

LAYOUT 7/6/04-11 AM INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 5-20-04

APPROVAL DATE: 7/6/04

**PERMIT  
INDEXED**

P 520370

A 32715

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

K & K Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 15882  
~~44960~~ Frederick Rd., Woodbine PHONE NUMBER: 410-442-1336

SUBDIVISION: Coleview LOT NUMBER: 1

ADDRESS: 6910 Guilford Road PROPERTY OWNER: Selfridge Builders

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 149 HOUSE SERVED BY PUBLIC WATER

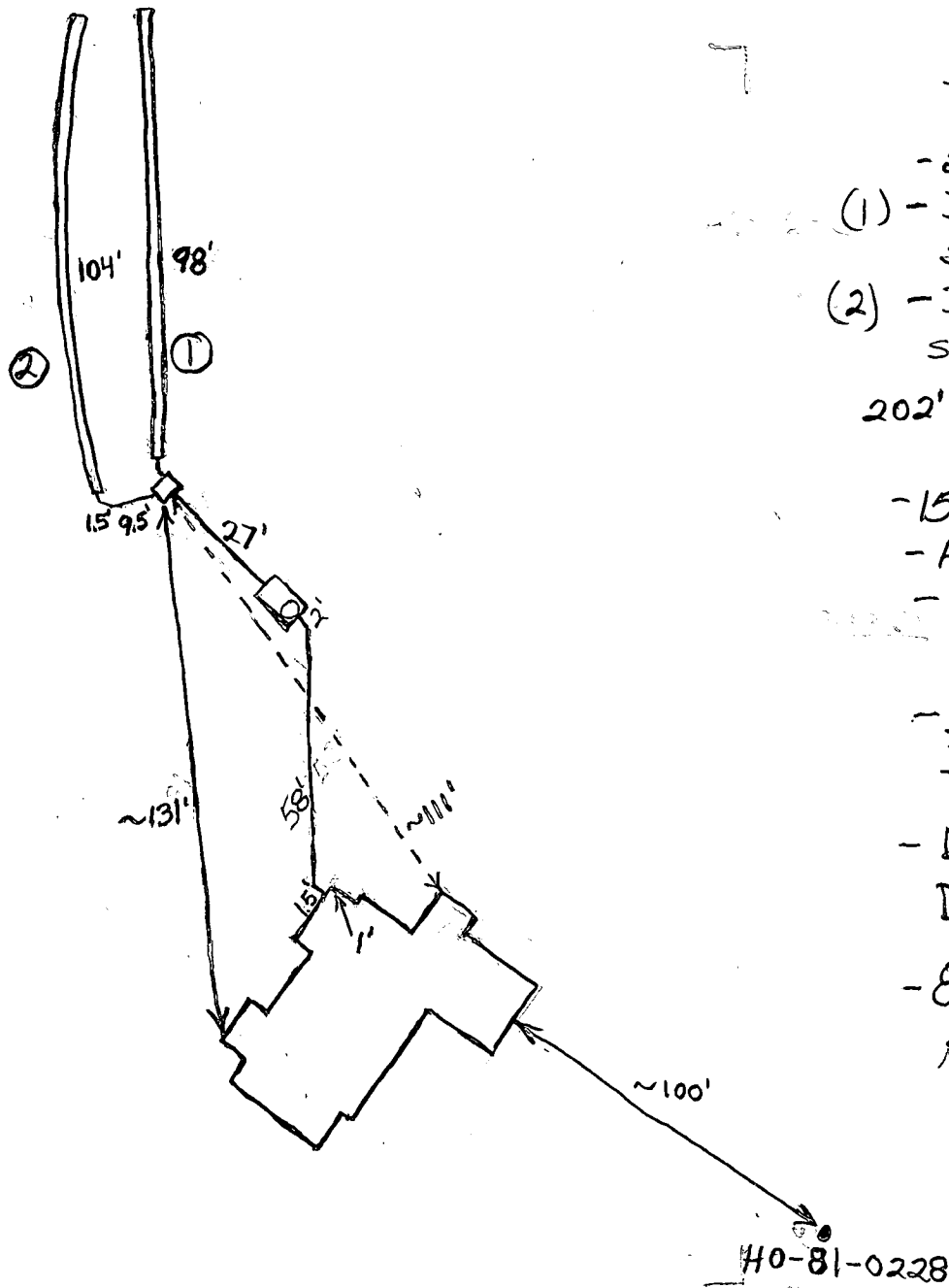
TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the closest corner of the staked septic area. Run two trenches on contour to opposite side of septic field.
NOTES:	Install gravel around pipe at location shown on plan due to proposed swale. Contractor encouraged to run trenches to 100' length for maximum use of septic area.

