

10/16/92
12/15/92
2 pm

05-409098

PERMIT

SEWAGE DISPOSAL SYSTEM

P 48599

A 37827

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933 313-2640

FOR F.C.O.P. COMPLIANCE
5/6/93 C.W. Williams I.C. Bell

DATE 10/5/92

DATE SYSTEM APPROVED 12/15/92

INDEXED

INSPECTOR [Signature]

Arnold Backhoe & Septic Services, Inc _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Clearview Estates LOT 24 ROAD 11915 Meadow Vista Way

PROPERTY OWNER Scott Development Corp.

ADDRESS William & Cynthia Capel
HOUSE TWO SYSTEMS BASEMENT SYSTEM

SEPTIC TANK CAPACITY 1250 GALLONS Septic Tank Capacity - 1000 Gallons
240 Square feet absorbant area

NUMBER OF BEDROOMS 4 Install 1-80 ft. trench

180 SQUARE FEET PER BEDROOM 72 0 = 4 BEDROOMS Trench to be 3 feet wide. Inlet 4.5 ft below original grade. Bottom maximum depth 6.5 feet below original grade 2 ft. of stone below distribution pipe.

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Starting from the breakpoint in the left lot line (234.65'/505.65') intersection) start the first trench 20 feet down the 505.65' lot line and 75 feet off this same lot line. Run trenches on contour to right side of lot, that is the left lot line as seen when facing the lot from Meadow Vista Way.

LOCATION FOR BASEMENT SYSTEM - Place trench in high part of sewage disposal easement. Keep all parts of system at least 100 feet from the well.

PLANS APPROVED BY Mark Rifkin/ Raymond Hodges REVISED DATE 10/05/92

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

BLDG. PERMIT SIGNED
AND RETURNED 3/3/93
Serial # 47439-Prod

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**

SUBDIVISION: Clearview Estates
Meadow Vista Way

LOT NUMBER: 24

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

SYSTEM FOR ENTIRE HOUSE TRENCHES

180 sq. ft./bedroom

Trench to be 3.0 ft wide.

60 LINEAR FT / 3 BEDROOM

Inlet 2.0 feet below original grade.

240 LINEAR FT / 4 BEDROOM

Bottom maximum depth 4.0 feet below original grade.

Effective area begins at 2.0 feet below original grade.

2.0 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM THE BREAKPOINT IN THE LEFT LOT LINE (234.65' / 505.65' INTERSECTION), START THE FIRST TRENCH 20' DOWN THE 505.65' LOT LINE AND 75' OFF THIS SAME LOT LINE. RUN TRENCHES ON CONTOUR TO RIGHT SIDE OF LOT. THAT IS THE LEFT LOT LINE AS SEEN WHEN FACING THE LOT FROM MEADOW VISTA WAY

HD-191

see page 2

MR 7/14/92

REVISED R/H 10/5/92

SEE PAGE 2 FOR SEPARATE SYSTEM FOR CELLAR IF 2 SYSTEM USED PERUSE TANK ON MAIN SYSTEM TO 100 GAL & LENGTH TO 165 FT

SUBDIVISION: CLEARVIEW ESTATES

LOT NUMBER: 24

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

SYSTEM FOR BASEMENT TRENCHES

240 sq. ft. ~~/bedroom~~

Trench to be 3 wide.

Inlet 4.5 feet below original grade.

80 FT LONG

Bottom maximum depth 6.5 feet below original grade.

Effective area begins at 4.5 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

10/6/92

LOCATION: EXTRA SYSTEM FOR BASEMENT

ONLY. PLACE TRENCH IN HIGH PART OF
SEWAGE DISPOSAL EASEMENT. KEEP ALL PARTS
OF SYSTEM AT LEAST 100 FT FROM THE WELL
IF A TWO PART SYSTEM USED TANKS WILL BE
1000 GAL & THE MAIN SYSTEM NEEDS ONLY TWO
2.80 FT LONG TRENCHES IN STEAD OF THREE

see page 1

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37827

P _____

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

DISTRICT _____

DATE _____

*3/10/87
reperc OK'd
pending approved
plat (B2)*

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 Corp.

