
to clay loam
-4'
to orange
powdery to
brown silty
loam
-8' 10-15%
weathered
↓ w/ loam
12'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

D
mix of orange
silty chunky
clay loam
3 1/2'
brown silty
loam with
layers of
silt/shale 4 1/2'
5 1/2' hard
③
cheater/gravelly
loam
4 1/2'
to brown
orange silty
loam
↓ hard bottom
8 1/2'
H₂O 8 1/2' Deep

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/17/05	A+D	8' + 5 1/2'	hard rock bottom (not tested)					
	B	8 1/2'	hard rock (H ₂ O) (not tested)					
	E	4' S	410	416	416	425	9 MIN	
		8' M	400	402	402	405	3 MIN	
		12' D	bottom (see profile)					
	F	4' S	353	407	407	425	28 MIN	
		8' M	353	355	355	357	2 MIN	
		13' D	bottom (see profile page 2)					
	G	4' S	413	416	416	424	8 MIN	
		12' D	bottom (see profile)					
			(see page 2)					

REMARKS
perc field adjusted. will have to adjust lot lines
existing building to be removed = to 43 for house/well site
cheater loam hard rock bottom well site

TESTED BY: B. N. [unclear] ALSO PRESENT: Neal Steve [unclear]

APPLICATION

PERCOLATION TESTING

A A37814

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 42 New HS unused 53

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

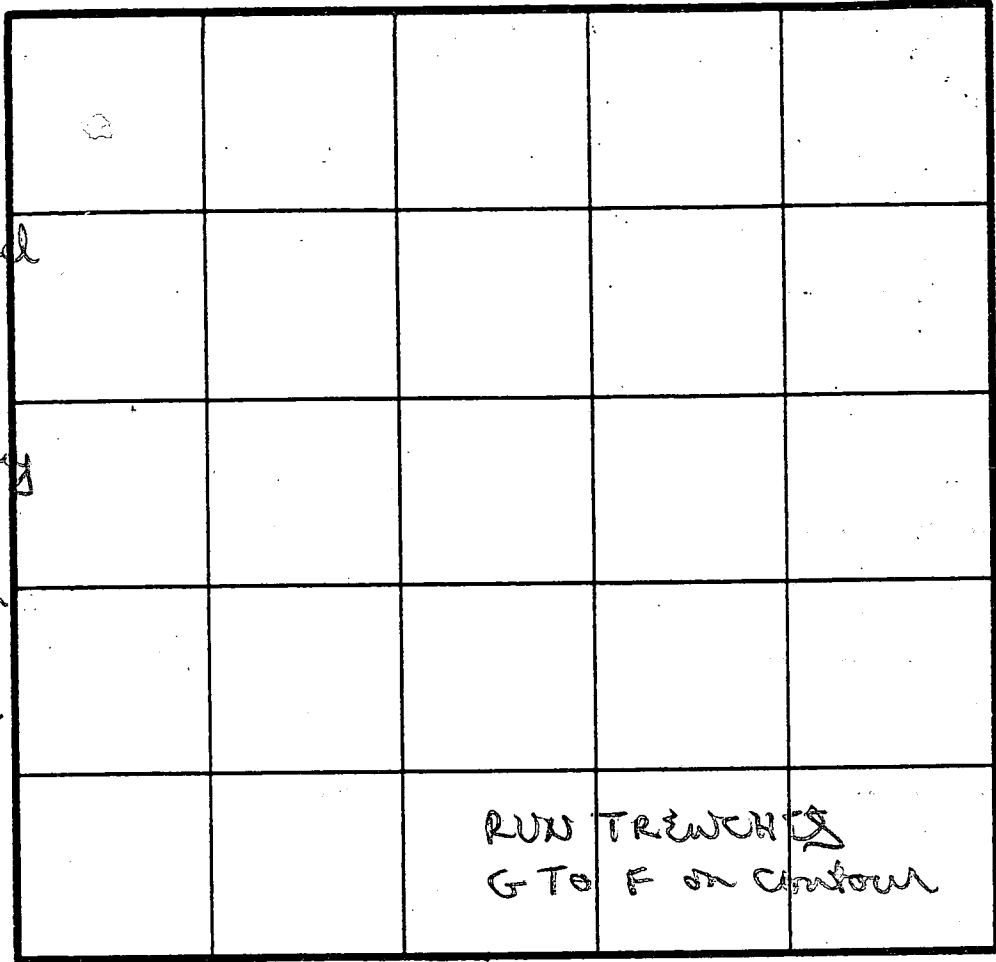
(H)

