

10/14/97 10/15 12-1
10/17/97
WPI AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58954

A 49482-0

DISTRICT 4th

DATE 9-3-97

DATE SYSTEM APPROVED 10/17/97

INSPECTOR [Signature]

04-357108

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

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144 Woodbine, MD 21797 PHONE (410) 442-1336

SUBDIVISION Warfields Grant, Sec. II LOT 17 ROAD 16033 Fields End Court

PROPERTY OWNER James H. Selfridge Builders, Inc.

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 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet off the front lot line and 55 feet off the right 268.49' lot line as seen from Fields End Court. Run trenches along contour towards the left 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 km 7-25-97

PLANS APPROVED BY Glen Savage DATE 07/24/97

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 PROPERTY LINE (UNLESS OTHERWISE AUTHORIZED)

BUILDING PERMIT SIGNED AND RETURNED

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 10/31/2002 300139162
SUNROOM OVER BASEMENT WITH DECK OVER STORAGE AREA

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**

A 494820

APPLICATION

PERCOLATION TESTING

A 494820

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: JAMES H. SELFRIDGE BUILDERS, INC.
WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. 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. 17

ROAD AND DESCRIPTION Daisy Road (16033 Fields End Court)

TAX MAP 13 PARCEL # 128

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 v. 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 _____

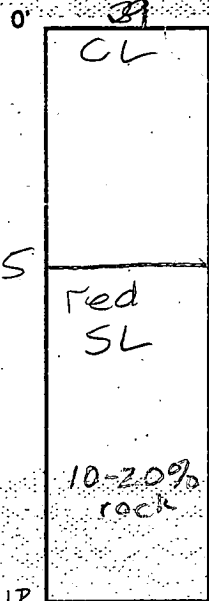
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

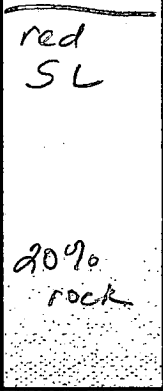
A494820

COUNTY #

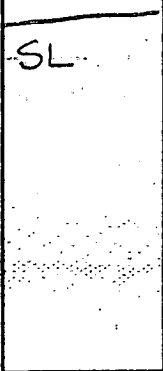
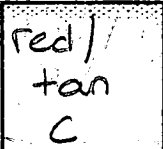
SOIL PROFILE



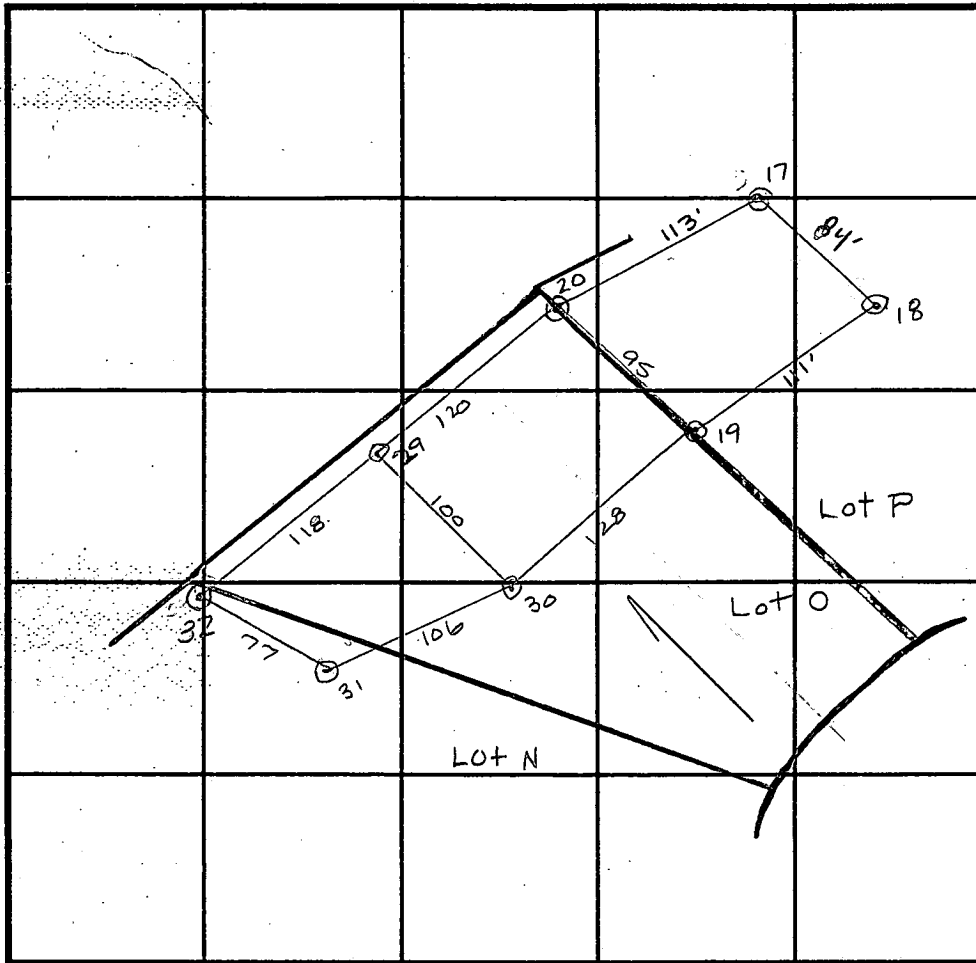
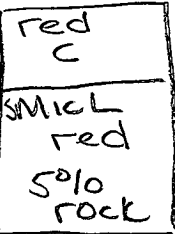
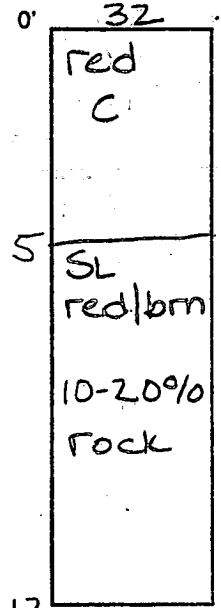
3.0



