

10/25/91 AM

Tax ID - 05-409144

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEX - TIME - EXPIRED FOR F.C.O.P

COMPLIANCE

DATE SYSTEM APPROVED

P 47528

A 37795

DISTRICT 5th

DATE 10/24/91

INSPECTOR RH

INDEXED 8/8/93 C. Williams/CB

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Clearview Estates LOT 14 ROAD 5215 Sheppard Lane

PROPERTY OWNER Richard and Barbara Costa

ADDRESS 8369 Tamar Drive
Columbia, Maryland 21045 21045

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 200' from the front (445.97') lot line and 190' from the left (287.13) lot line. Run trenches on contour, first three toward front of lot, others in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/10/91 RH

PLANS APPROVED BY Mark Rifkin cm DATE 3/13/91

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
37795

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 37795

P _____

DISTRICT

DATE June 30, 1986

*10/16/86
perc OK'd
pending
plot @*

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 *Richard V. Langenfelder* *Barbara Lister* 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. 2314/6 *10/9 Prelim*
ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane 5215 Shepherd Ln.

SIZE OF LOT 5.3 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field location on all holes (plan
necessary extension of perc field)

BLDG. PERMIT SIGNED
AND RETURNED 7/8/91

38486 3 Bedrooms
Single Family Dwelling

THIS IS NOT A PERMIT

INLET 3 1/2
MAX 5 1/2
18" DIA BORM
X 7' 9" MIN

A+B
SOIL PROFILE

Orange/brown
silty/mica
loam
mixed w/
layers
weathered
frags
↑ w/ depth
fill hard
bottom
at 4' + 2'

(C)

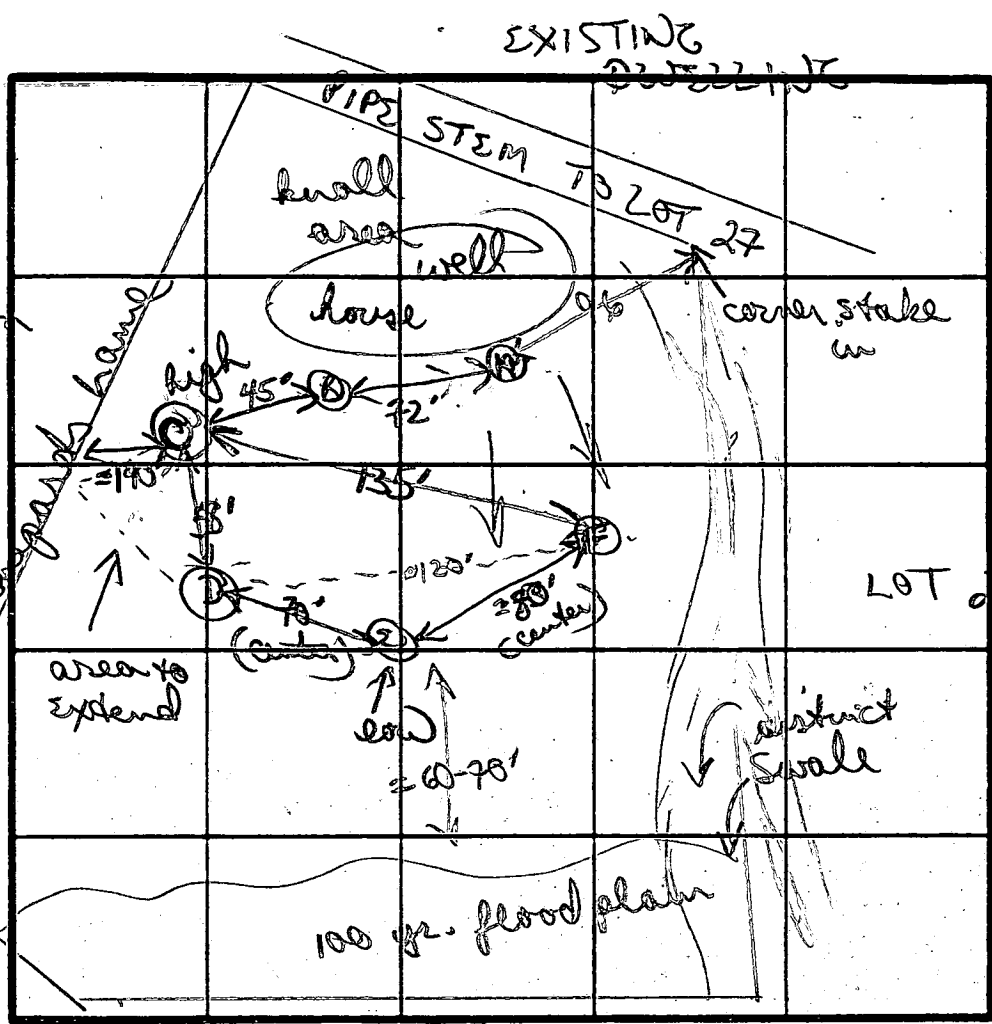
mix of silty/
chunky orange
brown silty
clay loam

