

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58560

A 49482-K

DISTRICT 4th

DATE 7-10-97

DATE SYSTEM APPROVED 7-16-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

X4619933 313-2640

04-357051

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Warfields Grant, Sec. II LOT 13 ROAD 3108 Spring House Court

PROPERTY OWNER Trinity Custom Homes / JAMES McDONNELL

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 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 220 feet up the right (308.71') lot line and 10 feet off that same lot line as seen when facing the lot from Spring House Court. Run trenches on contour toward the back 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 4/24/97 DKS

PLANS APPROVED BY Amy McMillen/Glen Savage DATE 04/21/97

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.

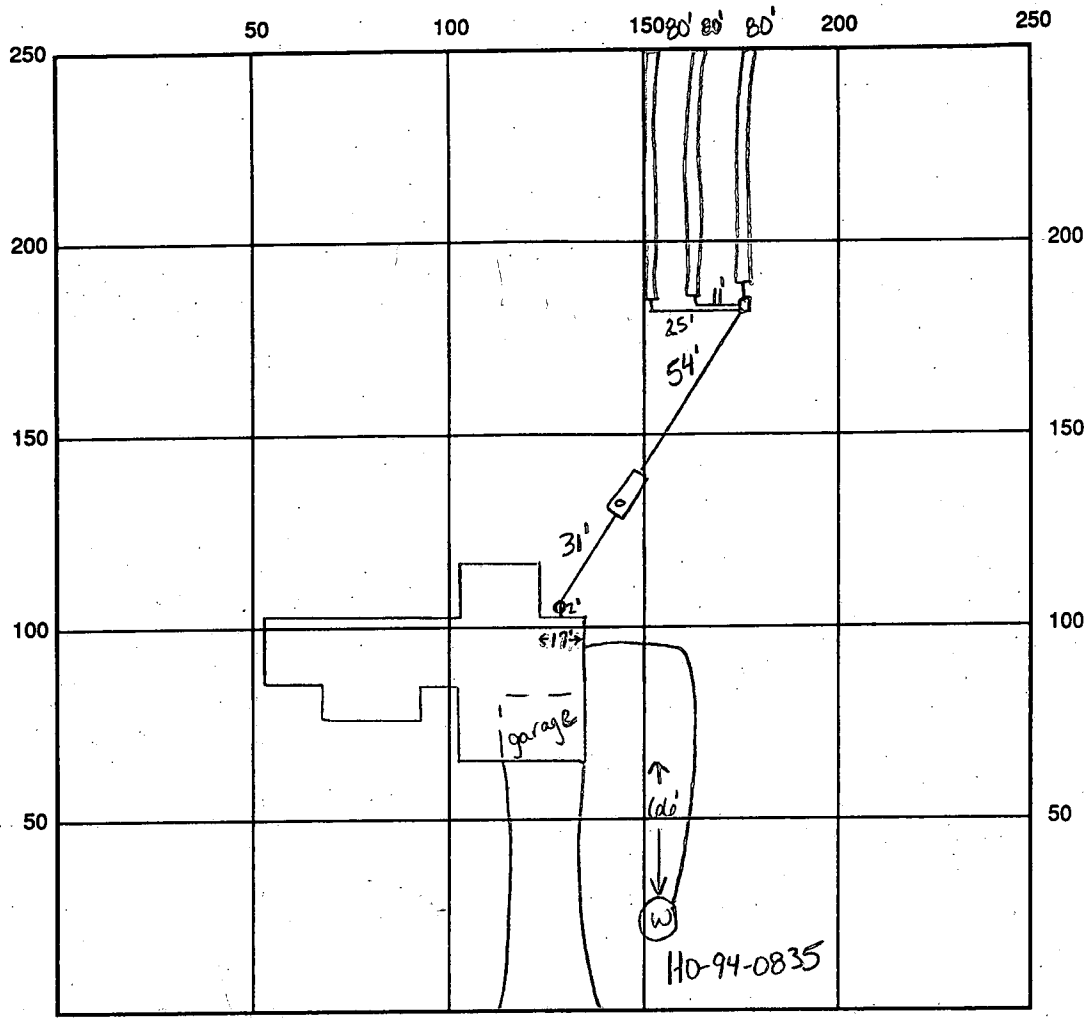
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 4-15-98