CONTRACTOR REQUESTS OK TO INSTALL PIPE AT 4'8" - OK w/ GRAVEL VP TO 4" BELOW GRADE MR 7/1/04

PLANS APPROVED: MER OK MR DATE: 4/7/04

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**



Trenches-

- 2' width
- (1) - Inlet at 4' 7"
- Stone from 4'-8'
- (2) - Inlet at 4'
- Stone From 3.5'-8'
- 202' of Trench Total

- 1500 Top Seam
- About 3' Deep
- One Manhole on Front of Tank
- Both Baffles Installed
- Baffle in Distribution Box
- 808 sq. ft. of sidewall

7/6/04

The inlet for trench #1 had to be deeper than 4' for gravity service. The second trench had an inlet at, around 4'. Stone put around pipe in proposed swale area. O.K. to cover everything. (BB)

Approved: 7/6/04, B. Baker

GUILFORD RD.

80' PUBLIC ROAD RIGHT OF WAY  
MAJOR COLLECTOR

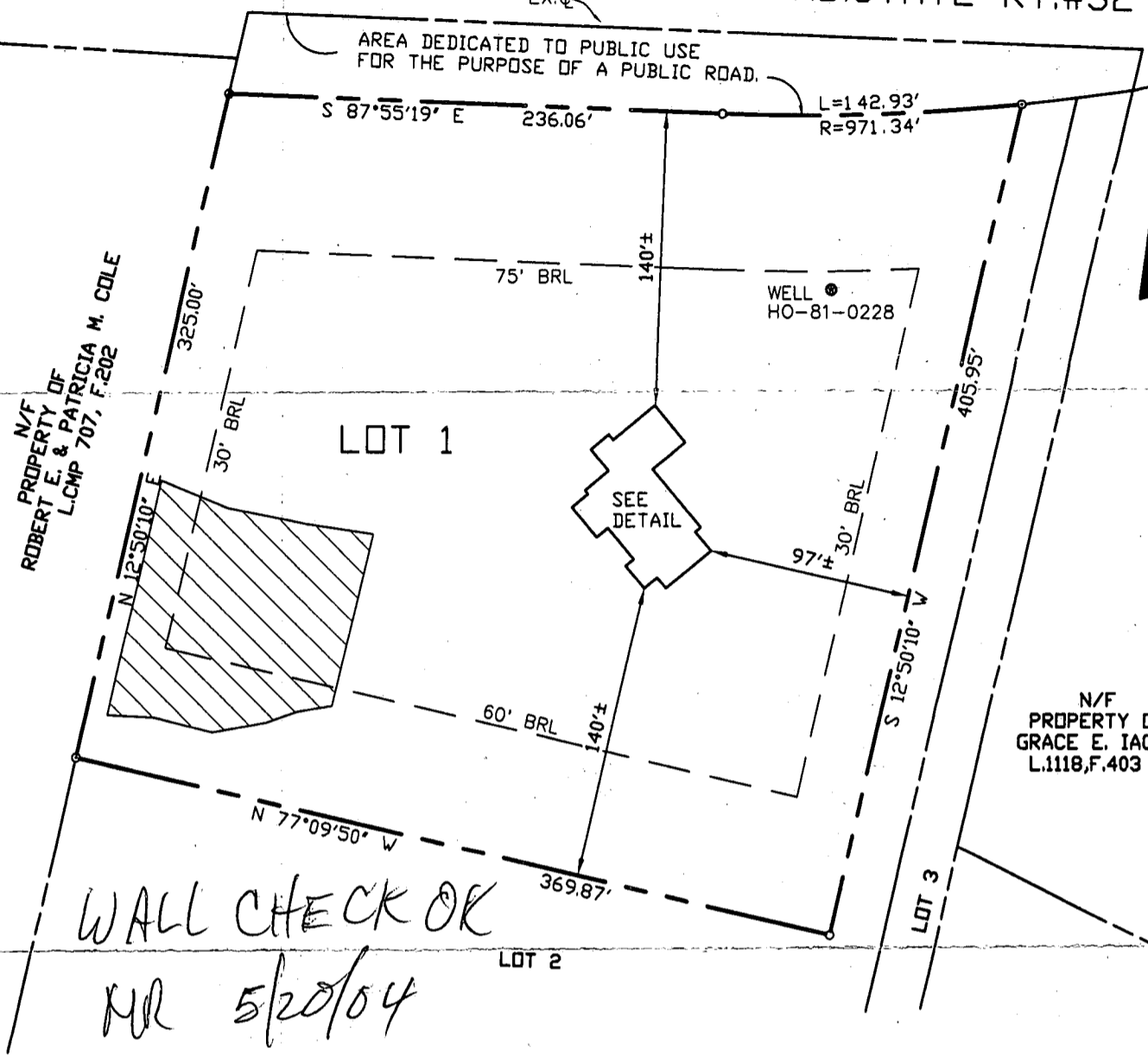
MD.STATE RT.#32

EX.C

AREA DEDICATED TO PUBLIC USE  
FOR THE PURPOSE OF A PUBLIC ROAD.

N/F  
PROPERTY OF  
ROBERT E. & PATRICIA M. COLE  
L.CMP 707, F.202

N/F  
PROPERTY OF  
GRACE E. IAGER  
L.1118,F.403

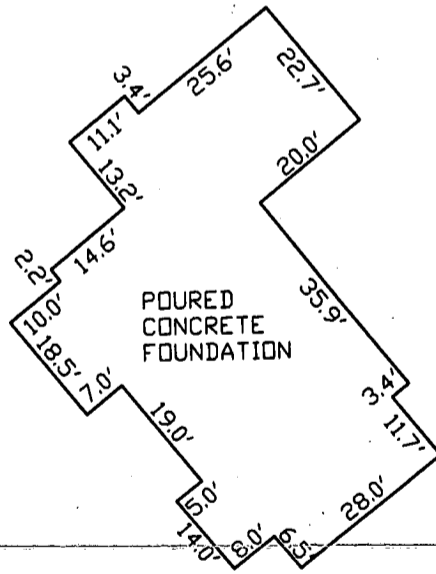


WALL CHECK OK  
MR 5/20/04

TOP OF FOUNDATION WALL ELEVATION = 467.4'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/23/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY THE RIEMER GROUP, INC. ENTITLED "COLEVIEW LOTS 1,2 AND 3", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.5488



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK  
COLEVIEW  
LOTS 1,2 AND 3  
LOT No. 1

6910 GUILFORD ROAD

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 80' DATE: 04/23/04

*David M. Harris*  
DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD. REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 5488  