-4'
more to
brown/orange
silty/mica
loam
w/ 5-10% small
weathered
12 1/2 D

D
red/orange
brown powdery/
gitty clay
silt loam

4'
red brown
to tan brown
silty-mica
loam with
scattered small
frags rock

12 1/2 D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(3)
chestnut gravelly
soil
top 4' with
gitty chunky
clay loam
From 5-8'
gravelly layer
back into
silty loam
w/ layered
weathered
10 1/2 b

12 1/2 D

(F)

tan brown
silty/mica
loam

4'
layered
structured
material
7'
silty mica
loam w/
15% small
frags

12 1/2 D

X 9 min
200 #/Bx
Inlet 3'
Bottom 5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/16/86	A+B	4' + 7'	hard rock	bottom	(not tested)		
	✓C	4' S	220	223	223	228	5 min
		8' M	220	221	221	222	1 min
		12 1/2 D	bottom	(see profile)			
	✓D	3 1/2 S	238	236	236	248	12 min
		12 1/2 D	bottom	(see profile)			
	✓E	4' S	236	246	246	311	25 min
		12 1/2 D	bottom	(see profile)			
	✓F	3 1/2 S	242	243	243	248	2 min
		8' M	242	248	248	255	7 min
		12 1/2 D	bottom	(see profile)			

REMARKS
SHALLOW SYSTEM ONLY (FOR BACK & FUTURE NEAR FLOOD PLAIN)
only partially sited. As tested slightly less O.K. Can
extend field between C & D to get necessary
chestnut soils, orange clay loam, w/ 5-10% weathered
material

TESTED BY

ALSO PRESENT

BNipon

June/digger

C 1 4540 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 A 37795

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

032091

22 185 26
(TO NEAREST FOOT)

140-88-1674
28 29 30 31 32 33 34 35 36 37

OWNER COSTA RICHARD
last name first name
STREET OR RFD Sheppard La TOWN Clarksville
SUBDIVISION CLEARVIEW ESTATES SECTION LOT 14

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 FROM TO Check if water bearing

SPALL Stone 0 27
Grayish rock 37 185

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.
48 TOP 52 (enter 0 if from surface) 54 BOTTOM 58

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 1 42

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

screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C 2

DEPTH (nearest ft.)
1 40 185
2 23 24 26 30 32 36
3 38 39 41 45 47 51

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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31

WHEN PUMPING 51

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
above below LAND SURFACE (nearest foot) 49 51

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)

COUNTY

B 1	0058	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-1677 70 fill in this form completely 79
Date Received (APA) 020491 OWNER INFORMATION COSTA RICHARD 14006 CASTLEBARK DRIVE GLENWOOD MU21738 LOCATION OF WELL HOWARD CLEARVIEW ESTATES SECTION 14 CLARKSVILLE 2 MILES FROM TOWN				
DRILLER INFORMATION Joseph L. Mayne 238 Joseph L. Mayne WELL DRILLING 5512 Ridge Rd. Mt Airy, Md. 21771 Joseph L. Mayne 3/4/91 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Sheppard Lane ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 30 37 DISTANCE FROM ROAD 50 FT				
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 260 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 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____				
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE MR WRITE INITIALS IN BOX PERMIT No. HD-88-1677 SPECIAL CONDITIONS				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A37795 COUNTY NAME COUNTY NO. STATE SIGNATURE Mark E. Rifkin 9/12/91 DATE ISSUED 031291 CO SIGNATURE EXP. DATE NORTH GRID 000 EAST GRID 000 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 810 510 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				