

9/19/01

(Follow-up Am)

9/20/01 - am

9/24/01 - Final 12-2pm

05413370

ISSUE DATE: 9-14-2001

APPROVAL DATE: 9/24/01

PERMIT INDEXED

P 516030

A 40783

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

C & G Utility Service IS PERMITTED TO INSTALL ALTER

ADDRESS: 7398 Gaither Road, Sykesville PHONE NUMBER: 410-984-4851

SUBDIVISION: The Warfields LOT NUMBER: 19

ADDRESS: 14820 Michele Drive PROPERTY OWNER: Ellaha Amini-Nefad

SEPTIC TANK CAPACITY (GALLONS): 1500 ~~1250~~ (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 25

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 350 ~~300~~

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 160 feet off Michele Drive and 130 feet off the left property line as seen when facing the lot from Michele Drive. Run trenches on contour toward the left property line.
NOTES:	TRENCH EDGE TO EDGE REQUIREMENTS TO BE DETERMINED DURING LAYOUT INSP. 7'ETE (10'CTC PREFERRED)

PLANS APPROVED: Amy Mc Millen OK SRK 7/13/01 DATE: 4-10-01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

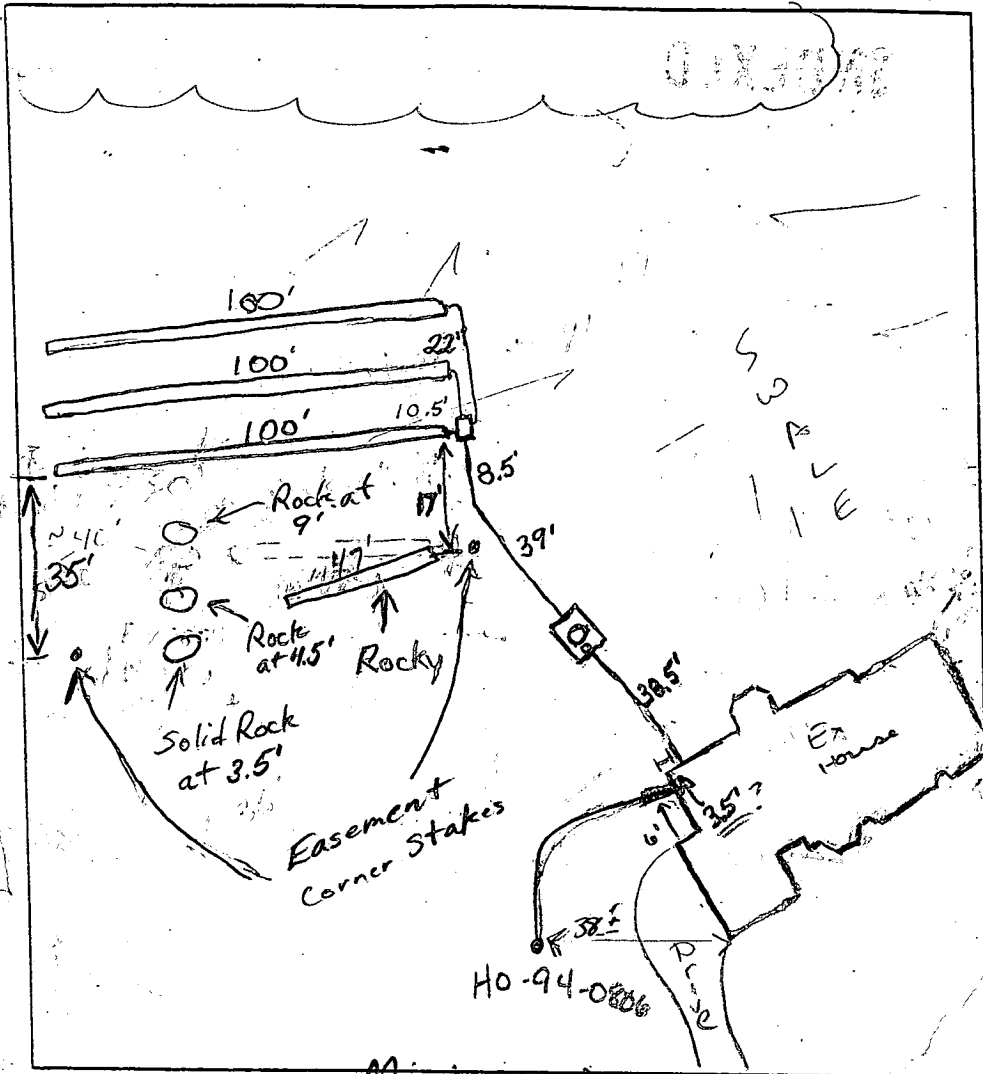
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

8/14/02 800137954 - DECK
10/24/03 800144419 - U6 PROPOSE TRNK

440783

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 300'
 ABSORBENT AREA 900 sq ft.
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

Michelle Drive

PRE-CONSTRUCTION INSPECTION: 9/1/01 To install 3-100' trenches towards left lot line. First trench may be 6" deeper than specified. 7' edge to edge. (BB)

INSPECTION COMMENTS: 9/20/01 First trench was dug in rocky soil and graveled to 47'. Solid rock was encountered at 3.5' further down the trench. The 47' trench is to be abandoned. 3 trenches are to be installed further downhill where an observation hole was good to 9'. The observation hole is to be bridged with solid pipe. (BB)