FEMA FIRM No. 240044 0033 B  
ZONE: C  
DATED: 12/04/86



**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
phone: 410-485-8105 • fax: 410-485-8844  
email: Benchmark@coals.com



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300146488 *MD*

Building Address ~~69106 East~~ *Guilford Road*  
*Clarksville, MD. 21738*

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: *57*

Census Tract *605102* Subdivision *Coleview*

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot *1*

Tax Map *35* Parcel *391* Grid *20*

Zoning *RR020* Map Coordinates *141111* Lot size \_\_\_\_\_

Property Owner's Name *James H. Sallinger, Blinn, Jr.*

Address *14045 GARD DRIVE*

City *Clarksville* State *MD* Zip Code *21738*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone *410-531-8130* Fax *410-531-8137*

Existing Use *VACANT LOT*

Proposed Use *New Single Family Dwelling*

Estimated Construction Cost \$ *350,000*

Description of Work *2 story custom Full Bsmt, Partial Fin. Bsmt, 4 BR 3 FB, 1 HD, 2 1/2 CAR GARAGE, 1 F/P*

Contractor Company *JAMES H. SALLINGER BLDG. INC.*

Contact Person *TIM RAGEN*

Address *14045 GARD DRIVE*

City *Clarksville* State *MD* Zip Code *21738*

License No. *HD100729*

Phone *410-531-8130* Fax *410-531-8137*

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <i>42</i> <i>58</i>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <i>31</i> <i>46</i>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <i>46</i> <i>58</i>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <i>4</i>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

*Tim Ragen*  
Applicant's Signature  
VP of Production  
Title/Company  
*MR 4/6/04*

