9/14/89 ASAP
9/15/89

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 44938

A 35012

DISTRICT 5th

DATE 9/8/89

DATE SYSTEM APPROVED 9/18/89

INSPECTOR M. Riftin

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-405777

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL X ALTER _____

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

SUBDIVISION Waterford ROAD 13201 Westmeath Lane LOT 4

PROPERTY OWNER Frank Clavelli

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet from the back (276.6') lot line and 10 feet off the right (549.21') lot line as seen when facing the lot from Westmeath Lane. Run trenches on contour toward the front and rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

* REQUEST INSPECTION AS SOON AS EXCAVATION IS BEGUN.

SEE NOTE NEXT PAGE. C.W.

PLANS APPROVED BY Sid Abel REVISED DATE 6/15/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 9/7/01
B00131190 - garage

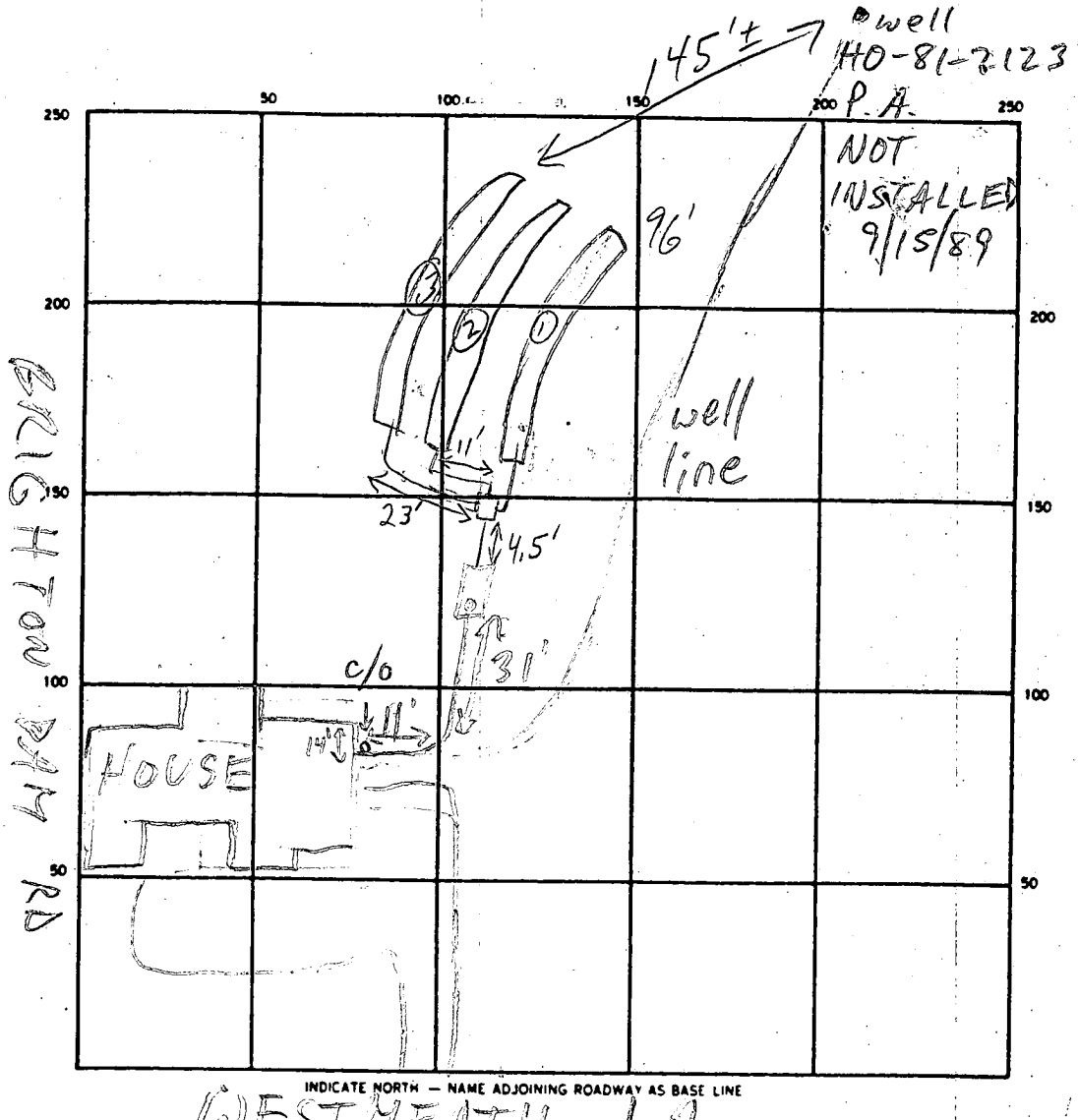
A35012

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

29B
3568'D
6
28
27
10
41



SEPTIC TANK. LEVEL 2000 GAL CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH to be 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH to be 4.5 FT.

EFFECTIVE GRAVEL DEPTH to be 1.5 FT. TOTAL LENGTH ①97 ②98 ③98 } 293 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 880 SQ FT.

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 9/14/89 SYS. NOT AS PER BP DRAWING. DB 50'± FROM INTENDED LOC. OK TO COVER FROM BEND TO S.T. NO HOUSE CONN MR 9/15/89 TRENCH LOG ALTERED TO BETTER SUIT SOIL CONDITIONS: (CLAY); ALL WORK OK TO COVER MR 9/18/89 HOUSE CONN. COMPLETE MR

DATE SYSTEM APPROVED 9/18/89 INSPECTOR M. RIFKIN

Need only 1 application with the below "checked" items completed

APPLICATION

A 35012

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 2-13-85

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 Teral International, c/o Mrs. Gabriela M. Arroyo Frank Clavelli

✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 ✓ PHONE 202-457-0727

PROPERTY LOCATION:

✓ SUBDIVISION ~~Huntington Estates - Section 2~~ WATERFORD Section 3 LOT NO. ~~1~~ 4

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road 13201 Westmeath Ln.

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence (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.

