

11/5/98
2-3pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511087

A 49482-B

DISTRICT 4th

DATE 11/4/98

DATE SYSTEM APPROVED 11/6/98

INSPECTOR SM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

M-356934

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Warfield's Grant, Sec. II LOT 2 ROAD 16005 Fields End Court

PROPERTY OWNER Benchmark Homes, Inc. DUTROW

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet up the left (325.94') lot line and 30 feet off that same lot line as seen when facing the lot from Field's End Court. Run trenches on contour toward the left (325.94') lot line.

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

PLANS APPROVED BY Amy McMillen/Mark E. Rifkin DATE 10-01-98

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

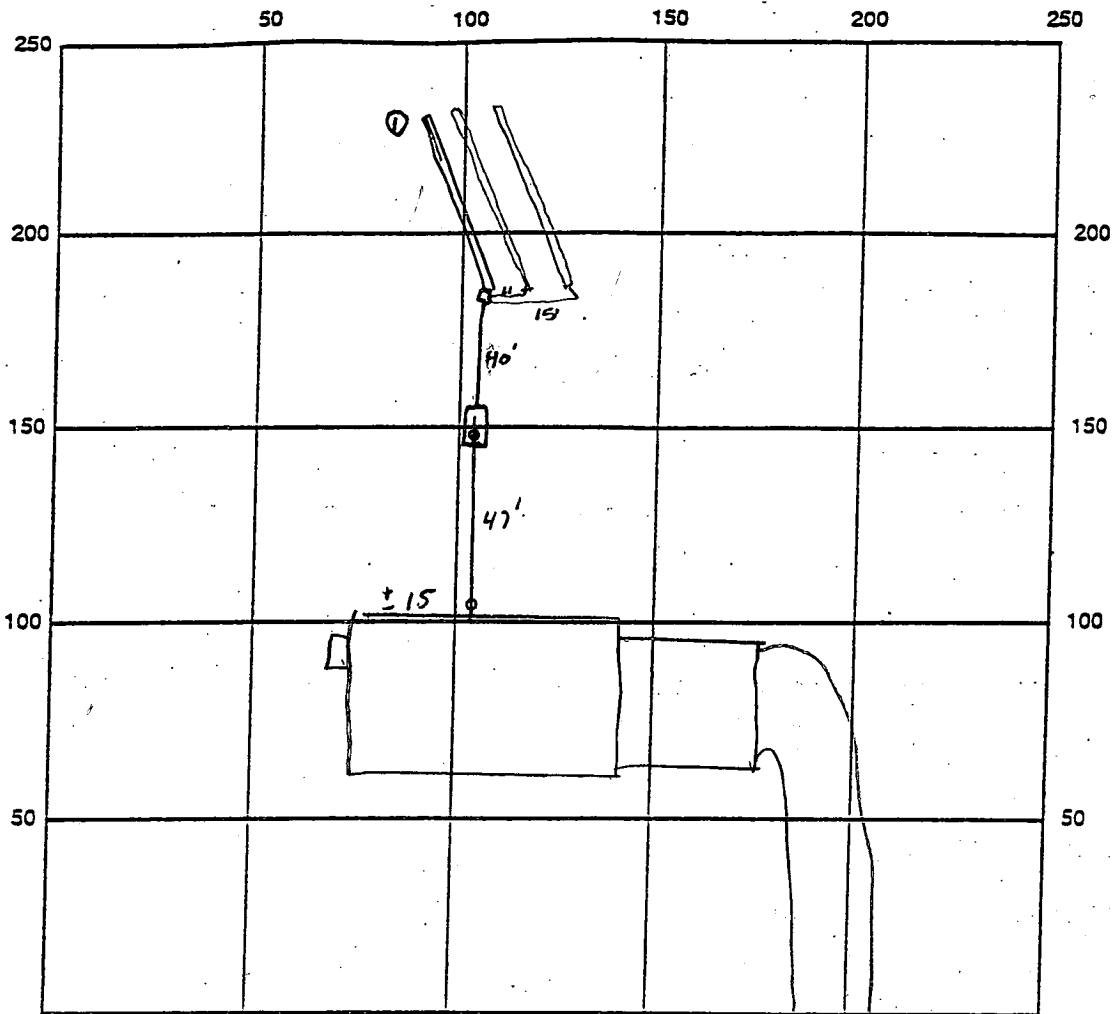
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BULDG. PERMITS SIGNATURE
AND RETURNED 5/24/01
300130431
Landing & Steps 12'x12'