*TIM RAGEN*  
Print Name  
*03/05/04*  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      **Licensed Well Pump Installer**  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License# PI 0145  
**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: SELFRIDGE BLD ERS Telephone #: 410-531-8930  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-81-0228  
Site Address: 6910 Guilford Rd  
CLARKSVILLE, MD 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>BEI</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>15 SAE 013-180</u>	Model#: <u>PA-100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>38</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>3</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>160</u> (feet)	Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one <u>low water cut off</u> <i>off Built into pump &amp; Conduit</i>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>AQUA-JET Coil</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5' 10"</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: MDE-PI-0145 date: 10/5/04

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/8/04 + 11/4/04 Inspector: RB

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

**C1** 4400 SEQUENCE NO. (OEP 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 **A32715**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **09/14/83** Depth of Well **190** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0228**

OWNER **Bennett Kevin** last name first name  
 STREET OR RFD **Md. Rte 32** TOWN **Clarksville**  
 SUBDIVISION **Coleview** SECTION **1** LOT **8**

**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	
TOP SOIL	0	2	
SHALEY	2	10	
SANDSTONE	10	85	✓
MICA	85	95	
MICA + QUARTZ	95	100	✓
MICA	100	115	
SANDSTONE	115	120	✓
MICA	120	165	
QUARTZ SANDSTONE	165	180	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **19** NO. OF POUNDS **1900**  
 GALLONS OF WATER **100**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **50** ft.  
 (enter 0 if from surface)

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

**MAIN CASING** Nominal diameter top (main) casing TYPE **ST** **G** **91** Total depth of main casing (nearest foot) **91** **6** **66** **70**

**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.)  
 1 **40** **89** **180**  
 2  
 3

**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 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.

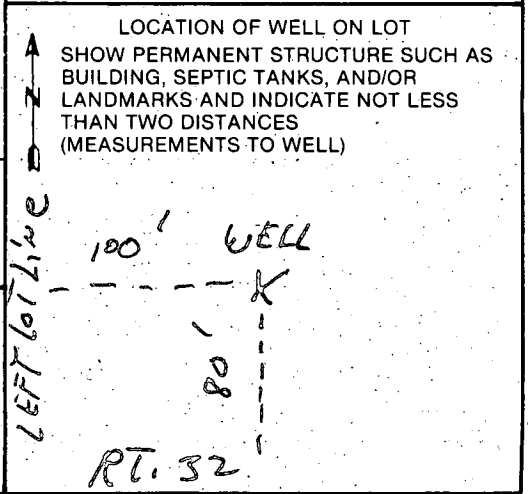
DRILLERS IDENT. NO. **10**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) [ ] [ ] [ ] [ ] [ ] [ ] WQ [ ] [ ] [ ] [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **108**  
 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:  
**S** CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **2** (nearest foot)  
**-** below }



B 1 7193 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  
HO-81-0228  
fill in this form completely

Date Received 8/10/83  
OWNER INFORMATION  
8 BENNETT KEVIN  
15 Last Name 13 Owner First Name 34  
8365 MURPHY ROAD  
36 Street or RFD 55  
LAUREL MD 20707  
57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION  
GEORGE F. EASTERDAY 40  
Driller's Name 77 License No. 80  
L.F. EASTERDAY, INC.  
Firm Name  
9265 Brown Church Rd. Mt. Airy, Md. 21771  
Address  
George S. Easterday 7/28/83  
Signature Date

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
3 RT. 32  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W  
EAST E  
SOUTH S  
34 80 37  
DISTANCE FROM ROAD  
ENTER FT or MI FT  
38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD A32715  
COUNTY NAME COUNTY NO.  
OEP SIGNATURE STATE HEALTH INSERT S  
DATE ISSUED 08/16/83 Frank Skinnis 2/16/84  
43 48 CO SIGNATURE EXP. DATE  
NORTH GRID 492000 EAST GRID 0822000  
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