Sign # B7011106

dict

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Spring House Cto

SEPTIC TANK LEVEL ok CLEANOUTS one at house, one on tank

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 3x80 FT. → 240'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7-16-97 house connection made, ok to cover all work (KM)

7-16-97 WPI-ok to cover well line, P.A. 4.5' below grade, casing 1.0' above grade, has 2 piece watertight cap (KM)

DATE SYSTEM APPROVED 7-16-97

INSPECTOR Kimberly Martin

APPLICATION

PERCOLATION TESTING

A 49482K

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 - c/o Ronald B. Carter
Trinity Custom Homes

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. 13

ROAD AND DESCRIPTION Daisy Road (3108 Spring House Court)

TAX MAP 13 PARCEL # 128
BLDG. PERMIT SIGNED
AND RETURNED 4/21/97
Serial # B00109964

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Bed
(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 _____

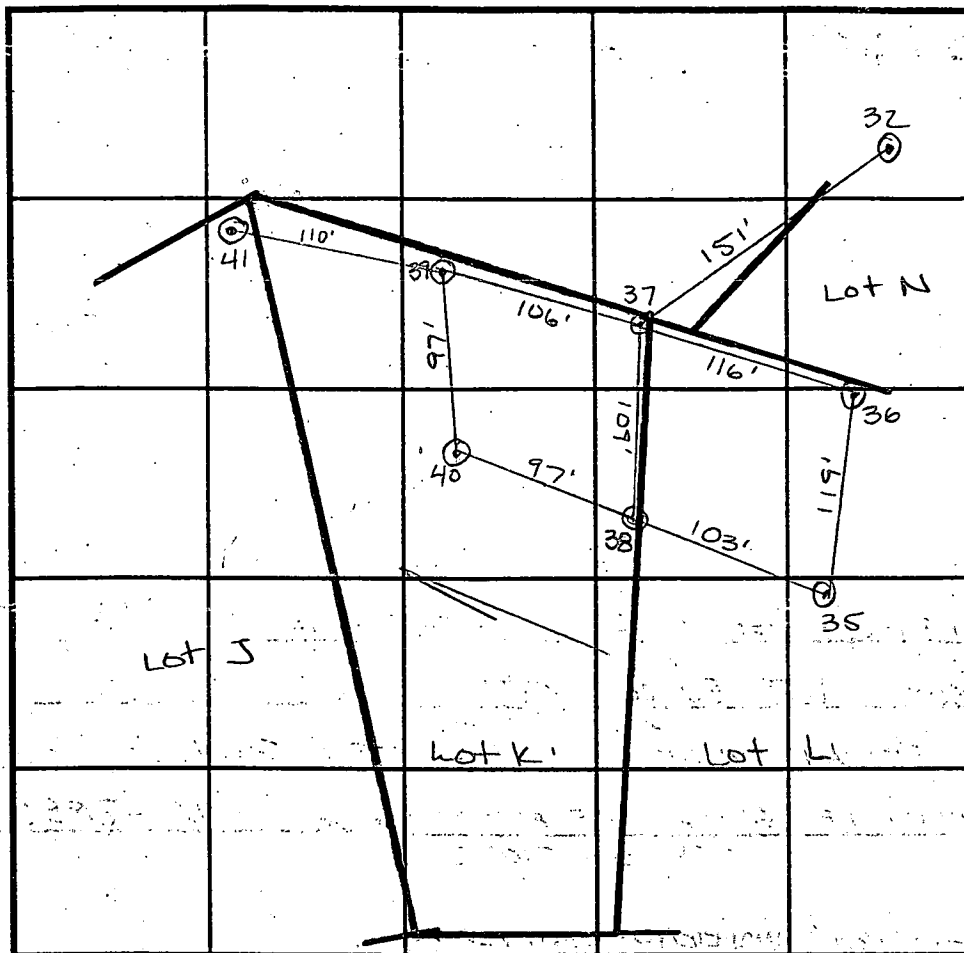
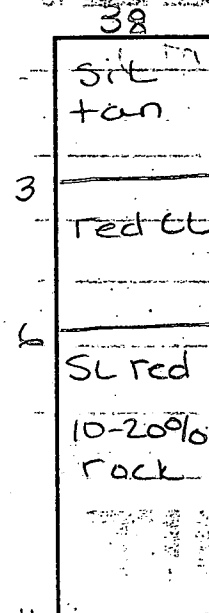
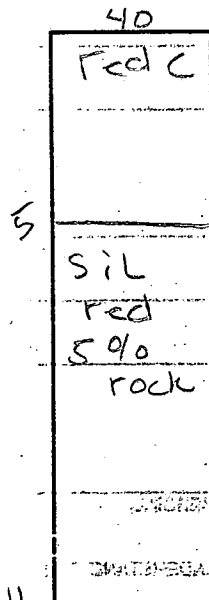
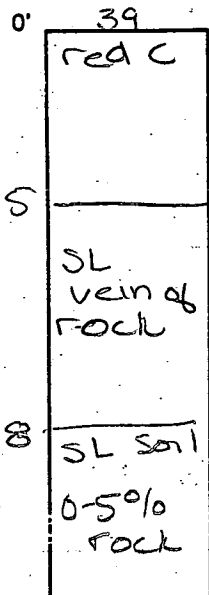
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

