

4/12/01  
10:41 am  
RS#413567

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P5/4743

A 40803

ISSUE DATE 11/16/2000

APPROVAL DATE 4/12/01

## INDEXED

Distinguished Homes Inc. - Fogle's Septic IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 215, Jefferson, MD 21755 PHONE 301-371-8447

SUBDIVISION The Warfields LOT NUMBER 37 ADDRESS 14820 Chestnut Court

PROPERTY OWNER Murbach PROPERTY OWNER'S ADDRESS 5302 Chase Lion Way

SEPTIC TANK CAPACITY 1000 GALLONS (Top Seamed)

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 225 feet down the left lot line and 60 feet off this same lot line. Run trenches on contour to left side of lot. 12/6/00 OK (BA)

PLANS APPROVED Amy McMillen DATE 11/16/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

ALL PERMITS SIGNED AND RETURNED 2-28-02  
BOB BY634  
DECK 37416

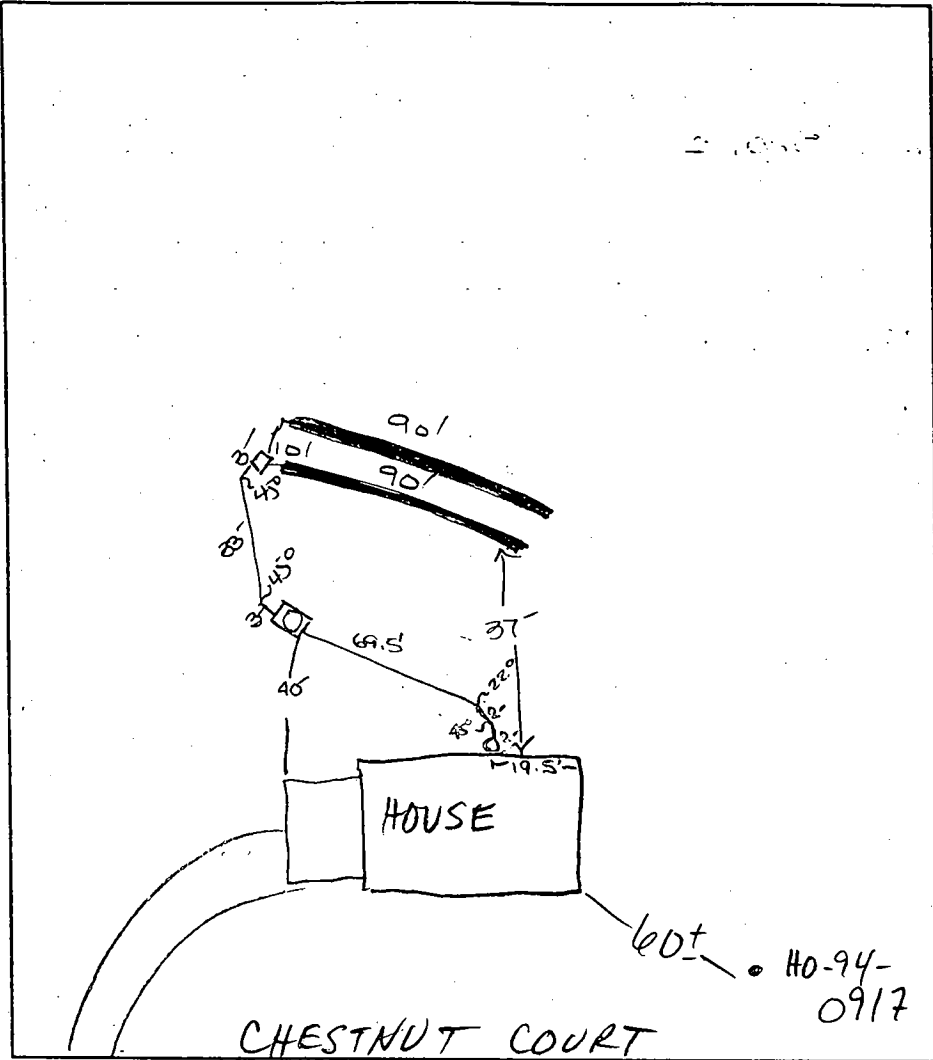
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514 743

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 3  
 TRENCH BOTTOM DEPTH 5  
 DEPTH OF STONE 2  
 NUMBER OF TRENCHES 2  
 TOTAL TRENCH LENGTH 180  
 ABSORBENT AREA 540  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1000 GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS                       
 MANHOLE RISER                       
 ALARM                       
 PUMP PERFORMANCE TEST                     

PRE-CONSTRUCTION INSPECTION: 4/12/01 layout confirmed - SDA stated - OK to install as specified. DCC

INSPECTION COMMENTS: 4/12/01 PM. FINAL INSP - OK to cover all septic work. DCC

INSPECTOR [Signature] DATE SYSTEM APPROVED 4/12/01

# APPLICATION

PERCOLATION TESTING

A 40803

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.

