

6/20/91
LATE

PERMIT 05-409101

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 47230

A 37825

DISTRICT 5th

DATE 6/13/91

DATE SYSTEM APPROVED 6/20/91

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Scott Development/Cumberland & Company IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 854-6838

SUBDIVISION Clearview Estates LOT 25 ROAD 11909 Meadow Vista Way

PROPERTY OWNER Scott Development Corp.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersect of the 158.94' and 487.29' lot line place the first trench 135 feet down the left 487.29' lot line and 70 feet off the same lot line. Run trenches on contour toward the right lot line as seen when facing the lot from Beautiful View Road. 2/13/91 OK R.H.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout

PLANS APPROVED BY Sid Abel cm DATE 06/23/88

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

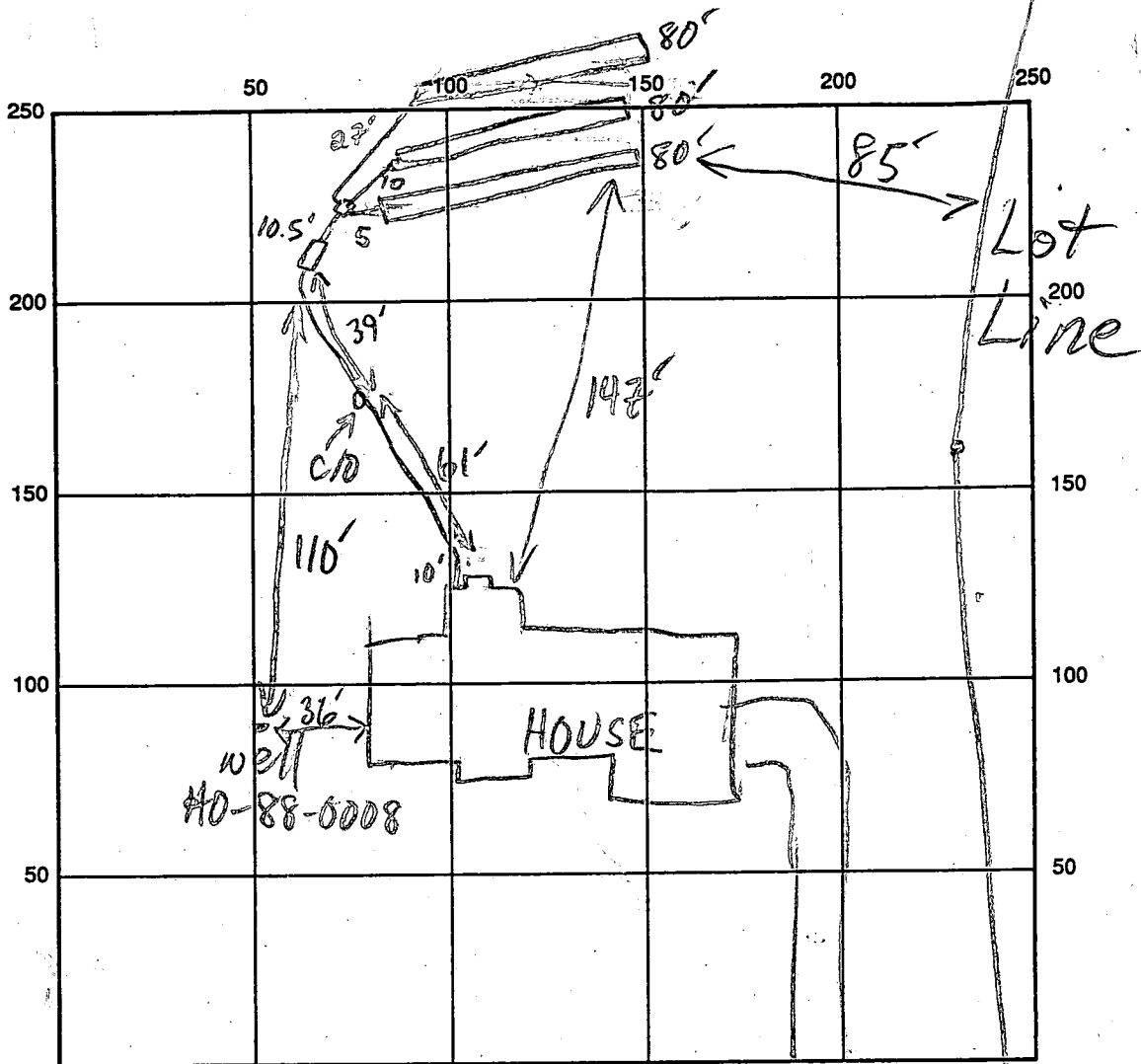
PERMIT VOID AFTER TWO YEARS

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
37825



MEADOW VISTA WAY INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{11213}{6616}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{11213}{4144}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{11213}{2122}$ FT. TOTAL LENGTH 180 @ 80 @ 80 @ 380 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 240 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 6/20/91 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 6/20/91 INSPECTOR M. Riskin