31



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/19/93	29	VII 6	12:26 ⁴⁸	less than			
8/19/93	30	VII 10	12:35 ³⁰	12:36 ²⁰	12:36 ²⁰	12:39 ⁵⁰	3
		6	12:35 ²⁰	12:36	12:36	12:37 ³⁰	1 1/2
			repair		12:40 ⁴⁰	12:43	2
8/19/93	31	VII 4 1/2	12:59 ³⁰	1:00 ³⁰	1:00 ³⁰	1:01	30 sec
		repair	1:01 ²⁰	1:02 ²⁰	1:02 ²⁰	1:04 ²⁰	2
		8	12:59 ¹⁵	1:02 ²⁰	1:02 ²⁰	1:12 ³⁴	10
8/19/93	32	VII 6	1:15 ³⁰	1:16 ³⁰	1:16 ³⁰	1:18 ³⁰	2
8/19/93	19	VII 7	11:52	< 1" in 30 min			
		10	12:07 ⁵⁰	12:10 ³⁰	12:10 ³⁰	12:20 ⁵⁰	10

8/18/93 20 VII 7 11:52 < 1" in 30 min
REMARKS Tests 17, 18 can be found in A49482P

TYPE OF SOIL 1/2 Chester, 1/2 Glenelg

TESTED BY Amy McMillen / Cweller ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

B 1	8540	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		70 71 72 73 74 75 76 77 78 79 fill in this form completely		

Date Received (APA)
10/6/95

OWNER INFORMATION

8 13
CARMAN ASSOCIATES

15 Last Name 34 Owner First Name

36 55
PO BOX 122
Street or RFD

57 70 72 76
ELLICOTT CITY MD 21043
Town State Zip

B 3 LOCATION OF WELL

1 2
HOWARD

8 COUNTY 21

WAB FIELDS GRANT

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50
17

LISBON

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78
4 1/2 MI

DRILLER INFORMATION MSD/MGD/MWD

Driller's Name **Joseph L. Wayne** 77 License No. 80 **24**

Firm Name **Joseph L. Wayne Well Drilling**

Address **5512 Ridge Rd. Mt Airy, Md. 21771**

Signature **Joseph L. Wayne** Date **9/28/95**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 30
Fields End Court
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37
2.0

DISTANCE FROM ROAD

ENTER FT OR MI **FT**

38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
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 **A-49482-0**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S.