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Sapling Range THE WARFIELD S LOT NO 38 <sup>37</sup> ~~38~~ Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

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 \_\_\_\_\_

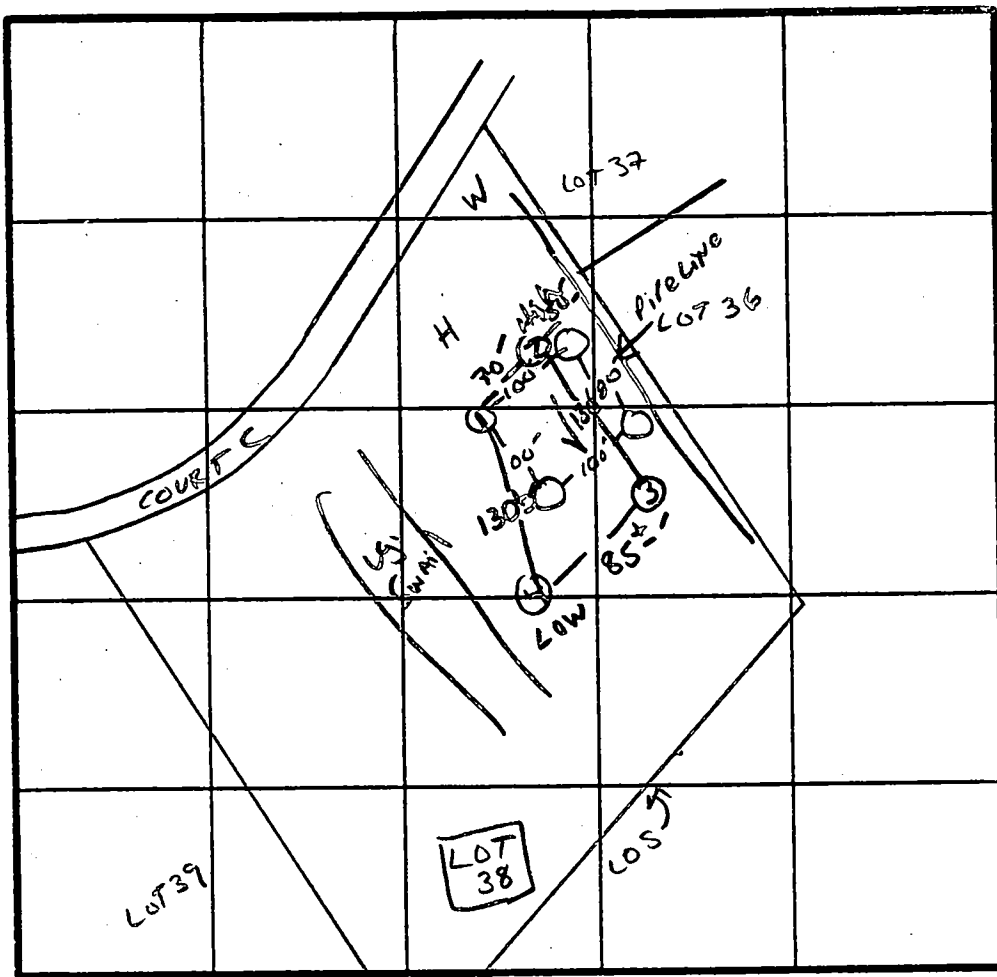
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2-3-88 Perc Satisfactory - Hold for Subdivision Plat. Still

# THIS IS NOT A PERMIT

① → ②  
SOIL PROFILE

0"	AP
6"	Yell. Br Silty CLAY LOAM 10-15% FRAGS
3"	Yell Br Silt LOAM Highly micaceous 15-20% FRAGS
12"	



X PERC  
7 MIN  
180 PSI  
INLET 3"  
BOTTOM 4.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADELPHIA Rd.