✓ Charles A Camalier III
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 4-2-87

REJECTED BY _____ FOR _____ DATE _____

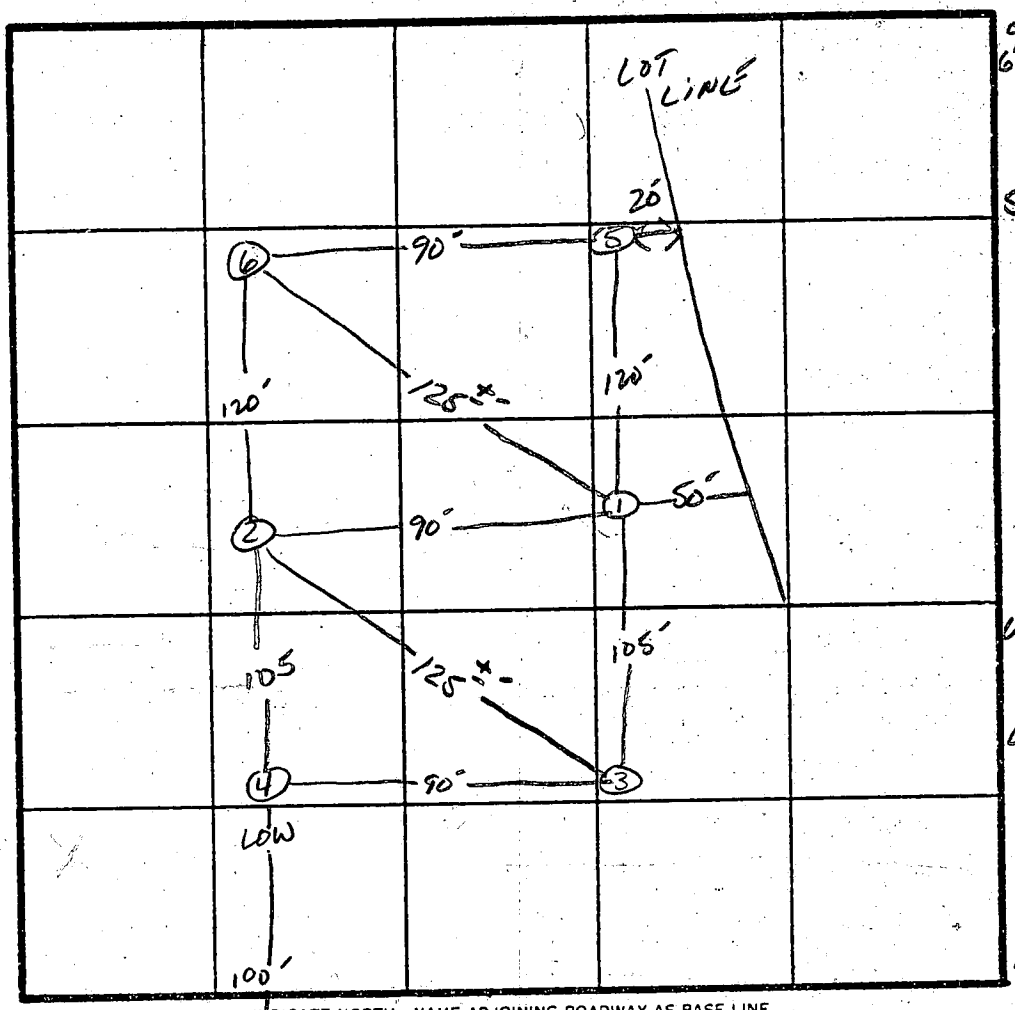
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/18/85 HOLD FOR REVIEW, WATER IN 2 out of 4 HOLES HOLD FOR CERTIFIED HOLE LOCATION, HOUSE AND well SITE. SAbel

BLDG. PERMIT SIGNED AND ~~RETURNED~~ 11/7/89
Sewer # 30493 - propane tank

BLDG. PERMIT SIGNED AND RETURNED 6-15-88
BP 18326 SAbel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM Rd.

(1) SOIL PROFILE

0	
6"	A 1-3 BROWN CLAY LOAM L10% SAPROLITE
3'	BROWN SAND LOAM L10% SAPROLITE
6'	LIGHT BROWN MICACEOUS SILT SAND 10-20% SAPROLITE
13.5	

(2)

0	
6"	A 1-3 BROWN CLAY L10% SAPROLITE
3.5'	BROWN SAND LOAM L10% SAPROLITE
12.5	▽

(3)

0	
6"	A 1-3 BROWN CLAY LOAM L10% SAPROLITE
4'	BROWN SAND LOAM L10% SAPROLITE
12.5	▽

(4) (5)

0	
6"	A 1-3 ORANGE RED CLAY LOAM L10% SAPROLITE
5'	YELLOW BROWN SAND SILT 10-20% SAPROLITE
	BROWN SAND 40-50% SAPROLITE
	▽ HOLE 10' (4)

(6)

0	
6"	A 1-3 BROWN CLAY LOAM L10% SAPROLITE
4'	BROWN SAND LOAM 10-30% SAPROLITE
13'	

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/18/85	1S	3.5	11:17	11:20	11:20	11:27	7min
	1M	6.0	11:17	11:21	11:21	11:28	7min
	1V	13.5	SEE PROFILE		VARYING STRUCTURE		
	2V	13.5'	SEE PROFILE		VARYING SOIL STRUCTURE		
	3S	4'	11:30	11:31	11:31	11:32:30	1.5 min
	3V	13'	SEE PROFILE	H_2O AT	12.5'		
	4S	5'	11:35	11:55	½" MOVEMENT		
	4V	13'	H_2O AT	10' →	ABANDONED	STRONG CLAY TO 5'	
	5S	6'	3:53	4:16	½" MOVEMENT		
	5V	14'	STRONG CLAY TO 5'		ABANDONED		
	6S	4.5'	4:10	4:11	4:11	4:14	3min
	6V	13'	SEE PROFILE		VARYING SOIL	STRUCTURE	

X PERC
5 MIN
180 ℄/BR
INLET 3
BOTTOM 4.5

REMARKS Different hole sites than plat

TYPE OF SOIL Sand

TESTED BY

ALSO PRESENT Skip, Les, Terry-Backhoe

EH-12-1079

9/18/89

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 ✓
Replacement ____

Receipt # 43948
Date 4-7-89

Name of Installer C. R Giddings & Son

Telephone 301-776-7523

License Number 4245
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Frank Chavell