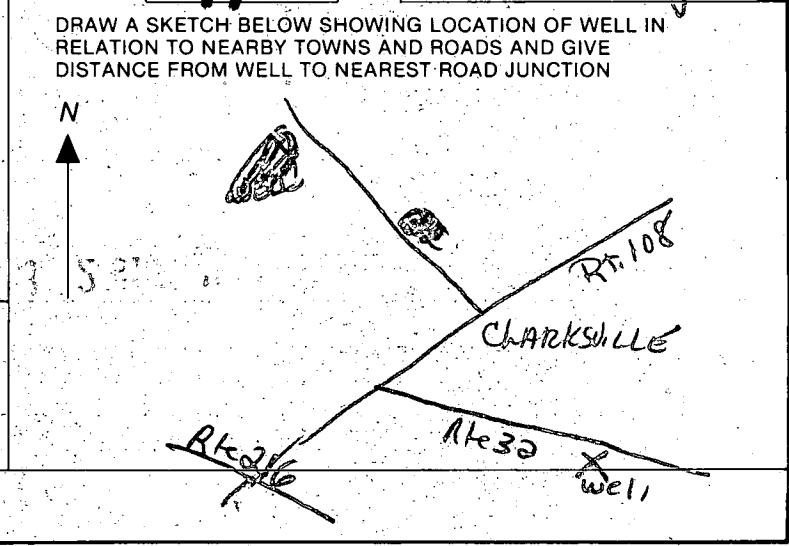
APPROXIMATE DEPTH OF WELL 200 FEET  
24 28

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  
Location OK  
91' casing  
2' above 90  
50' open  
19 bags cement  
X well  
9/8/83

APPROXIMATE DIAMETER OF WELL 6 INCH  
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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEMED AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP  
FORCE PS WRITE INITIALS IN BOX PERMIT NO. HO-81-0228  
67 68 70 71 72 73 74 75 76 77 78 79  
SPECIAL CONDITIONS

www  
7:00  
64.

Review 9/23/83 OK F.S.

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0228  
Location of property (road) Mid. Rte 32  
Subdivision Coleview Lot 1 Block      Plat      Sec.       
Well Driller George F. Easterday Owner Kevin Bennett  
Depth of well 280 36pm  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 6:50 Pumping rate 10.6 P.M  
Total time 7:10 to reach pumping water level 108' 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:10	108'	20 sec		3.6 P.M
7:25	108'	20 sec		3.6 P.M
7:40	108'	20 sec		3.6 P.M
7:55	108'	20 sec		3.6 P.M
8:10	108'	20 sec		3.6 P.M
8:25	108'	20 sec		3.6 P.M
8:40	108'	20 sec		3.6 P.M
8:55	108'	20 sec		3.6 P.M
9:10	108'	20 sec		3.6 P.M
9:25	108'	20 sec		3.6 P.M
9:40	108'	20 sec		3.6 P.M
9:55	108'	20 sec		3.6 P.M
10:10	108'	20 sec		3.6 P.M
10:25	108'	20 sec		3.6 P.M
10:40	108'	20 sec		3.6 P.M
10:55	108'	20 sec		3.6 P.M
11:10	108'	20 sec		3.6 P.M
11:25	108'	20 sec		3.6 P.M
11:40	108'	20 sec		3.6 P.M
11:55	108'	20 sec		3.6 P.M
12:10	108'	20 sec		3.6 P.M
12:25	108'	20 sec		3.6 P.M
12:40	108'	20 sec		3.6 P.M
12:55	108'	20 sec	Bruce Thompson	3.6 P.M
1:10	108'	20 sec		3.6 P.M

280  
36  
108





*Permit*  
5/9/83  
5/10/83  
9:30 A.M.

# 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 32715

P ~~32714~~

5th DISTRICT  
~~4th~~

DISTRICT

DATE 4/29/83

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 ROBERT C. COLE

ADDRESS 6838 GUILFORD RD., CLARKSVILLE, MD. 21209 PHONE 854-3370

PROPERTY LOCATION:

SUBDIVISION COLE PROPERTY LOT NO. LOT NO. 21

ROAD AND DESCRIPTION 1100+ EAST ON GUILFORD RD. FROM THE INTERSECTION OF HALL SHOP ROAD AND GUILFORD ROAD

SIZE OF LOT 3.01+ Acres TYPE BLDG. SINGLE FAMILY (DETACHED)  
(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. Robert C. Cole/Agent  
(SIGNATURE OF APPLICANT) *Robert C. Cole*

