

4/19/99
10:00
(10:00)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511490

A 49482-X

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 4/5/99

DATE SYSTEM APPROVED 4/12/99

INSPECTOR Su

04-35723
INDEXED

S. K. Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Warfields Grant, Sec. II LOT 29 ROAD 16000 Fields End Court

PROPERTY OWNER Trinity Builders

BUILDING PERMIT SIGNED

AND RETURNED

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS 8-21-03 800143710-FINISH BASEMENT

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

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 distribution box 215 feet up the left (349.56') lot line and 70 feet off that same lot line as seen when facing the lot from Field's End Court. Run trenches on contour toward Daisy Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/5/99 DKS

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 12/22/98

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

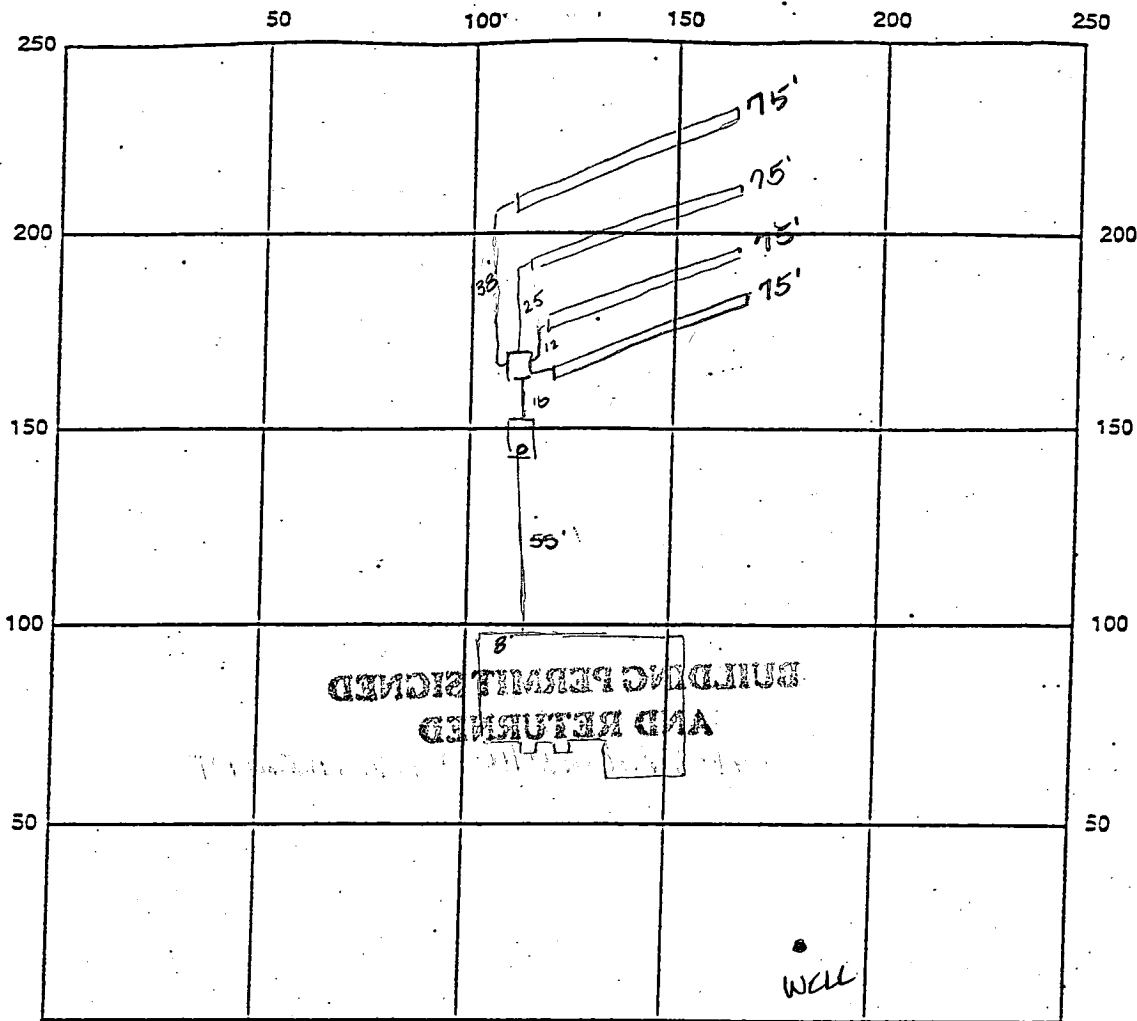
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