F

SOIL PROFILE

0'
 cherty gravel
 top 4'
 changing
 to orange
 mix powdery
 lean
 -8'
 tan brown
 to grey
 brown
 sandy/silty lean
 ↓

13'D



chunky red/
 orange clay
 to clay loam
 gravelly frags
 4 1/2'

powdery brown
 silty mica
 lean

-7' 10-15%
 small to lge
 frags rock
 ↓

hard rock 9 1/2'

RUN TRENCHES
G TO F ON contour

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(G)

red/orange
 brown gravel
 chunky clay
 sand loam
 ↓
 changing to
 brown to
 orange silty
 sandy lean
 ↓
 1" small gravel
 frags

12'D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/86	H	4'	423	429	429	445	16 min
		9 1/2'D	hard bottom				

REMARKS see page 1 can extend 2" towards
existing rd. to get extra 4'

TYPE OF SOIL _____

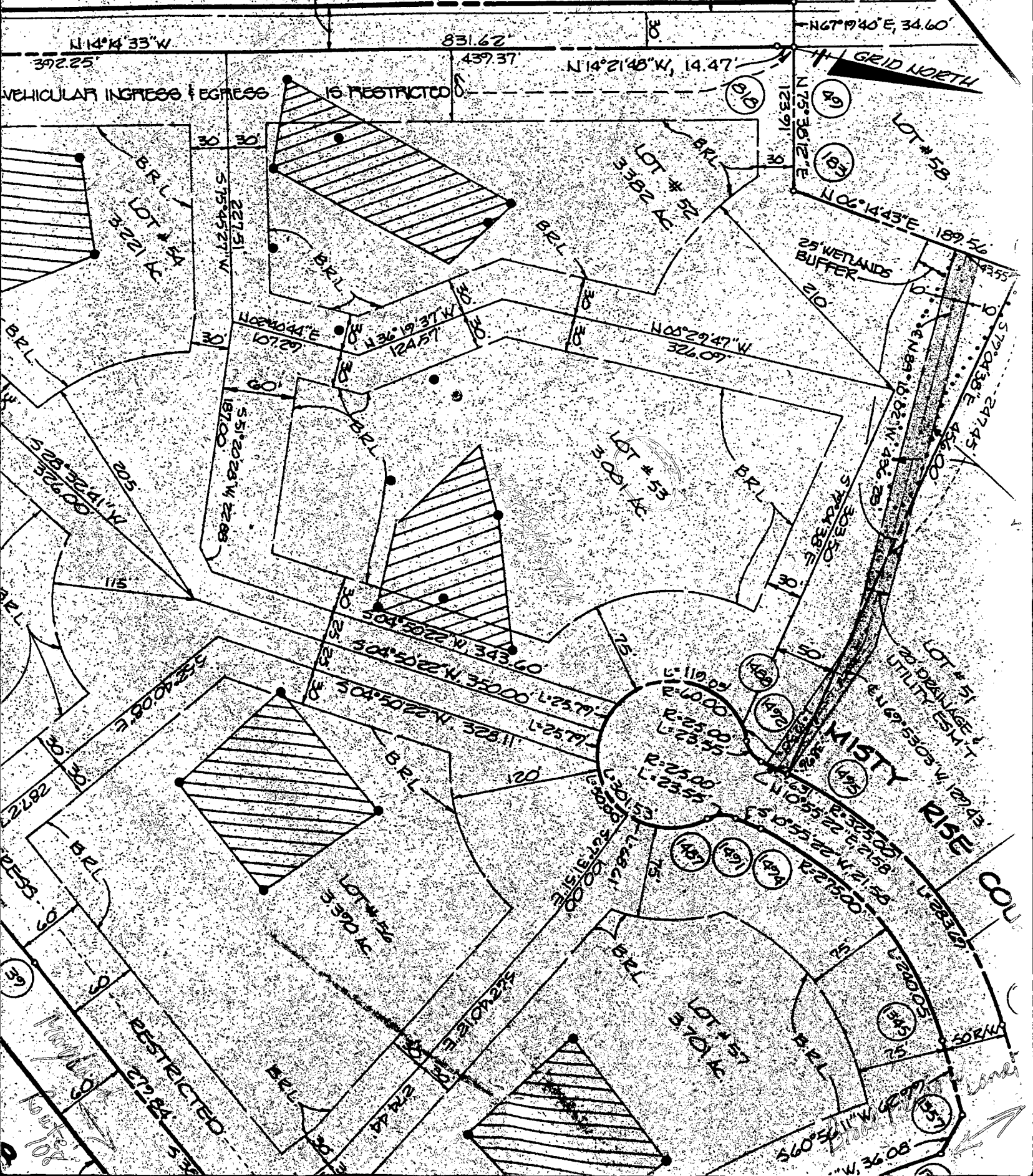
TESTED BY _____ ALSO PRESENT _____

LAND

AND DEDICATED TO HOWARD COUNTY, MARYLAND, FOR THE PURPOSE OF A PUBLIC ROAD (1.320 ACRES)

EXISTING PAVING

1	2	3	4	5	6	7	8	9	0
3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2



VEHICULAR INGRESS & EGRESS IS RESTRICTED

IS RESTRICTED

GRID NORTH

LOT # 58

LOT # 52
3.382 AC.

LOT # 53
1.081 AC.

LOT # 51
20' DRAINAGE & UTILITY EASEMENT

MISTY RISE COL

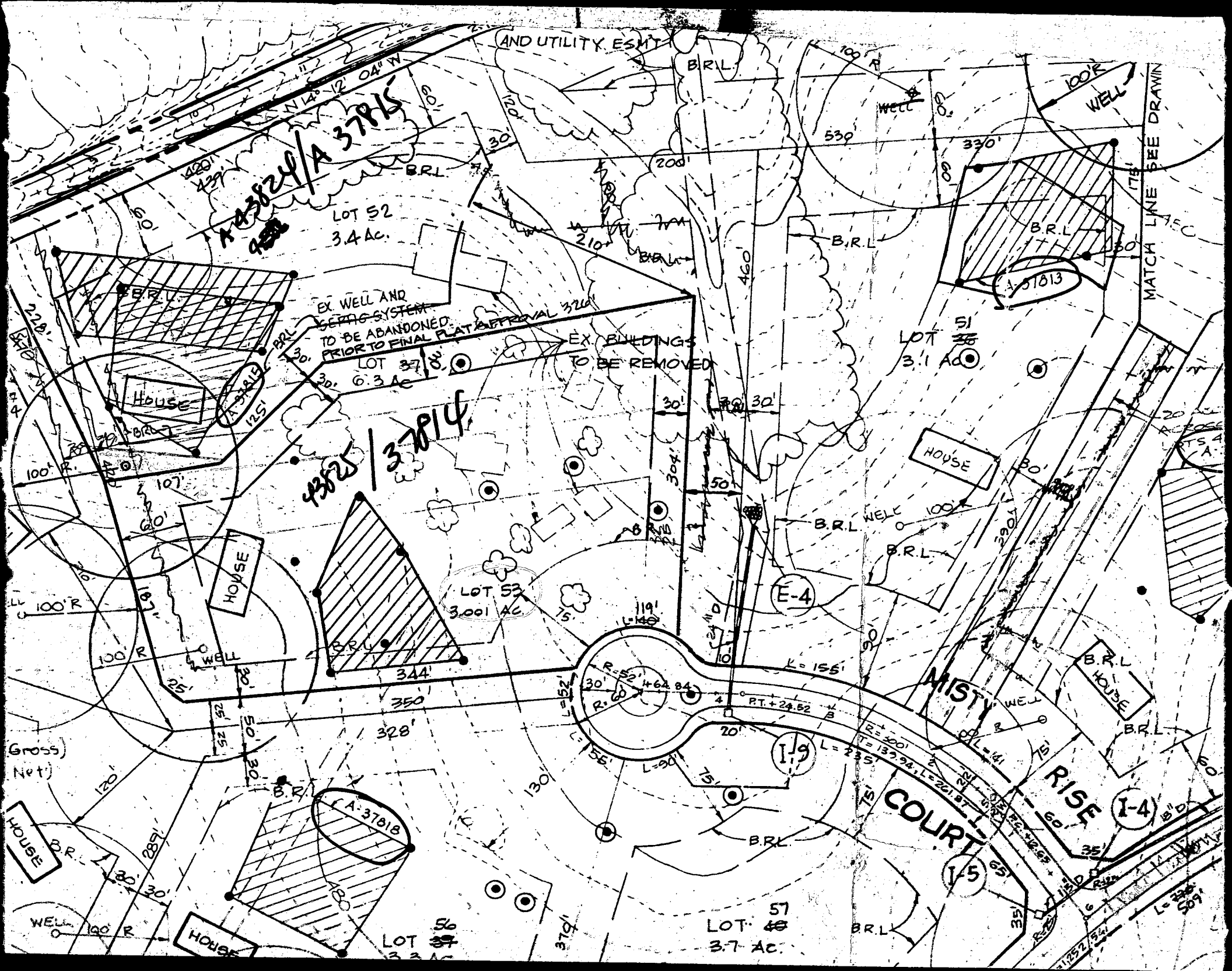
LOT # 54
3.390 AC.

