

05-410401

PERMIT

SEWAGE DISPOSAL SYSTEM

P 48259

A 39149

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

INDEX - TIME EXPIRED FOR

DATE 9/18/92

HOWARD COUNTY HEALTH DEPARTMENT

F.C.O.P. COMPLIANCE

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

5/2/92 C. Welles

DATE SYSTEM APPROVED 7/2/92

INDEXED

INSPECTOR CW

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Clarksville Manor LOT 11 ROAD 6320 Morning Dew Court

PROPERTY OWNER Charles and Justine Pompei

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 - Start the first trench 145 feet from the front lot line and 100 feet from the right lot line as seen when facing the lot from Golden Harvest Court. Run trenches on contour toward the right.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout cap to grade or above on septic tank. OK 3/2/92 RH

PLANS APPROVED BY Mark Rifkin Revised DATE 1/29/92

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

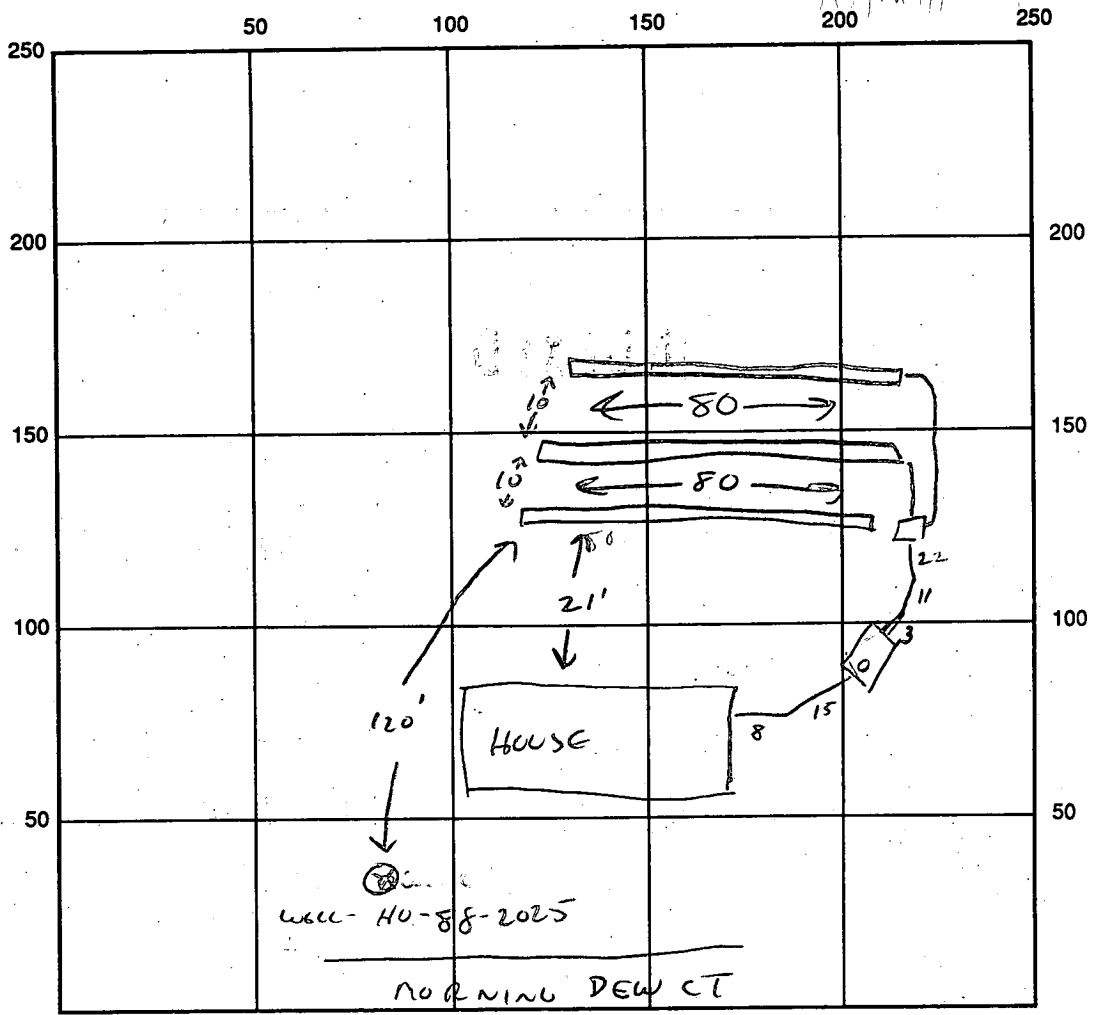
PERMIT VOID AFTER TWO YEARS

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 39149



SEPTIC TANK LEVEL 1250 GAL CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 3 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 @ 80' ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK TO INSTALL W/O INSP. - SCHEDULES CONFLICT,
INSTALLATION DETAIL PER INSTALLERS DIAGRAM. CW

DATE SYSTEM APPROVED 7/2/92 INSPECTOR CW

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 39149

P _____

DISTRICT 54

DATE 3/10/87

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 DR. FRED LEWIS & C. E. Ellsworth Jager *Charles and Justine Romaei*

ADDRESS 1001 ROUTE 108 COLUMBIA, MARYLAND 21044 PHONE 992-7812
~~730-6082~~

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 11

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 32
(6320 Morning Dew Court)

SIZE OF LOT PLEASE ATTACHED LIST 3.00 ACRES TYPE BLDG. RESIDENTIAL PROPOSED
(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.

C. E. Ellsworth Jager
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Standard Parcel DATE 8-9-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 67187 Perc Satisfactory - Hold for Subdivision Plat. S Abel

BLDG. PERMIT SIGNED

AND RETURNED 3/14/87

QUALITY 40984
SFD-4 Belwood

THIS IS NOT A PERMIT

BP 40984

60'

BRL

LOT II 3.0 AC.