19982X



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 4/12/99 OK to cover all work final Ac

DATE SYSTEM APPROVED 4/12/99 INSPECTOR A McMillon

APPLICATION

PERCOLATION TESTING

A 49482X

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 Builders

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. 29

ROAD AND DESCRIPTION Daisy Road 16000 Fields End Court

BLDG. PERMIT SIGNED

AND RETURNED 12-22-98

Serial # 00115350

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 5 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 Y. 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

A49482X

COUNTY #

SOIL PROFILE

0' Red/bn w/ yellow C
 3' micl red
 9' brn sil rock pocket
 11' FAIL TMS
 HOLE 2

Red/bn C

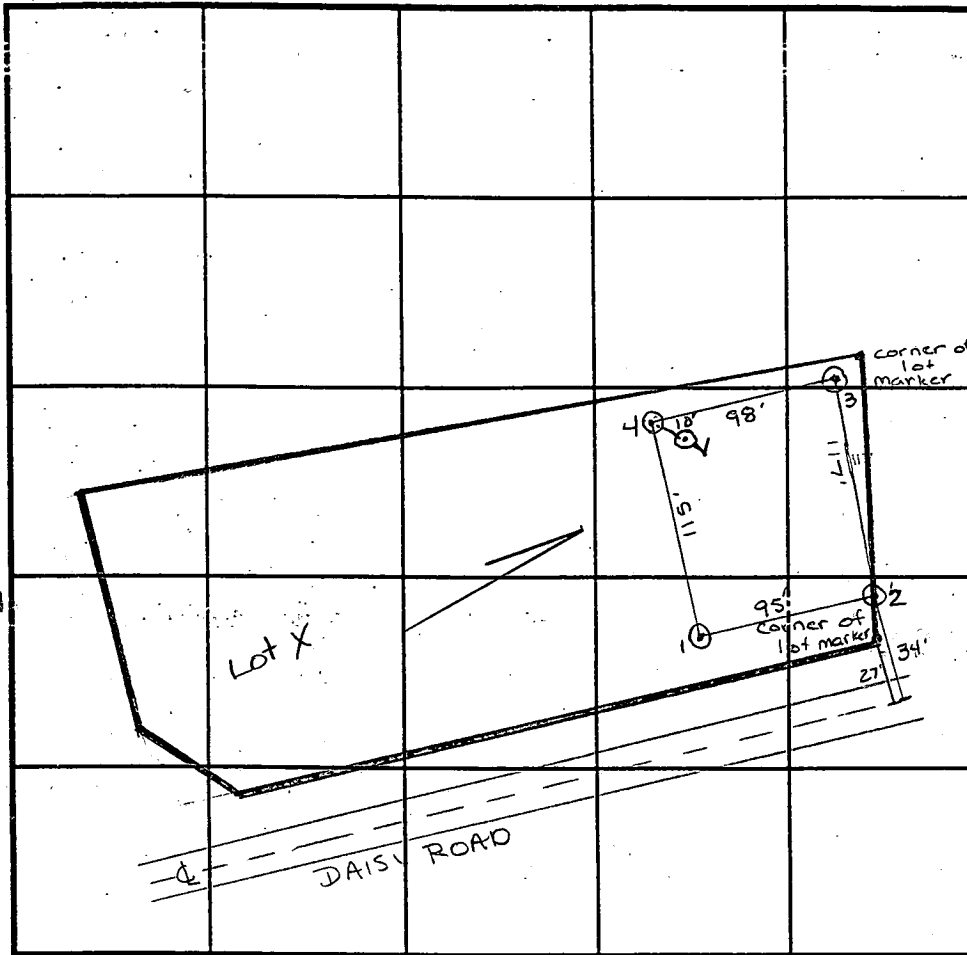
Red micl

10' brn sil
 40% rock
 Shaley

3' Red/bn C

micl red

5% rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' Red/bn C
 3' micl red
 20% rock