LOT # 57
3.701 AC.

RESTRICTED

Route 108

360°54'11\"/>



A-37824/A 37815

LOT 52
3.4 Ac.

EX. WELL AND
SEWER SYSTEM
TO BE ABANDONED
PRIOR TO FINAL PLAT APPROVAL

LOT 37
6.3 Ac.

EX. BUILDINGS
TO BE REMOVED

A-37825/37814

LOT 53
3.001 Ac.

LOT 51
3.1 Ac.

LOT 57
3.7 Ac.

MATCH LINE SEE DRAWING 15C

MISTY RISE COURT

(1-9)

(1-4)

(1-5)

A-37813

A-37818

Gross
Net

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

WELL

WELL

WELL

WELL

WELL

WELL

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

B.R.L.

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WELL

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HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

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WELL

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WELL

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

B.R.L.

B.R.L.

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B.R.L.

WELL

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WELL

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

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WELL

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HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

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WELL

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WELL

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

B. HOUSE

AND UTILITY ESMT

B.R.L.

B.R.L.

B.R.L.

B.R.L. WELL

B.R.L.

B.R.L.

B.R.L.

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C1 **7894** SEQUENCE NO. (DENV 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 **A37814**

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well **780** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-92-03R1**

OWNER **NV Homes** last name **120 US Mitty Rise Ct** first name TOWN **Clarkville** SUBDIVISION **Clarksview Estates** SECTION **2** LOT **53**

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	
OVERBURDEN	0'	18'	
SANDSTONE SLATE WITH WATER AT 140' 2 GPM	18'	140'	✓
SANDSTONE SLATE	140'	480'	

DRY HOLE 750' FILLED WITH 11 BAGS TYPE II CONCRETE

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **18** NO. OF POUNDS **102**
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from **2** ft. to **7** 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **39** **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
PL **OT** PLASTIC OTHER

C2
DEPTH (nearest ft.) **39**
EACH SCREEN 1: **HO** **39** 8 9 11 15 17 21
2: 23 24 26 30 32 36
3: 38 39 41 45 47 51
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. **075**
Rustin Brown