ADDRESS 10005 Old Columbia Rd. Suite L265 PHONE 430-2411 740-2688
Columbia, Md. 21046

PROPERTY LOCATION: formulas 52+53
perc under 55 permit
SUBDIVISION Clearview Estates Sec. 1 LOT NO. 78 10 1019 Prelim

ROAD AND DESCRIPTION Md. Rt. 108 and Shepherd Ln. 24 on Final
(11915 Meadow Vista Way)

SIZE OF LOT 3.3 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 Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

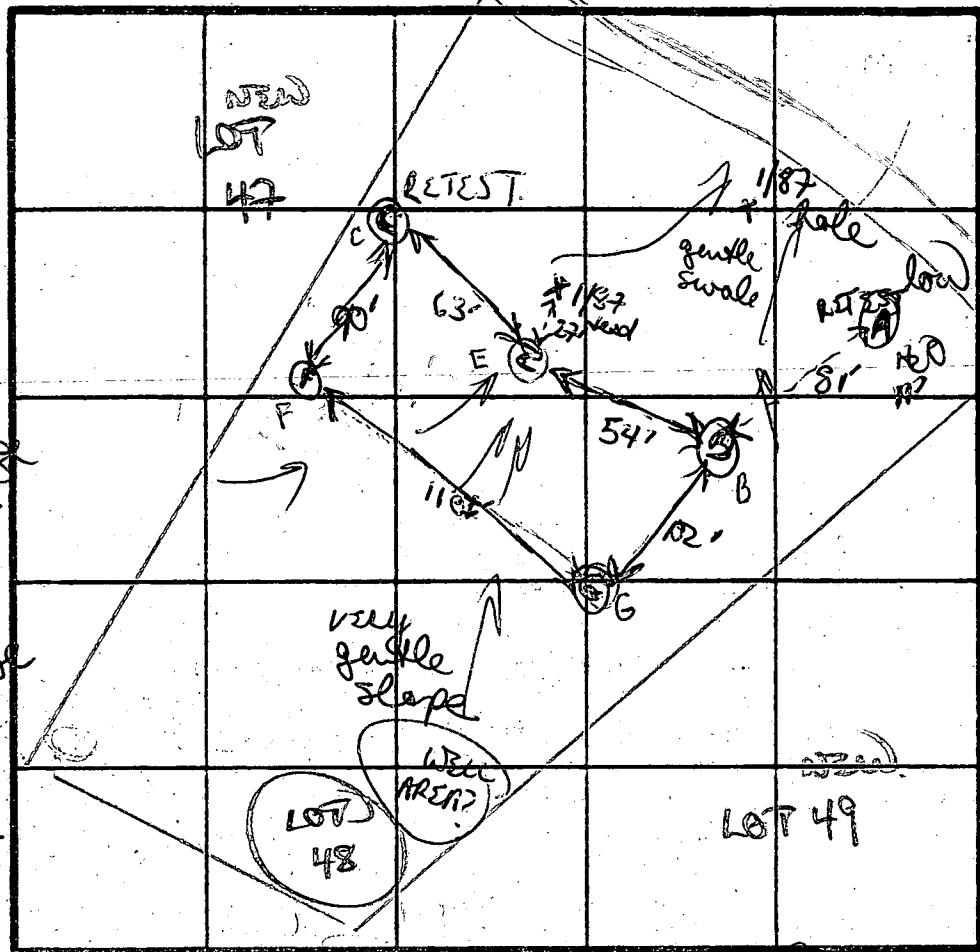
REASONS FOR REJECTION OR HOLDING 3/10/87 SHALLOW SYSTEM ONLY
for field located holes + sub-plat

BLDG. PERMIT SIGNED AND RETURNED Serial # 44873-SFP

THIS IS NOT A PERMIT

INSET 2's
 MAX D 4 1/2
 177A/B DROOM
 180 RETEST C
 SOIL PROFILE

Brown silty clay
 2 1/2'
 10-15% med yellow/orange
 short silty clay
 frags layers
 6'
 30% med/leg
 frags short
 10 1/2' hard
 botto



B
 Brown/orange
 silty mica
 clay mix
 2 1/2'
 to mostly
 powdery grey
 silty loam w/
 orange silty
 mica patches
 ↓

Brown clay
 silty mix
 2 1/2'
 Brown w/
 orange crushed
 short patches
 silty mica
 loam
 ↓ 7'
 10% med/leg
 frags
 ↓
 hard 10'
 10'D

DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
	RETEST G	7' M	1213	1215	1215	1217	2 MIN
3/10/87	RETEST C	3' S	1144	1145	1145	1146	1 MIN
		6' M	1144	1148	1148	1150	2 MIN
		10 1/2' D	hard botto (see profile)				
	RETEST E	3' S	1143	1144	1144	1146	2 MIN
		10'D	hard botto (see profile)				
	RETEST B	VISUAL ONLY					
		12'D	botto (see profile)				
	RETEST A	VISUAL ONLY H ₂ O 11'D NOT USED					
	RETEST F	2' S	1159	1206	1206	1218	12 MIN
		9 1/2' D	hard botto (see profile)				