Telephone 449-5948

Subdivision Water Ford Lot # 4 Well Tag # HC-81-2123

Site Address 13201 Westmeath La.
Clarksville md. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Gould
3. Model # 7EH07412
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 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Harward
2. Model # ____
3. Depth 36"

Tank
1. Capacity 80
2. Pressure relief valve? ✓

Pitless Adaptor OK
4' B.G. MR 9/18/89

Piping
1. Type Polyeth.
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 36"

Well data
1. Depth 225 ft.
2. Yield 6 GPM
3. Static water level ____ 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: Charles Giddings Jr

Date: 4-7-89

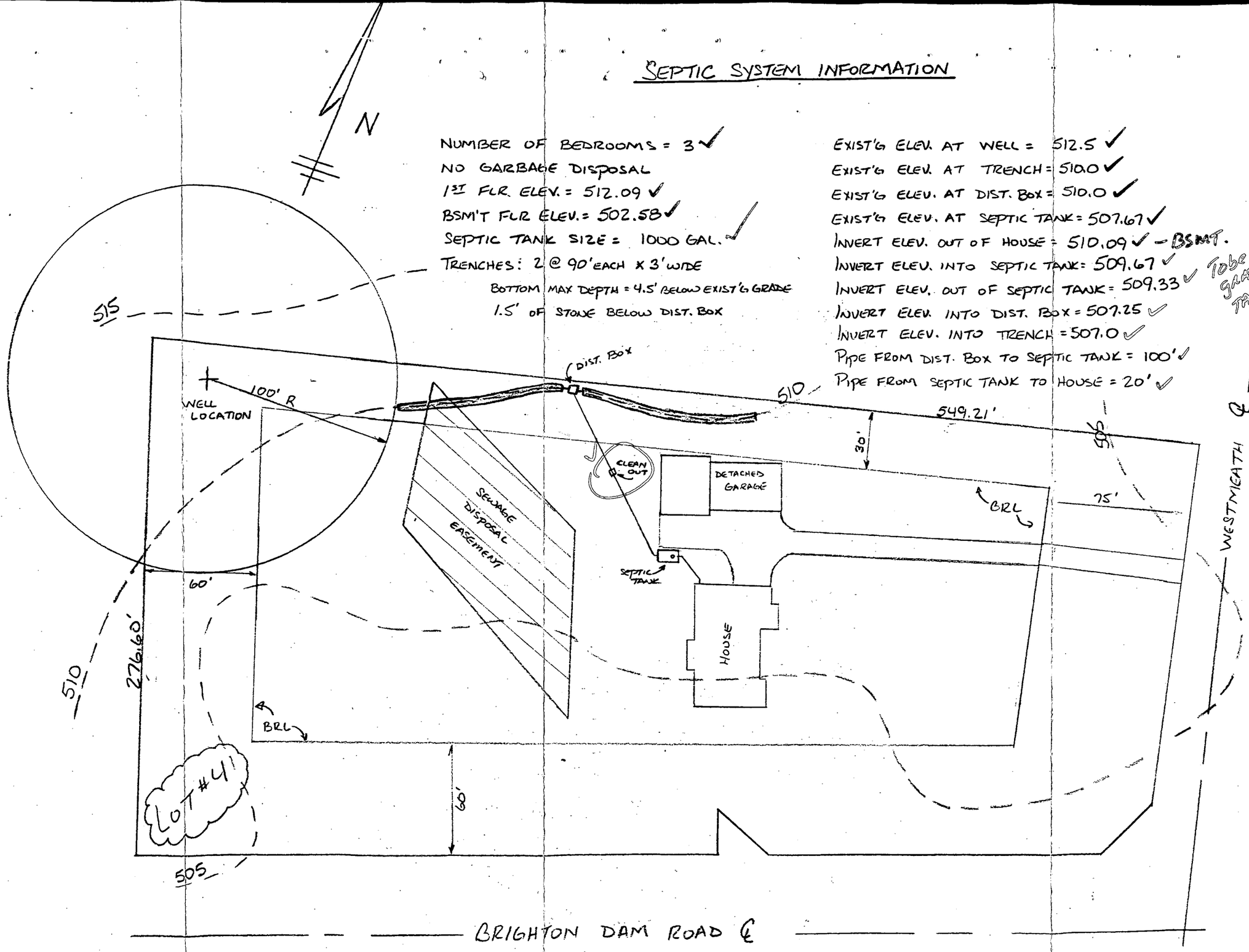
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

SEPTIC SYSTEM INFORMATION

NUMBER OF BEDROOMS = 3 ✓
NO GARBAGE DISPOSAL
1ST FLR. ELEV. = 512.09 ✓
BSM'T FLR ELEV. = 502.58 ✓
SEPTIC TANK SIZE = 1000 GAL. ✓
TRENCHES: 2 @ 90' EACH X 3' WIDE
BOTTOM MAX DEPTH = 4.5' BELOW EXIST'G GRADE
1.5' OF STONE BELOW DIST. BOX

EXIST'G ELEV. AT WELL = 512.5 ✓
EXIST'G ELEV. AT TRENCH = 510.0 ✓
EXIST'G ELEV. AT DIST. BOX = 510.0 ✓
EXIST'G ELEV. AT SEPTIC TANK = 507.67 ✓
INVERT ELEV. OUT OF HOUSE = 510.09 ✓ - BSMT.
INVERT ELEV. INTO SEPTIC TANK = 509.67 ✓
INVERT ELEV. OUT OF SEPTIC TANK = 509.33 ✓ To be graded over tank to be min 18"
INVERT ELEV. INTO DIST. BOX = 507.25 ✓
INVERT ELEV. INTO TRENCH = 507.0 ✓
PIPE FROM DIST. BOX TO SEPTIC TANK = 100' ✓
PIPE FROM SEPTIC TANK TO HOUSE = 20' ✓



BLDG. PERMIT SIGNED AND RETURNED 6-15-88
S. Abel
BP 19326

WATERFORD

SECTION 3, LOT 4

A RESUBDIVION OF LOT 3, SECTION 3 AND LOT 1, SECTION 1

ZONED 'R'

5TH ELECTION DISTRICT

HOWARD COUNTY, MD.