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Rustin Brown

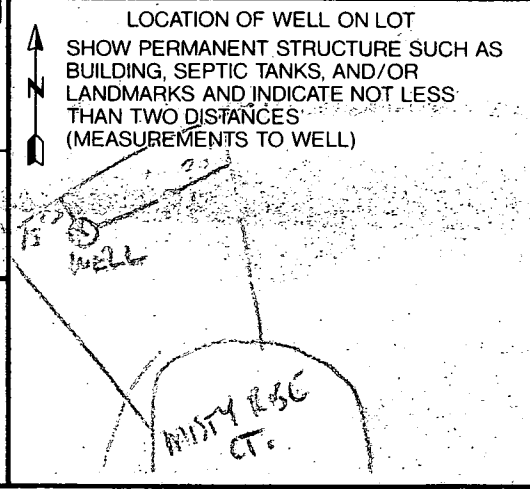
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OPEN 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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **2**
METHOD USED TO MEASURE PUMPING RATE **BUCKET**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **25**
WHEN PUMPING **70**
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: **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 } LAND SURFACE (nearest foot)
- below }



29 bag Cement

1030 Howard 1.00

11/11/93

Page 1 of 1
Date 6-21-93

Review ~~OK 6/22/93 (EW)~~

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0381
Location of property (road) 12040 Misty Rise Ct
Subdivision ClearView Estates Lot 53 Block Plat Sec. 2
Well Driller Austin Garver Owner N.V. Homes

Depth of well 480 FT
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate
Total time 15 MIN to reach pumping water level 70.5 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 # / gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	25 FT	7.5 sec		8 gal Min
10:45	70 FT	30 sec		2 gal Min
11:00	70 FT	30 sec		2 gal Min
11:15	70 FT	30 sec		2 gal Min
11:30	70 FT	30 sec		2 gal Min
11:45	70 FT	30 sec		2 gal Min
12:00	70 FT	30 sec		2 gal Min
12:15	70 FT	30 sec		2 gal Min
12:30	70 FT	30 sec		2 gal Min
12:45	70 FT	30 sec		2 gal Min
1:00	70 FT	30 sec		2 gal Min
1:15	70 FT	30 sec		2 gal Min
1:30	70 FT	30 sec		2 gal Min
1:45	70 FT	30 sec		2 gal Min
2:00	70 FT	30 sec		2 gal Min
2:15	70 FT	30 sec		2 gal Min
2:30	70 FT	30 sec		2 gal Min
2:45	70 FT	30 sec		2 gal Min
3:00	70 FT	30 sec		2 gal Min
3:15	70 FT	3 sec		2 gal Min
3:30	70 FT	3 sec		2 gal Min
3:45	70 FT	3 sec		2 gal Min
4:00	70 FT	3 sec		2 gal Min
4:15	70 FT	3 sec		2 gal Min

HD-224 480 Deep 2 ft pm HW 140' corr 41

TIME IN 15
MINUTE IN
TERVALS

WATER Level
below N.P.

PUMPING RATE
TIME to FILL
1 gal bucket

GAL Per Minute

4:30

70 FT

30 sec

2 gal/min

4:40

70 FT

30 sec

2 gal/min

68-01-03 11:16

B 1 01250 SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(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-92-0381
70 fill in this form completely 79

Date Received (APA) 052772
OWNER INFORMATION
N V H O M E S
15 Last Name 34 Owner First Name
15215 SHADY GROVE RD
36 Street or RFD 55
ROCKVILLE MD 20850
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
40WARD
8 COUNTY 21
CLEARVIEW ESTATES
23 SUBDIVISION 42
SECTION 44 46 LOT 53 48 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION
AUSTIN GARVER 144
Driller's Name 77 License No. 80
KEYSER-GARVER WELL DRILLING
Firm Name
9105-B BETHEL RD. FREDRICK MD
Address
Austin Garver 5/25/93 21702
Signature Date