A
49482-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 GAL 6' CORR CLEANOUTS AT HOUSE, ON TANK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 87/20/20 FT. 247

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 741 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/5/98 OK TO COVER TANK LINES, 1ST TRENCH MANHOLE TO
BE INSTALLED & SEALED ON TO TANK. All

11/6/98 OK TO COVER ALL WORK FRONT

DATE SYSTEM APPROVED 11/6/98 INSPECTOR A. W. Miller

APPLICATION

PERCOLATION TESTING

A 49482 B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WARFIELDS GRANT LTD. PARTNERSHIP ^{Louis & Betsy Dutrow} ^{of Ronald E. Carter}

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 2

ROAD AND DESCRIPTION Daisy Road (16005 Fields End Court)

TAX MAP 13 PARCEL # 128
AND RETURNED 10-1-98
Serial # B0114109

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Brn
(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. Zacharia G. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

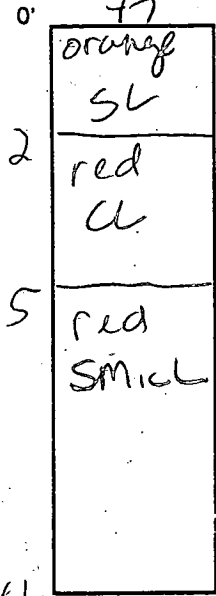
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

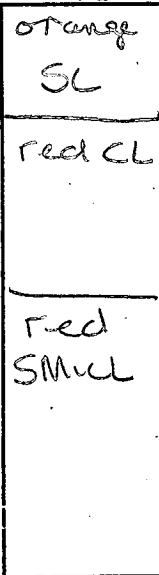
A49482B

COUNTY #

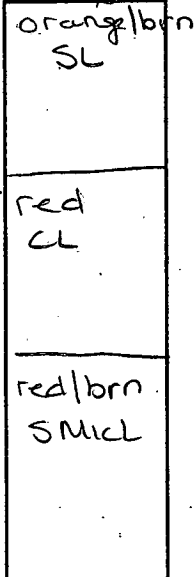
SOIL PROFILE



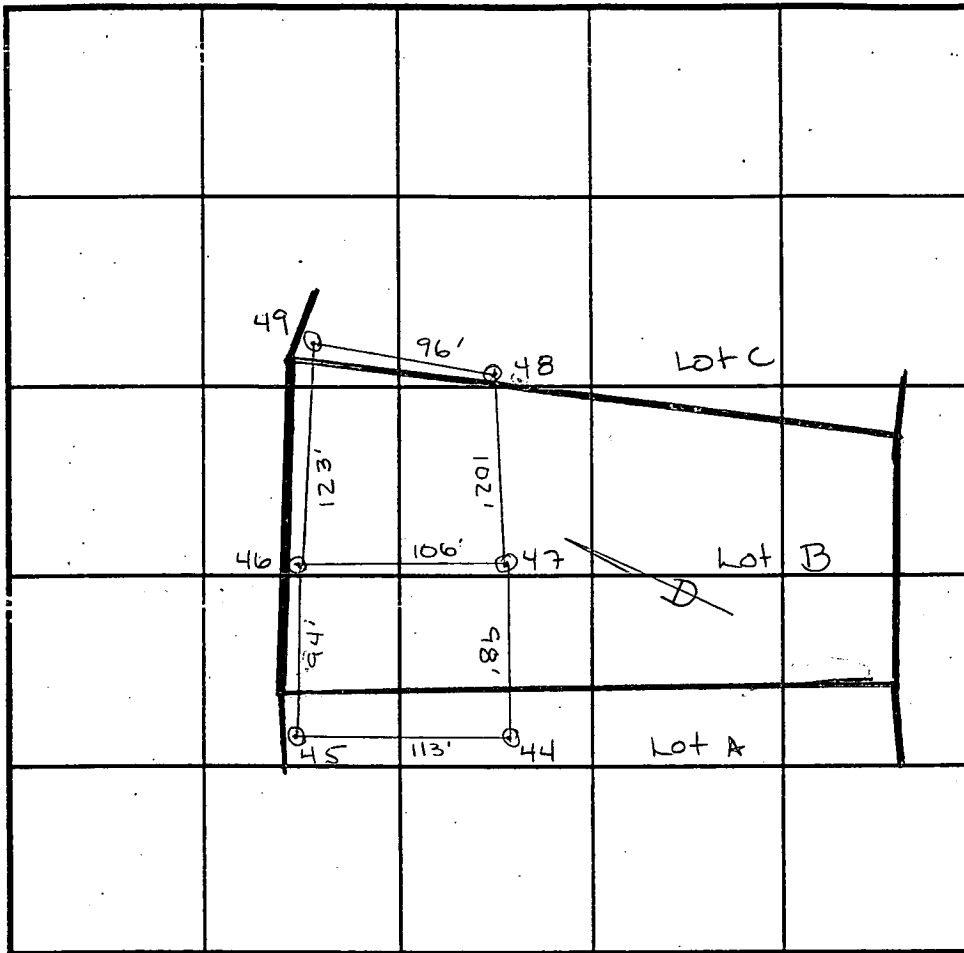
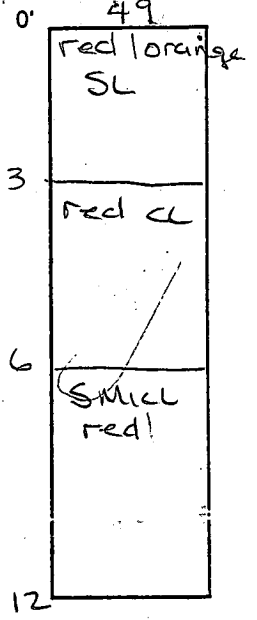
48