3' Red/bn C
 micl red

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/18/93	FAIL →	VII 4 1/2	9:53	9:55	9:55	9:57	2	
	2	8	9:54	9:57	9:57	10:00	3	
	2	VII 12 1/2 4 1/2	9:59	10:00	10:00	10:03	3	
		8 1/2	9:57	10:00	10:00	10:04	4	
	3	VII 4 1/2	10:09	10:09 ³⁰	10:09 ³⁰	10:11 ³⁰	2	
	4	VII 5'	10:15 ³⁰	10:14	10:14	10:16	2	
		beside on side of lot 29 there is a rock formation - fails on lot 29 side						

REMARKS Visual dug for hole 4 → passed rock intrusion ends

TYPE OF SOIL Gleneta

TESTED BY Amy McMillen/Cowell ALSO PRESENT Cisse/Andres

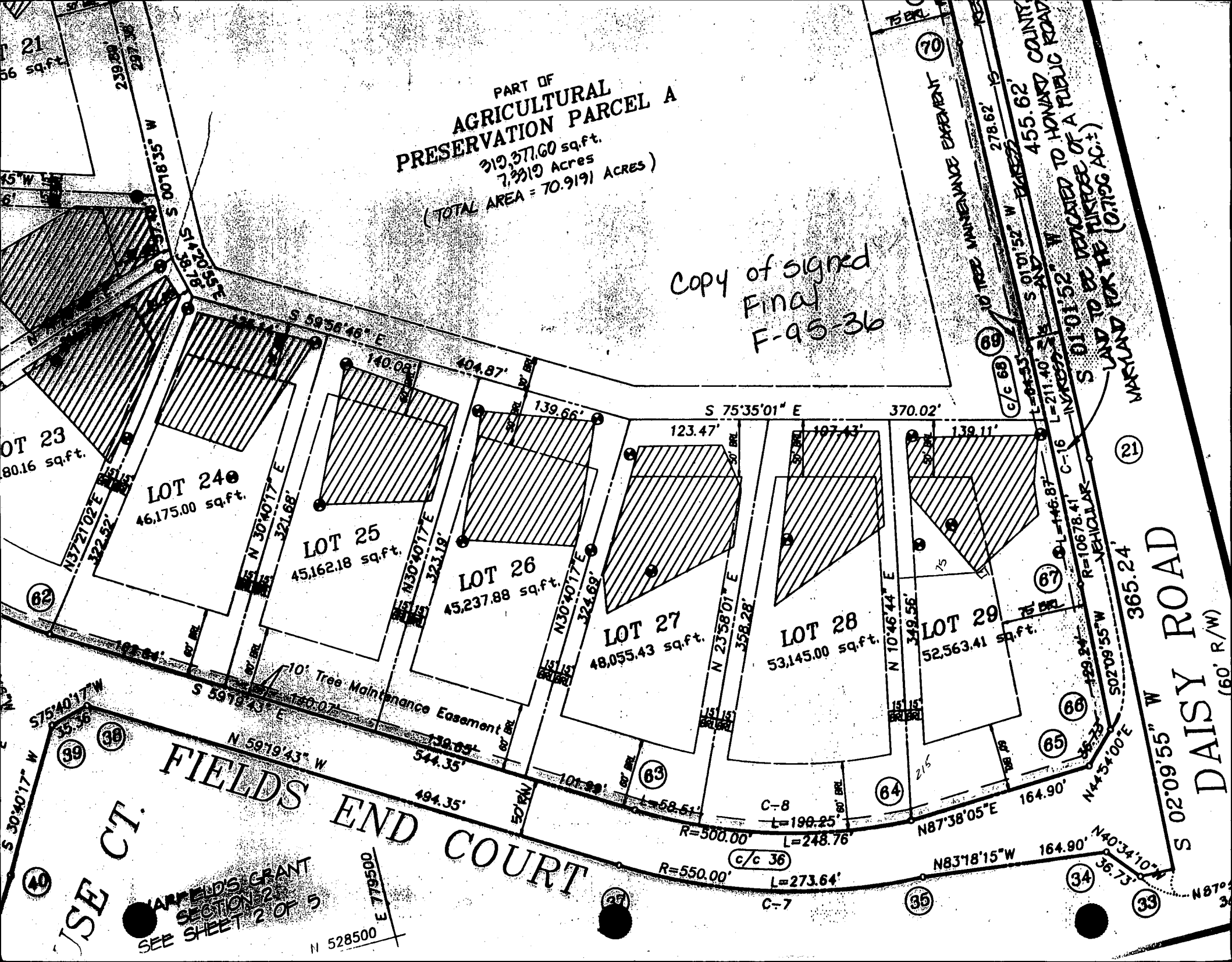
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