APPROVED BY Craig Williams FOR trenches DATE 7/21/83

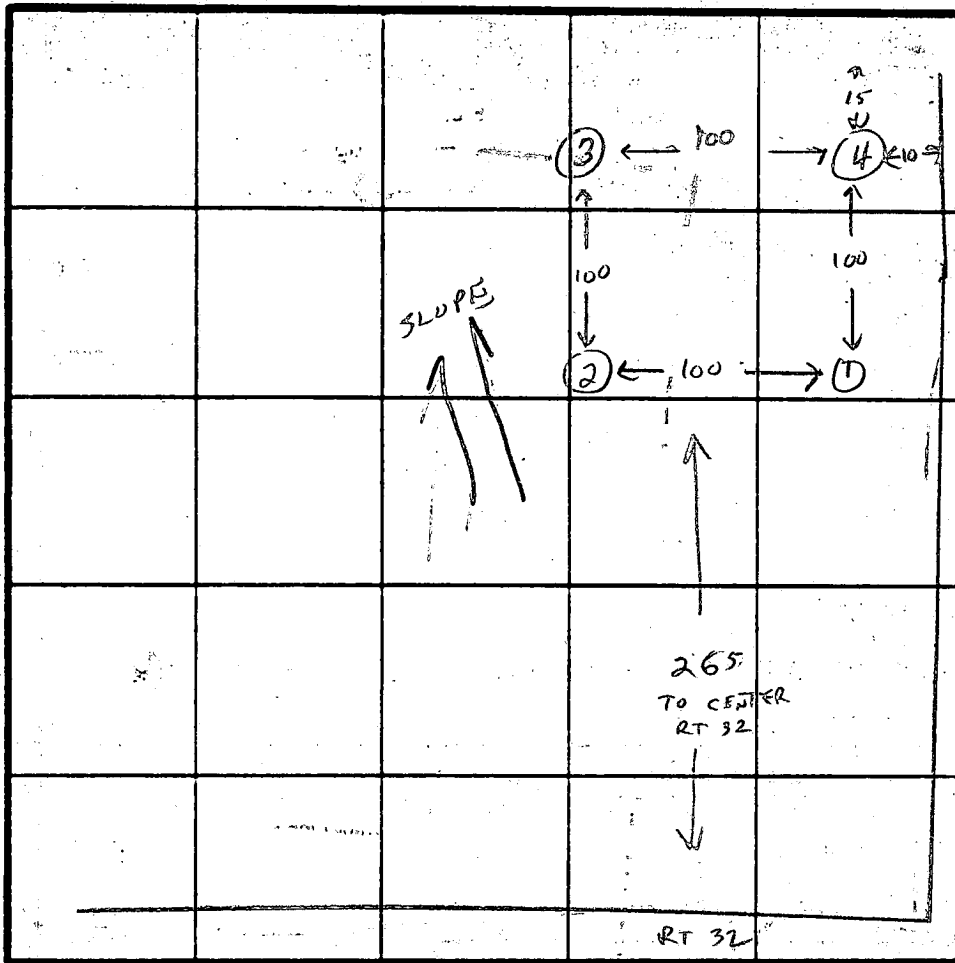
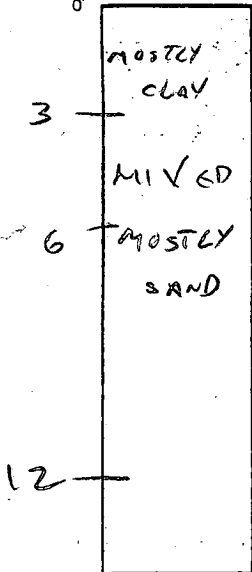
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

ALL HOLES  
CLAY-MICA-SAND  
SOIL-PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-9-83 H16H	1	3	10:09	10:27	10:27	10:54	27 MIN
		8	10:08	10:12	10:12	10:19	7 MIN
		12	MICA-SAND-CLAY				
5-9-83 H16H	2	3	10:15	11:00	11:07	45 MIN	
		8	10:15	10:19	10:19	10:26	7 MIN
		12	MICA-SAND-CLAY				
5-9-83 H16H	3	3	10:23	10:26	10:26	10:33	7 MIN
		8	10:23	10:26	10:26	10:32	6 MIN
		12	MICA-SAND-CLAY				
5-9-83	4	7	10:18	10:35	10:35	11:07	32 MIN
		8	10:18	10:22	10:22	10:30	8 MIN
		12	MICA-SAND-CLAY				

13  
8/10/83  
23  
13 MIN  
AUG

REMARKS

TYPE OF SOIL CLAY TOP CHANGING TO MICA & SAND W/ INCREASED DEPTH.  
TESTED BY C. Williams ALSO PRESENT L. DREHLOFF  
D. PARLETTE