46



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/93	47	VII 4 1/2	1:26	1:27	1:27	1:29	2
		8	1:26	1:29	1:29	1:31	2
	46	VII 5	1:27	1:28	1:28	1:29	1
		rework	1:31 ³⁰	1:33	1:33	1:35	2
	48	VII 6	1:38	1:40	1:40	1:43	2
	49	VII 6	1:40	1:44	1:44	1:49	5
		8	1:42	1:44	1:44	1:47	3

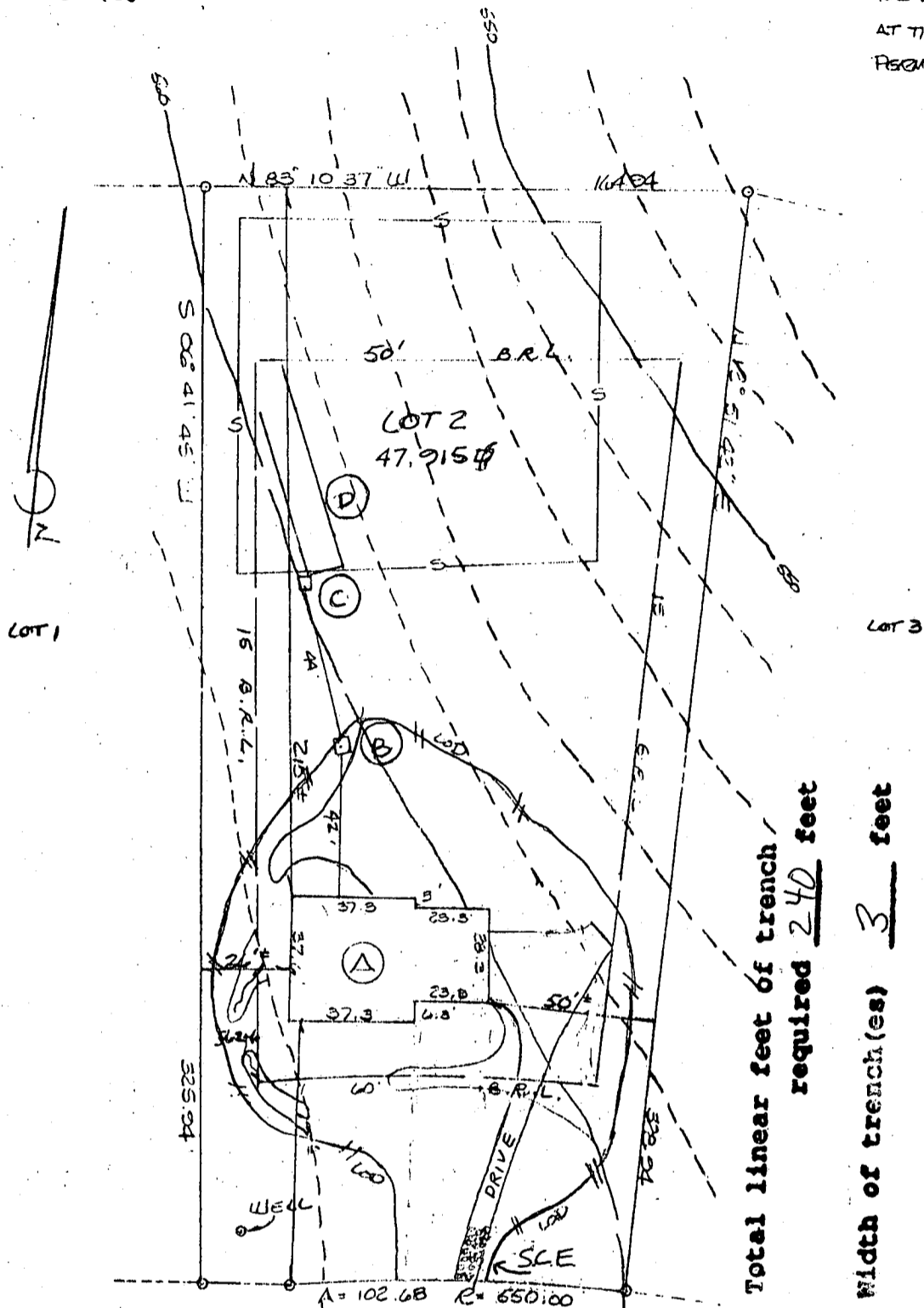
REMARKS TESTS 44:45 ARE FROM A49482A
 TYPE OF SOIL GENE26
 TESTED BY Amy McMillan ALSO PRESENT Cistle/Andrus
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

