

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-413575

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

P 513161

A REPAIR

DISTRICT _____

DATE 12/6/99

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION The Warfields LOT 38 ROAD 14814 Chestnut Court

PROPERTY OWNER Greg and Karen Anderson

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - To replace existing trench(es) that have been damaged during excavation for new inground pool. Call for inspection when ground is opened so sanitarian can recommend repair. 12/03/99

12/3/99

3 70' trenches inkt @ 30, bottom @ 7.0' - 221 ft total

AFU

PLANS APPROVED BY _____ DATE _____

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.

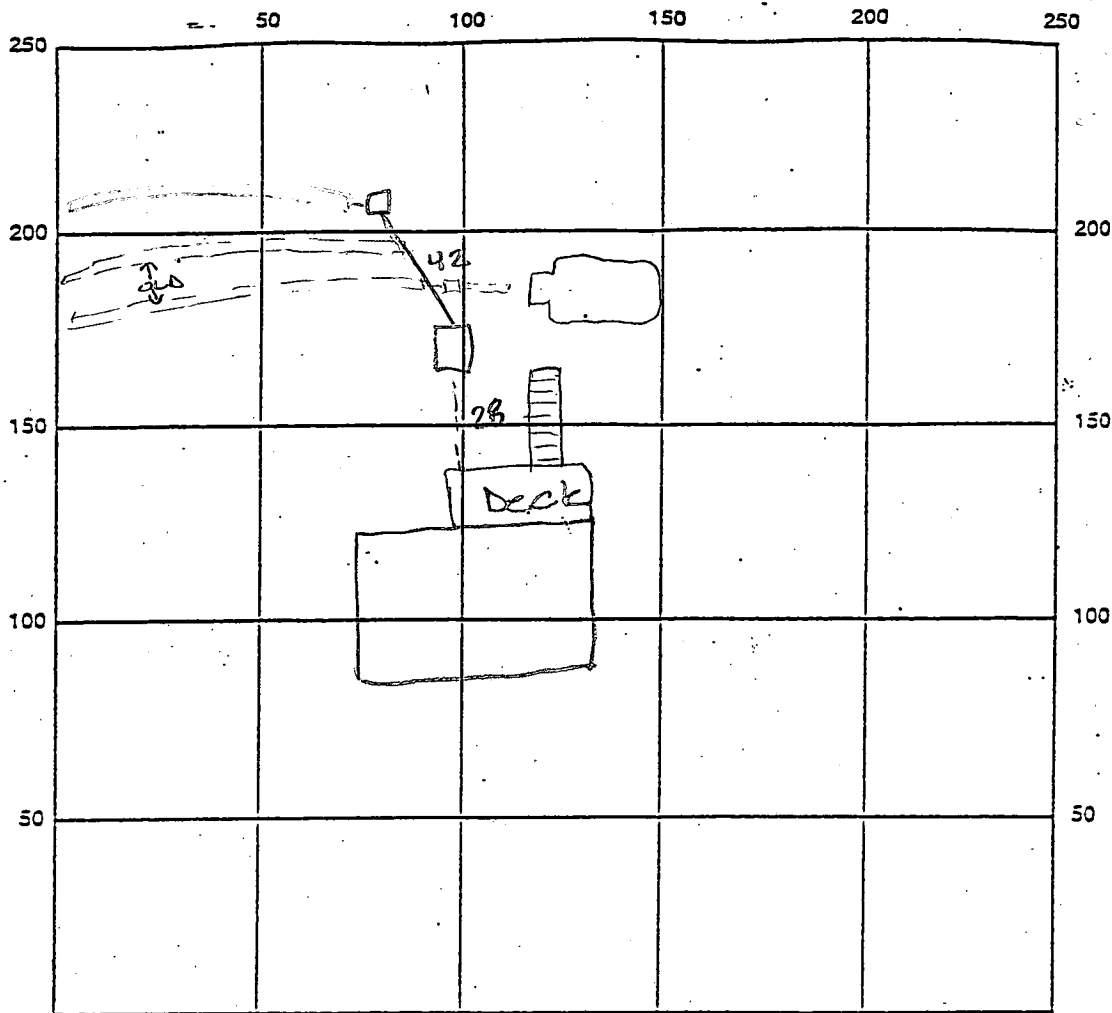
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PERMIT SIGNED
AND RETURNED 3/9/2000
800/22 881 - Pool house
851

513161



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ASSORBENT AREA _____ SQ. FT.

REMARKS: 12/3/99 Excavation for pool hit existing trenches, can not salvage due to possibility of sewage around pool now - trenches hit not due to pool location, but excavation for deck & grading - OK to continue w/ repair - see front of permit - Contractor to provide diagram & pictures. Au 12/13/99 Owner developing picture Fyock has not received them yet of

6/20/01 Pictures & diagrams not received at this date - system installed but not approved

DATE SYSTEM APPROVED _____ INSPECTOR _____

AU

LOT 39
4.000 AC±

LOT 38
2.700 AC±

2/9/00
Proposed pool
house location
Dr @ off. H. D. W. M. in 4/11

Sept
D

PROPOSED
30' X 52'
POOL
PROP. 48"
FENCE

100 YEAR FLOOD PLAIN
DRAINAGE/EASMENT.
0.070 AC±

SEPTIC
RESERVE A.