DATE ISSUED **10/16/96** **Ann McMiller** **10-16-96**

43 48 CO SIGNATURE EXP. DATE

NORTH GRID **530000** EAST GRID **780000**

50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET
280

APPROXIMATE DIAMETER OF WELL _____ INCH NEAREST INCH
6

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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 **780**

N **530**

000 000

10/24/95 9:30 grant

No insp

Ann

10/24/95

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

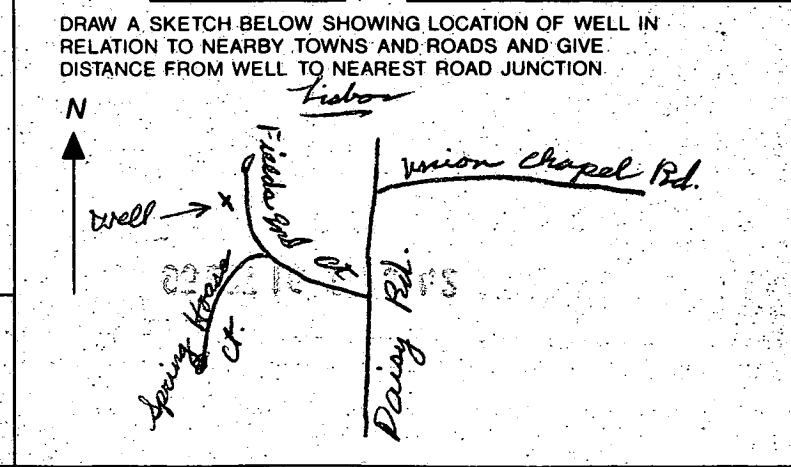
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 _____ 63

FORCE **Am** WRITE INITIALS IN BOX 67 68

PERMIT No. **40-94-0699** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY _____

C1 2857 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 A49482-0

ST/CD USE ONLY DATE RECEIVED 10/09/95

DATE WELL COMPLETED 10/24/95

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0699

OWNER Carmen Associates STREET OR RFD Fields End Road TOWN Lisbon SUBDIVISION Warfields Grant SECTION 11 LOT 17

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Entries include Brown Shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 21, NO. OF POUNDS 1974, GALLONS OF WATER 126, DEPTH OF GROUT SEAL 50 ft.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (SH), Nominal diameter 6 inch, Total depth of main casing 85 feet.

OTHER CASING (if used) table with diameter and depth columns.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56, 60.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph L. Maype

LIC. NO. [blank]

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

DEPTH (nearest ft.) table with columns 1-51 and values 83, 265.

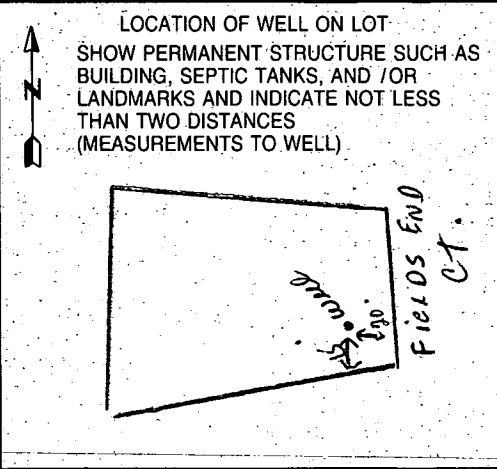
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