(A) PROPOSED 4-BEDROOM HOUSE
 F.G. = 643.0
 BSMT. ELEV. = 554.0
 INV. ELEV. = ~~550.8~~
 557.3

(B) PROPOSED SEPTIC TANK
 EX. ELEV. = 560.4
 INV. IN = 655.9
 INV. OUT = 555.6

(C) PROPOSED DIST. BOX
 EX. ELEV. = 559.9
 INV. ELEV. = 555.2

(D) PROP. TRENCHES
 INV. ELEV. = 554.9
 2' STONE, 7 BOT
 MAX. LENGTH TO
 BE DETERMINED
 AT TIME OF SEPTIC
 PERMIT ISSUANCE



Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department
 BOO 114009

PLOT PLAN
 LOT 2, SECTION 2
 WARFIELD'S GRANT
 SITUATED ON FIELDS END COURT
 ELECTORAL DISTRICT No 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' AUG. 1998

Mark E. Riffin 10/1/98
 Signature Date

LOD/SILT FENCE ——— H ——— H ———

I CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT
 OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AND
 THE RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

[Signature/Stamp]

204 S. MAIN STREET
 MOUNT AIRY, MARYLAND

REFERENCE
 PLAN No. 11972

JOB NO.

9854 3710

301-829-2296

21771

C1 04002 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. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER AA9402B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED MM 7 DD 9 YY 98

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-1608

OWNER: DETROW LEWIS STREET OR RFD: FIELD'S END COURT TOWN: WOODBINE SUBDIVISION: WARFIELD'S APART SECTION 2 LOT 2

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST C3

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-96, Blue Rock 96-220.

NO. OF BAGS 35 NO. OF POUNDS 3290 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 95 ft.

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING 54 ft.

MAIN CASING TYPE ST Nominal diameter top (main casing) 6 Total depth of main casing (nearest foot) 100

WHEN PUMPING 107 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

OTHER CASING (if-used) diameter depth (feet)

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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 110 99 220

WELL HYDROFRACTURED (Y) (N)

SCREEN RECORD screen type or open hole. (ST) STEEL (BR) BRASS (HO) OPEN HOLE

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD (PL) PLASTIC (OT) OTHER

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 LIC. NO. MS DO 27

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

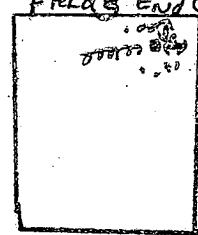
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