RETEST A
 orange/brown
 clay loam 2 1/2'
 mostly orange
 silty mica
 w/ patches of
 white short
 frags to 10' mottles, 11'D H₂O

REMARKS
 SHALLOW SYSTEM ONLY MAY HAVE LIMITED WELL SITE BASED ON PROXIMITY TO OTHER LOT PER HOLES
 NOTE, RETEST C IS MARGINAL DUE TO ROCK
 Sand soils: mostly brown/orange silty loam
 TESTED BY B Nyfan
 ALSO PRESENT WSA
 9 1/2' 12'D
 hard
 54/02 rock

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37827

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 10/30/86
June 30, 1986

*10/31/86
failed perc test
Ⓜ*

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. 55

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.

Steven Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING insufficient area for septic or layed out

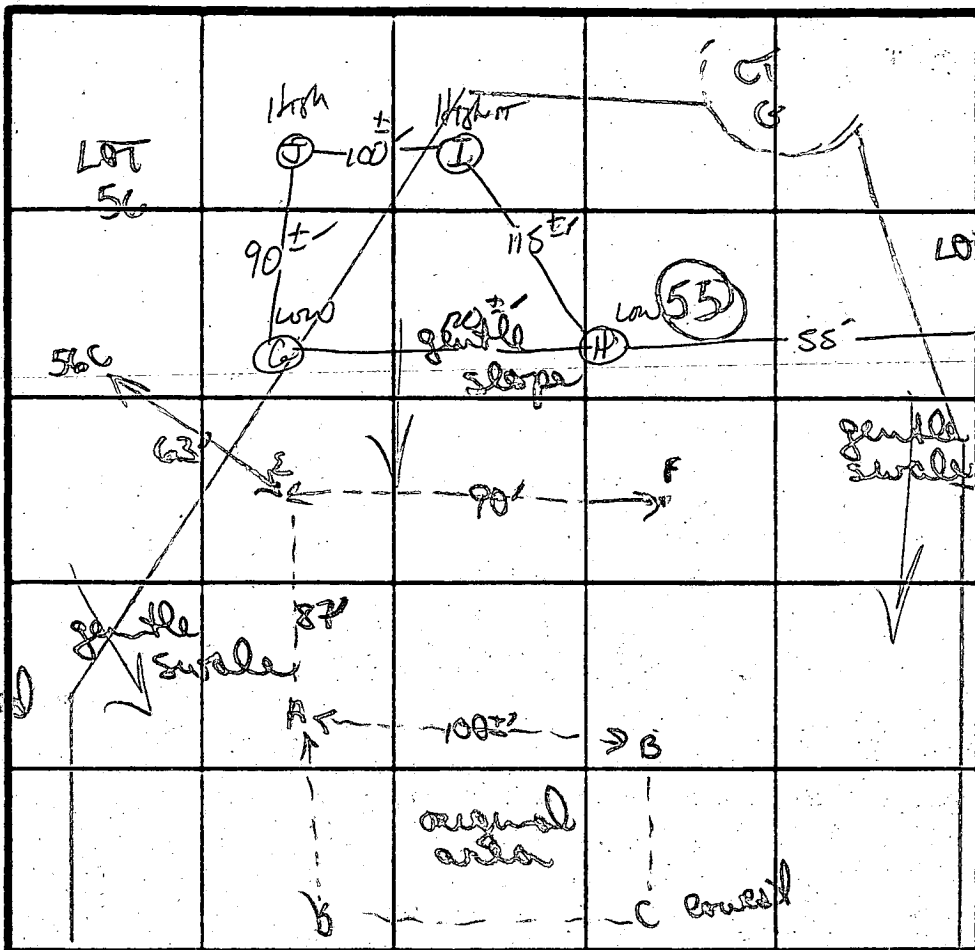
out. BO + low lying area

THIS IS NOT A PERMIT

SOIL PROFILE

Brown
powdery
silty
mass
low

dry
low
11' D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/31/86	E	11'0"	H ₂ O	at 9'	failed		
10/31/86	F	10 1/2'	H ₂ O	at 9 1/2'	failed		
11/7/80	G S	4'	11:02	11:04	11:04	11:07	3 min
	G N	7.5'	11:04	11:07	11:07	11:12	5 min
	G V1	12'	WATER AT 11 FE		CHESTER Soil Group		
	H V		WATER AT 11.5 FE		CHESTER Soil Sandy loam below 8'		
	I S	4'	11:08	11:10	11:10	11:13	3 min
	I V		WATER AT 13 FE		CHESTER loam		
	J S	4'	11:13	11:14	11:14	11:16	2 min
	J V		WATER AT 11.5 FE		CHESTER loam		

REMARKS attempted to shift perc field uphill original field in low lying not tested.