EH-12-1079

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 - 0228  
 Location of property (road) 6910 Guilford Road  
 Subdivision COLEVIEW Lot I Block      Plat      Sec.       
 Well Driller L.F. EASTON DAY / WELL TEST RAY E. MAY Owner SELF RIDGE Builders

Depth of well 260'  
 Distance of measuring point (M.P.) above ground 2"  
 Static water level (S.W.L.) below M.P. 37 ft

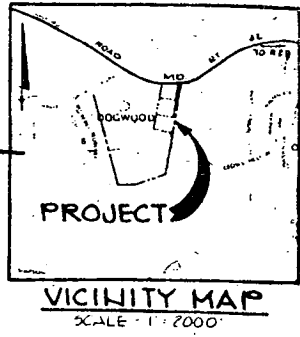
I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 105 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	37 ft	6 Sec	TEST Started	10 GPM
8:30	105 ft	20 Sec		3 GPM
8:45	105 ft	20 Sec		3 GPM
9:00	105 ft	20 Sec		3 GPM
9:15	105 "	20 "		3 "
9:30	105 "	20 "		3 "
9:45	105 "	20 "		3 "
10:00	105 ft	20 Sec		3 GPM
10:15	105 ft	20 Sec		3 GPM
10:30	105 ft	20 Sec		3 GPM
10:45	105 "	20 "		3 "
11:00	105 "	20 "		3 "
11:15	105 "	20 "		3 "
11:30	105 ft	20 Sec		3 GPM
11:45	105 ft	20 Sec		3 GPM
12:00	105 ft	20 Sec		3 GPM
12:15	105 "	20 "		3 "
12:30	105 "	20 "		3 "
12:45	105 "	20 "		3 "
1:00	105 ft	20 Sec		3 GPM
1:15	105 ft	20 Sec		3 GPM
1:30	105 ft	20 Sec		3 GPM
1:45	105 "	20 "		3 "
2:00	105 "	20 "		3 "
HD-224 2:15	105 ft	20 Sec		3 GPM
2:30	105 ft	20 Sec		3 GPM

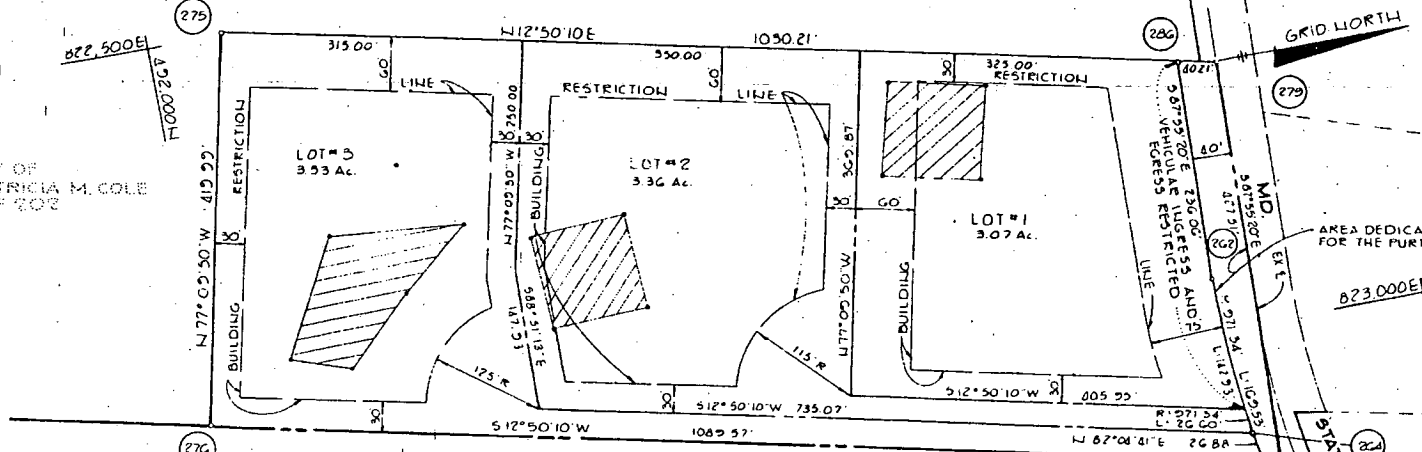
NO.	NORTH	EAST	NO.	RAD.	Δ	ARC	TAN	CHD	L.C.D.
25	493.043 402	823.152 081	275	492.081 440	822.495 274	262-264	971.34'	10°00'00"	19253 64 23 199 32 N 87°04'40" E
262	493.043 139	823.151 821	276	491.060 137	822.505 474				
264	493.042 124	823.150 916	277	493.085 202	822.724 848				
265	493.050 468	823.147 540	286	493.046 699	822.715 515				