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

PART OF
**AGRICULTURAL
 PRESERVATION PARCEL A**

310,371.60 sq.ft.
 7,091.9 Acres
 (TOTAL AREA = 70.9191 ACRES)

Copy of signed
 Final
 F-95-36



USE CT. FIELDS END COURT

MAP FIELDS GRANT
 SECTION 22
 SEE SHEET 2 OF 5

DAISY ROAD
 (60' R/W)

LAND TO BE DEDICATED TO HOWARD COUNTY
 AND
 LAND TO BE DEDICATED TO THE PURPOSE OF A PUBLIC ROAD
 (0.7196 AC.)
 10 TREE MAINTENANCE EASEMENT

N 528500
 E 779500

NOTES:
 SUBJECT TO IMMEDIATE
 LONG-LIVED, VEGETATIVE
 inches of soil by raking,
 if not previously
 recommendations, use one of
 limestone (92 lbs./
 fertilizer (14 lbs./
 into upper three
 400 lbs. per acre
 limestone (92 lbs./
 10-10- fertilizer
 or disc into upper

GENERAL NOTES:

- Existing topography was taken from Road Construction Plans F-95-36, prepared by R.M. Mochi Group, P.C. on 8-15-94.
- For previously approved plans for Warfield's Grant see S-94-05, P-94-11 and F-95-36.
- Existing Landscaping shown per Landscaping Plan F-95-36, prepared by R.M. Mochi Group, P.C. on 8-15-94.
- Basement will not sewer by gravity on Lots 1 and 29.

AGRICULTURAL PRESERVATION
 PARCEL 'A'
 WARFIELD'S GRANT
 ZONED: RC-DEC

and August 1 thru
 1000 sq.ft.) of
 thru July 31, seed
 and 2 lbs. per acre
 during the period of
 application (1) 2 tons
 as soon as possible
 seed with 60 lbs/acre
 acre well anchored

to 90 lbs/1000
 immediately after seeding.
 mulch anchoring
 of emulsified
 use 348 gallons
 needed repairs,