TYPE OF SOIL silty mass loam. H₂O / HOLD FOR WET SEASON SATUR

TESTED BY B Weyfer ALSO PRESENT Jone

Similar to hole
Σ
↓
H₂O 9 1/2' D
10 1/2' D

EM 12 10/89



December 15, 1992

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Attn: Craig Williams

RE: Lot #24 Clearview Estates

Mr. Williams,

On October 22, 1992 Klipp & Sons, Inc. connected the septic line, all work was in accordance to the code. Any questions please feel free to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth E. Klipp', written in a cursive style.

Kenneth E. Klipp

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

44873

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

11915 MEADOW VISTA WAY
CLARKSVILLE, MD 21029

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

CONSTRUCTION OF NEW BUILDING,
TWO STORY FULL FINISH
ATTACHED 2 CAR GARAGE
4 BEDROOMS 3 1/2 BATH

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
24						
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
CLLARVIEW ESTATE						

OWNER NAME AND ADDRESS
SCOTT DEVELOPMENT CORP.
9160 RED BRANCH RD STE 4 W
COLUMBIA MD 21045

PHONE NO.
740-2688

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
3200 S.F.	56	52	27

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4 ROOMS 10 BATHS 3 1/2 FIREPLACES 1			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
D.W. TAYLOR ASSOCIATES
5029 DORSEY HALL DR.
ELLICOTT CITY, MD 21043

PHONE NO.
964-1181

FOOTINGS	FOUNDATION	S. WALLS
POURED CONCRETE	CONCRETE	2 X 4 2 X 6

CONTRACTOR'S NAME AND ADDRESS
SAME AS OWNER

PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
	WELL SEPTIC			

EXISTING USE
VACANT LOT

PROPOSED USE
(NEW HOME)
SING. FAM. DWELLING

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 Permit 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 complied with.

EST. CONSTRUCTION COST
\$ 120,000.

LICENSE NUMBER

PERMIT FEE

SIGNATURE
OWNER

TITLE

DATE
7-31-92

W/S CODE

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)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	8/20/92	B. Hodge
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction for a permit placard has been issued and displayed on the job. No violation of the law.

The said occupancy permit must be applied for 1 to 3 weeks before the building is occupied.

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

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPROVED

DATE

B 1 **01795**
2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-92-0121
70 fill in this form completely 79

Date Received (APA)
070792
OWNER INFORMATION
SCOTT DEVELOPMENT
15 Last Name 13 Owner 34 First Name
9160 RED BRANCH RD
36 Street or RFD 55
COLUMBIA **MT 21045**
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
CLARKVIEW EST
23 SUBDIVISION 42
SECTION LOT **24**
44 46 48 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** MI
73 76 77 78

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. 21771
Address
George F. Easterday **7/7/92**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
1 2
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 30
Meadow Vista Way
300
34 ~~400~~ 37
DISTANCE FROM ROAD
ENTER FT or MI **FT**
38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 **A37827**
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED **071592** **Mark E. Rubin** **11/5/93**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **506000** EAST GRID **0820000**
50 55 57 63

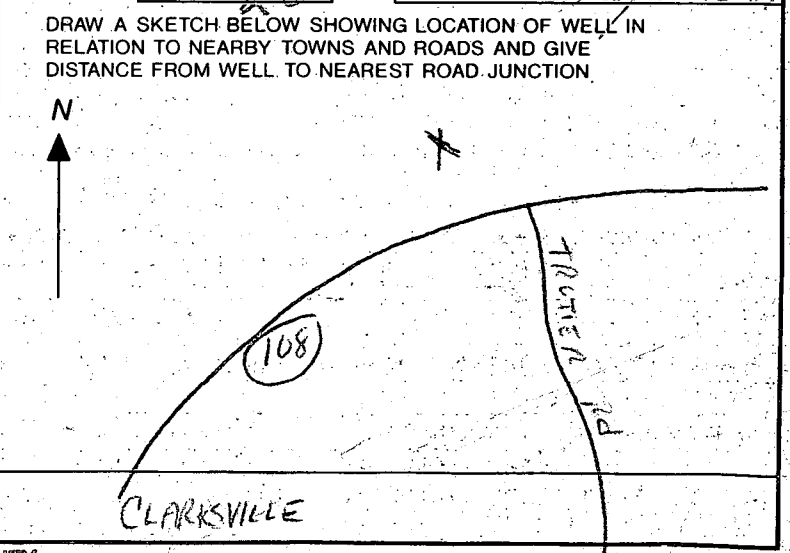
APPROXIMATE DEPTH OF WELL **200** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** 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. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **506**
000-000 (Well tap J. Johnson)