EX. 2 STY
BRICK RES
PARK

CHESTNUT

COURT E

504°47'52" W 536.22'

SEE

SHEET

MATCH LINE

347

346

991

912

1320

S85°12'00"E
41.50'

N85°54'30"

168

167

EX. SEPTIC
SYS.

101

851

881

882

142

116

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150

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11/29/93

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49776

A 40804

DISTRICT _____

DATE 11/31/93

DATE SYSTEM APPROVED 11/29/93

INSPECTOR BH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Warfields LOT 38 ROAD 14814 Chestnut Court

PROPERTY OWNER Greg Anderson KAREN GREG

ADDRESS ²⁵²⁴ Donnan Castle Court, Laurel, MD 20723

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom Maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the left front lot corner, start the first trench 150 feet down the left lot line and 115 feet off this same lot line. Run trenches on contour to left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6"-8" diameter cleanout and cap to grade or above septic tank. OK MR 10/15/93

PLANS APPROVED BY Mark Rifkin DATE 10/8/93

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

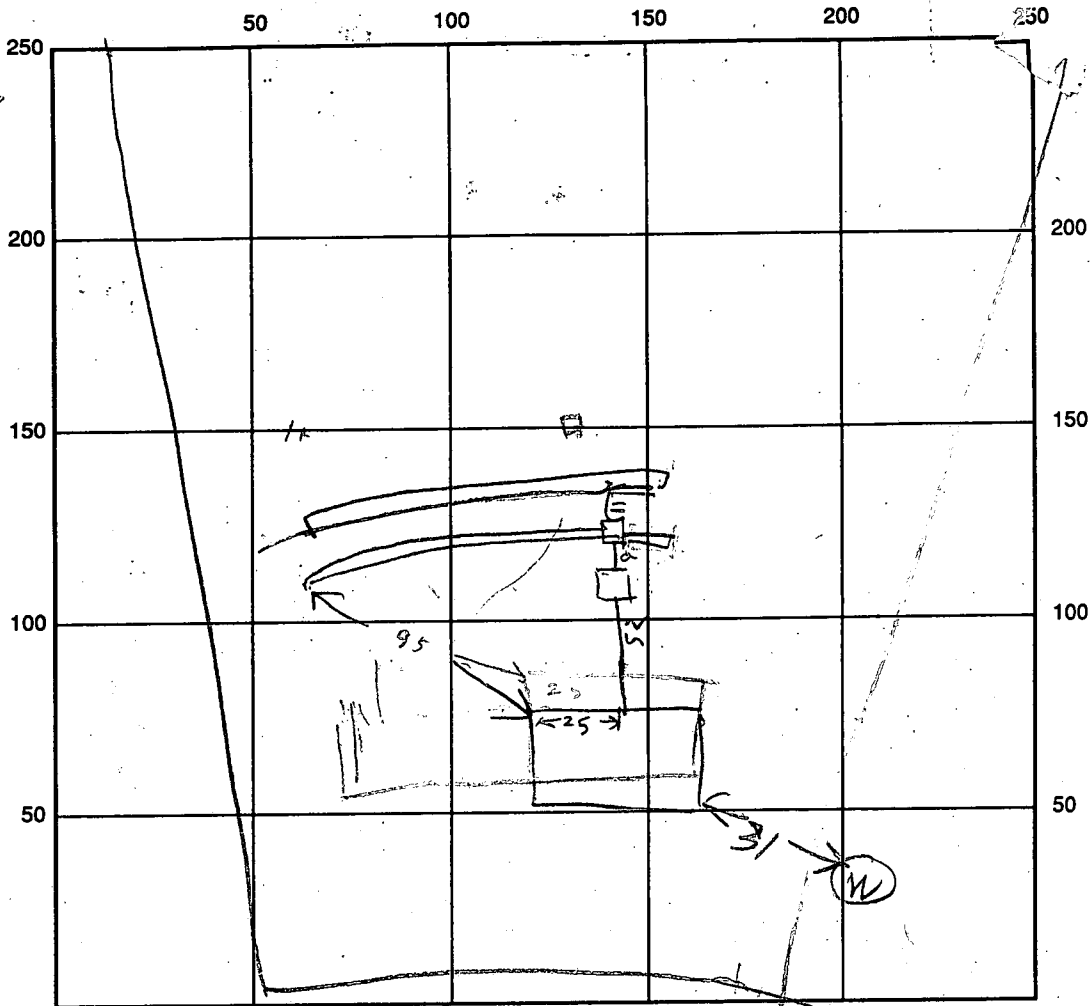
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

THIS PERMIT SIGNED AND RETURNED 11-24-93
Serial # B10121487
Ingram P.H.