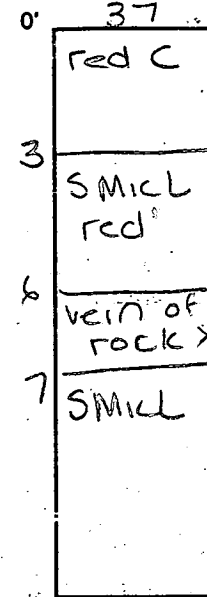
THIS IS NOT A PERMIT

A49482K
COUNTY#

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
8/20/93	39	V12 5	10:42	10:44	10:44	10:46	2
	40	VII 5	10:53	10:56	10:56	11:02	6
		8 1/2	10:48	10:49	10:49	10:51	2
	38	VII 6 1/2	10:32	10:34	10:34	10:38	4
	37	V12 5	10:34	10:36	10:36	10:38	2
		9	10:41	10:44	10:44	10:50	6

REMARKS Tests 35, 36 are found in A49482L; 32 in A49482N.
 TYPE OF SOIL 1/2 Chester, 1/2 Glenelg
 TESTED BY Amy McMillen / Cissle
 ALSO PRESENT Cissle / Andres
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3
 INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT./BEDROOM 180

EMERGENCY/TEMP NO. IF ANY

B 1 **8283** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

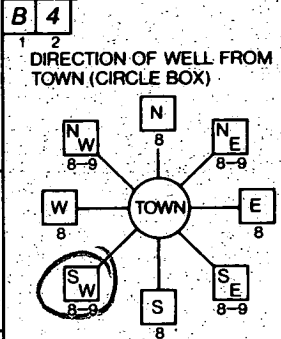
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-0835
 fill in this form completely

Date Received (APA) **06/17/96**
 OWNER INFORMATION
TRINITY CUSTOM HOMES
 15 Last Name 34 Owner First Name
6212 DEVON DR
 38 Street or RFD 55
COLUMBIA **MD 21044**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WARFIELD'S GRANT SUBDIVISION
 SECTION **2** LOT **13**
NAVS NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD
RALPH MAYNE
 Driller's Name 77 License No. **116**
Ralph Mayne Well Drilling
 Firm Name
9170 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 6/13/96
 Signature Date



Spring House Ct NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 NORTH SOUTH
 DISTANCE FROM ROAD **25** FT OR MI
 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)