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
39 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) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **G A P**
54 63
FORCE **MD** WRITE INITIALS IN BOX PERMIT No. **HO-92-0121**
67 68 70 71 72 73 74 75 76 77 78 79

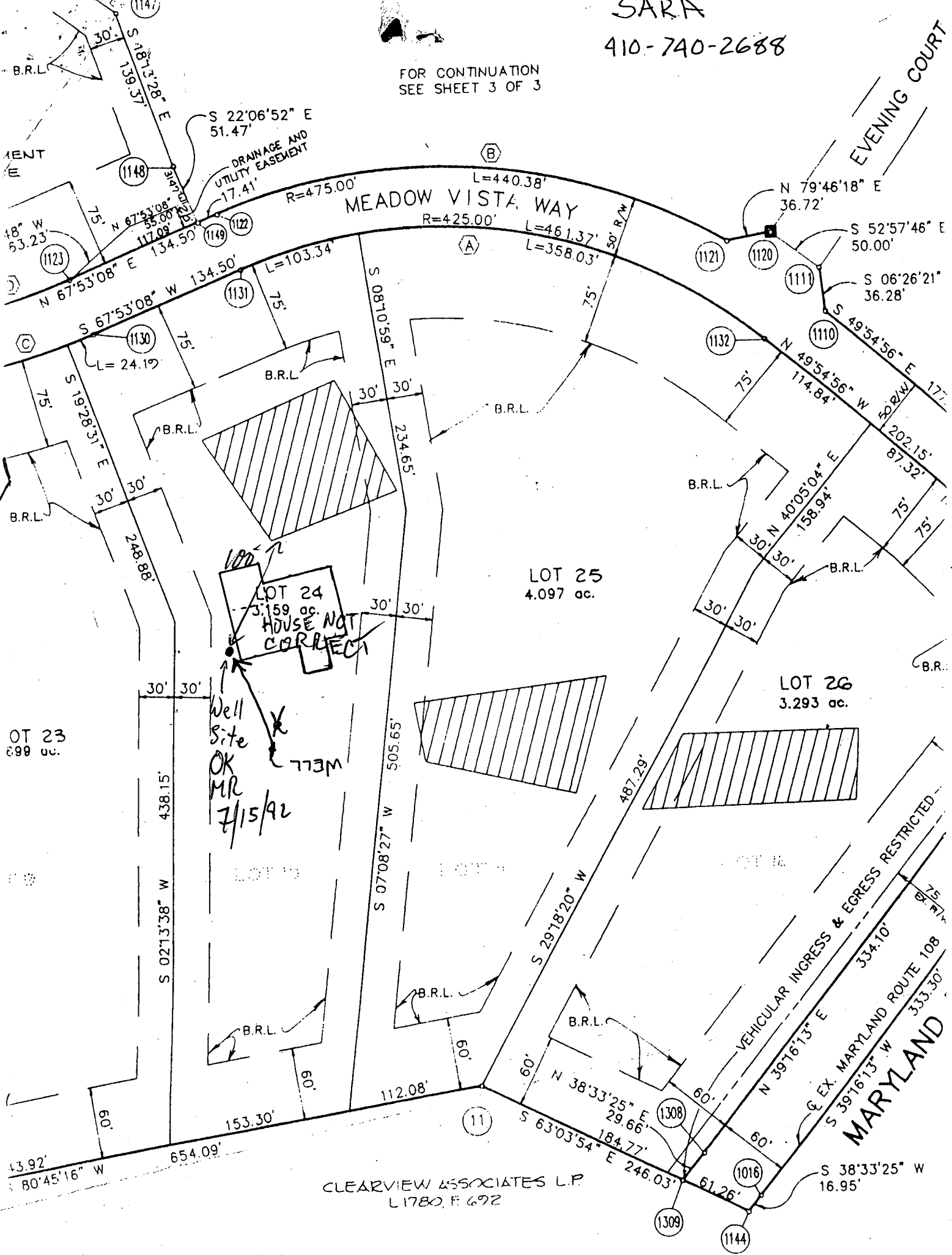
SPECIAL CONDITIONS

SARA
410-740-2688

FOR CONTINUATION
SEE SHEET 3 OF 3

EVENING COURT

MEADOW VISTA WAY



LOT 24
3.159 ac.
HOUSE NOT
CORRECT

LOT 25
4.097 ac.