B 4
1 2
2040 MISTY RISE CT
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 325 37
DISTANCE FROM ROAD
ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 2
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 899
8 12 14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 35814
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 060793
43 48 CO. SIGNATURE EAST EXP. DATE 06-07-93
NORTH GRID 504000 50 55 EAST GRID 0819000 57 63

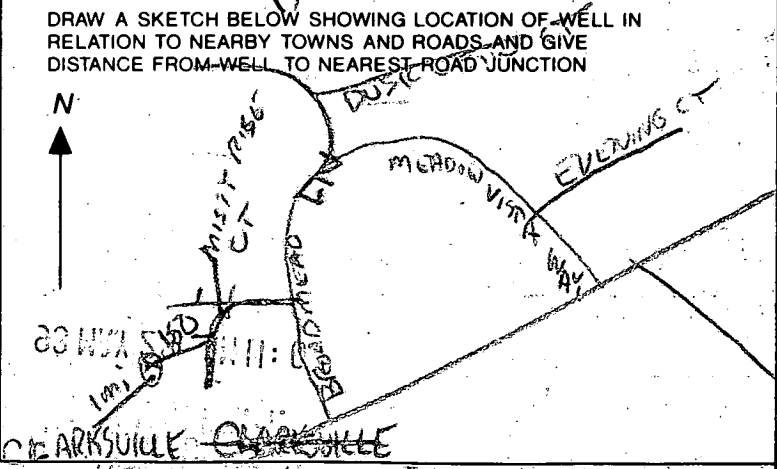
APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

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 819
N 30X4
000
000

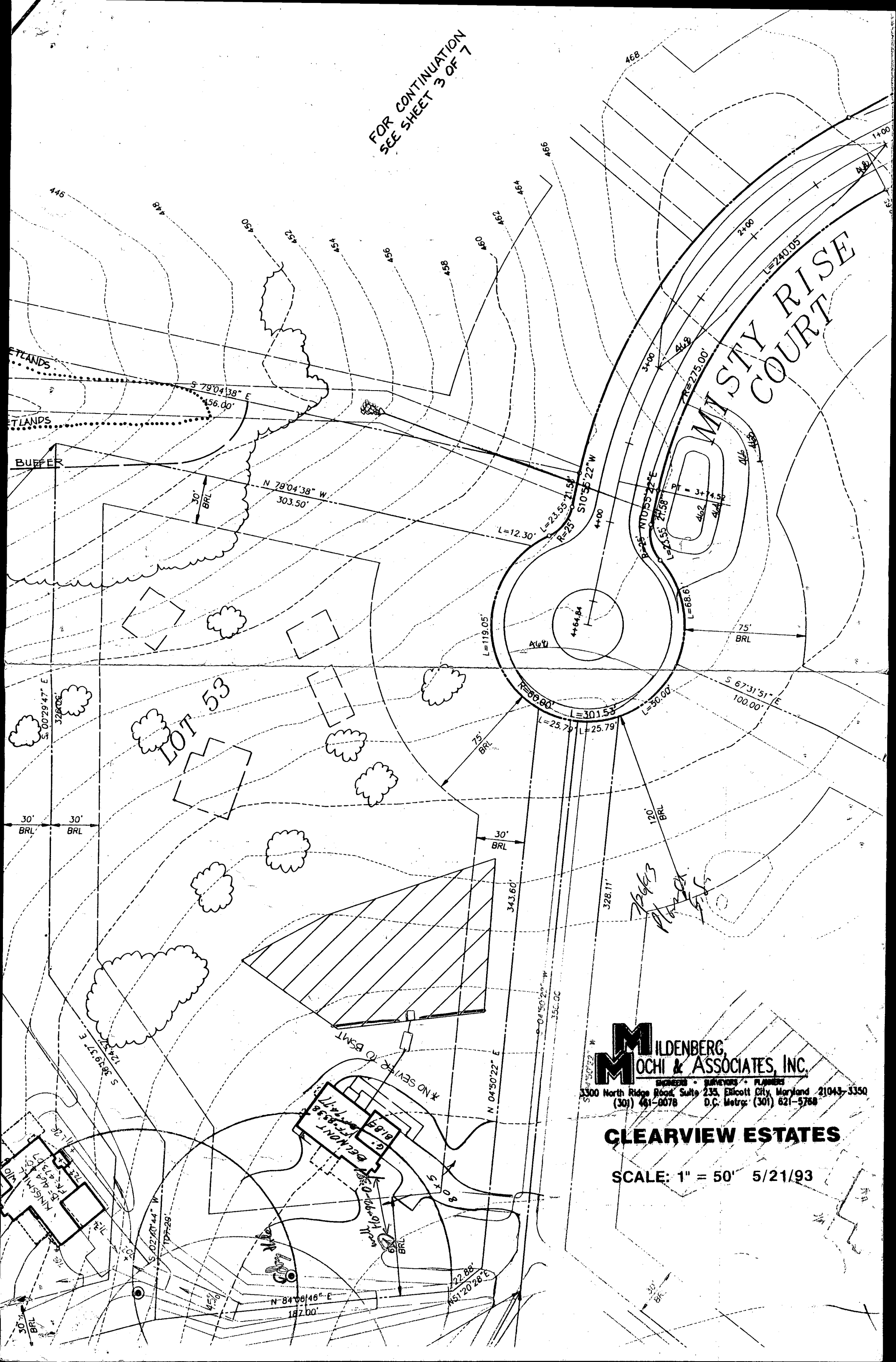
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE KP WRITE INITIALS IN BOX 67 68 PERMIT No. HD-92-0381 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