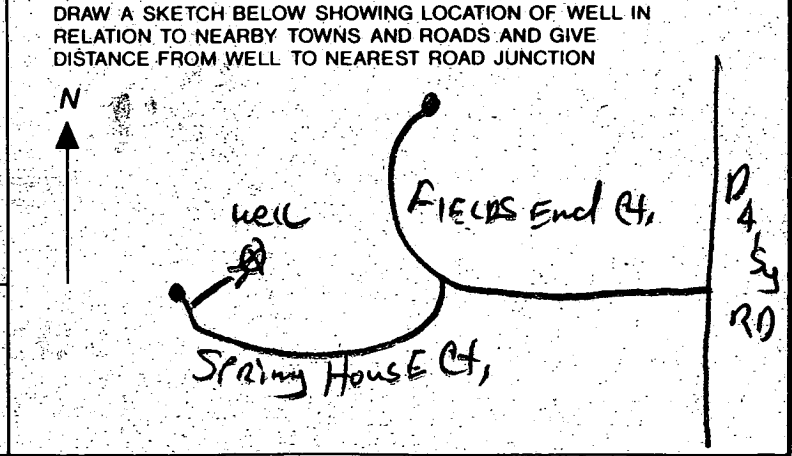
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME
A49482-K COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **07/1/96** **A.M. Muller** 7/10/97
 43 CO SIGNATURE 48 EXP. DATE
 NORTH GRID **530000** EAST GRID **0780000**
 50 55 57 63

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
 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
 N **280**
 S **530**
 000 000
 3/21/97 9:30
 No insp. ALM

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HD-94-0835**
 67 68 70 71 72 73 74 75 76 77 78 79

MARYLAND
COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS WELL IS TO BE COMPLETED WITHIN
45 DAYS AFTER PERMIT IS ISSUED
COUNTY NUMBER **A 49482-K**

(MDE USE ONLY)
ST/CO USE ONLY
DATE RECEIVED
03 25 97

DATE WELL COMPLETED
03 21 97

Depth of Well:
240
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-0835

OWNER **Trinity Custom Homes**
STREET OR RFD **Spring House Ct** TOWN **Daisy**
SUBDIVISION **Warfields Grant** SECTION **2** LOT **13**

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	
Brown Shale	2	50	✓
Brown Slate	50	55	
Blue Slate	55	85	
Brown Slate	85	90	✓
Blue Slate	90	240	

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS **5** NO. OF POUNDS **500**
GALLONS OF WATER **98**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **50** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **65**

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

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST STEEL BR BRASS PL PLASTIC
 HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
WELL HYDROFRACTURED YES NO

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**
Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne
LIC. NO. **117**

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

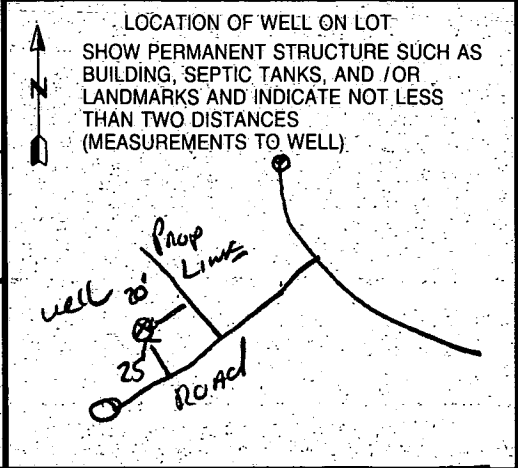
DEPTH (nearest ft.)
H0 65 240
A 8 9 11 15 17 21
C 23 24 26 30 32 36
E 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) **6**