9/24/01 - 3-100' trenches installed below observation holes. Minor rock encountered. O.K. to cover. (BB) WPI OK 4/29/02 (BB)

INSPECTOR: B. Baker

DATE SYSTEM APPROVED 9/24/01

BUILDING PERMIT SPONSOR AND RETAINED

Total linear feet of trench required 300 feet

Width of trench(es) 30 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

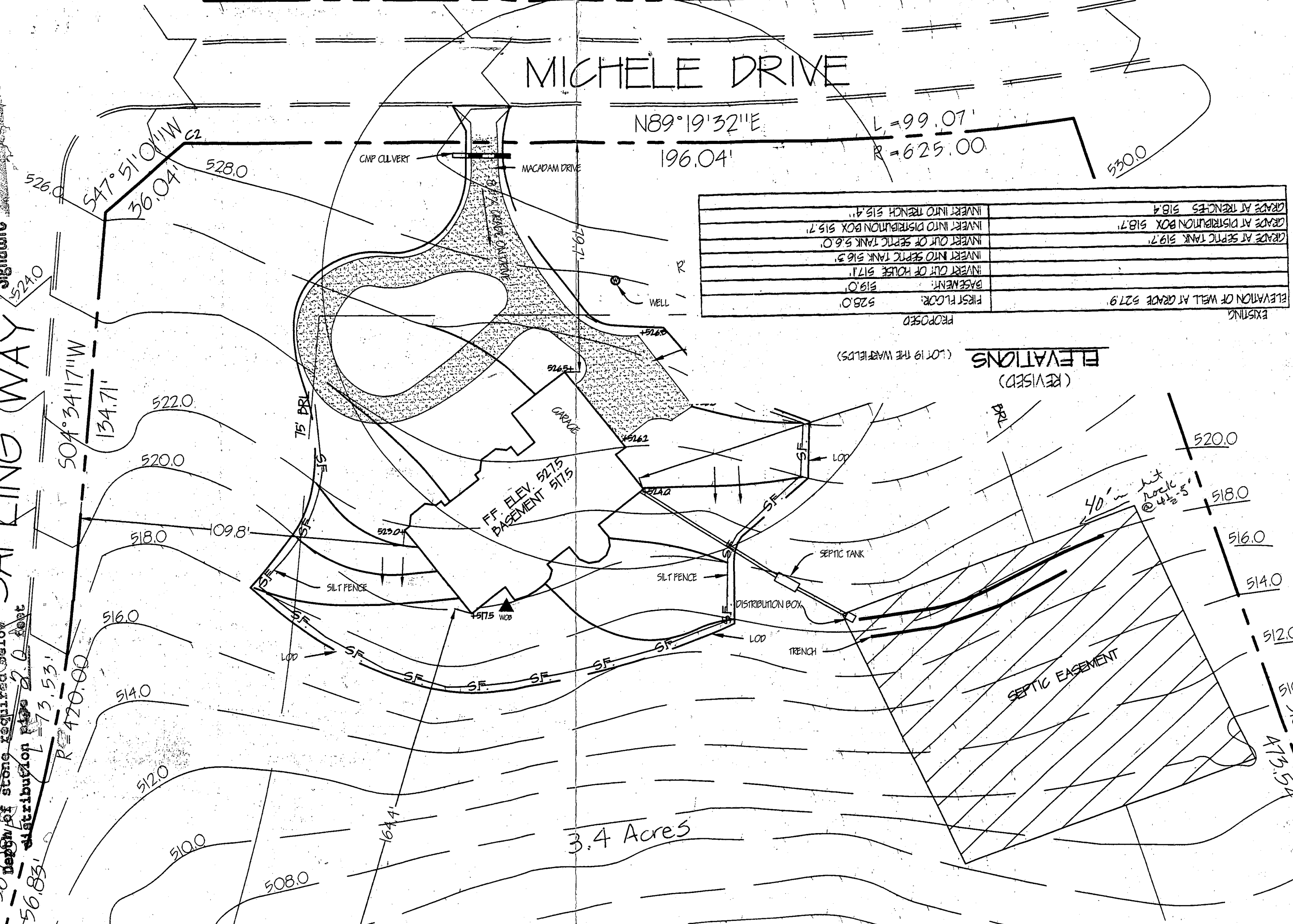
Depth of stone required below distribution pipe 2.0 feet

Depth of stone required below distribution pipe 2.0 feet

Signature [Signature] Date 7/10/01

SAPLING WAY

MICHELE DRIVE



N89°19'32"E
196.04'
L=99.07'
R=625.00'

ELEVATION OF WELL AT GRADE 527.9'	EXISTING
FIRST FLOOR: 528.0'	PROPOSED
BASEMENT: 519.0'	
INVERT OUT OF HOUSE 517.1'	
INVERT INTO SEPTIC TANK 516.3'	
GRADE AT SEPTIC TANK 519.7'	
INVERT OUT OF SEPTIC TANK 5.6.0'	
INVERT INTO DISTRIBUTION BOX 515.7'	
GRADE AT DISTRIBUTION BOX 518.7'	
GRADE AT TRENCHES 518.4'	
INVERT INTO TRENCH 515.4'	

ELEVATIONS (REVISED)

(LOT 19 THE WARFIELDS)

RT

RT

40' hit rock @ 4 1/2' - 5'

3.4 Acres

SEPTIC EASEMENT

526.0
547°51'01"W
36.04'
528.0

504°34'17"W
134.71'

56.83'
73.53'
R=420.00'

522.0
520.0

518.0
109.8'