Approved Septic System Plan
 Howard County Health Department

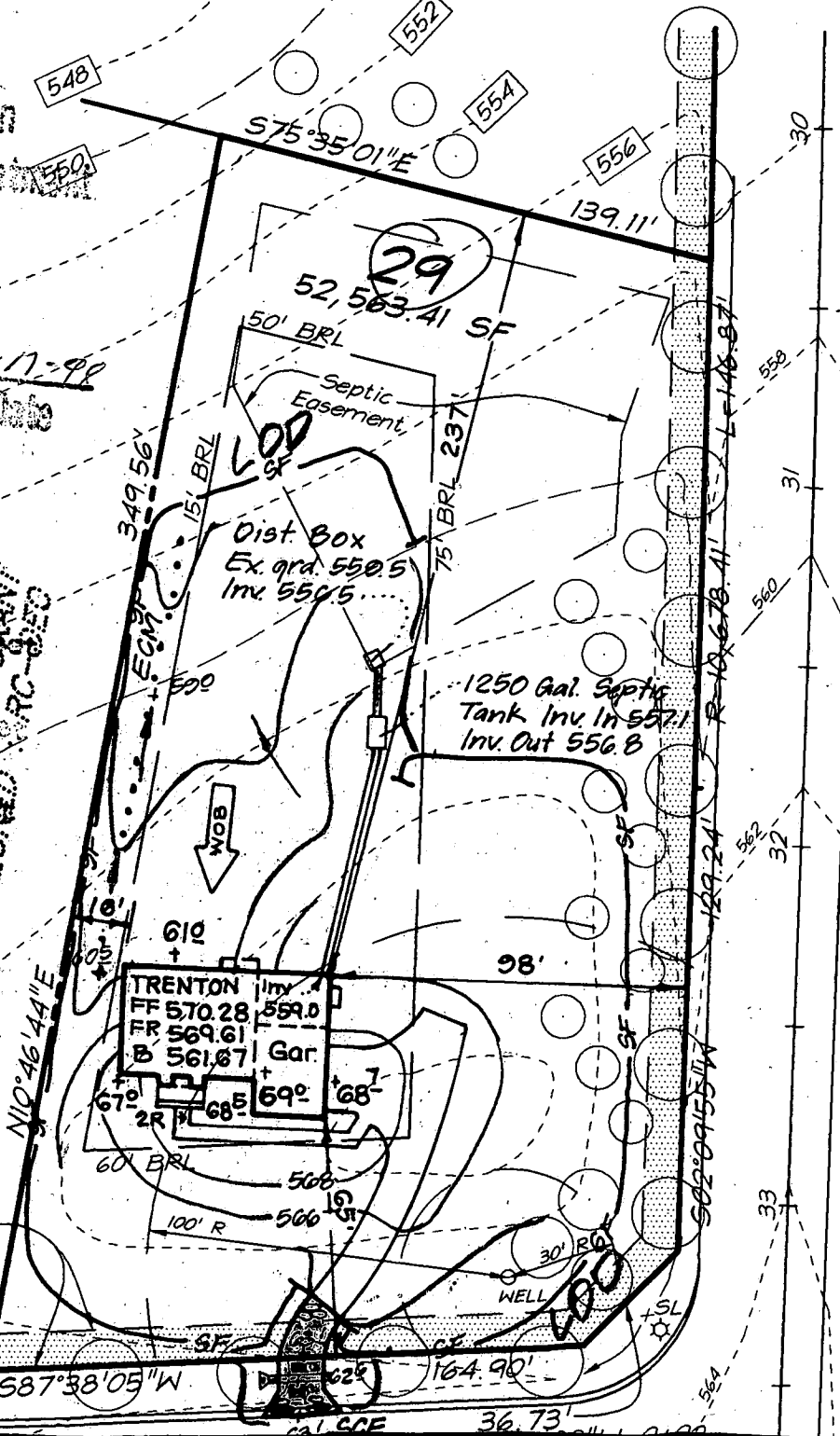
B00115350

Signature
 12-17-98
 Date

SCALE: 1"=50'
 Total linear feet of 556 trench required 300
 Width of trench(es) 3
 Depth of trench(es) 6
 Depth of stone required below distribution pipe 2 feet