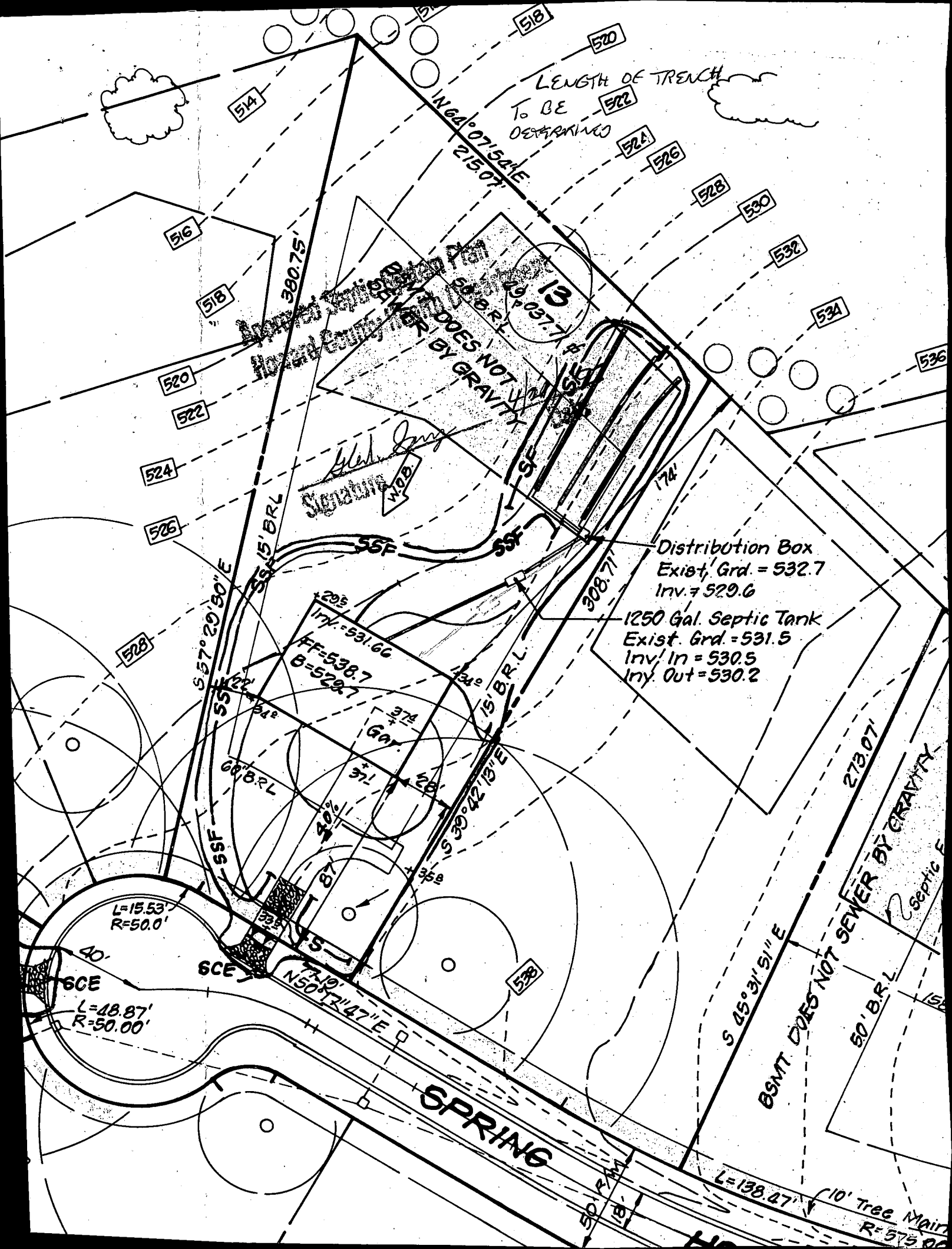
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
TELESCOPE CASING LOG INDICATOR OTHER DATA