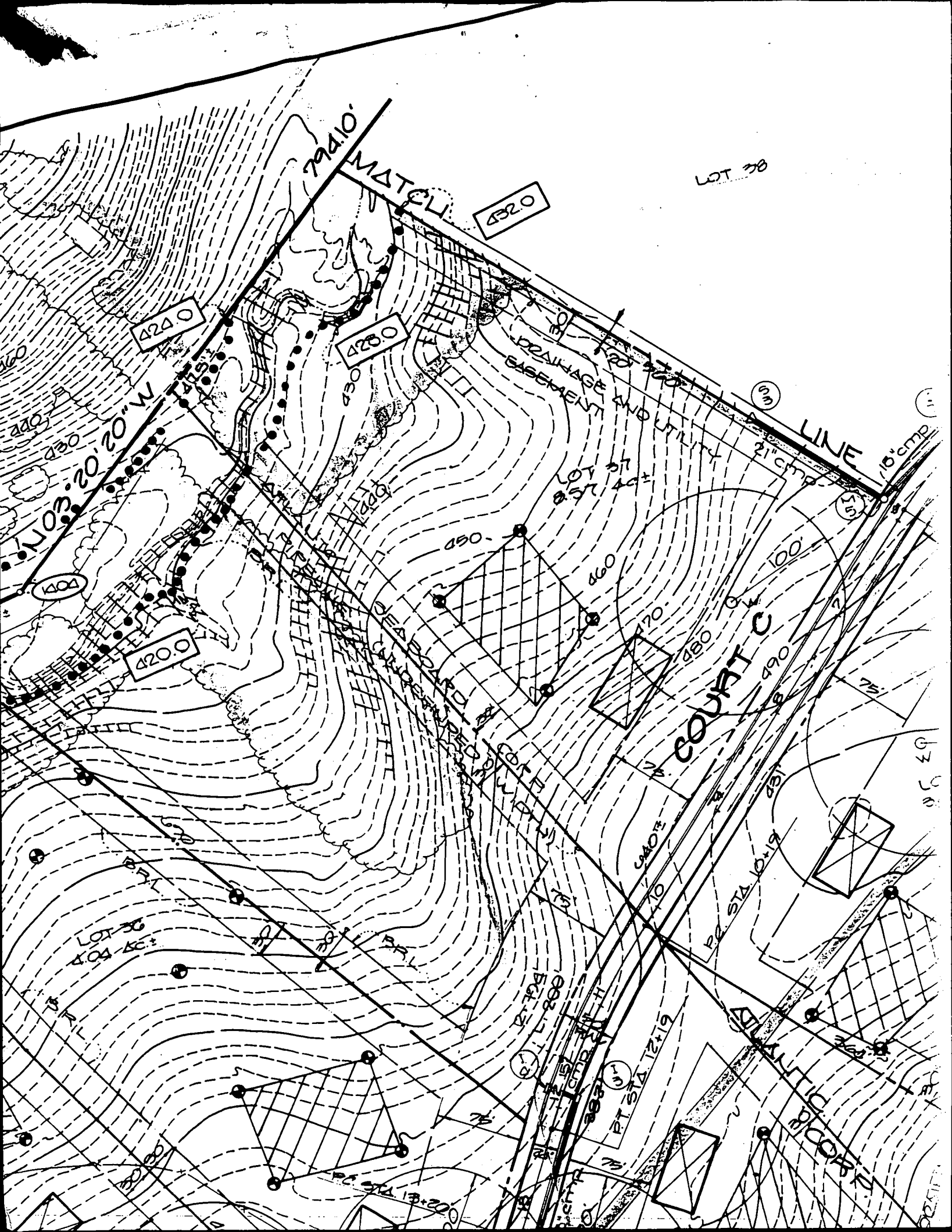
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/2/68	1V	11.5"	HARD BOTTOM - UNIFORM below 3"					
	2S	3"	11:47	11:49	11:49	11:54	5 MIN	
	2M	7"	11:47	11:50	11:50	11:57	7 MIN	
	2V	12"	UNIFORM Soil below 3"					
	3S	3.5"	11:51	11:53	11:53	11:57	4 MIN	
	3V	12"	UNIFORM soil below 3"					
	4S	4"	11:58	12:03	12:03	12:14	11 MIN	
	4V	12"	UNIFORM Soil below 4"					

REMARKS: HOLES DIFF THAN PLAT

TYPE OF SOIL: GENELO LOAM

TESTED BY: S. Abel

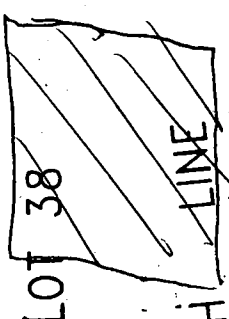
ALSO PRESENT: G. KETTERMAN + CO. MARK R.