LOT 26
3.293 ac.

Well Site
OK
MR
7/15/92

CLEARVIEW ASSOCIATES L.P.
L1780, F. 692

MARYLAND

4" x 3" CONCRETE MONUMENT

C3 6846

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A37827

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-92-0121

OWNER Scott Development last name Meadow Vista first name TOWN Clarksville SUBDIVISION Clearview Estates SECTION LOT 24

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: top soil, Shale, mud, Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 10 NO. OF BOUNDS 1000

CASING RECORD casing types insert appropriate code below ST CO PL OT MAIN CASING TYPE S

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 34 200 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 23 WHEN PUMPING 48 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

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 40'

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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

10/5/92

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 # 48570
Date 9/29/92

Name of Installer KLIPP & SONS, INC.

Telephone (410)-1914

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

Name of Property Owner SCOTT HOMES Telephone 740-26088
Subdivision CLEARVIEW ESTATES Lot # 24 Well Tag # HO-92-0121
Site Address 1915 Meadow Vista Way

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make Red Jacket
- 3. Model # _____
- 4. Capacity 5 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 1
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 ✓

Pitless Adapter

- 1. Make Martinson
- 2. Model # 50
- 3. Depth 4ft

Tank

- 1. Capacity 40
- 2. Pressure relief valve? ✓

Piping

- 1. Type 1/2" ID 1/2"
- 2. Size 1"
- 3. NSF and/or BOCA Code approved ✓
- 4. Depth of supply line 480

Well data

- 1. Depth 500 ft.
- 2. Yield 5 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: [Signature]

Date: 9-29-92

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

HD-215

10/5/92 - OK COVER OUTSIDE WORK
PRESSURE TANK NOT YET INSTALLED
RH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

022875

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source <u>FRED GRAY</u>	
Community <input type="checkbox"/>	Location: <u>8301 MURPHY ROAD</u> (<u>BATHROOM TAP</u>)	
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time Collected: <u>9:35</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Collector # <u>89-122</u> Bottle No. <u>NN-22</u>
Check Sample <input type="checkbox"/>	Collector Name <u>J. MENUSTIK</u>	County <u>HOWARD</u>
Special <input type="checkbox"/>		

<u>13</u> County	<u> </u> Plant No.	<u> </u> Sampling Station	<u>06 12 89</u> Date Collected
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pH 6.0 Res. Cl: Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.			
Gas, 24 hours	-	-	-	-
Gas, 48 hours	+	+	+	+

ml. of Sample	10ml.			
Coliforms †	-	-	-	-
Fecal Coliforms ‡	-	-	-	-

No. of Pos.
0
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.

- using m Endo-Agar LES at 35°C incubation
- using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour: 12 JUN 89 14 35
 Recd. 25 UP
 Exam
 16 JUN 89 13 57
 Rept.

Laboratory	
Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
Cheverly <input type="checkbox"/>	
Remarks _____	
Bacteriologist <u> </u>	

B 1 **7720** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
HC-91-1704
 Fill in this form completely

Date Received **1/23/86**
 OWNER INFORMATION
 15 Last Name **FRANKLIN** Owner's First Name **GEORGE**
 36 Street or RFD **FULTON**
 57 Town **FULTON** 70 State **MD** 72 Zip **21759** 76

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION **FAV 46-09 8194**
 SECTION **44** 46 LOT **48** 50
 52 NEAREST TOWN **FALTON**
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION
 Driller's Name **George P. Easterday**
 77 License No. **80**
 Firm Name **L. Franklin Easterday, Inc.**
 2365 Brown Ch. Rd., Mt. Airy, Md. 21771
 Address **...** 975786
 Signature **...** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD **MORRIS RD** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH **N** WEST **W** EAST **E** SOUTH **S**
 34 **1500** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **50000** 14 20

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
 COUNTY NAME **HOWARD** COUNTY NO. **A-3713-1**
 OEP SIGNATURE **...** STATE HEALTH INSERT S 41
 DATE ISSUED **10/06/86** CO SIGNATURE **B. Johnson** EXP. DATE **04/06/87**
 NORTH GRID **470000** EAST GRID **0824000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