516.0

514.0

512.0

510.0

508.0

164.4'

517.5 WOB

513.04'

75 PRL

FF. ELEV. 527.5
BASEMENT 517.5

516.51'

516.2

19.71'

MACADAM DRIVE

CMP CULVERT

WELL

R

R

R

R

R

R

R

R

R

R

R

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R

R

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Building Address 14820 Michele Dr.
Glenely, MD 21738

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

Census Tract (105)N Subdivision The Warfields

Section _____ Area _____ Lot 19

Tax Map 27 Parcel 56 Grid 5

Zoning RD Map Coordinates _____ Lot size 3.405

Property Owner's Name Ellane Amini-Nejad
 Address 5016 Dorsey Hall Dr., St 103
 City Ellicott City State MD Zip Code 21042
 Home Phone 301596 1848 Work Phone 4107401400
 Applicant's Name & Mailing Address, (if other than stated hereon):
same

Phone _____ Fax _____

Existing Use unimproved residential lot
 Proposed Use single family dwelling
 Estimated Construction Cost \$ 747,000

Description of Work construction of a single family
residential home 5 BR, 4 FB, 2-1/2 B, DR, LR,
Study, FR, K, 3C garage,

Contractor Company Tradition Home Builders
 Contact Person Steven or Ann Leaf
 Address 4540 Ten Oaks Rd
 City Dayton State MD Zip Code 21036
 License No. 13-587048
 Phone 410-531-9203 Fax 410531 0420

Occupant or Tenant Ellane Amini-Nejad
 Contact Name Ellane Amini-Nejad
 Address 5016 Dorsey Hall Dr. St 103
 City Ellicott City State MD Zip Code 21042
 Phone 3015961848 Fax N/A

Engineer or Architect Company David Johnson
 Builder Tradition Home Builders
 Contact Person _____
 Address 4540 Ten Oaks Rd
 City Dayton State MD Zip Code 21036
 Phone 4105319203 Fax 410 531 0420

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____ 1st floor: <u>36</u> x <u>77'0"</u>	Private well <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>36</u> x <u>77</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>36</u> x <u>77</u>	Private septic <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: _____ N/A <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Full _____ Partial _____	No. of Bedrooms <u>5</u>	propane _____
	Other Suppression _____	Multi-family dwellings: _____	Heating System: _____
	# of Heads _____	No. of efficiency units: <u>n/a</u>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
		No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
		No. of 2 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
		No. of 3 BR units: _____	
		Other Structure: _____	Sprinkler system: _____ N/A <input checked="" type="checkbox"/>
		Dimensions: _____	NFPA #13D _____
		Footings: <u>poured concrete</u>	NFPA #13R _____
		Roof: <u>asphalt shingles</u>	Other: _____
		<u>n/a</u> State Certified Modular	
		<u>n/a</u> Manufactured Home	

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 THEREIN; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED BY THIS PERMIT.

Applicant's Signature Ann Leaf
 Title/Company Tradition Home Builders, Inc.

Print Name Ann Leaf
 Date 6-25-01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>7/10/01</u>	<u>Ann Leaf (SRW)</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>43325</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3830</u>
Accepted by <u>[Signature]</u>	Validation # <u>3437</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

Rev. 10/15/98

1-410-313-2640 Health Dept

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: Master Mechanical Telephone #: 410-796-8583
Address: 3941 Woodland Rd
Elkridge MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License# 3260
Name (Print): Gary Eikenberry

*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: Ellsbe Annis Telephone #: 410-531-9293
Subdivision: Windsor Lot #: 19 Well Tag #: HO-94 0806
Site Address: 14820 Michelle Drive

Submersible Pump Data

Make: Goulds
Model #: 7505
Pump Capacity 75 GPM
Well Yield: 18 GPM

Pitless Adapter

Make: Hayward
Model #: PT 800
Depth: 48 " (36" min)
NSF approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y
Screened, vented well cap: Y
Cap secured to casing: Y
Conduit min 18" B.G.: Y
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 260 (feet)

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: PVC
PSI: 160 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Y
Approximate length of sleeve: 60 "
Sleeve caulked and sealed properly: Y

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.

Signature of Company Representative responsible for installation

date

11-08-2002

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

Date Insp. Requested: 4/29/02 Anytime Date Insp. Approved: OK K6 4/29/02
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. 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 ✓

C1 **7914** SEQUENCE NO. (MDE 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 **A40783**

ST/CO USE ONLY DATE Received: **06/19/96** DATE WELL COMPLETED: **06/17/96** Depth of Well: **245** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-94-0806**

OWNER: **Watfield** (last name) **Kennard** (first name)
 STREET OR RFD: **Michelle Drive** TOWN: **Glenneg**
 SUBDIVISION: **The Watfields** SECTION: _____ LOT: **19**

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	45	✓
Sandstone	45	50	
MICKA	50	75	
Sandstone	75	80	✓
MICKA	80	180	
Flint Rock	180	185	✓
MICKA	185	245	

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box): **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one): CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **15** NO. OF POUNDS: **1500**
 GALLONS OF WATER: **90**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **30 FT** ft.
 (enter 0 if from surface)

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): **6**
 Total depth of main casing (nearest foot): **60**

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 OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED: **Y** **N**

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.