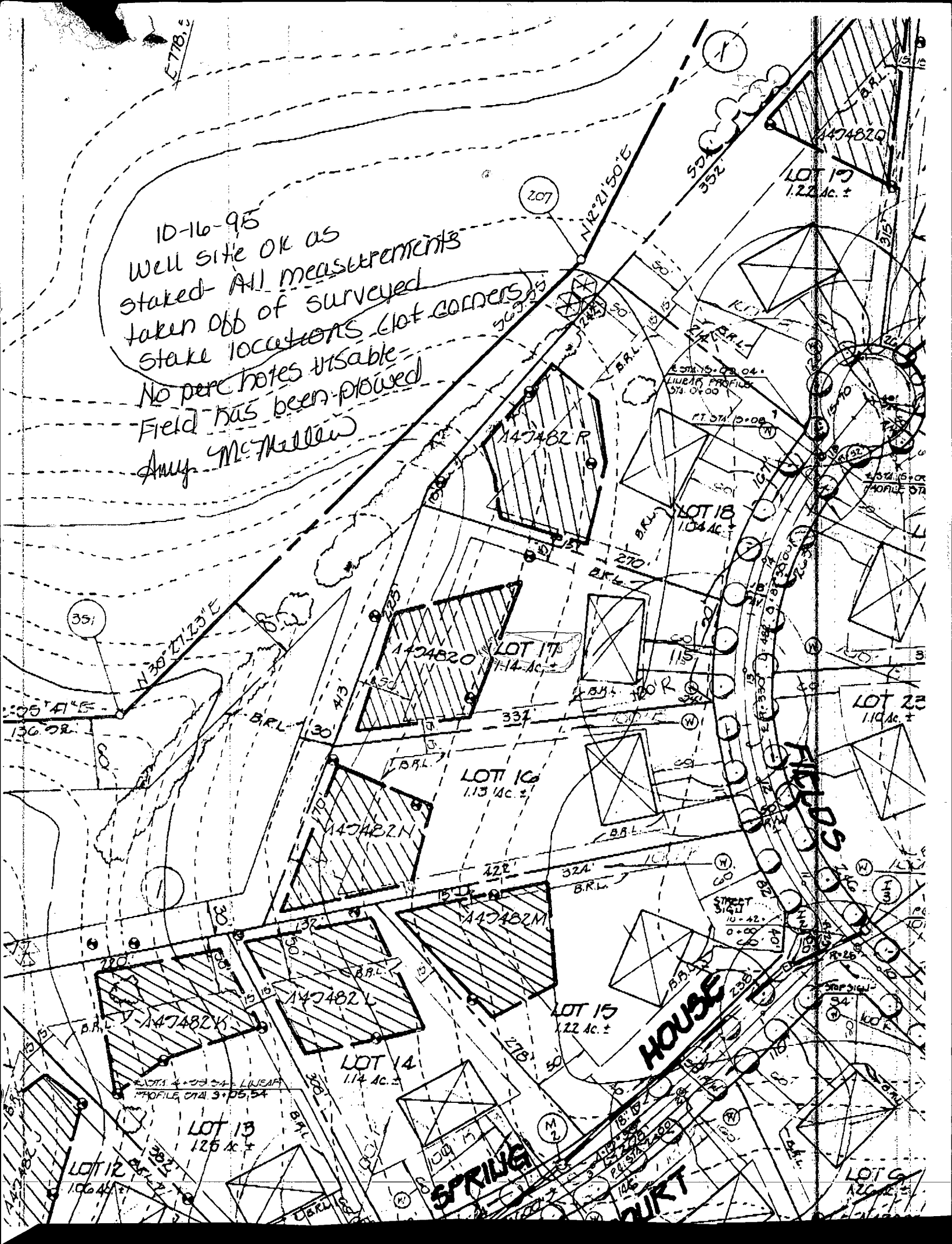
TELESCOPE CASING, LOG INDICATOR, OTHER DATA

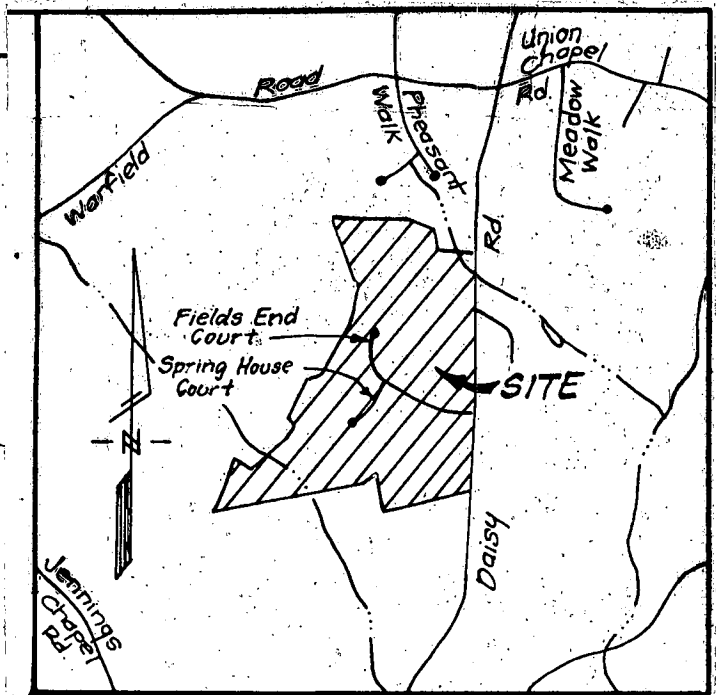
PUMPING-TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 50 ft. before, 80 ft. when pumping, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below) LAND SURFACE 2 feet.