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

A 40804
70804



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WEST NOT OK

SEPTIC TANK LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 2.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 116 / 114 FT. 230 TOTAL

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED 11/29/93 INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 40804

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr. Greg Anderson

ADDRESS 14663 Triadelphia Rd PHONE 890-2275 / 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sapling Range THE WARFIELD'S LOT NO. 38 ~~39~~ preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
(14814 Chestnut Court)

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Myard Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

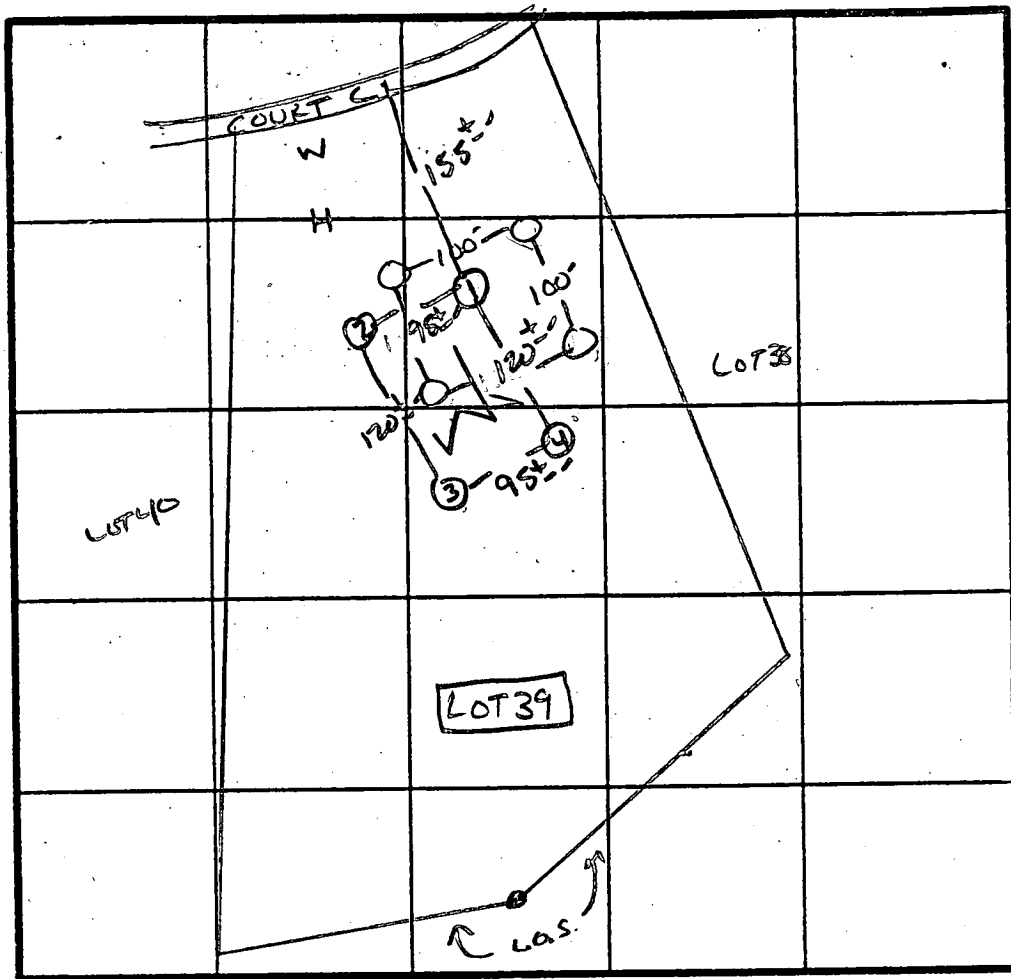
REASONS FOR REJECTION OR HOLDING 2-388 - PERC SATISFACTORY - HOLD FOR SUBDIVISION PLAT. S.W.

BLDG. PERMIT SIGNED
AND RETURNED 10/2/93
Serial # 57865
SFD - 5 Bedroom

THIS IS NOT A PERMIT

SOIL PROFILE

0"	AP
9"	Yell Red Silty clay LORAM 10-15% FRAGS
3'	Tan/Yell BR. Silt LORAM Miscellaneous 20% FRAGS
12'	



2 PERC
5 MIN
100 PSI
INLET 3'
BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/3/88	1S	4"	12:33	12:35	12:35	12:39	4 MIN
		7.5"	12:33	12:35	12:35	12:39	4 MIN
	1V	12"	UNIFORM SOIL below 3.5"				
	2V	13"	UNIFORM SOIL below 3"				
	3S	3.5"	12:29	12:34	12:34	12:43	9 MIN
		12"	UNIFORM SOIL below 3"				
	4S	3"	12:28	12:29	12:29	12:32	3 MIN
		12"	UNIFORM SOIL below 3"				

REMARKS: Holes DIFF THAN PLAT

TYPE OF SOIL: Glenelg

TESTED BY: S. Abel

O-KETTERMAN
MARK R.