TAX MAP NO. 34 PARCEL 261

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

Frank R. Clarelli

SEPTIC SYSTEM INFORMATION

NUMBER OF BEDROOMS = 3
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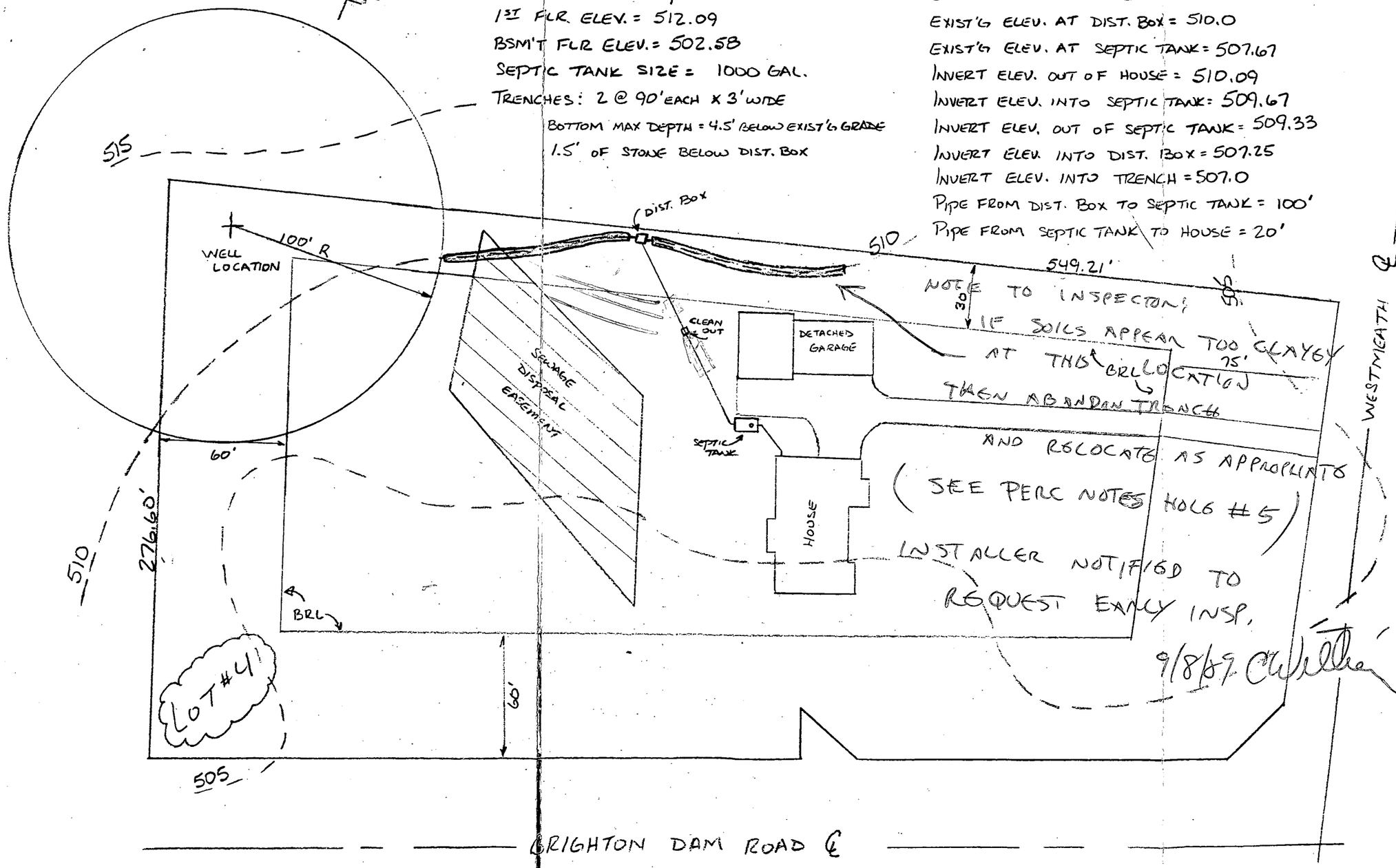

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WATERFORD

SECTION 3, LOT 4

A RESUBDIVION OF LOT 3, SECTION 3 AND LOT 1, SECTION 1

ZONED 'R'

5TH ELECTION DISTRICT

HOWARD COUNTY, MD.

TAX MAP NO. 34. PARCEL 261

Page ____ of ____

Date 8/27/87

Review dh/sa 11/27/87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2123

Location of property (road) Brighton Dam/WESTMEATH LANE

Subdivision Waterford Lot 4 Block ____ Plat ____ Sec. 3

Well Driller Ralph R Mayne Owner Frank Clavelli

Depth of well 225'

Distance of measuring point (M.P.) above ground 2 ft

Static water level (S.W.L.) below M.P. 15 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12 G.P.M

Total time 15 mn to reach pumping water level 80 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	80ft	60 sec		6 G.P.M
8:15	80	10		6
8:30	80	10		6
8:45	80 ft	10 sec		6 G.P.M
9:00	80	10		6
9:15	80	10		6
9:30	80 ft	10 sec		6 G.P.M
9:45	80	10		6
10:00	80	10		6
10:15	80 ft	10 sec		6 G.P.M.
10:30	80	10		6
10:45	80	10		6
11:00	80 ft	10 sec		6 G.P.M.

24' PL 6 Bags 21 open

C1 5924 (1 2 3 . 6) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A 35012

DATE Received (8 9 . 13)

DATE WELL COMPLETED 08/27/87 (15 . 20)

Depth of Well 225 (22 . 26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-2123 (28 29 30 31 32 33 34 35 36 37)

OWNER CLIFFORD FOUNT

STREET OR RFD BRIGHTON DAM/WESTMINSTER (last name / first name) TOWN CLARKSVILLE

SUBDIVISION WINTERS RUN SECTION 3 LOT 4

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	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	15	✓
Sand Stone	15	20	
Micka	20	25	
Sand Stone	25	50	✓
Micka	50	225	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N) (44 . 44)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC) (45 . 46)

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 21 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60 . 61)	6 (63 . 64)	24 (66 . 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2 (1 . 2)

EACH SCREEN	DEPTH (nearest ft.)	
1	10 (8 . 9)	12 (11 . 15) to 225 (17 . 21)
2	(23 . 24)	(26 . 30) to (32 . 36)
3	(38 . 39)	(41 . 45) to (47 . 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (NEAREST INCH) (56 . 60)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C3 (1 . 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 . 9)