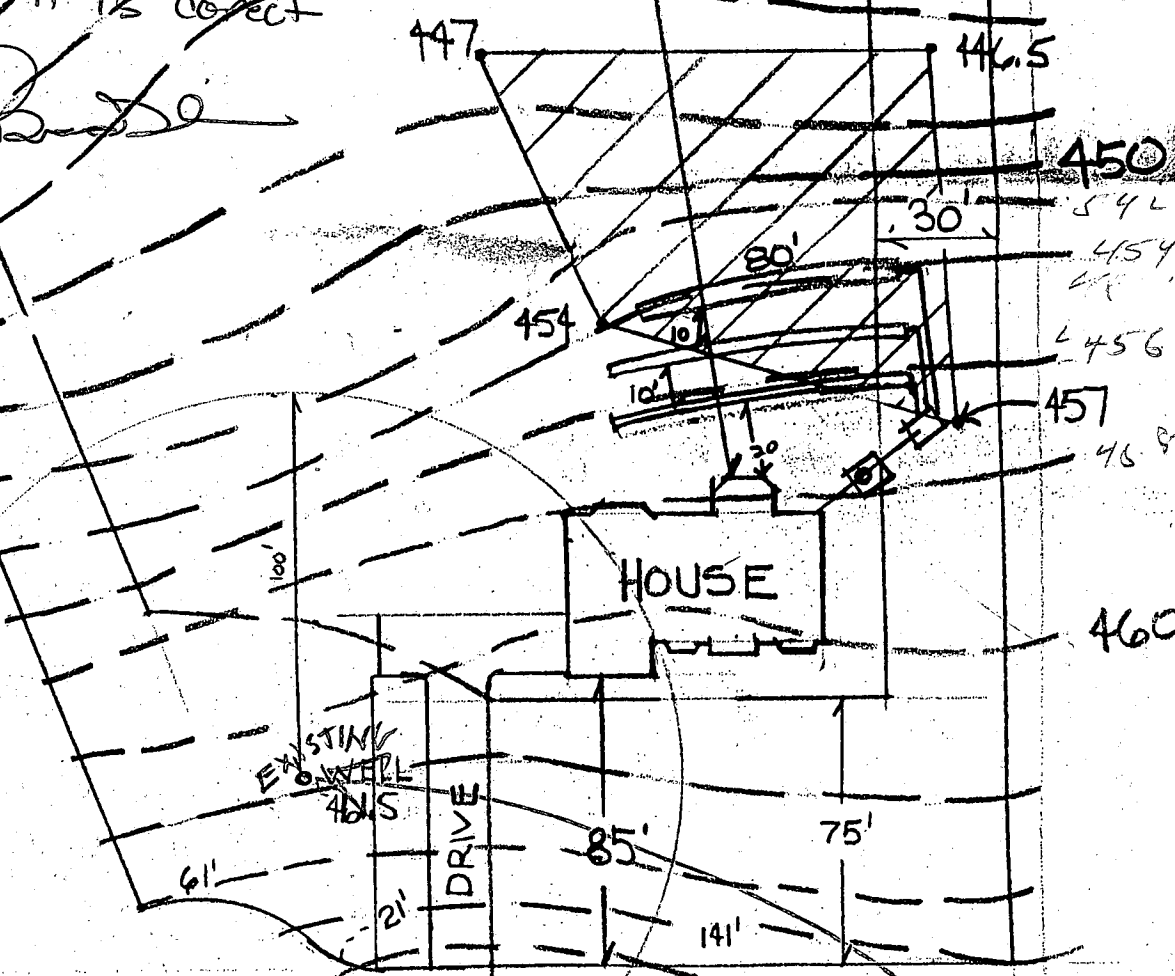
440

Prepared by Brad Hill
1003 Woods Mill Rd
Woodbine, Md.
and certify, it is correct
as drawn

Brad Hill

30'

- ELEVATIONS:
- BASEMENT: 556
 - 1ST FLOOR: 565
 - S. TANK IN: 455.5
 - S. TANK OUT: 455
 - D. BOX IN: 454.3
 - D. BOX OUT: 454
 - Trench #1 IN: 453.5
 - Trench #2 IN: 452.5
 - Trench #3 IN: 451.0