LAT-C.M.P. NO. 5488

PARCEL G8  
70.51 Ac.  
PROPERTY OF  
ROBERT C & PATRICIA M. COLE  
L.C.M.P. 707, P. 202

PROPERTY OF  
ROBERT C & PATRICIA M. COLE  
L.C.M.P. 707, P. 202



PROPERTY OF  
GRACE E. LAGER  
L.H.S. P. 403

STATE DEPT. OF ASSESSMENTS & TAXATION  
HOWARD COUNTY  
RECEIVED BY:  
*Karen L. Pruett*  
DATE: 7/18/83 PLAT:

NOTES:

- PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AS SHOWN "•••".
- SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
- ALL COORDINATES ARE BASED ON THE MARYLAND STATE GRID SYSTEM.
- THE AREA SHOWN WITH HATCHING INDICATE A PRIVATE SEWERAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL IMPROVEMENTS OF ANY KIND IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURES ON THIS SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.
- FOR FLAG OR PIPESTEM LOTS, SNOW REMOVAL, TRASH COLLECTION & ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM LOT DRIVEWAY & THE ROAD RIGHT-OF-WAY ONLY & NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.

NOTES CONTINUED:

- PLAN IS SUBJECT TO V.P. 83-73
- VEHICULAR INGRESS AND EGRESS TO LOT #1 SHALL BE BY A COMMON EASEMENT ACROSS LOT #2

TABULATION THIS SUBMISSION

1) TOTAL NUMBER OF LOTS	3
2) TOTAL AREA OF RESIDENTIAL LOTS	9.96 Ac.
3) TOTAL AREA OF ROAD R/W	0.36 Ac.
4) TOTAL AREA OF SUBMISSION	10.32 Ac.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT THAT IT IS A SUBDIVISION OF PART OF THE LANDS WHICH BY DEED DATED DEC 23, 1974 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER C.M.P. 707 FOLIO 202 AND VARIOUS DEEDS THEREAFTER, CERTAIN INTEREST THEREIN WERE CONVEYED BY CECIL F. COLE AND ALICE B. COLE TO ROBERT C. COLE AND PATRICIA M. COLE AND THE REMAINING INTEREST IN SAID LAND WAS RETAINED BY THE SAID CECIL F. COLE AND ALICE B. COLE AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

PROFESSIONAL LAND SURVEYOR #10151  
BY: ARTHUR E. MUEGGLE DATE  
THE RIEMER GROUP, INC.  
8650 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21043

OWNER'S CERTIFICATE

WE, ROBERT C. COLE AND PATRICIA M. COLE, of pl. OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND FOR THE USE OF THE BEDS OF THE STREETS AND/OR ROADS, AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (2) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (3) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAYS.

WITNESS MY/OUR HANDS THIS 18th DAY OF JUNE 1983  
ATTEST: LARRY DREHOFF DATE ALICE B. COLE DATE  
PATRICIA M. COLE DATE ROBERT C. COLE DATE

RECORDED AS PLAT NUMBER \_\_\_\_\_ ON \_\_\_\_\_ AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

OWNERS: ALICE B. COLE AND ROBERT C. COLE AND PATRICIA M. COLE  
8650 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21029

COLEVIEW  
LOTS 1, 2 AND 3

PARCEL G8 ZONING: "R" VP-83-73 TAX MAP N° 35641  
SHEET 1 OF 1 SELECTION DISTRICT OF HOWARD COUNTY, MARYLAND SCALE: 1" = 100' DATE: JUNE 2, 1983

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD COUNTY

HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

DIRECTOR DATE

1:200

FILED JUL 13 1983

FILED JUL 13 1983



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 5, 2004

Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Coleview, Lot 1  
6910 Guilford Road  
Clarksville, MD 21738  
BP # B00146488  
Well Permit # HO-81-0228

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/06/2004. Final approval of the well line connection to the dwelling was approved on 11/04/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-81-0228. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 11/03/2004  
Date of Well Completion: 09/14/1983

Respectfully,

*Brian Baker*  
Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File