PUMPING RATE (gal. per min. to nearest gal.) 6 (11 . 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 (17 . 20)

WHEN PUMPING 80 (22 . 25)

TYPE OF PUMP USED (for test)

A air (27) P piston (27) T turbine (27)

C centrifugal (27) R rotary (27) O other (describe below) (27)

J jet (27) S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 . 35)

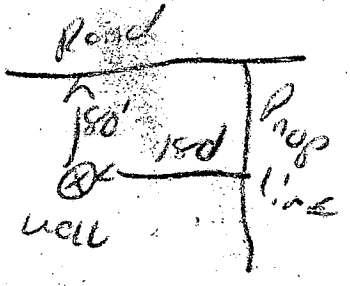
PUMP HORSE POWER (37 . 41)

PUMP COLUMN LENGTH (nearest ft.) (43 . 47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) (−) below (49) LAND SURFACE 2 (nearest foot) (50 . 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)



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 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. 223

Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Ralph S. Mayne

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 . 76) OTHER DATA

HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 · 0787 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-81-2123
fill in this form completely

Date Received

OWNER INFORMATION

CLAUELL | FRANK
Last Name | Owner | First Name

6705 JANET LANE
Street or RFD

ALEXANDRIA 20134
Town | State | Zip

DRILLER INFORMATION

Ralph Mayne — 223 — 77 License No. 80
Driller's Name

Ralph Mayne (well Drilling)
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne 8/13/87
Signature | Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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: 150 FEET (Final 289)

APPROXIMATE DIAMETER OF WELL: 6" 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: JS (WRITE INITIALS IN BOX) PERMIT No. HO-81-2123

SPECIAL CONDITIONS #-1145-5948
w-657-3340

LOCATION OF WELL

HOWARD
COUNTY

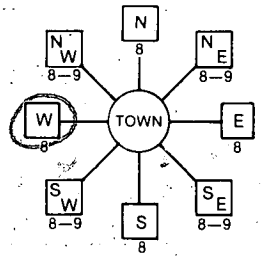
WATERFORD
SUBDIVISION

SECTION — LOT 4

CLARKSVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WESTMINSTER LANE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 80
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — A 35012
COUNTY NAME — COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED: 060987 — J Stamm — EXP. DATE: 12/9/87
CO SIGNATURE

NORTH GRID: 49800 EAST GRID: 08000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

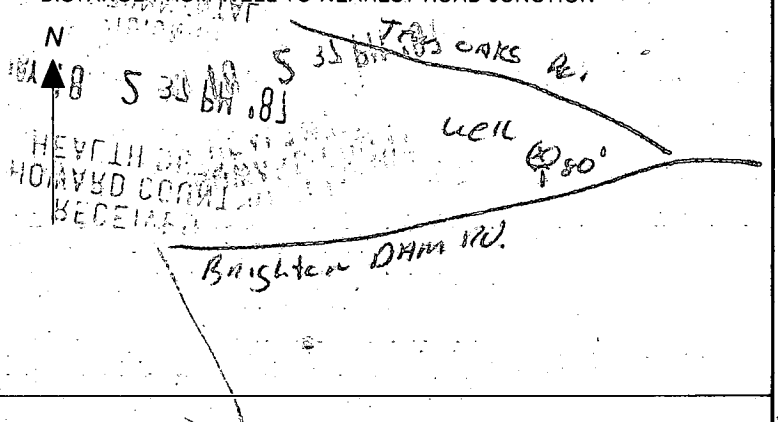
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8000
490N 490
000
000

8/27/87
24 Ft Pipe
6 BAGS
20 Ft OPEN
well

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



HEALTH

8/27 PT 3h 7:30

Page ____ of ____ Review ____

Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2123

Location of property (road) Brighton Dam / WESTMERTH LANE

Subdivision Waterford Lot 4 Block ____ Plat ____ Sec. 3

Well Driller Ralph Mayne Owner Frank Clarelli

Depth of well 225

Distance of measuring point (M.P.) above ground 1'

Static water level (S.W.L.) below M.P. 5'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12GPM

Total time 15 min to reach pumping water level 80 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 8 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	80	10 Sec		6 GPM
10:30	80	10 Sec		6 "