2/3/92

REVISED PLANS OK
BUT WE NEED
WELL COMPLETION REPORT

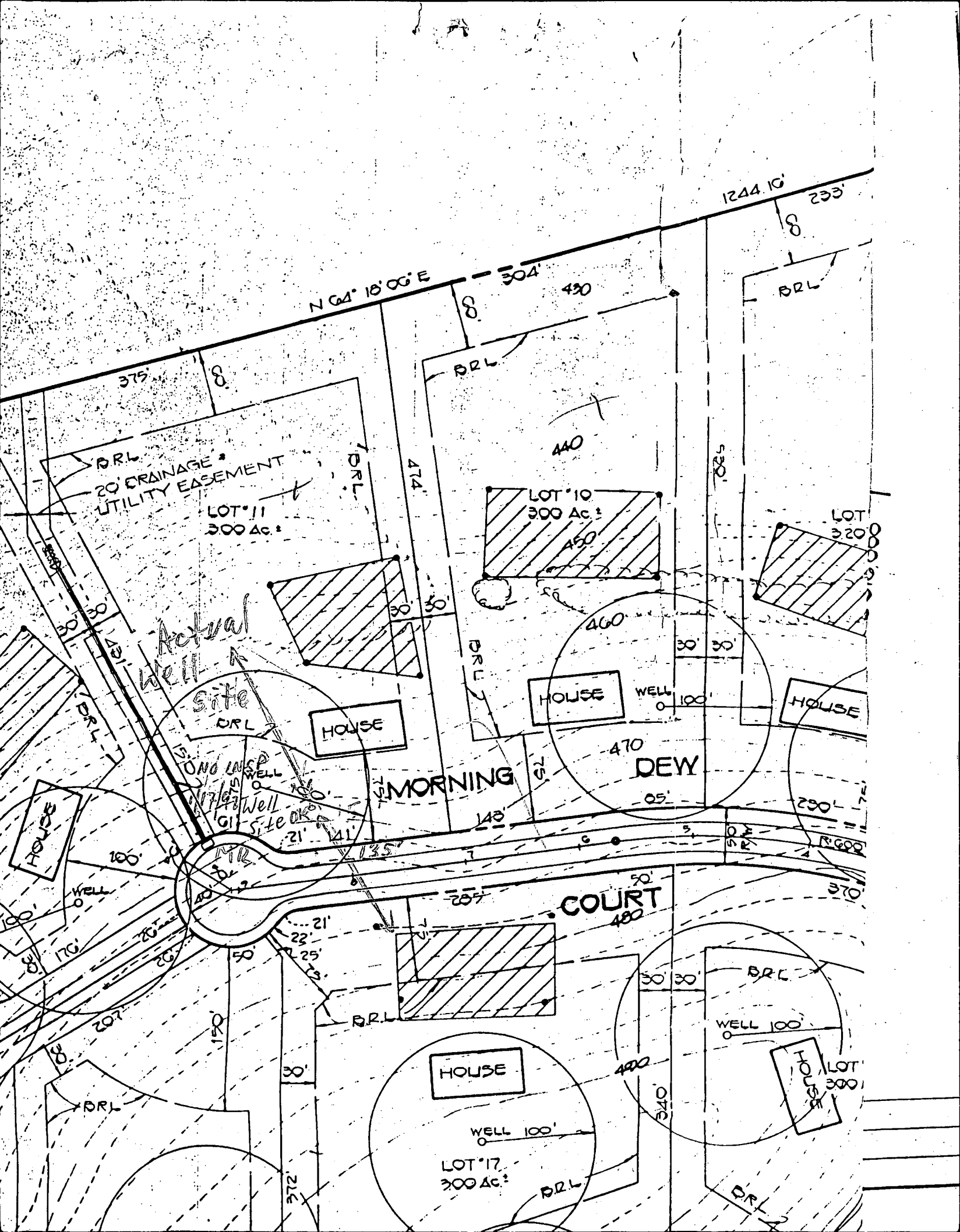
CLARKSVILLE MANOR LOT II HO 882025

2/10/92
Revised Plans
OK but we need
well completion
Report

POMPEI RESIDENCE
SCALE 1"=50'

BP 40984

2/1/92 COMPLETION REPORT OK TO SIGN PLANS RH
Clarksville Manor Lot II



N 64° 18' 06" E

1244.10'

233'

304'

430'

375'

BRL

BRL

20' DRAINAGE
UTILITY EASEMENT

LOT 11
300 Ac ±

LOT 10
300 Ac ±

LOT 18
300 Ac ±

Actual Well site

HOUSE

HOUSE

HOUSE

HOUSE

MORNING

DEW

COURT

HOUSE

HOUSE

LOT 17
300 Ac ±

LOT 18
300 Ac ±

WELL 100'

WELL 100'

30'

30'

BRL

BRL

400'

BRL

BRL

216'

100'

100'

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B 1 6173 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
APPLICATION FOR PERMIT TO DRILL WELL
please print or type.

STATE PERMIT NUMBER
HO-88-2025
70 fill in this form completely 79

Date Received (APA) 01/14/92
OWNER INFORMATION
AMERICAN PROPERTIES
15 Last Name 34 Owner First Name
10805 HICKORY RIDGE
36 Street or RFD 55
COLUMBIA 57 Town 70 State 72 MD 21044 Zip 76

B 3 LOCATION OF WELL
1 2 HOWARD
8 COUNTY 21
CLARKSVILLE MANOR
23 SUBDIVISION 42
SECTION 44 46 LOT 11 48 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI

DRILLER INFORMATION
Ralph MAYNE 223
Driller's Name 77 License No. 80
Ralph MAYNE WELL DRILLING
Firm Name
9120 Brown Church Rd Mt Airy
Address
Hall Wayne 1/13/92
Signature Date

B 4 MORNING DEW COURT
11 NEAR WHAT ROAD 30
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 50 37 DISTANCE FROM ROAD
ENTER FT or MI FT.