ALSO PRESENT

B 1 - 6178 SEQUENCE NO. (DP USE ONLY)
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
MD-92-0198
fill in this form completely

Date Received (APA)

093092

OWNER INFORMATION

LAND DESIGN DEVELOP.

JOSEPH HICKORY RIDGE

COLUMBIA MD 21044

DRILLER INFORMATION

Ralph MAYNE 273

RALPH MAYNE WELL DRILLING

9120 Brown Church Rd. Mt Airy

Ralph Mayne 9/27/92

LOCATION OF WELL

HOWARD COUNTY

THE WARFIELDS

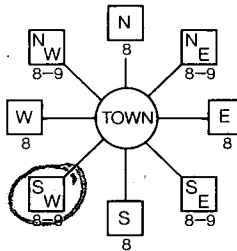
SECTION 44 LOT 38

GLEMELG

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Chestnut Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 75

ENTER FT OR MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A 40804

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 101492

CO SIGNATURE EXP. DATE 4-14-93

NORTH GRID 514000 EAST GRID 0794000

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 150 FEET

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

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 DEEPEM AN EXISTING WELL

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

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

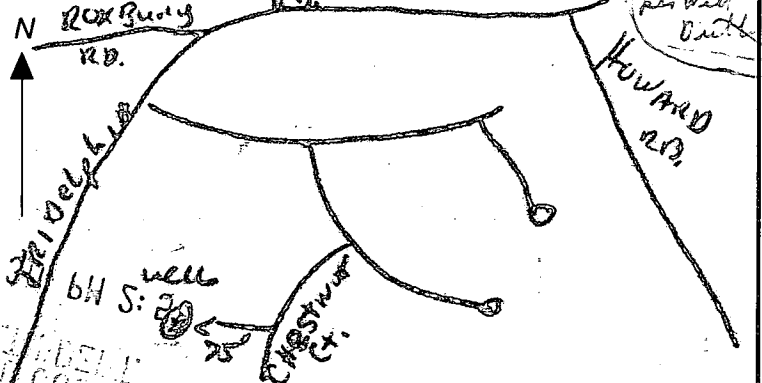
APPROP. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT No. MD-92-0198

SPECIAL CONDITIONS 1/2 MARK Reight, W 740-2100, H 740-3426

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2. (LATER) Bags of cement
3. 45' sand
32' gravel - gen. sand
2' gravel above
WRITE THE BOX NUMBER FROM THE MAP HERE
E 7904
N 5104

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



C1 6603 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 40804

ST/CO USE ONLY. DATE Received DATE WELL COMPLETED

Depth of Well 22 245 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AO-92-0178

OWNER last name first name TOWN Glendy SUBDIVISION The Woodlands SECTION LOT 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, SANDY, SANDSTONE, MICKA, SANDSTONE, MICKA, SANDSTONE, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 800

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (PL) (6) (45)

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) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) table with columns for depth intervals and screen types.

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 Ruth Wayne

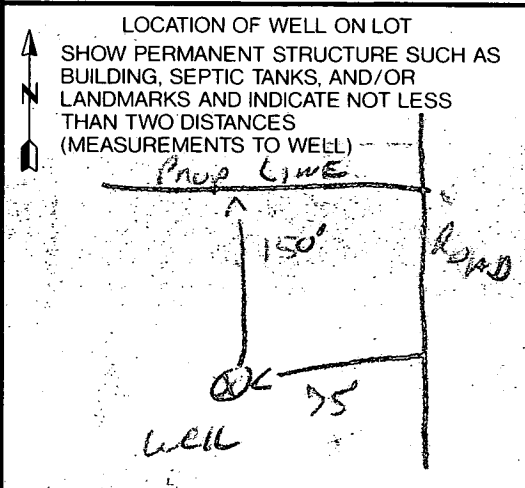
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) 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 30 WHEN PUMPING 54 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (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 () below LAND SURFACE (nearest foot)



COUNTY

5/2/94
1:2 PM
W.P. ready
3:00
(Rev. 10/2)

For → Lat. P.M.
Final
ok
C.B.
5/2/94

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
LINE

New Installation
Replacement _____

Receipt # -0-
Date 5-2-94

Name of Installer _____

Telephone _____

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

Name of Property Owner Greg Anderson Telephone _____
Subdivision Warfields J Lot # 38 Well Tag # HD-92-0198
Site Address 14814 Chestnut Ct

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. 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: _____

Date: _____

✓ 5/2/94

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

(2nd STOP in P.M.)
ok

TEL No.