TYPE: **MWD/MSD/MGD**
 DRILLERS LIC. NO. **116**
Ruth. Nye
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **117**
W. H. S. [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

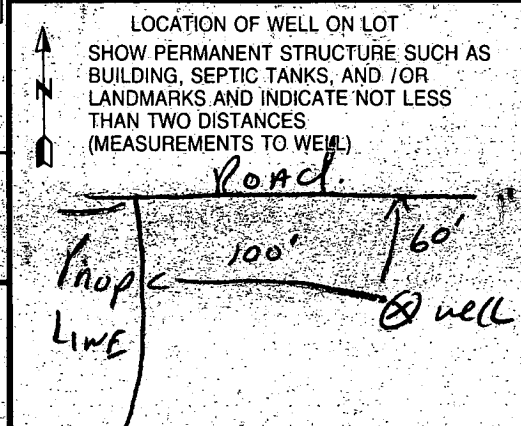
C 2
 DEPTH (nearest ft.)
H0 **S8** **245**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1. _____ 2. _____ 3. _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56. _____ 60. _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 T _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min.): **15**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **30** ft.
 WHEN PUMPING: **47** ft.
 TYPE OF PUMP USED (for test): **S** submersible
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.
 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) **+** above **-** below
 LAND SURFACE: **4** (nearest foot)



B 1 **8215** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

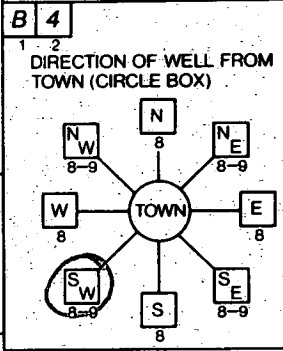
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0806
 fill in this form completely

Date Received (APA) **053096**
 OWNER INFORMATION
WARFIELD KEMMARD
 15 Last Name 34 Owner First Name
14663 TRIODELPHIA RD
 36 Street or RFD 55
GLEMELG MD2173D
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
THE WARFIELDS
 23 SUBDIVISION 42
 SECTION LOT **19**
 44 46 48 50
GLEMELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD MGD MWD
 Driller's Name **Ralph MAYNE** 77 License No. **116** 80
 Firm Name **Ralph MAYNE well DRILLING**
 Address **9120 Brown Church Rd. Wt. Arny**
Hall Mayne 5/29/96
 Signature Date



Michele Dr.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 34 **60** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 NAME **A40783** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **060596** DONALD K. S... EXP. DATE **6/4/97**
 43 48 CO SIGNATURE 41
 NORTH GRID **514000** EAST GRID **0795000**
 50 55 57 63

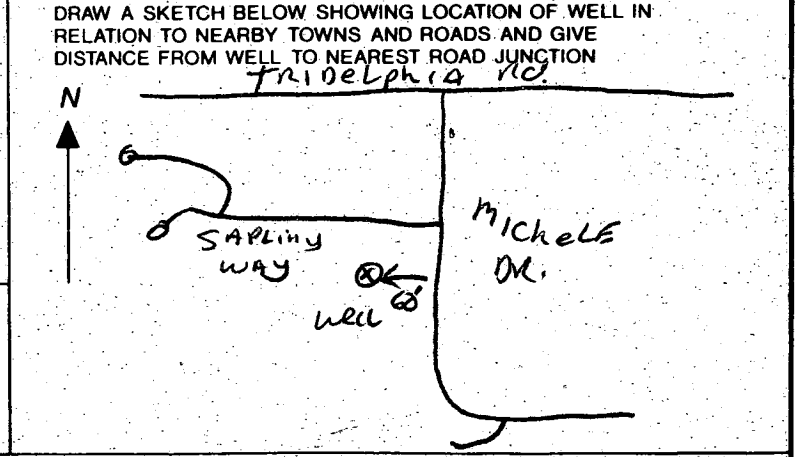
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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 _____