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 39149
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE INSERT S
01/17/92 Mark E. Riffin 7/17/92
43 CO SIGNATURE 48 EXP. DATE
NORTH GRID 501000 EAST GRID 0814000
50 55 57 63

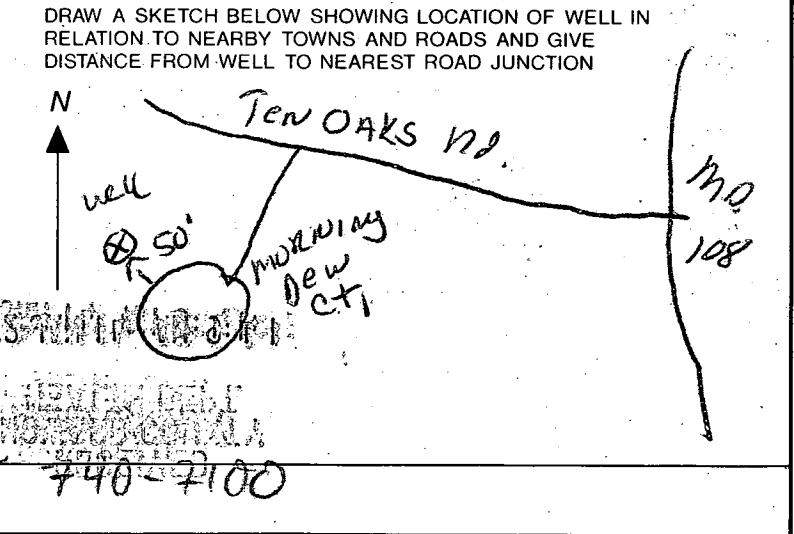
APPROXIMATE DEPTH OF WELL 150 FEET

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. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8194
N 5001
000 000
1/28/92
35' CASING
30' OPEN
2' CASING A.G.
11 BAGS GROUT
LOC OK OBS'D
1/28/92
V TAG OK MR

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 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)
APPROX. PERMIT NUMBER 54 63
FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-88-2025
67 68 70 71 72 73 74 75 76 77 78 79
SPECIAL CONDITIONS Clayton Hemp 442-5593 740-7100

C1 5104 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 39149

ST/CO USE ONLY DATE Received [] [] [] [] [] [] DATE WELL COMPLETED C12892 Depth of Well 265 PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-88-2025

OWNER American Properties last name first name
 STREET OR RFD Morning Dew TOWN Clarksville
 SUBDIVISION CLARKSVILLE MANOR SECTION 110 LOT 110

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	
Sandy	2	20	
SANDSTONE	20	30	
MICKA	30	35	
SANDSTONE	35	46	
MICKA	46	175	
SANDSTONE	175	180	✓
MICKA	180	265	

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 1100
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 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) 6
 Total depth of main casing (nearest foot) 35

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

DEPTH (nearest ft.)
 EACH SCREEN HU 3.3 265
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

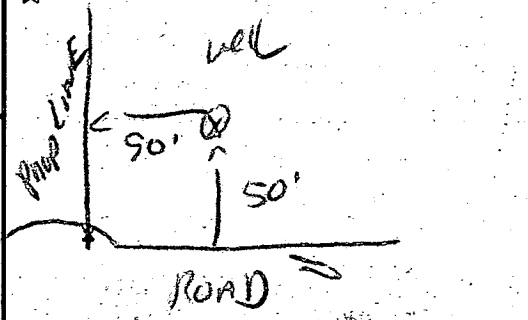
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.) 5
 METHOD USED TO MEASURE PUMPING RATE Ruler
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 4.6
 WHEN PUMPING 9.2
 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)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE
 (-) below } 2 (nearest foot)

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)



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. 273
 DRILLERS SIGNATURE Nash Manne
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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 # - 0 -
Date 10/13/92

Name of Installer MICHAEL P. EHRHARDT

Telephone 997-8414

License Number 20060

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner _____

Telephone 531-9273

Subdivision Clarksville Manor Lot # 11

Well Tag # HW-88-2025

Site Address _____

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make QACCUZEL 3/4
- Model # V230 3/4
- Capacity 7 GPM
- Pump exceeds well capacity Yes ⊗ No ✓
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 ✓

Pitless Adapter

- Make CAMBELL
- Model # B 300X
- Depth 5'W

Tank

- Capacity 40 GAL
- Pressure relief valve? YES

Piping

- Type POLY B.
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 190'

Well data

- Depth 265 ft.
- Yield 3 GPM
- Static water level 46 ft.
- Will water supply be disinfected by installer? _____

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: Michael P. Ehrhardt

Date: _____

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