8-27-86
H-1162
SM

TRENCHES: 2 @ 90' EACH x 3' WIDE

BOTTOM MAX DEPTH = 4.5' BELOW EXIST'G GRADE

1.5' OF STONE BELOW DIST. BOX

INVERT ELEV. INTO SEPTIC TANK = 509.67

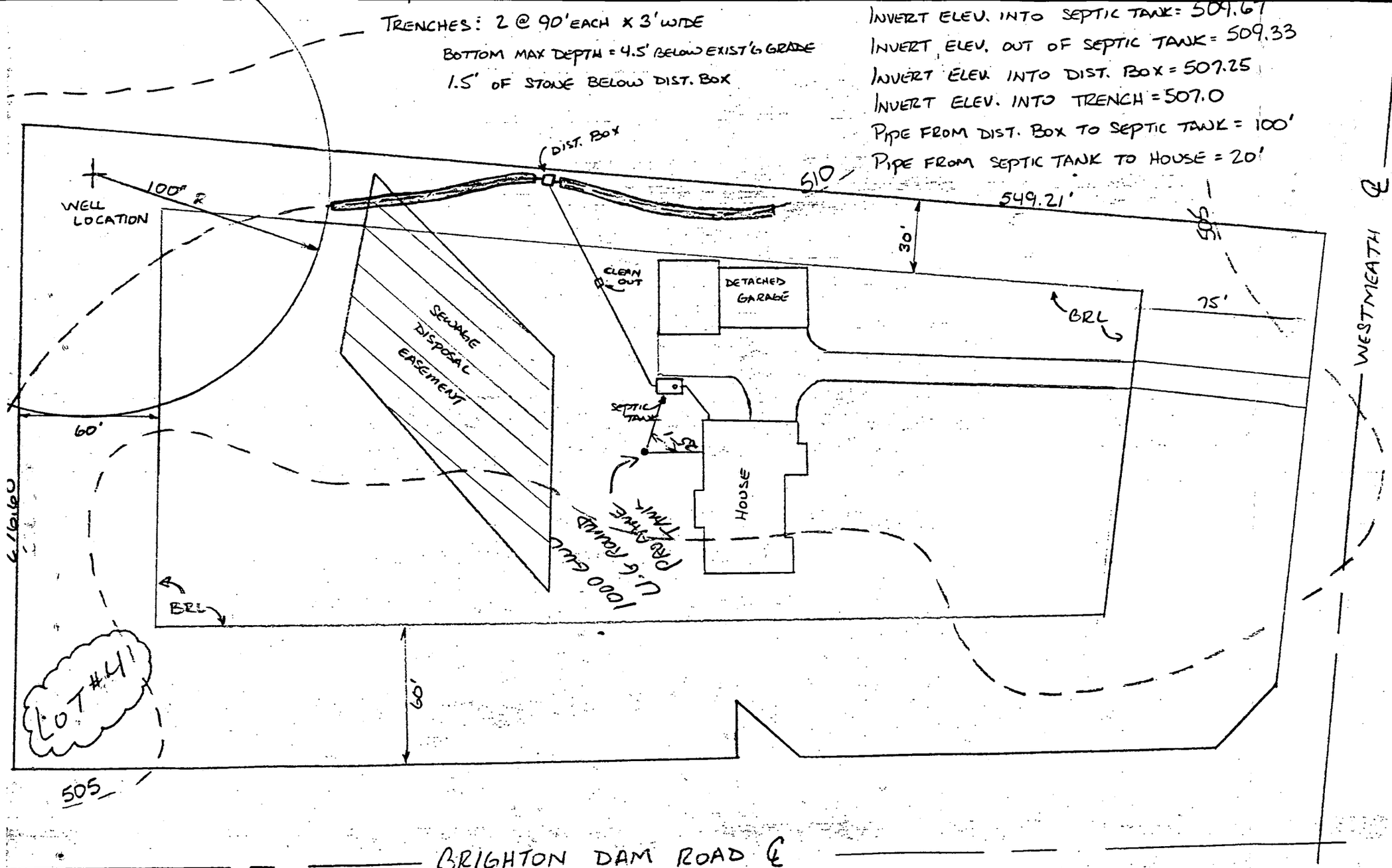
INVERT ELEV. OUT OF SEPTIC TANK = 509.33

INVERT ELEV. INTO DIST. BOX = 507.25

INVERT ELEV. INTO TRENCH = 507.0

PIPE FROM DIST. BOX TO SEPTIC TANK = 100'

PIPE FROM SEPTIC TANK TO HOUSE = 20'



WATER

SECTION 3, C

A RESUBDIVION OF

3 AND LOT 1, S

ZONED

5TH ELECTION

HOWARD COU

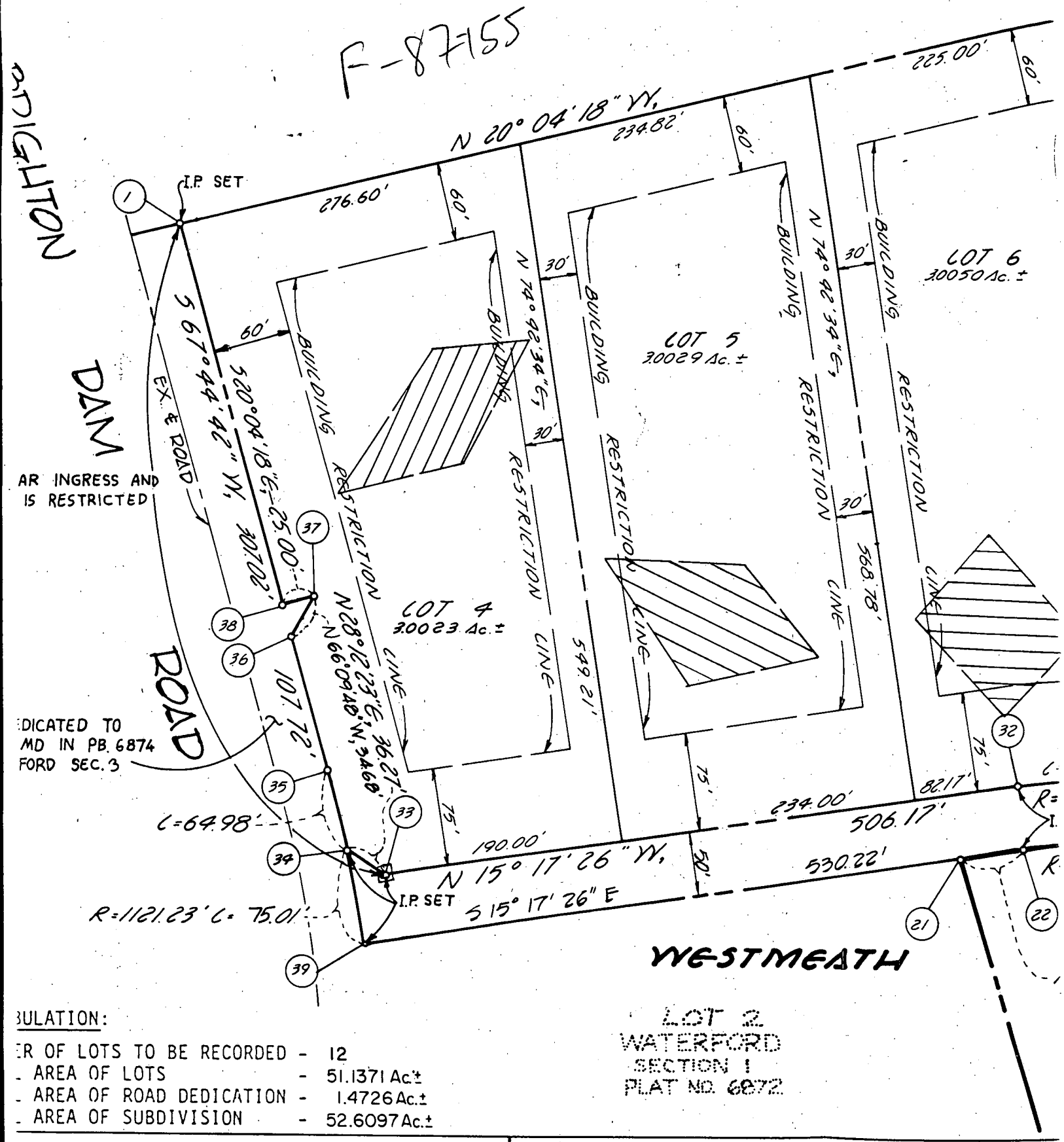
TAX MAP NO. 34

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

Frank P. Clavelli

5. I.P. - DENOTES IRON PIN OR IRON BAR SET.
6. ▣ - DENOTES 4"x4" CONC. MONUMENT SET.

F-87155



BULATION:

ER OF LOTS TO BE RECORDED	-	12
. AREA OF LOTS	-	51.1371 Ac.±
. AREA OF ROAD DEDICATION	-	1.4726 Ac.±
. AREA OF SUBDIVISION	-	52.6097 Ac.±

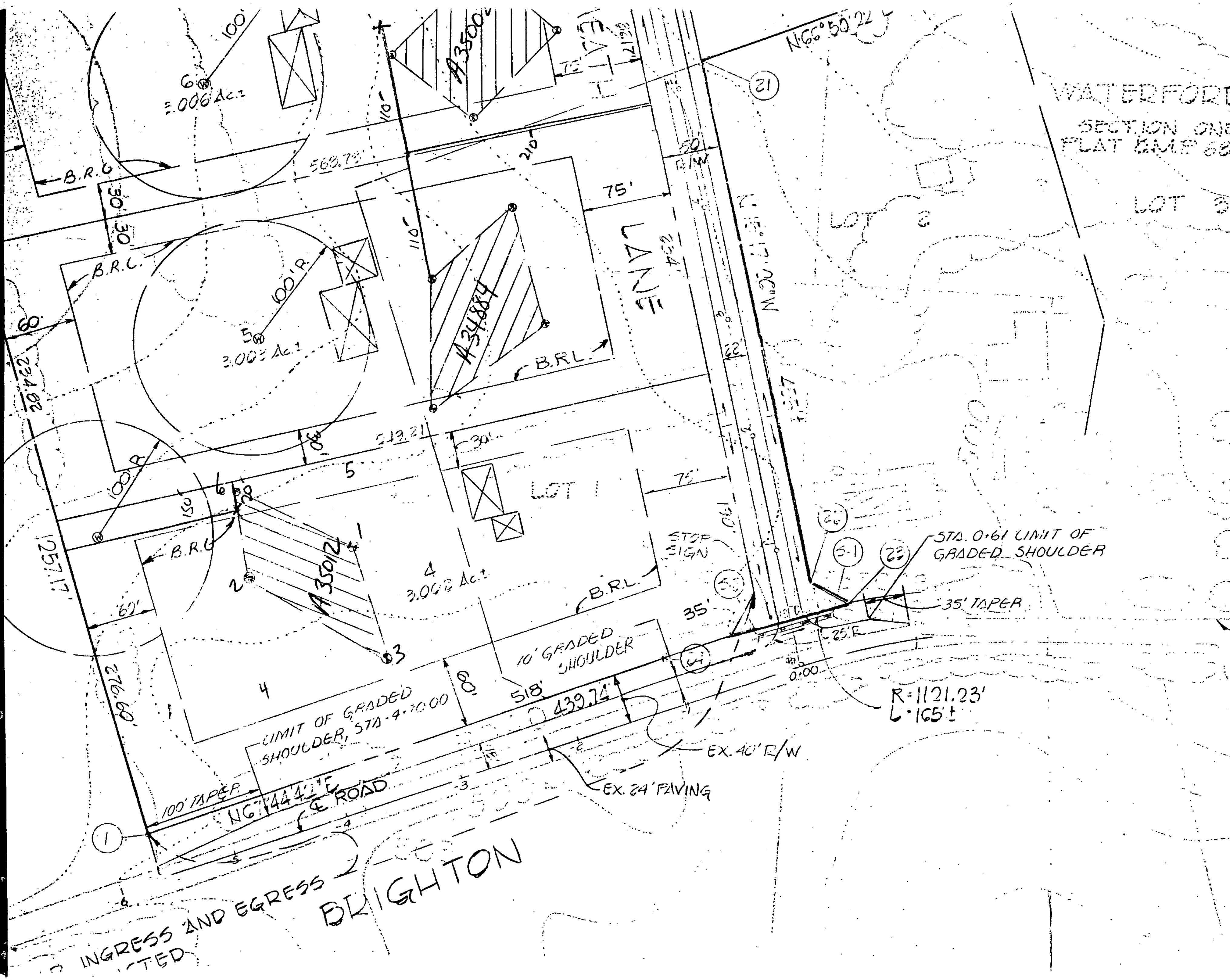
): FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