LIC. NO. MS DO 27

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

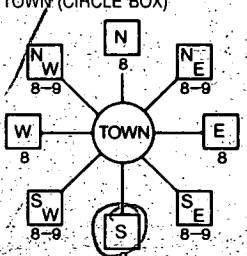



B 1 **8754** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO - 94 - 1608**
 1 2 3 6 70 fill in this form completely 79

Date Received (ARA) **06-12-98** OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Dectrow** Owner **Lewis** First Name 34
 36 **804 Charles James Circle** Street or RFD 55
 57 **Ellicott** Town 70 **City Md.** State 72 **21043** Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Warfield Grant** 42
 SECTION **2** 44 46 LOT **2** 48 50
 52 NEAREST TOWN **Lisbon** 71
 MILES FROM TOWN (enter 0 if in town) **4 1/2** 73 M 1 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** 76 License No. **MSD024** 81
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy 21771**
 Signature **Joseph L. Mayne** Date **6/9/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Fields End Ct.** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **105** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

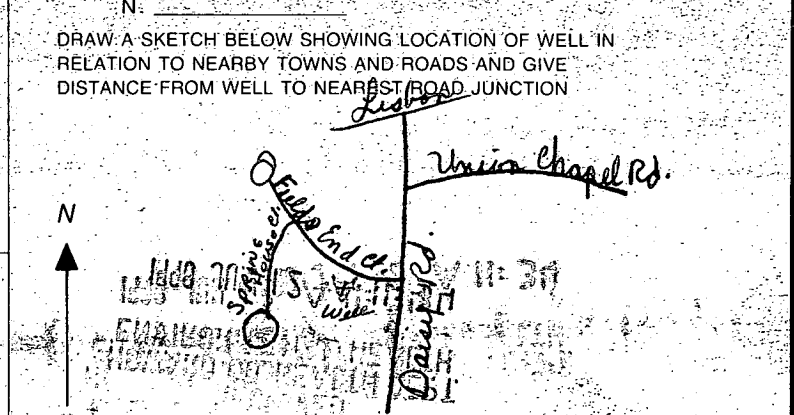
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A49482B**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **06/30/98** 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE **06/29/99**
 NORTH GRID **530** 50 000 55 EAST GRID **0779** 000 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH _____

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 **782 79**
 N **530**
 7.9.98
 Grout
 NO INSP
 AU
 7.9.98 (HO)
 100' of casing
 95' of void
 35' of bag
 000
 000

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 DEEPEM 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)
 APPROP. PERMIT NUMBER 54 _____ G.A.P. 163 _____
 PERMIT No. **HO - 94 - 1608**
 70 71 72 73 74 75 76 77 78 79

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Mills Drive
Ellicott City, MD 21043
461-6033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Carroll Water Systems Inc

Telephone 410876-5100

License Number PI 0074

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Chris Whitehead

Telephone 410 960-3768

Subdivision Warfields Grant Lot # 2

Well Tag # HO-99-1608

Site Address Jacos Fields End Court

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X

Motor

- 1. Horsepower 1/2 HP
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

- 1. Make Hastinson
- 2. Model # R10X
- 3. Depth 4 foot

2. Make Goulds

3. Model # 65B0522

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No X

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 X Other _____

Tank

1. Capacity WX203 80 GAL

2. Pressure relief valve? yes

Piping

- 1. Type Plastic
- 2. Size 1 INCH
- 3. NSP and/or BOCA Code approved yes
- 4. Depth of supply line 200'