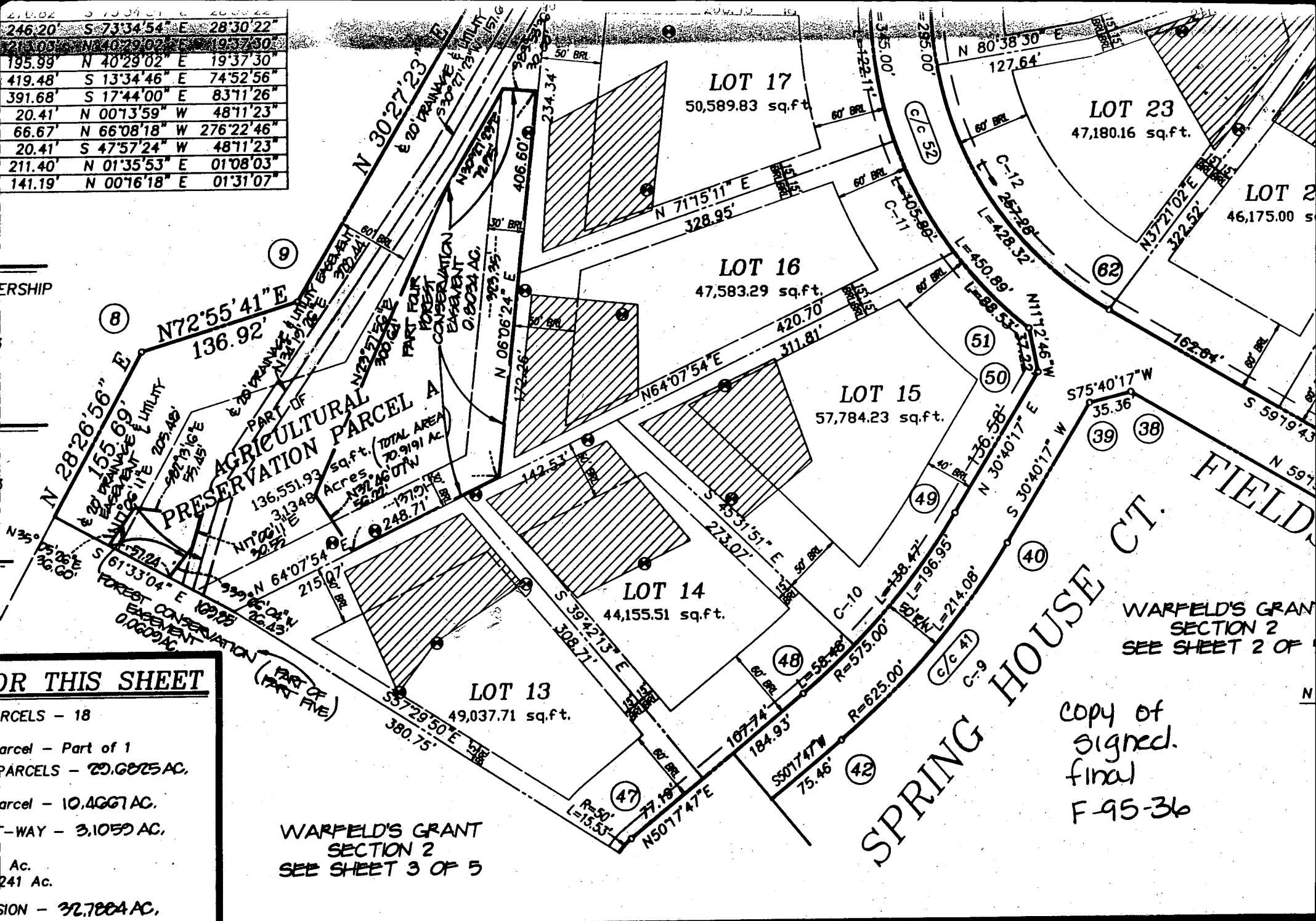
C 3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **10**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **35** ft. WHEN PUMPING **65** ft.
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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 } LAND SURFACE
 - below } **2** (nearest foot)





246.20	S 73°34'54" E	28'30"22"
21.03	N 40°29'02" E	19'37"30"
195.99	N 40°29'02" E	19'37"30"
419.48	S 13°34'46" E	74'52"56"
391.68	S 17°44'00" E	83'11"26"
20.41	N 00°13'59" W	48'11"23"
66.67	N 66°08'18" W	276'22"46"
20.41	S 47°57'24" W	48'11"23"
211.40	N 01°35'53" E	01'08"03"
141.19	N 00°16'18" E	01'31"07"



FOR THIS SHEET

PARCELS - 18

Parcel - Part of 1

PARCELS - 20.6875 AC.

Parcel - 10.4667 AC.

WAY - 3.1059 AC.

Ac.

241 Ac.

SION - 32,7804 AC.