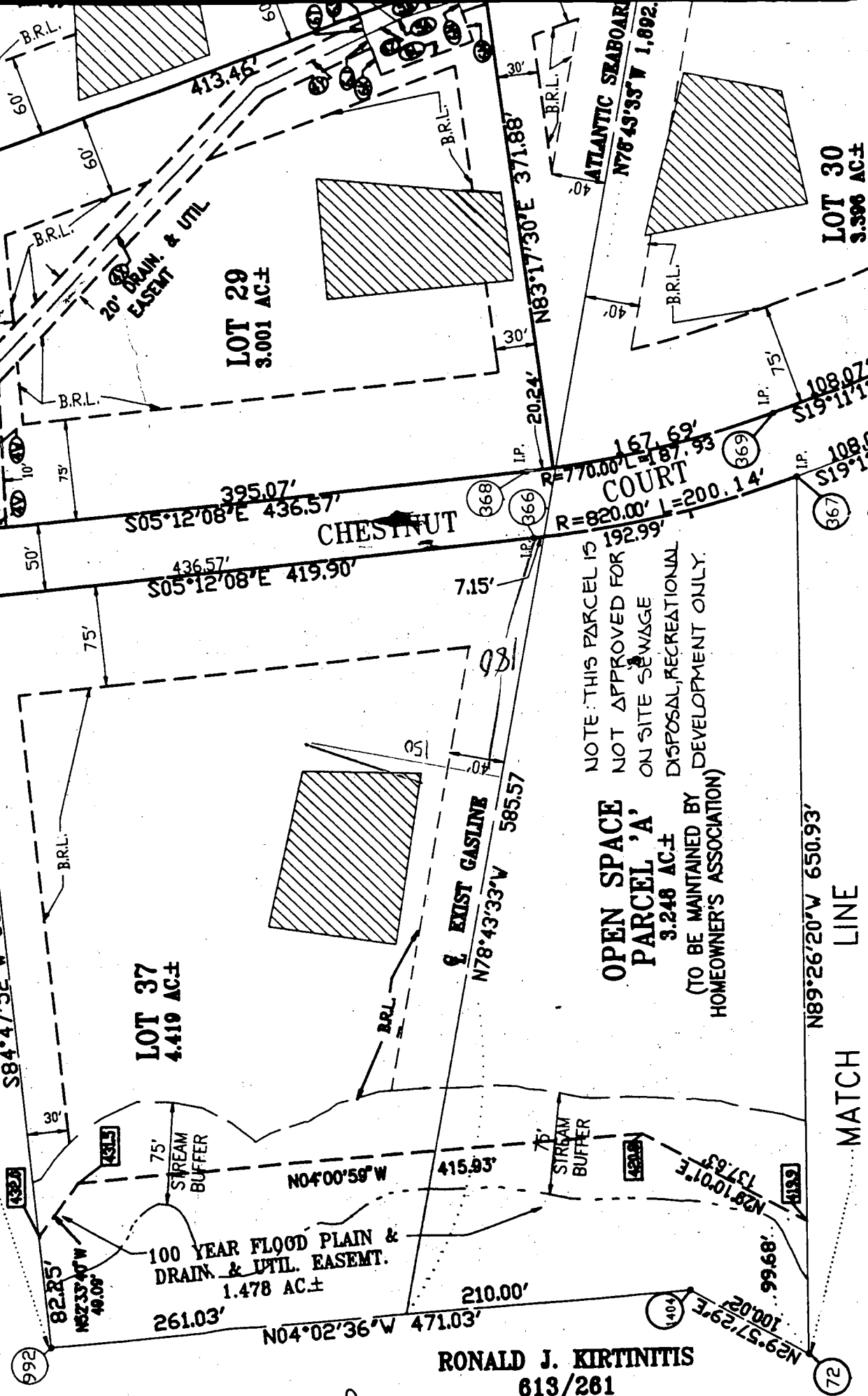
94000 N 513500

LOT 28  
SHEET 5 OF 9

Lot 38



MATCH LINE



NOTE THIS PARCEL IS NOT APPROVED FOR ON SITE SEWAGE DISPOSAL, RECREATIONAL DEVELOPMENT ONLY.  
**OPEN SPACE PARCEL 'A'**  
3.248 AC±  
(TO BE MAINTAINED BY HOMEOWNER'S ASSOCIATION)

RONALD J. KIRTINITIS  
613/261

Signed Final

LOT 30  
3.396 AC±

MATCH LINE

MATCH LINE

CASE No.

NOTE: This location for title purpose only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location

NOTE: FLOOD ZONE LINES ARE NOT GUARANTEED BY THIS SURVEY. A FLOOD EVALUATION SURVEY WILL BE REQUIRED TO ESTABLISH THE LIMITS OF FLOOD ZONES THAT MAY AFFECT THIS PROPERTY.

FLOOD ZONE:  
COMMUNITY PANEL  
NO.:  
DATED:

PROPOSED HOUSE

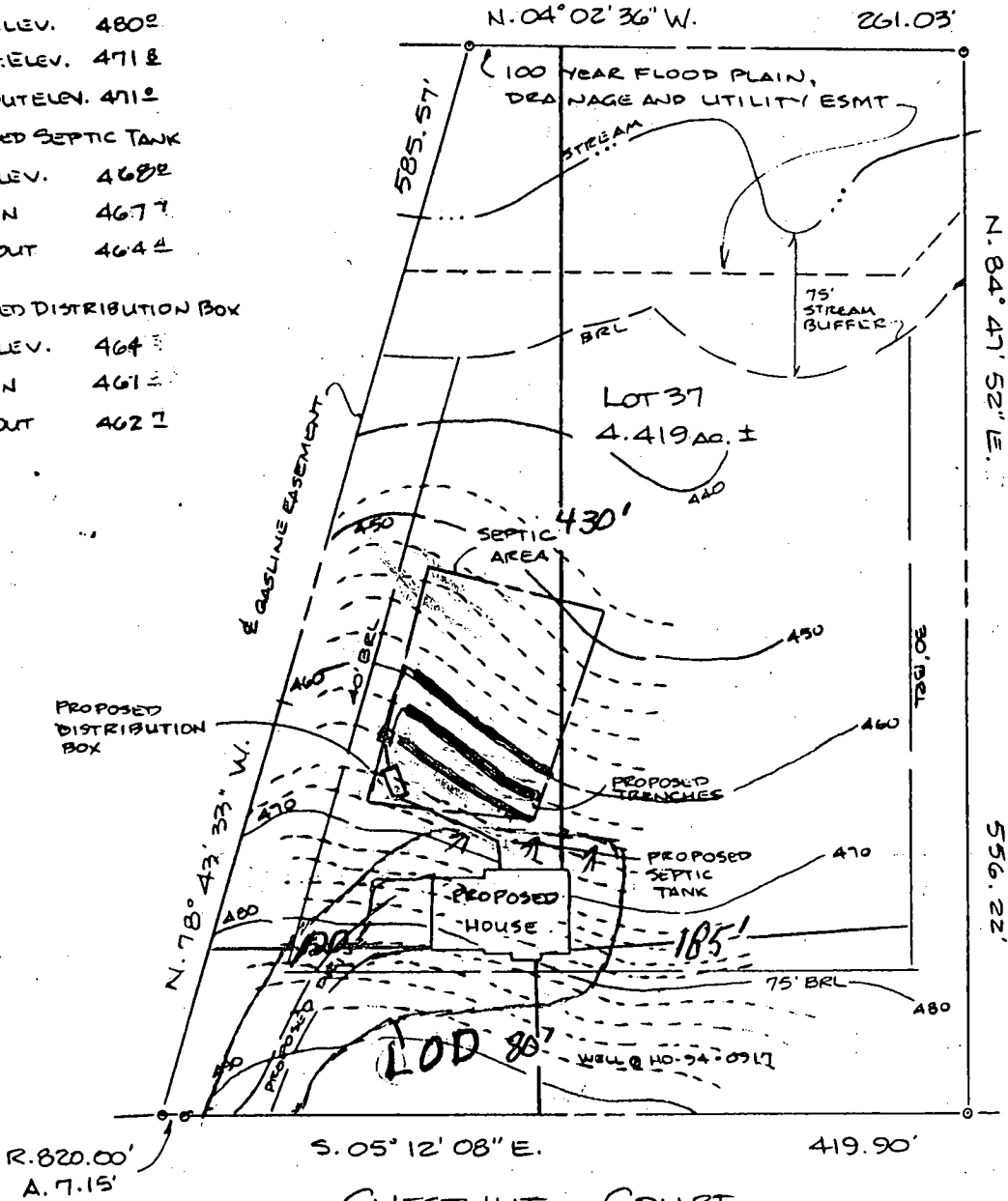
FF ELEV. 4802  
BSMT. ELEV. 4712  
INV. OUT ELEV. 4712