0000

POSS.
INSP
4/22/94

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date 4-20-94
Name of Installer WOLFORD'S WELLS & PUMP SVC INC Telephone 410-437-8957
License Number MWD 288
Certified Well Pump Installer _____ Well Driller 288 Registered Plumber _____
Name of Property Owner GREG ANDERSON Telephone 301-890-2275
Subdivision Warfield's lot # 38 Well Tag # H.O-92-0198
Site Address 14814 CHESTNUT CT.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make RED JACKET
3. Model # ZSRT WIMN 12BC
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure outoff 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 3450
3. Voltage
a. 110 _____
b. 220

Pitless Adapter
1. Make MARTINSON
2. Model # B10X
3. Depth 42"

Tank
1. Capacity 45
2. Pressure relief valve? YES
Piping
1. Type POLYPROPYLENE
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"
Well data
1. Depth 245 ft.
2. Yield 10 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? YES

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: 4-20-94

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

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 # _____ Date 4-20-94
Name of Installer WOLFORD'S WELL & PUMP SVC INC Telephone 410-437-3957
License Number MUD288
Certified Well Pump Installer _____ Well Driller 288 Registered Plumber _____
Name of Property Owner GREG ANDERSON Telephone 301-890-2275
Subdivision GLEN EGG Lot # _____ Well Tag # H0-92-0198
Site Address 14814 CHESTNUT CT.

Pump Motor Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible
2. Make RED JACKET
3. Model # ZSRTWIMN12BC
4. Capacity 10 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 _____
1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220
1. Make MARTINSON
2. Model # B10X
3. Depth 42"

Tank Piping Well data
1. Capacity 45
2. Pressure relief valve? YES
1. Type POLYPROPYLENE
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"
1. Depth 245 ft.
2. Yield 10 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? YES

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: Dexter Wolford
Date: 4-20-94

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

*Attn: Jane Reese
Howard County*

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING

10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

MR. WILLIAM COSDEN
COSDEN WATER SUPPLY COMPANY
3433 CHAPMAN ROAD
RANDALLSTOWN, MARYLAND 21133

REPORT DATE: MAY 17, 1994

DEAR MR. COSDEN:

LISTED BELOW ARE RESULTS OF A DRINKING WATER ANALYSES ON A WATER SAMPLE COLLECTED BY SELF AND DELIVERED TO CASSELL TESTING, INC. FOR ANALYSIS:

CTI NUMBER: 94-2101

REFERENCE: DROP-OFF SAMPLE FOR COLIFORM BACTERIA & NITRATE

KAREN ANDERSON
14814 CHESTNUT COURT

COLIFORM BACTERIA:
✓ NITRATE-N:

ABSENT
12.3 MG/L

PASS

HIGH

High

Heather R. Beam
HEATHER R. BEAM
CASSELL TESTING, INC.

PLEASE NOTE: CASSELL TESTING, INC. IS NOT RESPONSIBLE FOR THE COLLECTION OR TRANSPORTATION OF THE SAMPLE.

Attn: Jane Reece

(C. B. Stueker)

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING

10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742MR. WILLIAM COSDEN
COSDEN WATER SUPPLY COMPANY
3433 CHAPMAN ROAD
RANDALLSTOWN, MARYLAND 21133

REPORT DATE: MAY 18, 1994

DEAR MR. COSDEN:

LISTED BELOW ARE RESULTS OF A DRINKING WATER ANALYSES ON A
WATER SAMPLE COLLECTED BY SELF AND DELIVERED TO CASSELL
TESTING, INC. FOR ANALYSIS:

CTI NUMBER: 94-2198

REFERENCE: DROP-OFF SAMPLE FOR NITRATE

✓ KAREN ANDERSON
14814 CHESTNUT COURT

✓ NITRATE-N:	<1.0 MG/L	PASS
(WHOLE HOUSE NITRATE REDUCER)		

*Heather R. Beam*HEATHER R. BEAM
CASSELL TESTING, INC.PLEASE NOTE: CASSELL TESTING, INC. IS NOT RESPONSIBLE FOR THE
COLLECTION OR TRANSPORTATION OF THE SAMPLE.*(Send Routine I.C.O.P.
5/20/94 CBS
Ho-92-0198)*



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 23, 1994

Mr & Mrs G. Anderson
14814 Chestnut Court
Glenelg, Maryland 21737

RE: Lot #38-The Warfields
14814 Chestnut Court
Well Tag #92-0198

Dear Mr. & Mrs. Anderson

This is to advise you that the septic system was installed, inspected and approved on November 29, 1993.

The water sample recently submitted for testing was free of coliform and faecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 12.3 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

Mr. and Mrs. G. Anderson

- 2 -

May 23, 1994

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 permit(s) HO-92-0198. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the County Health Department within six month. The well owner accepts his responsibilities under COMAR 26.04.04.10.