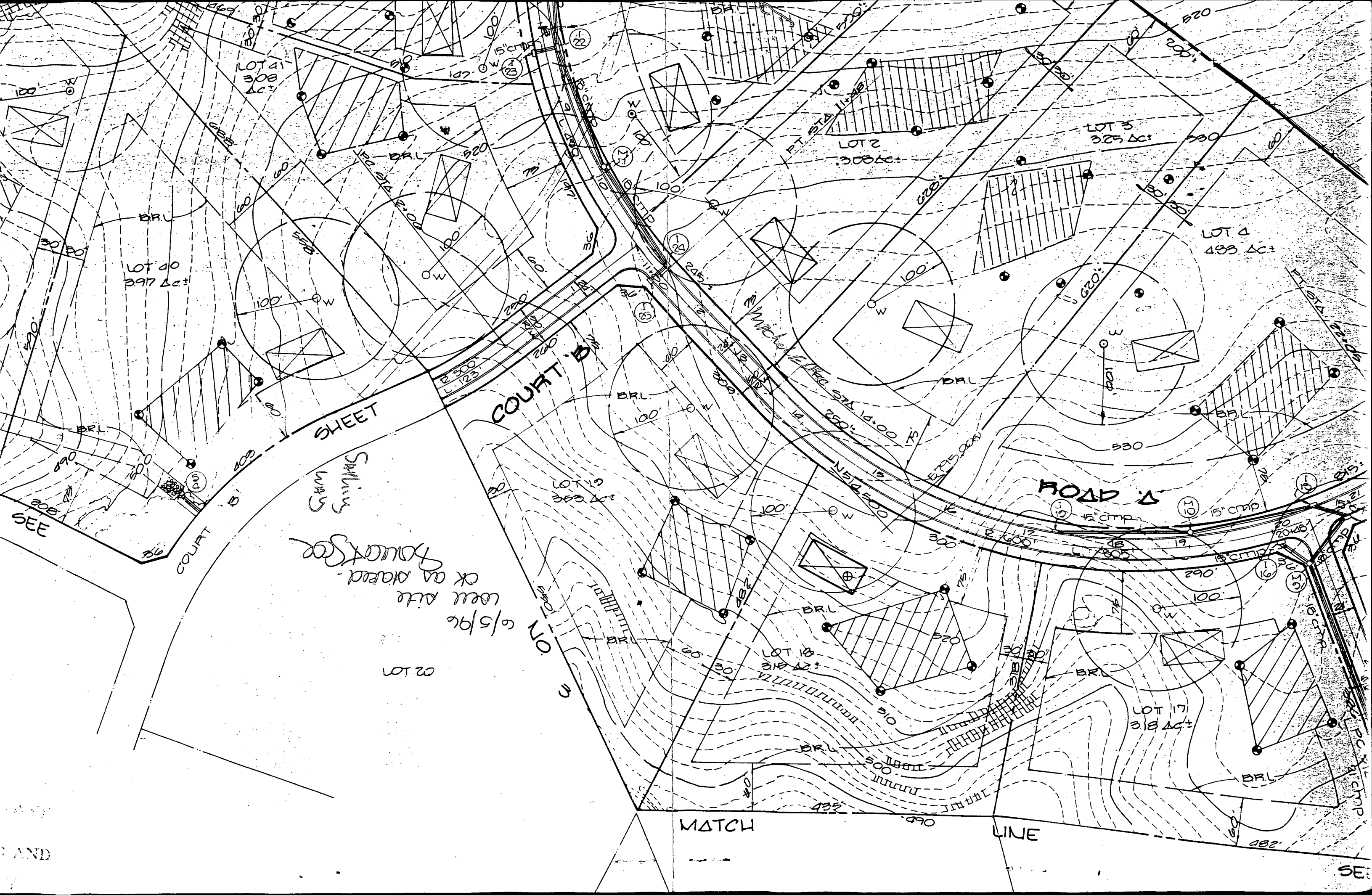
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7905**
 N **5104**
 000 000
 6/17/96
 9:30 GROUT
 60' casing
 30' open hole
 15 bags cement
 (Info provided by driller - insp. made after grout was done) DKS

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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 54 63
 FORCE **DS** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-94-0806**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **442-2337**
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOT 40
297 AC±

LOT 41
308 AC±

LOT 2
2700 AC±

LOT 3
325 AC±

LOT 4
433 AC±

COURT B

SHEET

ROAD A

6/5/96 well after Howard's Co
OK on record

LOT 20

LOT 19

LOT 18

LOT 17

MATCH

LINE

AND

SE

APPLICATION

PERCOLATION TESTING

A 40783

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. ELLAHE Aminai

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: THE WARFIELDS
SUBDIVISION Sapling Range LOT NO. LOT 19 Preliminary 18

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
14820 MICHELE DRIVE Sapling Way

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD - 5 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMITS PERMITTED
AND RETURNED 10-20-87
Serial # BM 120675
SFD - 5 Bm

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 2-1-88 Perc Satisfactory - Hold for Subdivision Plat. S. Amal