PROPOSED SEPTIC TANK

EX. ELEV. 4682  
INV. IN 4677  
INV. OUT 4642

PROPOSED DISTRIBUTION BOX

EX. ELEV. 4642  
INV. IN 4612  
INV. OUT 4622



CHESTNUT COURT  
50' R/W

Approved Septic System Plan  
Howard County Health Department

\* PROPOSED TRENCHES

LINE 1 | EX. ELEV. 4662  
INV. IN 4612  
LINE 2 | EX. ELEV. 4652  
INV. IN 4612  
LINE 3 | EX. ELEV. 4642  
INV. IN 4602

\* 3 TRENCHES @ 75' - 225 L.F.

3' WIDE, 2.5' STONE - MAX BOTTOM DEPTH - 6'  
ACTUAL LENGTH AND NUMBER OF TRENCHES  
TO BE DETERMINED AT THE TIME OF A  
SEPTIC PERMIT ISSUANCE.

Signature [Signature] Date 11/16/00

PLOT PLAN  
LOT 37

THE WARFIELDS  
SITUATED ALONG CHESTNUT COURT  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
OCTOBER, 2000.

Total linear length of trenches  
required 180 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below  
distribution pipe 2.0 feet

REFERENCES		ZENITH SURVEYS SURVEYING • PLANNING	
PLAT BK.		200 Dill Avenue • Frederick, MD 21701 301-831-4944 • 301-695-5594	
PLAT NO.	6747	DATE OF SURVEYS	SCALE: 1" = 100'
LIBER		WALL CHECK	DRAWN BY: <u>CDS</u>
		HSE LOC	
FOLIO		BOUNDARY	JOB NO.: <u>00-</u>

CASE No. \_\_\_\_\_

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FLOOD ZONE:  
COMMUNITY PANEL  
NO.:  
DATED:

PROPOSED HOUSE

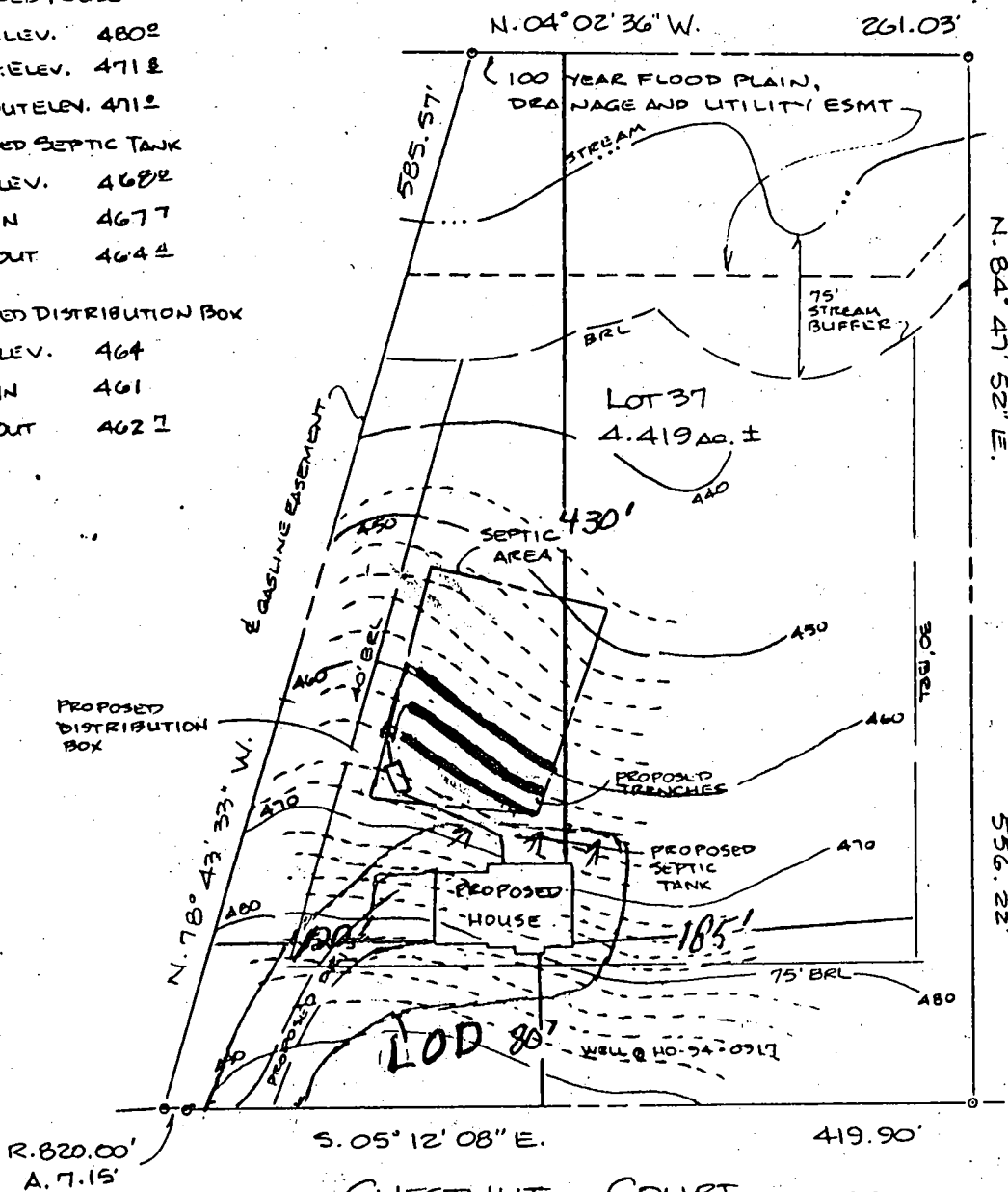
FF ELEV. 4802  
BSMT. ELEV. 4712  
INV. OUT ELEV. 4712