October 16, 1992
Date Well Approved

May 17, 1994
Date of Water Sample

Approving Authority

Charles B. Streaker / am

Charles B. Streaker, R.S.
Sanitarian
Water and Sewerage Program

CBS:bc
Enclosure

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Jul 2, 1994

County Howard

Lab Number 94-3009

Sample iced Yes
Residual Cl₂ <0.1 mg/L

cc: County Health Dept. yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Ms. Karen Anderson
14814 Chestnut Court
Glen Elg, Maryland 21737

Property Sampled: 14814 Chestnut Court

NO follow up

Station Sampled: Laundry tub (Whole house reducer)

Tax Map #:

Date/Time Sampled: Jul 1, 1994 10:35 am

Parcel #:

Owner, Telephone No.: Anderson 854-5492

Sampler: E. Hause #94-312

Subdivision Name: The Warfields

Lot Number:

Building Permit No.:

Well Number: Tag not visible

Observation: 1-piece cap/tight

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate (Whole house nitrate reducer)	<1.0 mg/L as N	ISE	10.0 mg/L as N	Pass
Total Coliform	PRESENT	ONPG-MMO MUG	Absent	FAIL
Fecal Coliform	Absent			

Based upon coliform bacteriological standards the above results indicate that, at the time this sample was collected, this water was **UNSAFE** for drinking purposes.

21 JUL 19 6:11 P: 00

Sharon K. Cassell

Sharon K. Cassell

* MCL = Maximum Contamination

0301041 9-7 94

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2446 Name Karen Anderson County Howard County Code 13

Source 14814 Chestnut Court Date Category Code 4F

Collected: Date 9-6-94 Time 10:30 Collector & Phone A. McMillen 313-2640 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input checked="" type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: HO-92-0198 *JLS*

CHECK TESTS	TESTS	CODES	ERROR CODE	GL	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			0.3	9-07-94	BK
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported SEP 8 1994

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

Partial List of Supplemental Codes 91 SEP 12 PM 2:34

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standard & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

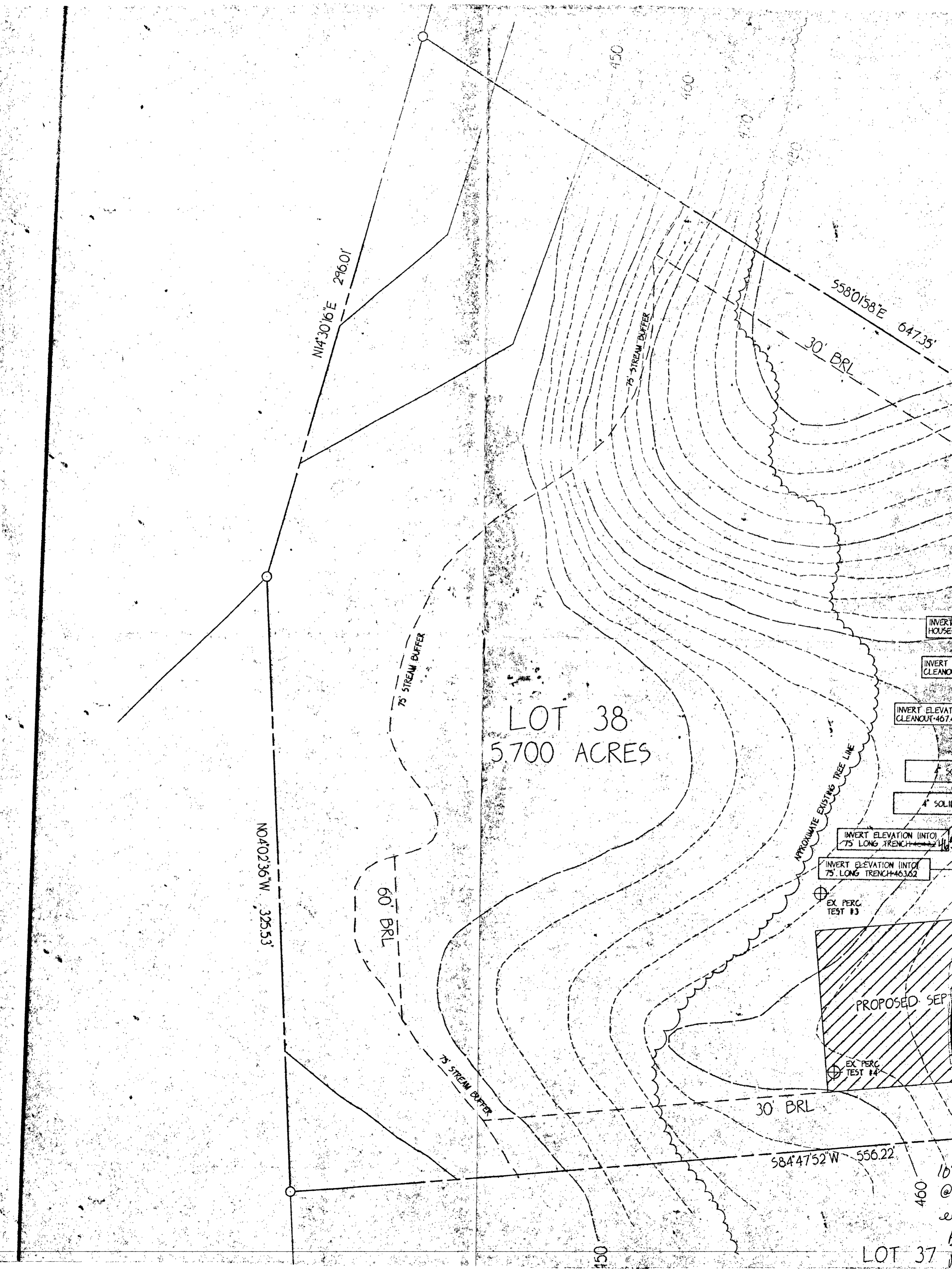
<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample



LOT 38
5.700 ACRES

N14°30'16"E 276.01'

N04°02'36"W 325.53'

S58°01'58"E 647.35'

75' STREAM BUFFER

75' STREAM BUFFER

30' BRL

60' BRL

75' STREAM BUFFER

30' BRL

APPROXIMATE EXISTING TREE LINE

INVERT ELEVATION (INTO) 75' LONG TRENCH 467.40

INVERT ELEVATION (INTO) 75' LONG TRENCH 463.62

EX PERC TEST #3

EX PERC TEST #4

PROPOSED SEP

S58°47'52"W 556.22'

LOT 37

INVERT HOUSE

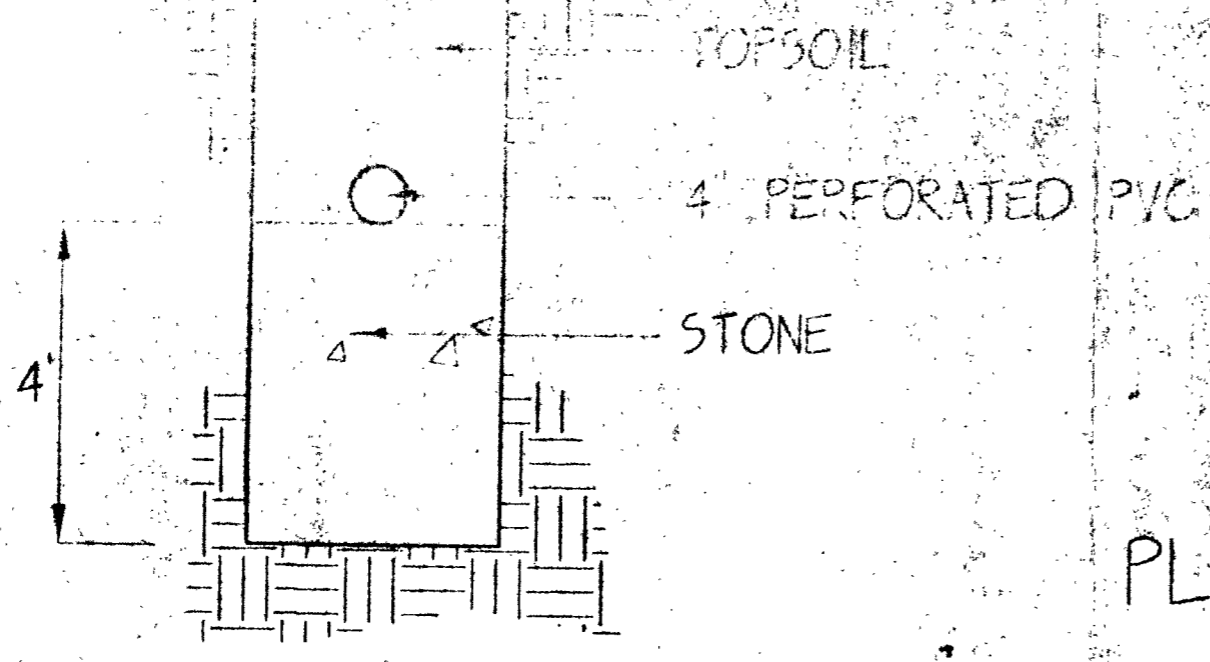
INVERT CLEANOUT

INVERT ELEVATION CLEANOUT 467.40

4" SOLID

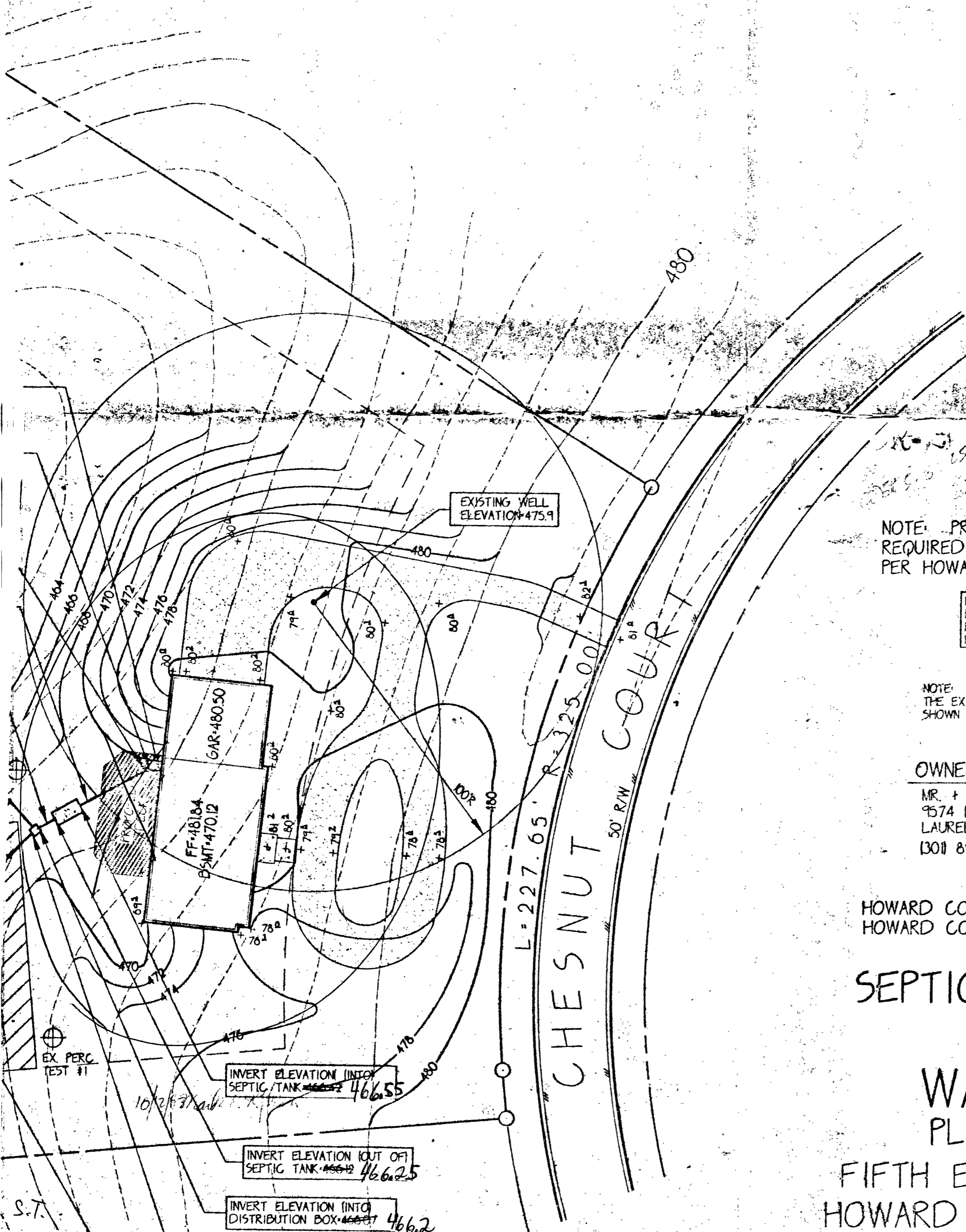
10' @ el

39



TYPICAL TRENCH DETAIL
NO SCALE

PLAN SCALE: 1" = 30'



NOTE: PROPOSED 5 BEDROOM HOUSE
REQUIRED TRENCH LENGTH IS 225'
PER HOWARD COUNTY HEALTH DEPARTMENT

PROPOSED SEPTIC TANK TO
BE TOP SEAM OR ONE
PIECE PER HOWARD COUNTY
HEALTH DEPARTMENT

NOTE:
THE EXISTING TOPOGRAPHIC INFORMATION
SHOWN HEREON WAS PROVIDED BY OTHERS

OWNER/DEVELOPER/APPLICANT