Well data

- 1. Depth 220' ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

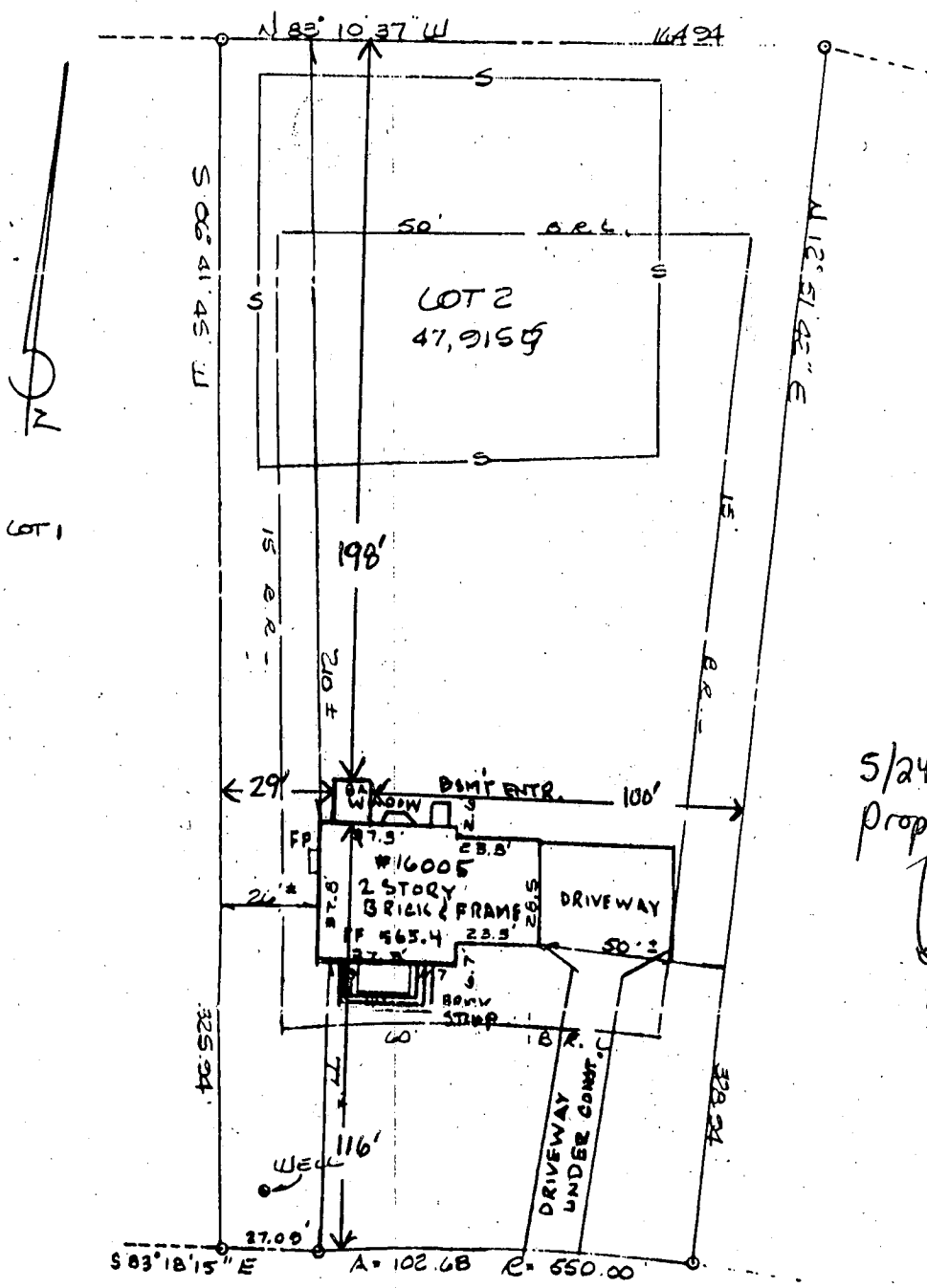
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 3/24/99

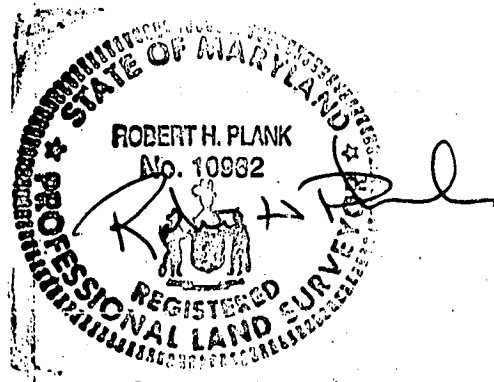
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



5/24/01 -
 Proposed landing on
 (SRU)
 NO IMPACT TO
 WELL OR SEPTIC

FIELDS END COURT
 (60' e/w)

HOUSE LOCATION
 LOT 2, SECTION 2
 WARFIELD'S GRANT
 #16005 FIELDS END COURT
 ELECTORAL DISTRICT No 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50'



3-22-99

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS REFERENCED HEREON.

MARRATT - HENSHLEY, INC.

204 S. MAIN STREET
 MOUNT AIRY, MARYLAND

301-829-2296

21771

REFERENCE	JOB NO.
Plat No. 11972	9854 3710