10-16-95
 Well site OK as
 staked- All measurements
 taken obv of surveyed
 stake locations (not corners)
 No perc holes visible
 Field has been plowed
 Amy McMillen



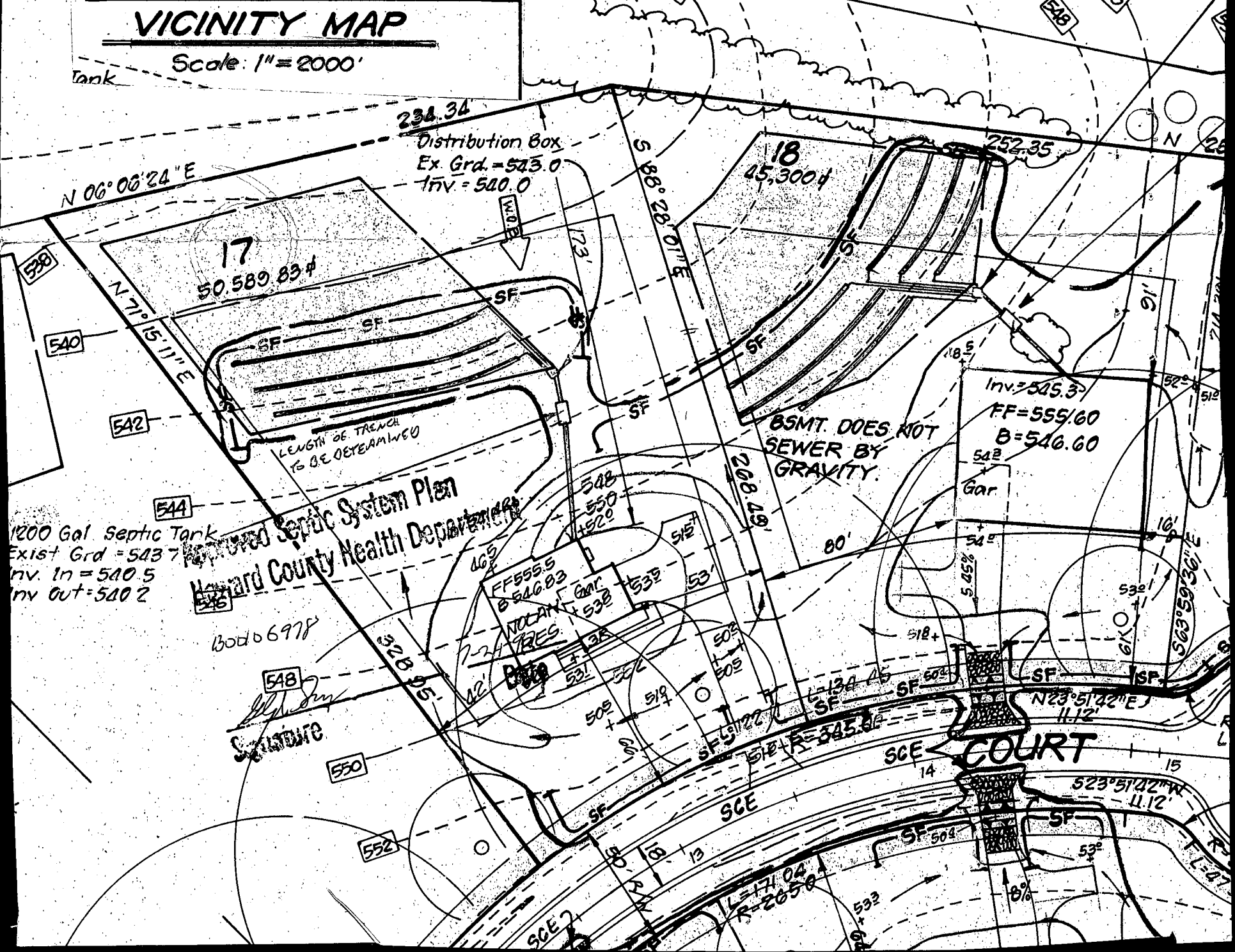


VICINITY MAP

Scale: 1" = 2000'