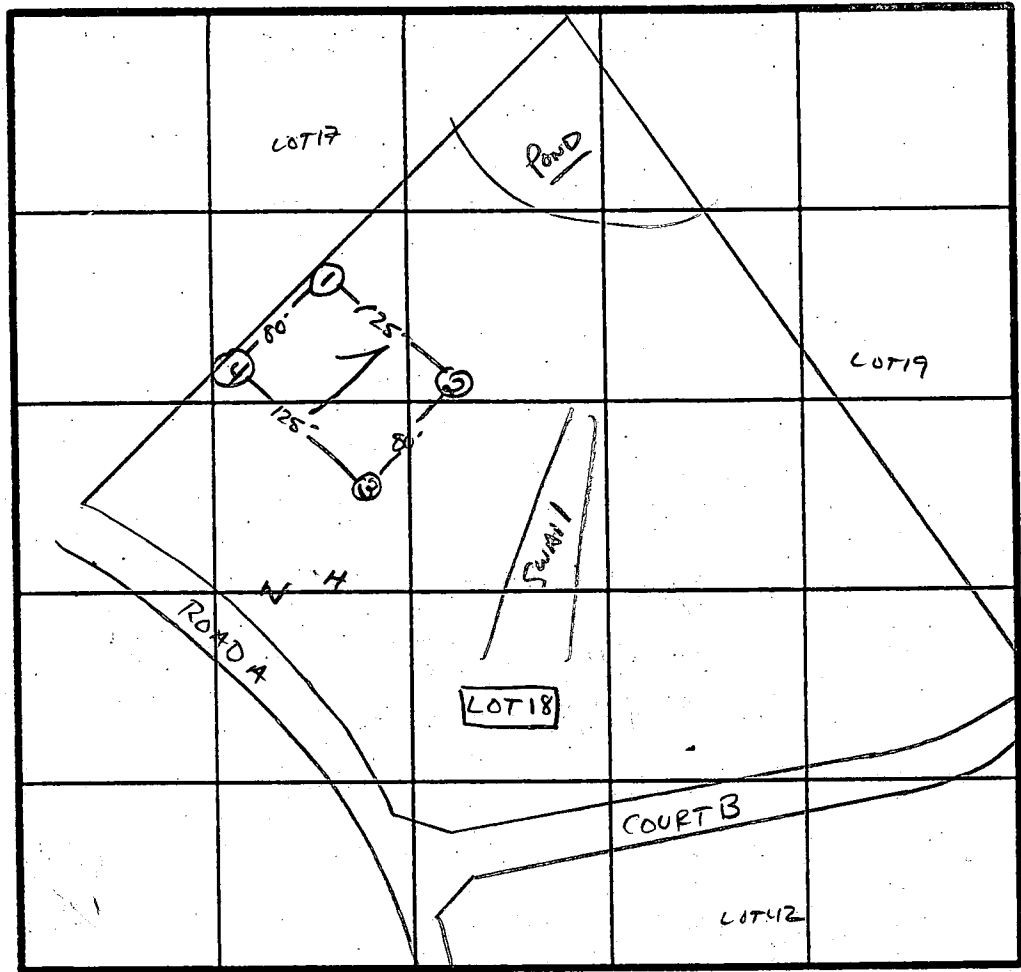
THIS IS NOT A PERMIT

Ⓢ SOIL PROFILE

0'
2"
2'
3.0'
12"

AP
Yellow Br
Silty CL.
LOAM
210%
FRASS

Yellow Brown
Silty SAND
LOAM
15-20%
MICACEOUS
FRASS



Perce 10 min
210 @ 1/2 in
INLET 3.0"
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	
2/1/88	1 S	2.5"	11:19	11:23	11:23	11:29	6 MIN
	1 V	12"	UNIFORM soil below		2.0"		
	2 S	2.5"	11:21	11:30	11:30	11:51	21 MIN
	2 V	12"	UNIFORM soil below		2.5-3.0"		
	3 S	4.0"	11:41	11:45	11:45	11:52	7 MIN
	3 M	3.5"	11:40	11:41	11:41	11:45	
	3 V	11"	UNIFORM soil below		3.0" HARD BOTTOM		
	4 V	11"	UNIFORM soil below		3.0" HARD BOTTOM		

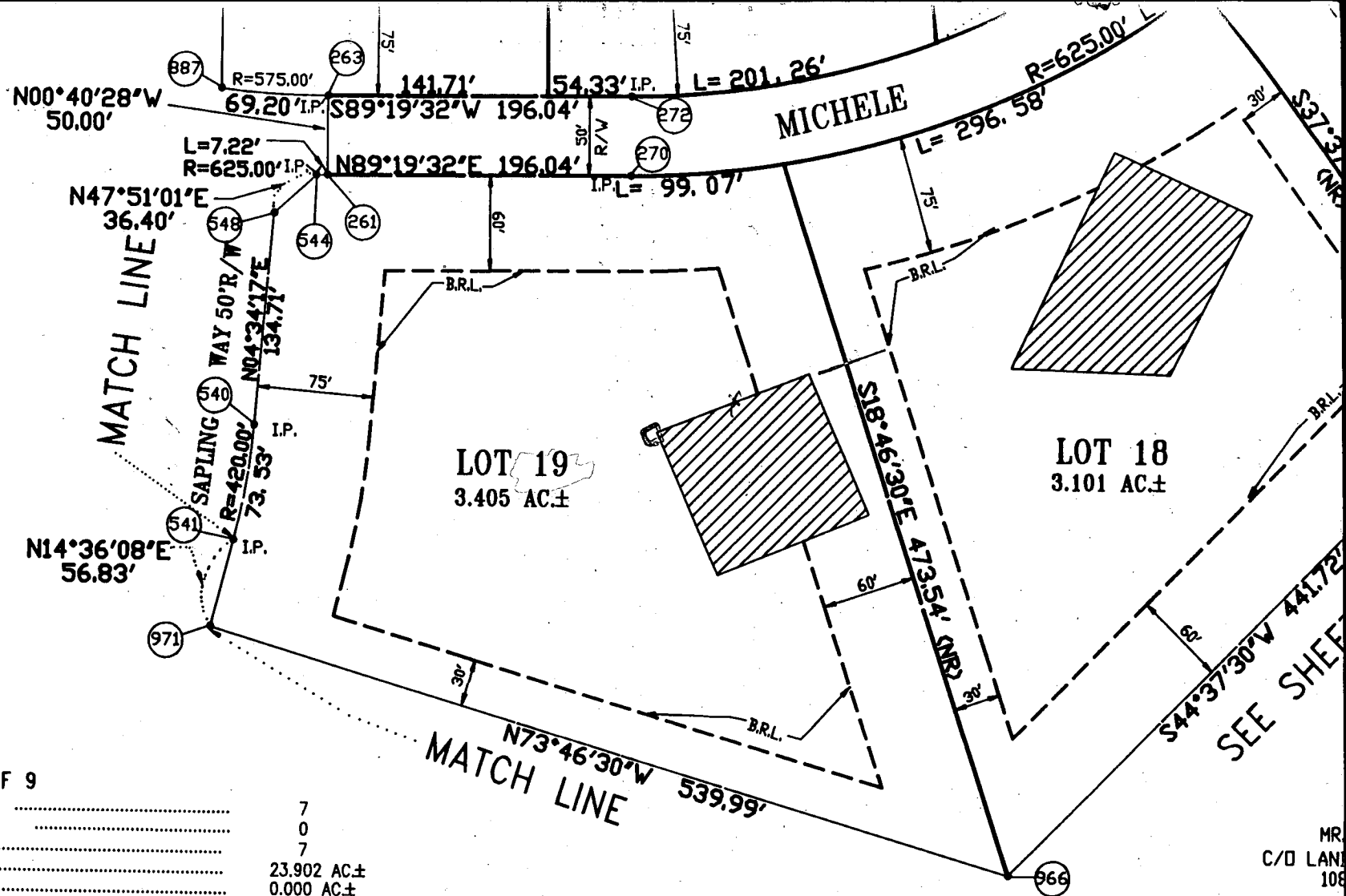
REMARKS Holes APPROX TO PLAT - SHALLOW SYST ONLY