WARFELD'S GRANT SECTION 2
 SEE SHEET 3 OF 5

copy of signed final F-95-36

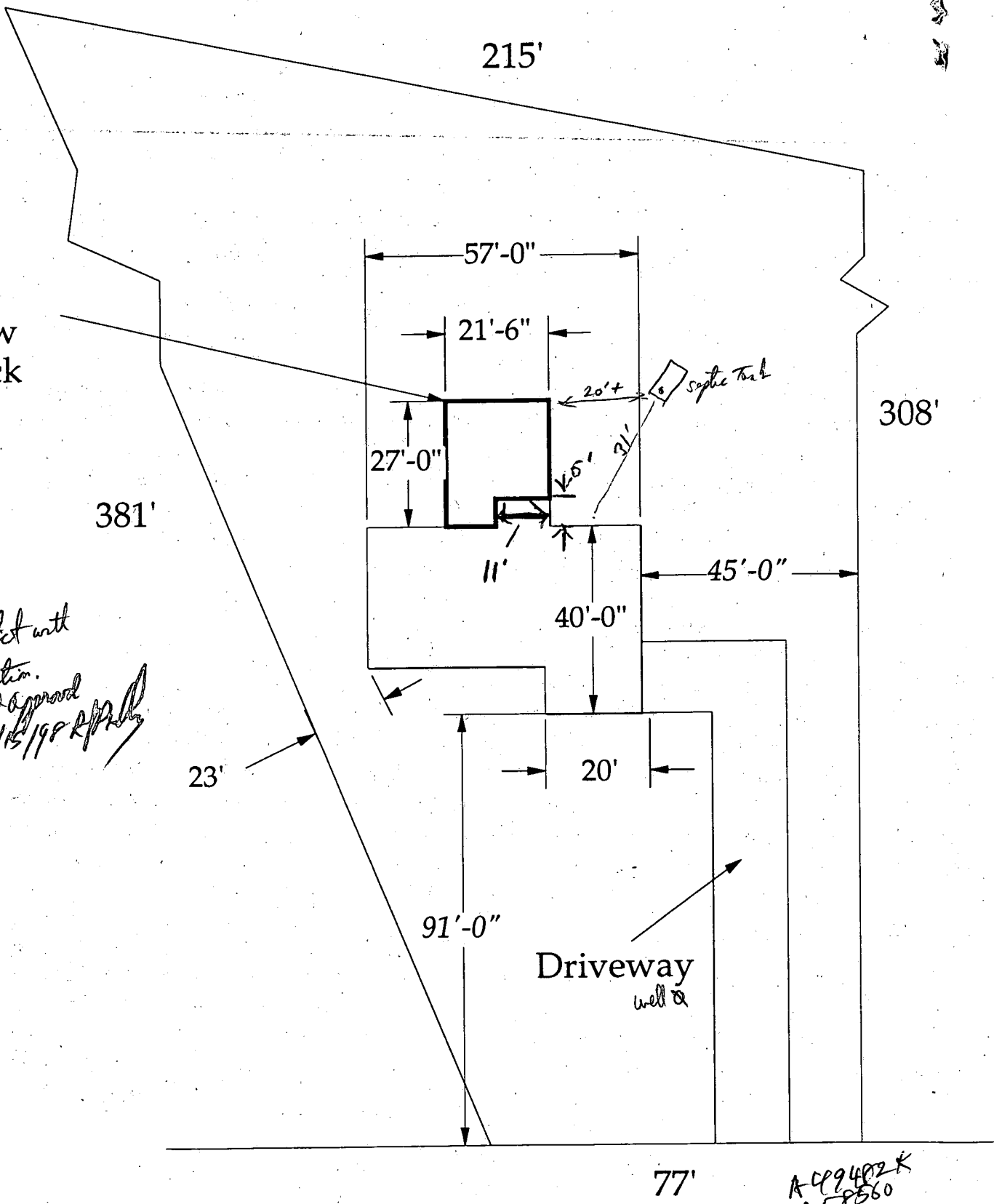
WATER AND SEWERAGE SYSTEMS,
 DEPARTMENT HEALTH

Surveyor's Certificate

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of part of the lands conveyed by Edwin Warfield, III and Ellen Warfield, his wife to Robert M. Warfield by deed dated November 9, 1966

Owner's

I, Robert M. Warfield, own the property shown and in consideration of the approval of this final plat minimum building restriction lines and grant unto How



*Deck
No Conflict with
Septic Location.
Recommended Approval
4/15/98 R/P Kelly*

*R 492482 K
P 58560*

3018 Spring House Court
Lot 13
Section 2, Warfields Grant

Spring House Court