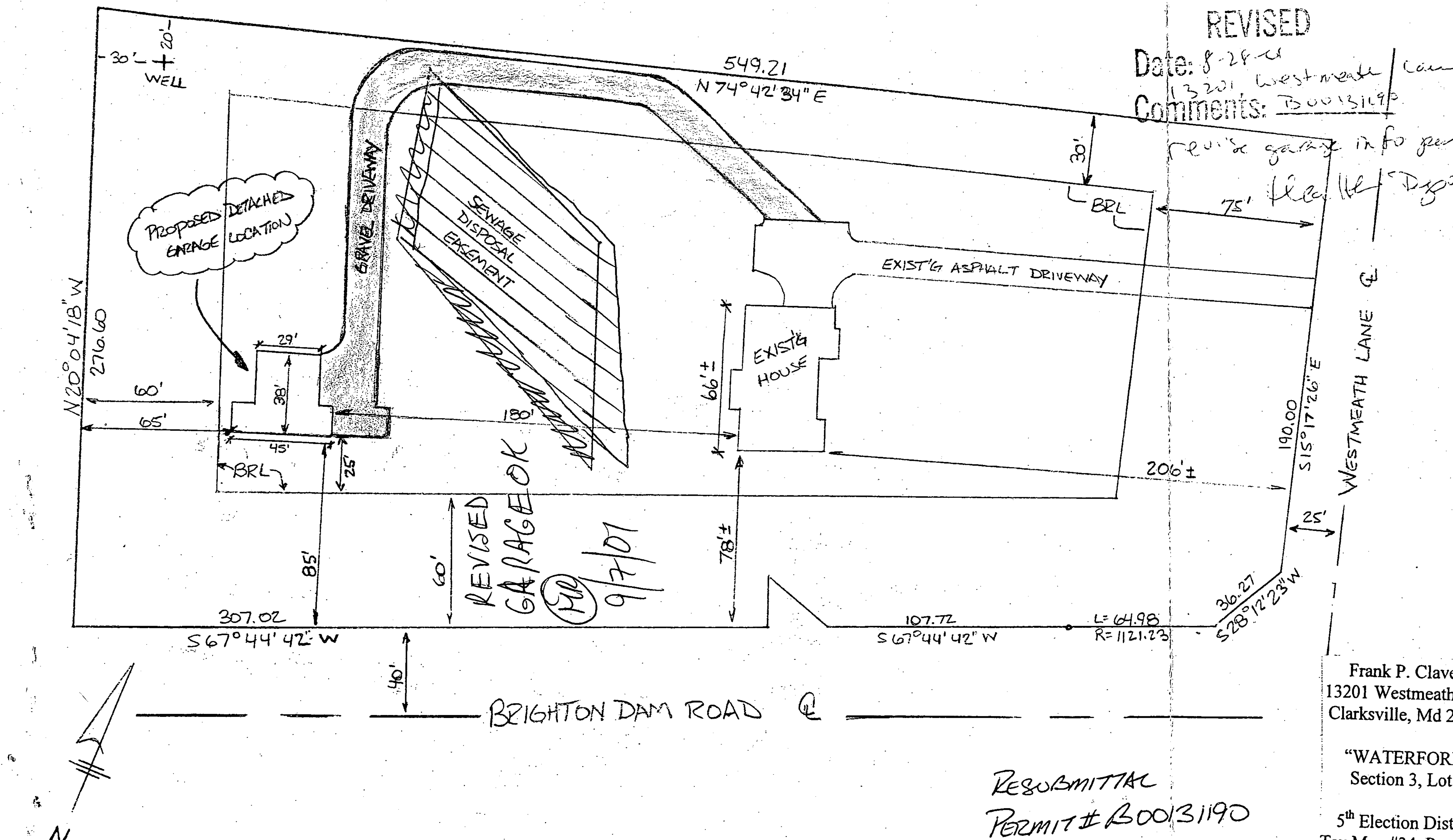
6-23-87

COUNTY HEALTH OFFICER — DATE

OWNER'S CERTIFICATE

WE, THE BRIGHTON GROUP, A MARYLAND GENERAL PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY AD SUBDIVISION AND IN CONSIDERATION OF THE APPROV THE OFFICE OF PLANNING AND ZONING, ESTABLISH T RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT A WATER PIPES AND OTHER MUNICIPAL UTILITIES AND


WATERFORD
SECTION ONE
PLAT EMP 68
LOT 2
LOT 3
LANE
LOT 1
4
3.002 Ac.±
5
3.003 Ac.±
6
3.006 Ac.±
B.R.L.
B.R.C.
100'R.
75'
60'
30'
35'
N66°50'22"
N67°44'42"E
1257.17'
234.82
276.60'
518'
439.74'
STOP SIGN
STA. 0+61 LIMIT OF GRADED SHOULDER
35' TAPER
25' R
0+00
R=1121.23'
L=165'±
10' GRADED SHOULDER
LIMIT OF GRADED SHOULDER, STA. 4+00.00
100' TAPER
℄ ROAD
EX. 40' R/W
EX. 24' PAVING
BRIGHTON
INGRESS AND EGRESS


REVISED
Date: 8-28-01
13201 Westmeath Lane
Comments: B00131190
revise garage info per Health Dept
549.21
N 74°42'34" E
WELL
30'
20'
PROPOSED DETACHED GARAGE LOCATION
GRAVEL DRIVEWAY
SEWAGE DISPOSAL EASEMENT
EXIST'G ASPHALT DRIVEWAY
EXIST'G HOUSE
BRL
75'
N20°04'18"W
276.60
60'
65'
29'
38'
45'
25'
180'
66'±
206'±
190.00
S15°17'26"E
WESTMEATH LANE ℄
25'
85'
60'
78'±
REVISED GARAGE OK
9/7/01
307.02
S 67°44'42" W
107.72
S 67°44'42" W
L=64.98
R=1121.23
36.27
S28°12'23"W
40'
BRIGHTON DAM ROAD ℄
N
RESUBMITTAL
PERMIT # B00131190

Frank P. Clavelli
13201 Westmeath Lane
Clarksville, Md 21029

"WATERFORD"
Section 3, Lot 4

5th Election District
Tax Map #34, Parcel 20

Scale: 1"=50'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00131190

Building Address 13201 WESTMEATH LANE
CLARKSVILLE, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.01 Subdivision WATERFORD

Section 3 Area _____ Lot 4

Tax Map #34 Parcel 261 Grid 9

Zoning RR-DN Map Coordinates 13K8 Lot size 3 AC

Property Owner's Name FRANK P. & JANE E. CLAVELLI

Address 13201 WESTMEATH LANE

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301-596-9121 Work Phone 301-657-3340 EXT 108

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

Phone _____ Fax 301-657-4422

Existing Use SFD

Proposed Use GARAGE - 3 CAR - DETACHED

Estimated Construction Cost $ 25,000

Description of Work DETACHED GARAGE FOR 2 CAR + 1 MOTOR HOME L Shape 45 x 34 x 14

Contractor Company SELF

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant FRANK P & JANE E CLAVELLI

Contact Name FRANK P CLAVELLI

Address 13201 WESTMEATH LANE

City CLARKSVILLE State MD Zip Code 21029

Phone 301-596-9121 Fax (WORK) 301-657-4422

Engineer or Architect Company SELF

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms ____ X

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: 3 CAR GARAGE DETACHED
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
____ Public
✓ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Frank P. Clavelli
Applicant's Signature

FRANK P. CLAVELLI
Print Name

SELF
Title/Company

6/28/01
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	9/7/01	Mark Lafferman
Fire Protection		

Is Sediment Control approval required prior to Issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 21797

Filing fee	$ 25
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check # / Validation	# 7456 / # 43596

Accepted by: _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 5/17/00