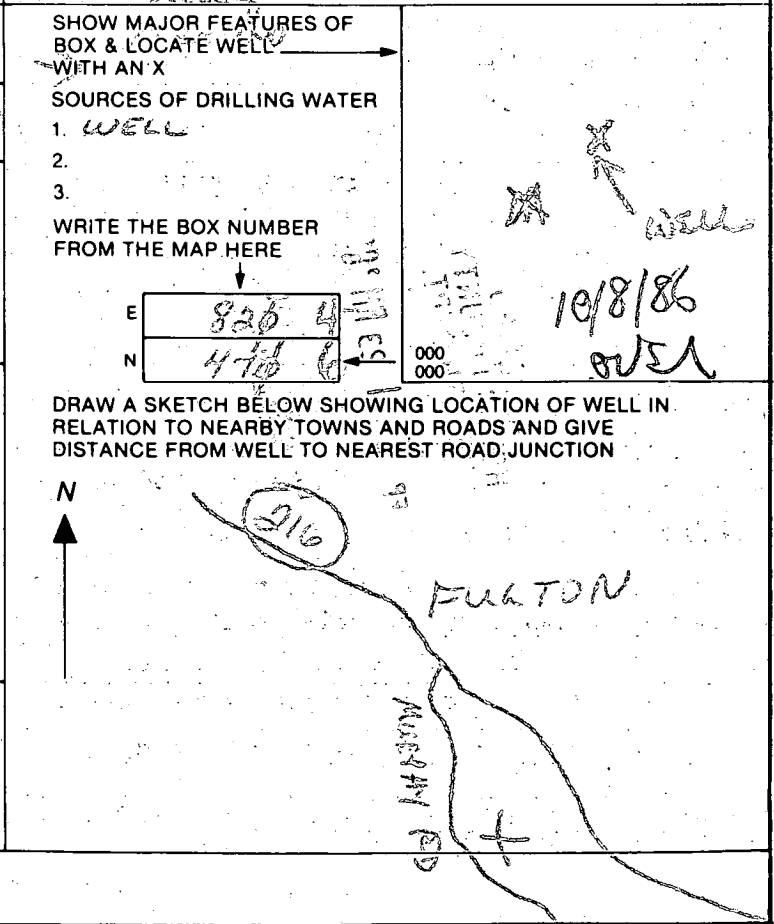
APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

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 DEEPEM 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 _____ GAP _____ 54 63
 FORCE **EA** WRITE INITIALS IN BOX 67 68 PERMIT No. **HC-91-1704** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



TAG NOT WITH DRILLER.
HE GOT AFTER JOB DONE

10/8/86 front only

Location as per field OK

NO one
showed
(waited 40 min)

caught up w/
Joey later - got #'s

20' casing
18' open hole
5 bags cement
2' above ground

from
owner



estimated yield 5-6 gpm
well 240' deep
(sand hit rock = 18')