PROPOSED SEPTIC TANK

EX. ELEV. 4682  
INV. IN 4677  
INV. OUT 4642

PROPOSED DISTRIBUTION BOX

EX. ELEV. 464  
INV. IN 461  
INV. OUT 462.5



CHESTNUT COURT 50' R/W  
Approved Septic System Plan  
Howard County Health Department

\* PROPOSED TRENCHES

LINE 1: EX. ELEV. 4662  
INV. IN 4612  
LINE 2: EX. ELEV. 4652  
INV. IN 4612  
LINE 3: EX. ELEV. 4642  
INV. IN 4602

\* 3 TRENCHES @ 75' - 225 L.F.

3' WIDE, 2.5' STONE - MAX BOTTOM DEPTH - 6'  
ACTUAL LENGTH AND NUMBER OF TRENCHES  
TO BE DETERMINED AT THE TIME OF A  
SEPTIC PERMIT ISSUANCE.

*Ann M. Mel* 11/16/00  
Signature Date

PLOT PLAN  
Lot 37  
THE WARFIELDS  
SITUATED ALONG CHESTNUT COURT  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
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LIBER	FOLIO	WALL CHECK	DRAWN BY: <i>ODS</i>
		HSE LOC	JOB NO.: 00-
		BOUNDARY	

Call out

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00 12795

Building Address 14800 CHESTNUT CT  
Glendy 21937

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

Census Tract LA 101 Subdivision THE WARFIELDS

Section \_\_\_\_\_ Area 4.419 AC Lot 37

Tax Map 27 Parcel 568114 Grid 4

Zoning R-1 Map Coordinates B 51 Lot size 4.419 AC

Existing Use SINGLE FAMILY DWELLING BLD LOT  
 Proposed Use SAME  
 Estimated Construction Cost \$ 350,570

Description of Work BLIND SINGLE FAMILY DWELLING  
TWO STORY, FULL FINISHMENT, 3 BR, 2 1/2 BA  
FP, REFINEMENT, 3 CAR GARAGE

Occupant or Tenant SAME

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name MIKE MURBACH

Address 5302 CHASE LION WAY  
 City COLUMBIA State Md Zip Code 21044

Home Phone 410-715-1451 Work Phone 301-975-6518  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Contractor Company DISTINGUISHED HOMES, INC  
 Contact Person PATRICK MCCORMALEY  
 Address P.O. BOX 215  
 City JEFFERSON State Md Zip Code 21755  
 License No. TD 445796  
 Phone 301-371-8447 Fax 301-371-8447

Engineer or Architect Company NORTH AMERICAN HOMES INC  
 Contact Person GREG, ENGINEER  
 Address 5724 INDUSTRIAL LN  
 City FREDERICK State Md Zip Code 21704  
 Phone 301-694-9100 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>41'</u> <u>42'</u> 2nd floor: <u>41'</u> <u>42'</u> Basement: <u>4 1/2'</u> <u>43'</u> <input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas
Other Structure: _____ Dimensions: _____ Roof: _____ <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature [Signature]  
P.P. DISTINGUISHED HOMES, INC  
 Title/Company

Print Name PATRICK R. MCCORMALEY  
 Date 10/27/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	48540
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Check due \$ _____ Check # <u>3709</u> Validation # _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health	<u>11/16/00</u>	<u>[Signature]</u>	Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	
Fire Protection			Accepted by _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