TYPE OF SOIL Glendale

TESTED BY SID Abel ALSO PRESENT KETTERMAN & MARK R

EH-12-1079

LOT 19
E 89-231
HHS COUNTY OF
MICHELE DRIVE
AT
SAPLING WAY



AREA TABULATION FOR SHEET 3 OF 9

NUMBER OF BUILDABLE LOTS TO BE RECORDED	7
NUMBER OF OPEN SPACE LOTS TO BE RECORDED	0
NUMBER OF LOTS TO BE RECORDED	7
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED	23.902 AC±
TOTAL AREA OF 100 YEAR FLOOD PLAIN THIS SHEET	0.000 AC±
TOTAL AREA OF ROADWAY TO BE RECORDED	2.553 AC±
TOTAL AREA TO BE RECORDED THIS SHEET	26.455 AC±

FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY DEPARTMENT OF THE ENVIRONMENT.

COUNTY HEALTH OFFICER cw DATE _____

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

com DATE _____

FOR STORM DRAINAGE SYSTEMS AND PUBLIC

OWNER'S CERTIFICATE

I, KENNARD WARFIELD, JR., AND KENNARD WARFIELD, JR., t/a WARFIELD BROTHERS, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS AND GRANT UNTO HOWARD COUNTY, MARYLAND ITS SUCCESSORS AND ASSIGNS (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL AREAS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS AS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE STREETS AND/OR ROADS AND FLOODPLAIN, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRIVERS' EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; (4) THAT NO BUILDING OF SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY.