FOR CONTINUATION
SEE SHEET 3 OF 7



**MILDENBERG
MOCHI & ASSOCIATES, INC.**
SURVEYORS • ENGINEERS • PLANNERS
3300 North Ridge Road, Suite 235, Ellicott City, Maryland 21043-3350
(301) 461-0078 D.C. Metro: (301) 621-5768

CLEARVIEW ESTATES

SCALE: 1" = 50' 5/21/93

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00117706

Building Address 12040 Misty Road
Charles, Md 21029
 Suite/Apt. #: --- SDP/NP/Petition #: ---
 Census Tract 2051.01 Subdivision clearview estate
 Section 2 Area N/A Lot 53
 Tax Map 29 Parcel 350 Grid 19
 Zoning RC-DE Map Coordinates _____ Lot size _____

Property Owner's Name Madeline McDonald
 Address 12040 Misty Road
 City charlesville State MD Zip Code 21029
 Home Phone (410) 531-1809 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
W.M. Stone
5421 Broadwile
charlesville md
 Phone (410) 531-2996 Fax 531-7967

Existing Use SFD
 Proposed Use Deck
 Estimated Construction Cost \$ 9,500.00
 Description of Work construct a Deck
14'x18' + 16'x10' on rear of
SFD w/ steps

Contractor Company Stone Home Impro
 Contact Person W.M. Stone
 Address 5421 Broadwile
 City charlesville State MD Zip Code 21029
 License No. 18168
 Phone (410) 531-2996 Fax 531-7967

Occupant or Tenant owner
 Contact Name W.M. Stone
 Address 5421 Broadwile
 City charlesville State MD Zip Code 21029
 Phone (410) 531-7967 Fax same

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

SF Dwelling SF Townhouse
Depth Width
 1st floor: _____
 2nd floor: _____
 Basement:
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: Deck
 Dimensions: 11-12 x 14 x 20
 Footings: 4" dia 20' deep
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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 THERETO; (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.

W.M. Stone
 Applicant's Signature
 Title/Company _____

William M. Stone
 Print Name
5-5-99
 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		
Building Official	<u>5/5/99</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>5/5/99</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DEPZ SETBACK INFORMATION
Front: <u>15' Min</u>
Rear: <u>5' Min (per DEPZ)</u>
Side: <u>3' Min</u>
Side St.: <u>N/A</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>1332/0</u>	
Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Balance due	\$ _____
Check #	<u>5100</u>
Validation #	<u>21106</u>