FROM: HOLD ENHANCING

FRM NO.: 4105132648

Nov. 22 2000 11:53AM P:

2/14/01  
a.m.  
5/22/01  
Anytime

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: Dennison Plumbing & Heating Telephone # (301) 473-4015  
Address: 7809 Ridge Rd  
Frederick, MD 21702

301  
293-6895 248-3905

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Herbert M. Dennison Jr License # 10040

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Mike Murbach Telephone # (301) 942-6971  
Subdivision: The Warfields Lot #: 37 Well Tag #: HO-94-0117  
Site Address: 14820 Chestnut  
Clentco, MD 21737

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Gould Make: Martinson Two piece watertight cap:   
Model #: 36510 Model #: 15 Screened, vented well cap:   
Pump Capacity: 5 GPM Depth: 100 (36" min) Cap secured to casing:   
Well Yield: 5 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 265 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house  
Type: Polyethylene  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: ✓  
Sleeve caulked and sealed properly:

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.

Herbert M. Dennison Jr Signature of company representative responsible for installation  
2-5-01 date

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

Date Insp. Requested: 2/14/01 Date Insp. Approved: 5/25/01 (MR) SRH

Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Lines: conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

ALL OK  
EXCEPT  
CONDUIT-  
ONLY 12" B.G.  
NOT SECURELY  
ATTACHED

HD-215 (Rev. 8/00)

ACCEPTED  
AFTER T/C w  
Pat McCormley  
MR 5/25/01  
T/C to  
Plumber  
2/14/01

(MR)

C1 7819 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A40803

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 092096

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0917

OWNER Warfield Kennard STREET OR RFD Chestnut Ct TOWN Glenelg SUBDIVISION The Warfields SECTION LOT 37

WELL LOG

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 30 ft

CASING RECORD

MAIN CASING TYPE (P) (L) (6) (38) Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 117

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

DEPTH (nearest ft.)

1. 2. 3. DEPTH (nearest ft.) 40 36 26 5

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft WHEN PUMPING 50 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0917  
 Location of property (road) Chestnut Ct  
 Subdivision The Warfields Lot 37 Block      Plat      Sec.       
 Well Driller Ralph Mayne Owner Kennard Warfield  
 Depth of well 265  
 Distance of measuring point (M.P.) above ground 240  
 Static water level (S.W.L.) below M.P. 31

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:15 Pumping rate 12 GPM  
 Total time 15 min to reach pumping water level 50 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>7</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:30	50 ft	6 Sec	[Flow Meter Reading Column is crossed out with a large diagonal line]	10 GPM	
8:45	50 ft	6 Sec		10 GPM	
9:00	50 ft	6 Sec		10 GPM	
9:15	50 "	6 "		10 "	
9:30	50 "	6 "		10 "	
9:45	50 "	6 "		10 "	
10:00	50 ft	6 Sec		10 GPM	
10:15	50 ft	6 Sec		10 GPM	
10:30	50 ft	6 Sec		10 GPM	
10:45	50 "	6 "		10 "	
11:00	50 "	6 "		10 "	
11:15	50 ft	6 Sec		10 GPM	
11:30	50 ft	6 Sec		10 GPM	

B 1 **8230** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER  
**HO-99-0917**  
 fill in this form completely

Date Received (APA) **090396**  
 OWNER INFORMATION  
**WARFIELD KENNARD**  
 Last Name Owner First Name  
**14663 TRINDELPHIA RD**  
 Street or RFD  
**GLENEZG MD 21737**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**THE WARFIELDS** SUBDIVISION  
 SECTION **7** LOT **37**  
**GLENEZG** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION CIRCLE MSD MGD/MWD  
**Ralph MAYNE**  
 Driller's Name License No. **716**  
 Firm Name **Ralph MAYNE Well Drilling**  
 Address **9120 Brown Church Rd. Mt. Airy**  
**Ralph Mayne** 9/2/96  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Chestnut Ct.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **75** FT  
 ENTER FT OR MI **FT**  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

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 County** COUNTY NAME  
**AA0803** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**091196** DATE ISSUED  
**A. McMullen** CO SIGNATURE  
**9/10/97** EXP. DATE  
 NORTH GRID **516000** EAST GRID **0798000**

APPROXIMATE DEPTH OF WELL **150** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
**7-20-96 8AM Pump 9:30 done**  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**TRINDELPHIA RD**  
**75'**  
**Chestnut Ct.**  
**SAPLING way**  
**Michele Dr.**