Paid 6-21-91
check # 5125

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 Replacement
Receipt # 47231
Date 9/13/91
Name of Installer Chamberland Co Telephone 854-6838
License Number 590
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓
Name of Property Owner Scott Dep. Telephone _____
Subdivision CLEMENS ESTATES Lot # 2125 Well Tag # HO-28-0008
Site Address 11954 Modern Vista Way

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

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

Pitless Adapter
1. Make Merrill Manufacturing
2. Model # MB200
3. Depth 6'

Tank
1. Capacity _____ Director Piping
2. Pressure relief valve? ten
1. Type 160 psi
2. Size 7" ID
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 4'
Well data
1. Depth 400 ft.
2. Yield 4 1/2 GPM
3. Static water level 38 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: Chris Chamberland
Date: 6-21-91

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0008
 Location of property (road) Beautiful View Lane MEADOW VISTA LANE
 Subdivision Clearview EST Lot 11 Block Plat Sec. 1
 Well Driller J. MAYNE Owner RANDALL CONST.

Depth of well 400'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 1:00 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 216 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:15	158	3		20
1:30	216	3		20
1:45	216	14		4 1/4
2:00	216	14		4 1/4
2:15	216	14		4 1/4
2:30	216	14		4 1/4
2:45	216	14		4 1/4
3:00	216	14		4 1/4
3:15	216	14		4 1/4
3:30	216	14		4 1/4
3:45	216	14		4 1/4
4:00	216	14		4 1/4
4:15	216	14		4 1/4
4:30	216	14		4 1/4
4:45				
5:00				
5:15				
5:30				
5:45				
6:00				
6:15				
6:30				
6:45				
7:00				
HD-224 15				
30				

B 1 **1251** 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

40-88-0008
 fill in this form completely

Date Received (APA) **051888** OWNER INFORMATION
 15 Last Name **RYDERS** Owner First Name **RYDERS**
 36 Street or RFD **5512 RIDGE RD.**
 57 Town **CHESAPEAKE** 70 State 72 **VA** Zip 76 **21771**

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** 77 License No. 80 **238**
 Firm Name **Joseph L. Wayne Well Drilling**
 Address **5512 Ridge Rd. Int. Army, Md. 21771**
 Signature **Joseph L. Wayne** Date **5/4/88**

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 **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

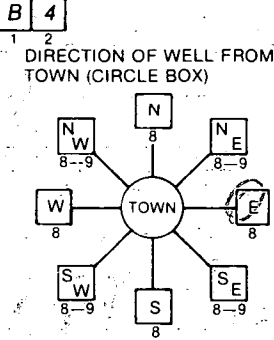
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CA** WRITE INITIALS IN BOX PERMIT No. **40-88-0008**

SPECIAL CONDITIONS

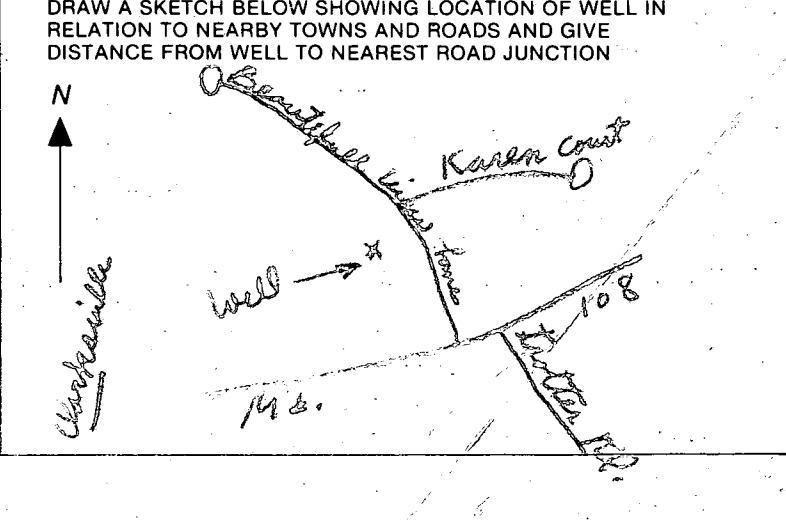
B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION _____
 SECTION _____ LOT **25**
 52 NEAREST TOWN _____
 MILES FROM TOWN (enter 0 if in town) **1** MI

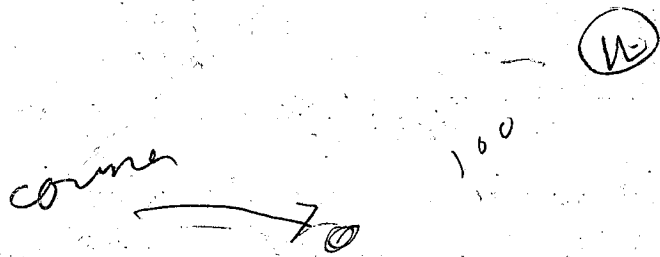


Beautiful View Lane
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **125** FT
 ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A-37825**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **February 12-22-88**
 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **506000** EAST GRID **0820000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'
 SOURCES OF DRILLING WATER
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8290**
 N **5096**
 000
 000





Hand Stuck

6/29/88

- ① 42 FT pipe
- ② 17 ft open hole measured with a string
- ③ LOCATION OK Per Plan
- ④ 29 FT open hole when pipe was
yettered down open hole OK'D 30/
- ⑤ 8 BAGS
- ⑥ well OK

R. Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37825
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

*10/30/86
perc OK'd pending
approved plans
(initials)*

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. 1 LOT NO. 55 LOT X *25 on Final 149 Pauline*

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

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 P. Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for corrected hole locations

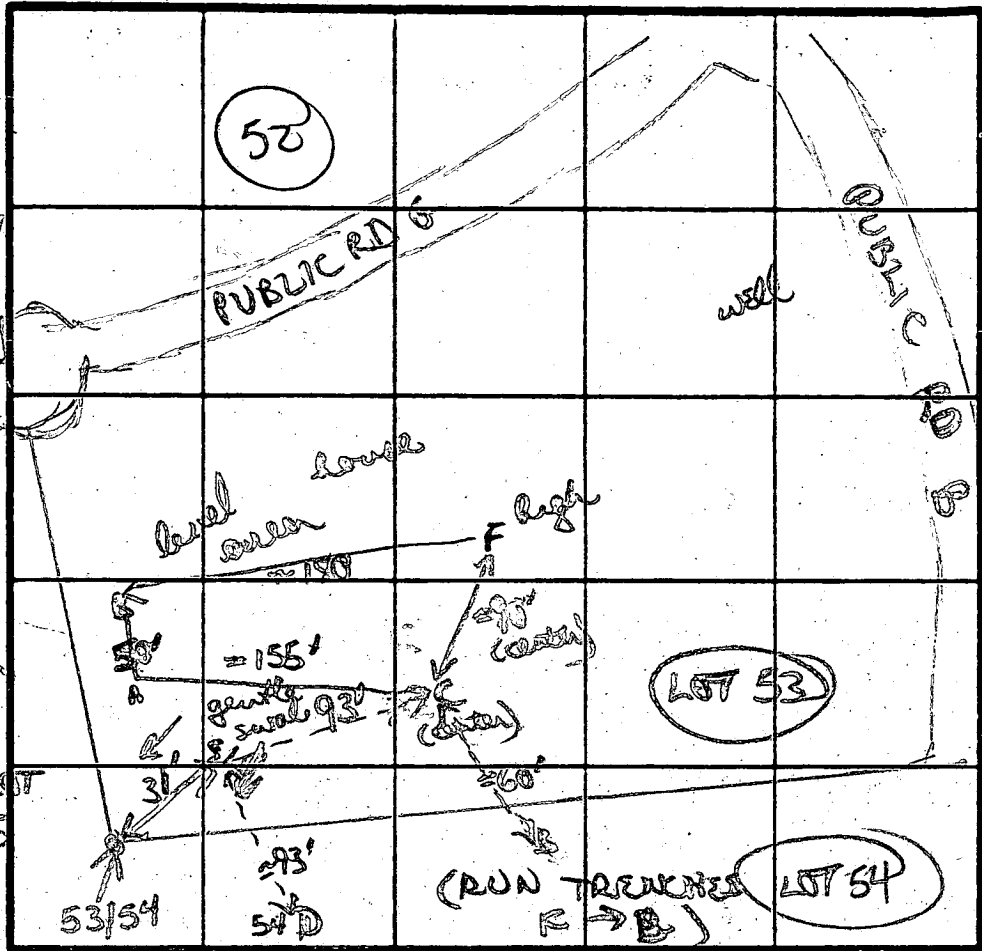
BLDG. PERMIT SIGNED
AND RETURNED 3/8/91
Serial # 30567 - SFD

THIS IS NOT A PERMIT

Σ

SOIL PROFILE

dark brown
orange
gummy sandy clay
loam
-4'5"
changing to
tan brown
white soil
sandy loam
11'0" 11'0"
12'0" 12'0"
C



H + B
Brown/orange
silty mica
chunky clay
loam
-4'5"
Brown to grey
brown
silty mica
loam
b
11'0" + 11'0"

X 3 min
180° 1BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

INLET 4"
BOTTOM 6"

orange brown
gummy chunky
4'4"
tan/white
sandy gravelly
loam
grey tan
loam
b
F 11'0"
hard packed
gummy chunky
red clay
loam
-5'
quickly
changing to
tan brown
to brown
white silty
mica loam
of soil
12'0" frag
near bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/31/86	C	4'5"	145	146	146	147	1 MIN	
		8'0" M	145	146	146	147	1 MIN	
		11'0" D	Bottom - (see profile)					
	Σ	11'0" 11'3" D	(not tested - see profile)					
	F	5'2.5"	204	206	206	209	3 MIN	
		12'0" D	Bottom - (see profile)					
	A	4'5"	217	219	219	221	2 MIN	
		11'0"	Bottom - (see profile)					
	B	4'2.5"	214	218	218	225	7 MIN	
		11'0" D	Bottom - (see profile)					

REMARKS: Pure field adjusted uphill
Hole Σ in gentle swale area - probably reason for
11'0" (11'3" D)
TYPE OF SOIL: clay sand loam to 5'; below mostly silty
loam, some weathered frags
TESTED BY: B. Wilson
ALSO PRESENT: June