MR. + MRS. GREG ANDERSON
9574 DONNAN CASTLE COURT
LAUREL, MARYLAND 20723
(301) 890-2275

HOWARD COUNTY PERC TEST FILE #A-40804
HOWARD COUNTY WELL PERMIT #HO-92-0198

SEPTIC SYSTEM PLAN
LOT 38
WARFIELDS
PLAT NO. 9585
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

- INVERT ELEVATION INTO SEPTIC TANK ~~466.55~~ 466.55
- INVERT ELEVATION OUT OF SEPTIC TANK ~~466.25~~ 466.25
- INVERT ELEVATION INTO DISTRIBUTION BOX ~~466.2~~ 466.2
- INVERT ELEVATION OUT OF DISTRIBUTION BOX ~~466.1~~ 466.1
- INVERT ELEVATION INTO 75' LONG TRENCH ~~466.0~~ 466.0



NO.	REVISIONS

JOYCE ENGINEERING CORPORATION
PROFESSIONAL ENGINEERS, PROFESSIONAL SURVEYORS
LAND PLANNING + CONSTRUCTION MANAGEMENT
10766 BALTIMORE AVENUE - TWIN CHIMNEYS OFFICE PARK
BELTSVILLE, MARYLAND 20705
TEL: (301) 575-4353 FAX: (301) 575-4550

DESIGN: WAJ DATE: SEPT. 15, 1993 JOB NO: 93-043

SS

S.T.
OK
470
193