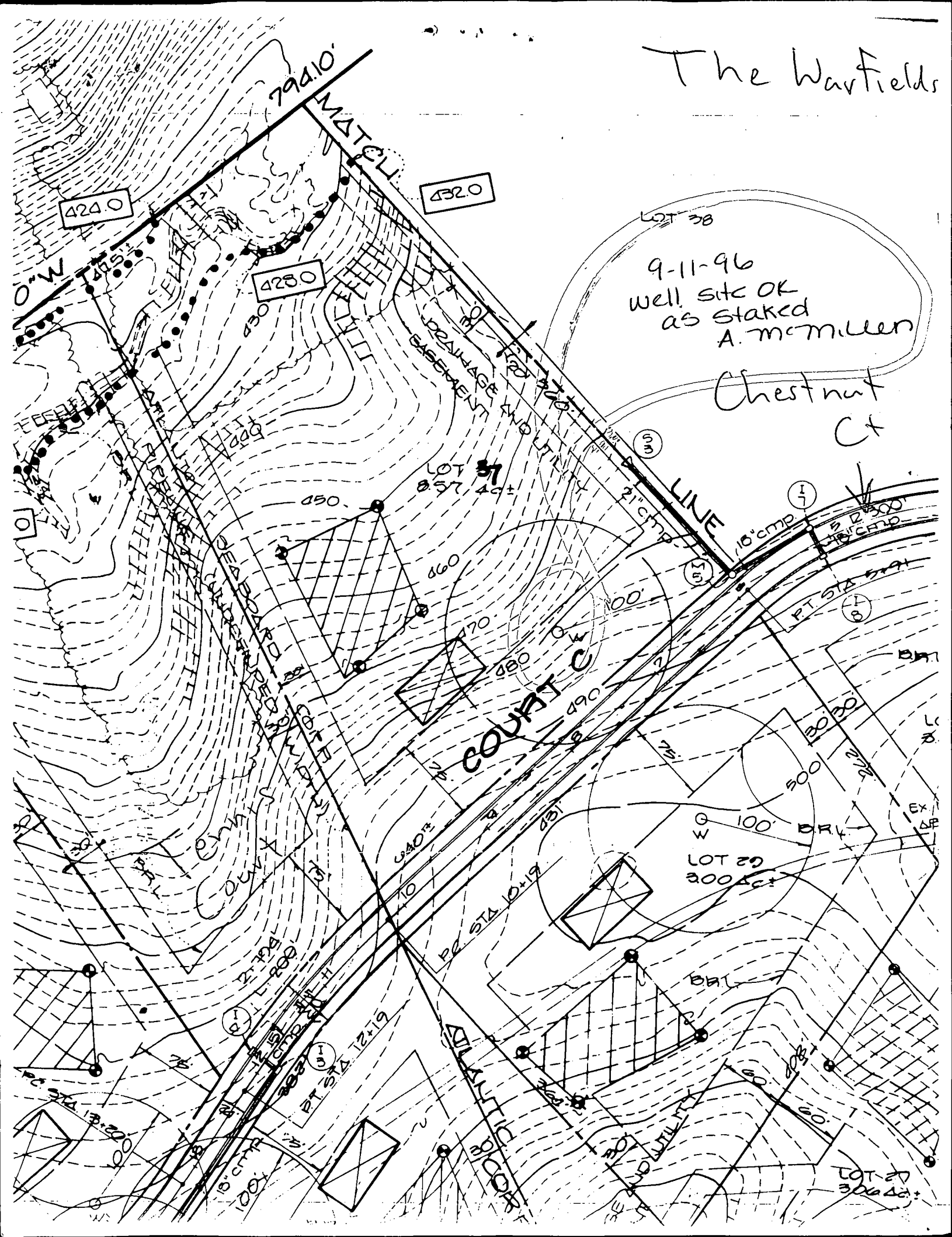
METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other: \_\_\_\_\_

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER **GAP**  
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-99-0917**



# The Warfields



Building Address: 14820 Chestnut Ct  
Glenelg MD 21737

Suite/Apt: # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract: 605101 Subdivision: The Warfields

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 37

Tax Map: 27 Parcel: 56 Grid: 4

Zoning: RC Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name: MICHAEL + MARY MURBACH

Address: 14820 CHESTNUT COURT

City: GLENELG State: MD Zip Code: 21737

Home Phone: (410) 489-5962 Work Phone: (301) 975-6518

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

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

Existing Use: SFD

Proposed Use: SM

Estimated Construction Cost: \$ 500

Description of Work: building a deck on back of lot  
37' x 16' no stairs

Contractor Company: Owner building

Contact Person: Michael Murbach

Address: same as above

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

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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

Engineer or Architect Company: Michael Murbach

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

Address: same as above

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

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

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

**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 Characteristics**

SF Dwelling  SF Townhouse   
Depth Width

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement:  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms: \_\_\_\_\_

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

**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 UNLESS 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.

Mary Murbach  
 Applicant's Signature

MARY MURBACH  
 Print Name

02/27/02  
 Date

Title/Company \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

AGENCY: <u>Land Development</u>	DATE: <u>02/28/02</u>	SIGNATURE: <u>Joe Call</u>	PROPERTY ID: <u>48540</u>
State Highway: _____	City: _____	County: _____	Filing fee: \$ _____
Building Official: <u>Charles</u>	City: _____	County: _____	Permit fee: \$ <u>50</u>
Day Engineering: <u>DPZ</u>	City: _____	County: _____	Excise tax: \$ _____
Health: <u>DPZ</u>	City: _____	County: _____	Add'l insur. fee: \$ _____
Pest Protection: _____	City: _____	County: _____	TOTAL FEES: \$ <u>50</u>
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	City: _____	County: _____	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	City: _____	County: _____	Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>	City: _____	County: _____	Check # <u>2000</u>
Distribution of Copies: _____	City: _____	County: _____	Validation # <u>46899</u>
White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Lot Coverage for New Town Zone: _____
Pink: Health	Gold: SIA	Accepted by: _____	SDP/Red-line approval date: _____

Forms PERMIT-PRM Rev. 5/17/00