WITNESS MY HAND THIS 30th DAY OF JULY, 1990

SEE SHEET

Oct. 23 2003 07:11PM P2

PHONE NO. : 4104679928

FROM : COMMODARI DEV

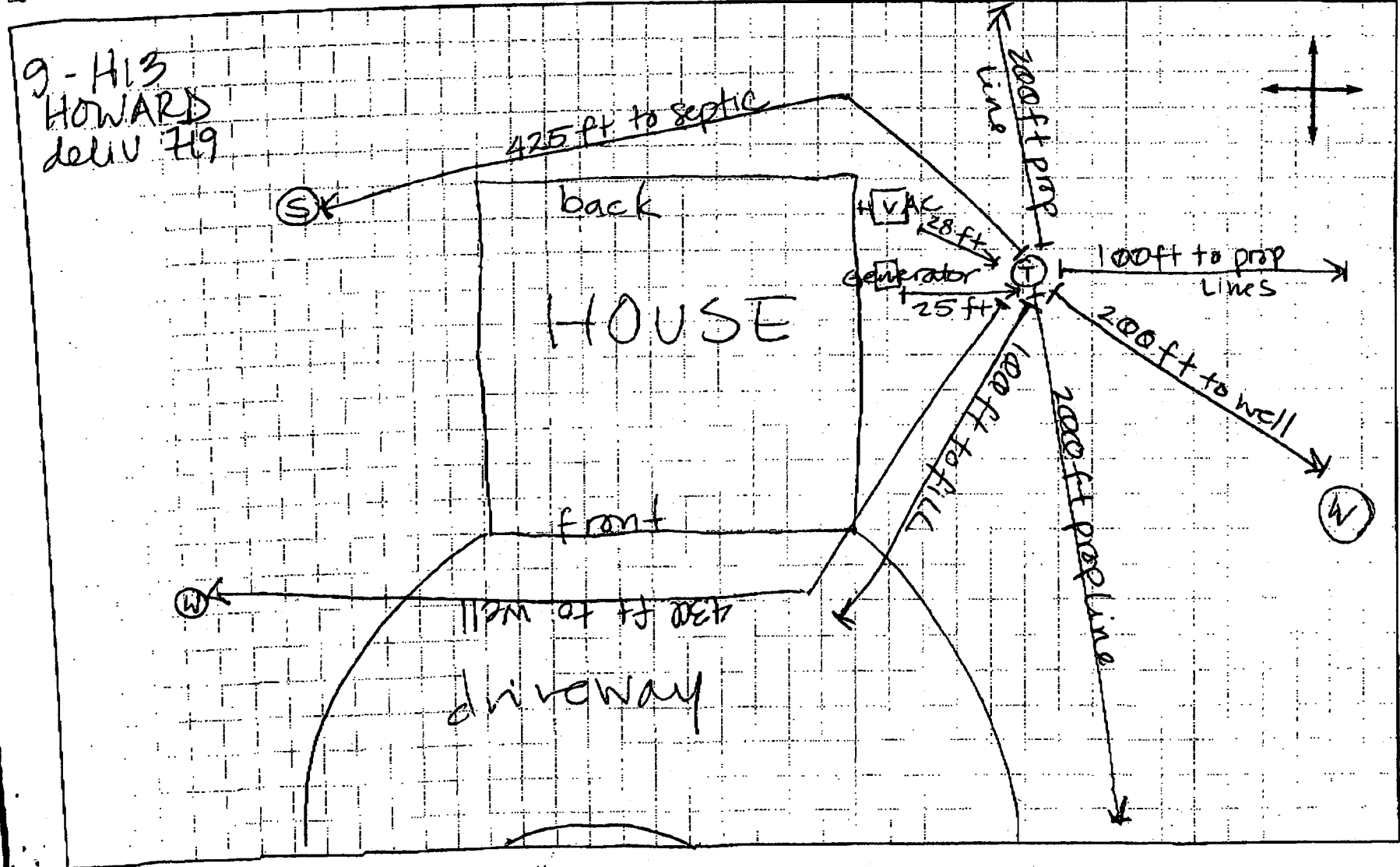
00144449

SITE SURVEY

Shah/009 10/28/03
OK LP
LN

NAME: Ellane Amini ADDRESS: 14820 Michele Dr ACCOUNT #: d14832 DONE BY: danielb DATE: 9.27.03

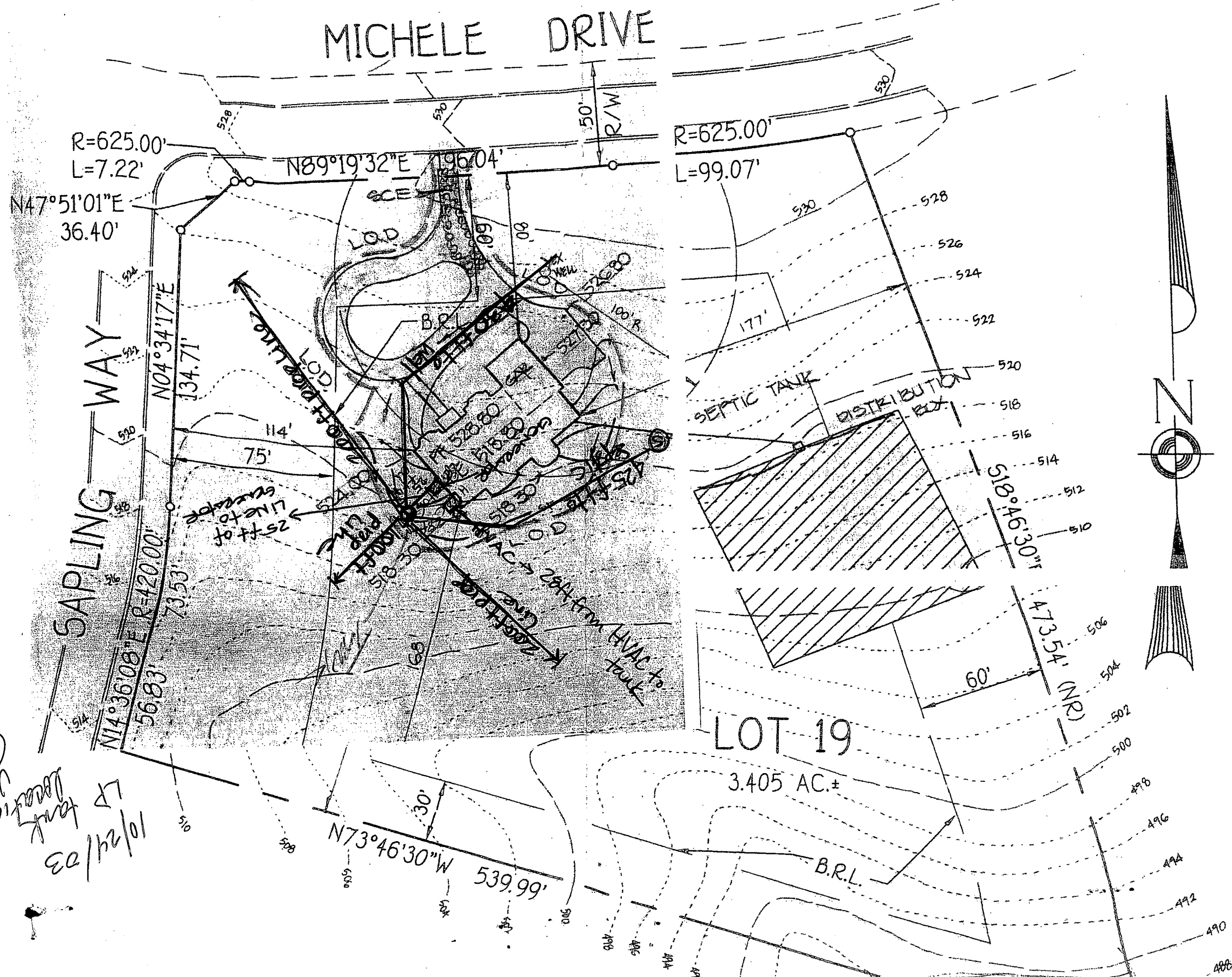
- WELL
- SEPTIC
- PUBLIC WATER
- PUBLIC SEWER
- DELIVERY ACCESS
- LANDMARKS/OBSTACLES
- PROPERTY LINE SETBACKS
- IGNITION SOURCE SETBACKS
- NEW/EXISTING CONSTRUCTION
- DIRECTIONAL COMPASS



10/15/03
 Cancel Home
 a services
 & submit
 more
 a public
 plan

Bob Wiggins

10/24/03
 LP tank location
 cancelled



LOT 18

LOT 19

3.405 AC.±