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

SEP 5 1 23 PM '86

DIVISION OF
ENVIRONMENTAL
HEALTH

Fred and Jane Gray
Box 111
Fulton, MD 20759-0111

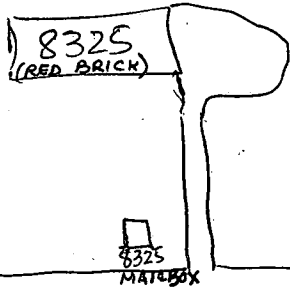
LOCAL # 598-8888

GRAY RESIDENCE →

RED ALUMINUM SIDING

SOYBEAN FIELD

1500'
GRAVEL ROAD

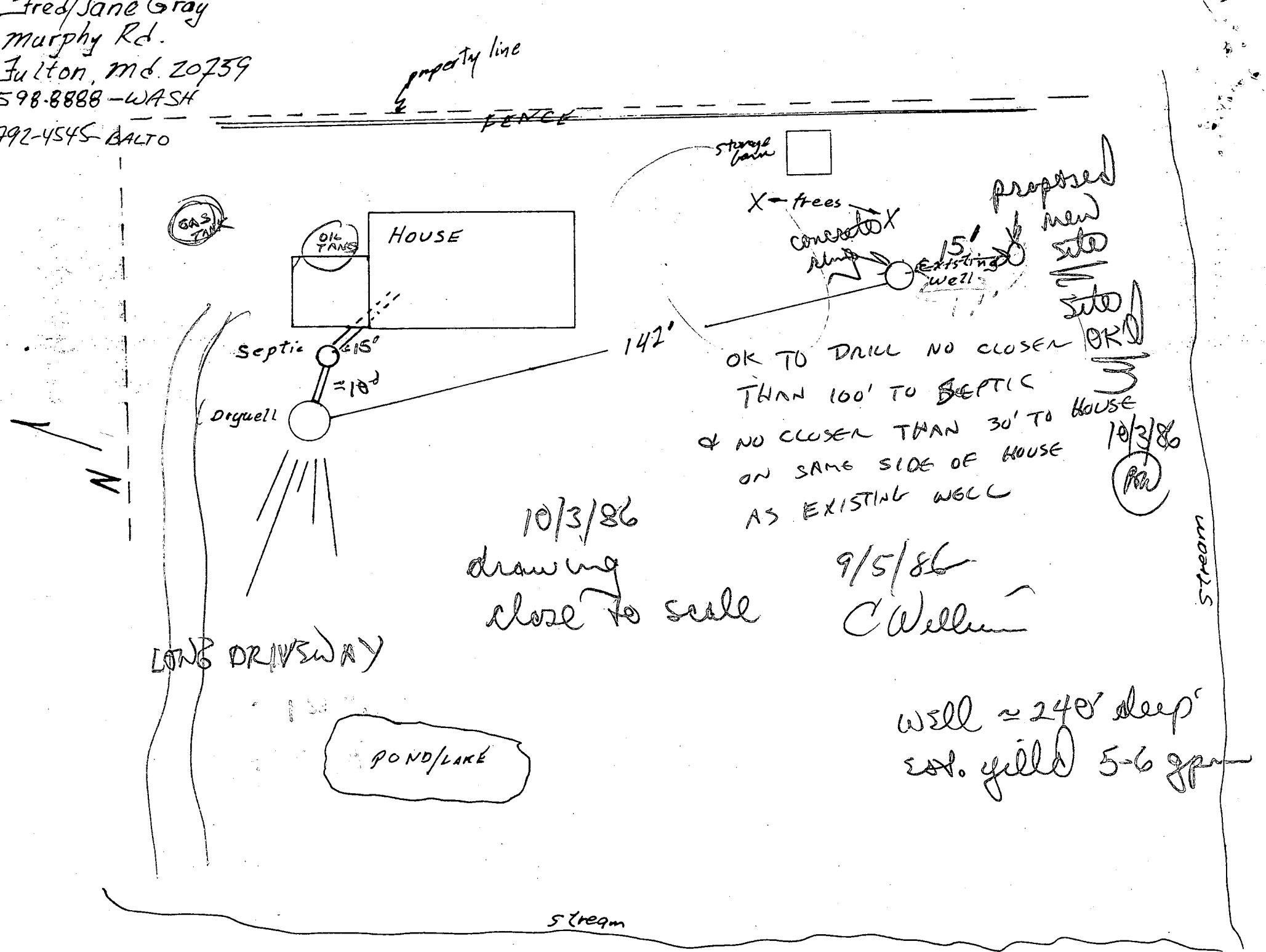


↑

MURPHY ROAD

WINDMILL

Fred/Jane Gray
Murphy Rd.
Fulton, Md. 20759
598-8888 - WASH
792-4545 - BALTO



OK TO DRILL NO CLOSER
THAN 100' TO SEPTIC
& NO CLOSER THAN 30' TO
ON SAME SIDE OF HOUSE
AS EXISTING WELL

10/3/86
OK

10/3/86
OK

10/3/86
drawing
close to scale

9/5/86
C. Williams

well ~ 240' deep
est. yield 5-6 gpm

C1 7612

SEQUENCE NO. (OEP 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.

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

COUNTY NUMBER

A-37831-w

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for Date Received

Grid for Date Well Completed

Grid for Depth of Well

Grid for Permit No.

OWNER: C. DAY (last name) first name TOWN: FULTON SUBDIVISION: MAP 46.09 SECTION: 0.44 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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica, Tan mica, Gray mica, Br. mica, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 5 NO. OF POUNDS 500 GALLONS OF WATER 25 DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE Nominal diameter top (main) casing (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 STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) OTHER (OT) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.) 40 18 240. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

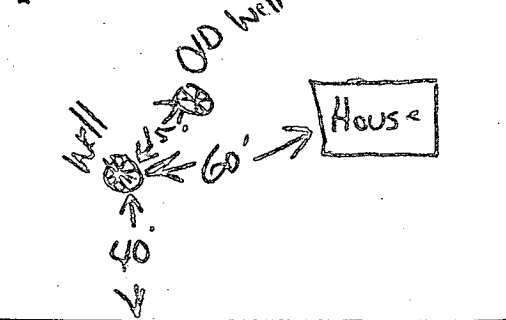
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 NO TEST

PUMPING TEST HOURS PUMPED (nearest hour) 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) air (A), piston (P), turbine (T), centrifugal (C), rotary (R), other (O), jet (J), submersible (S)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) 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, SERTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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 10.17.13 "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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Rear Prop. line