LEGEND

- Contour
- Existing
- Proposed
- Spot Elev
- Direction
- Existing
- Tree Prot
- Silt Fen
- Stabilize
- Entrance



300139162

Building Address 16033 Fields End Ct.
Woodbine MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10000 Subdivision Worsham Court

Section _____ Area _____ Lot _____
Tax Map 13 Parcel 138 Grid 23

Zoning R1D Map Coordinates _____ Lot size _____

Existing Use sq. family dwelling
Proposed Use " " " "

Estimated Construction Cost \$ 99,025.00

Description of Work building 18'x20' sunroom over base-
ment with 12'x22' deck over storage area
2 w/ steps

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Charles Nolan

Address 16033 Fields End Ct.

City Woodbine State MD Zip Code 21797

Home Phone 410-442-4000 Work Phone 410-445-2651
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company Montgomery Solar, Inc.

Contact Person Tom Kimmell

Address 11713 Flints Grove Lane

City Gaithersburg State MD Zip Code 20878

License No. 51115
Phone 301-279-7909 Fax 301-279-7909

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: 18' 20'
2nd floor: _____
Basement: 18' 20'
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 0
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

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 HERETO, (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.

Thomas C. Kimmell, Jr.
Applicant's Signature
V.P. / Montgomery Solar, Inc.
Title/Company

Thomas C. Kimmell, Jr.
Print Name
10-31-02
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____
and Development, DPZ
State Highways
Building Official 10/31/02 [Signature]
Dev. Engineering, DPZ
Health 10/31/02 [Signature]
Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START
ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 31017
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ 985
Sub-total paid \$ _____
Balance due \$ _____
Check # 17794
Validation # _____
Accepted by _____

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

N06°06'24"E

234.34

LOT 17
50,589.83

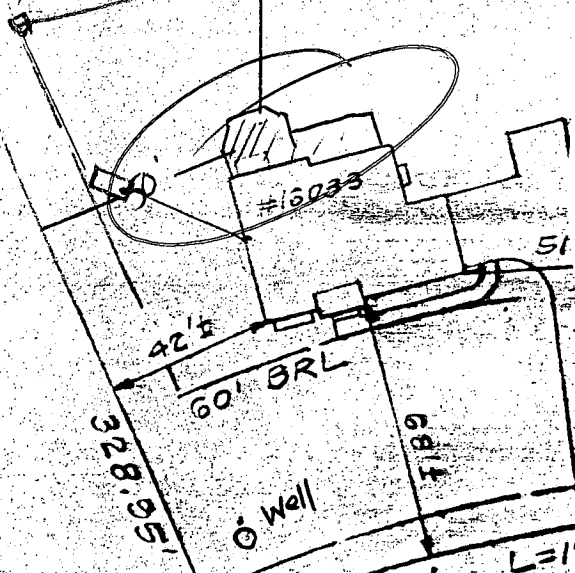
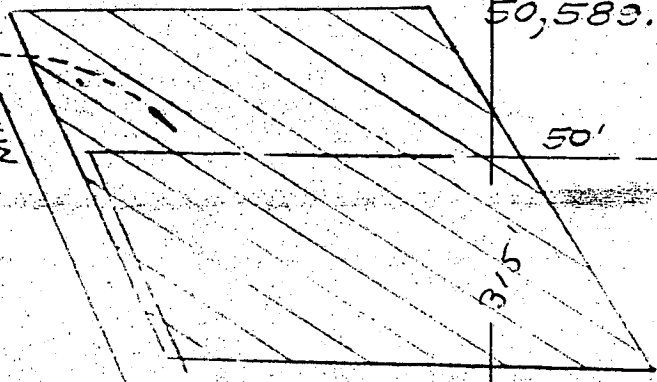
S88°28'01"E

LOT 18

S71°05'11"W

50' 3RL

51' BRL



Macadam Driveway

268.49

De Tree Easement, Plat No.

328.95

R=345.00'

L=122.11'

50' R/W

COURT

FIELDS END

10/31/02
JB OK for Deck & Sunroom

NOTE:

Setback Distance Accuracy = 1