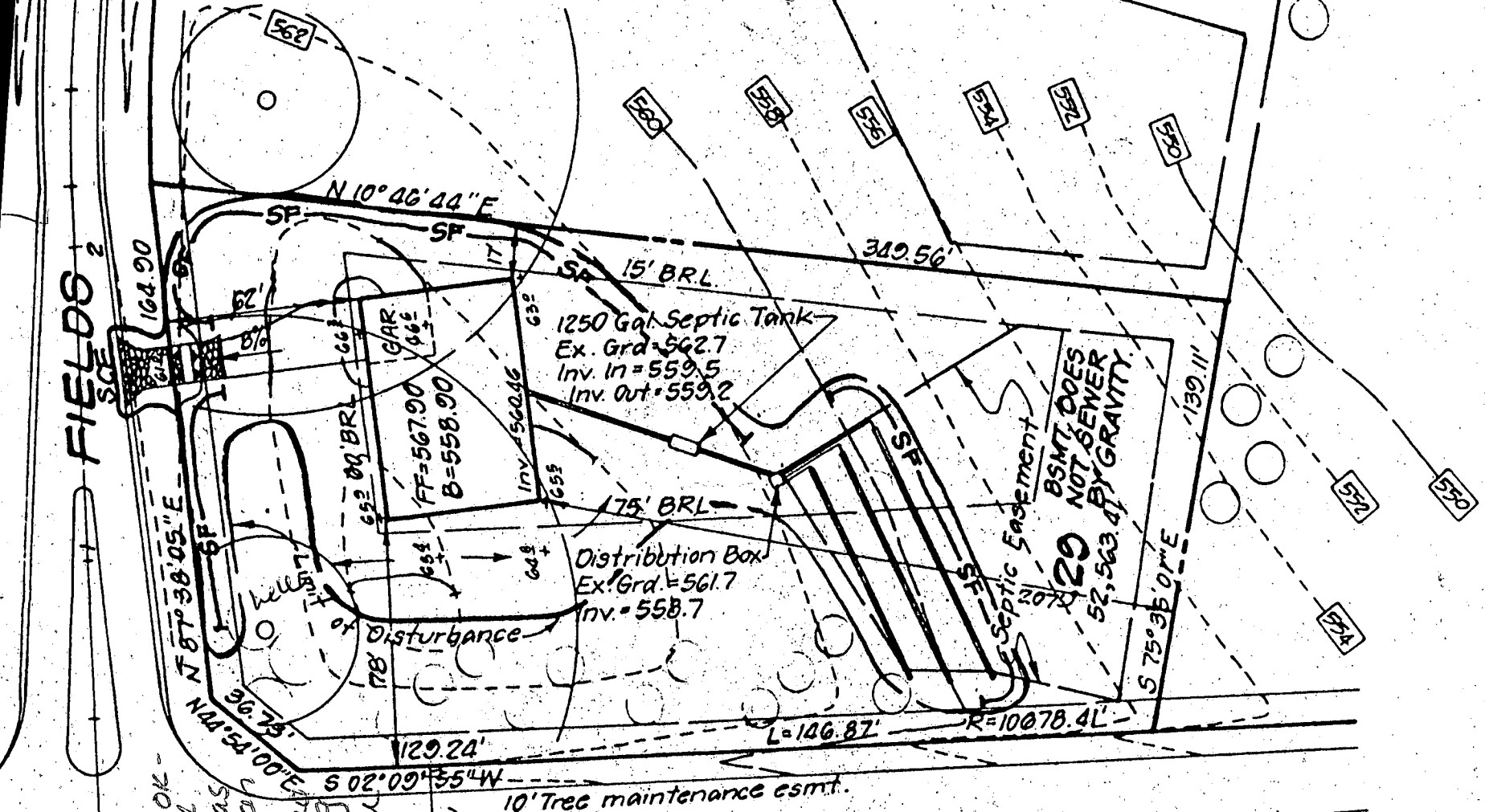
WARFIELD'S GRANT
 ZONED: RC-DEC

10' Tree Maintenance Easement
FIELDS END COURT
 (PUBLIC ROAD)
 2' Shoulder



DAISY ROAD

FIELDS 2



6/21/96
 well site OK
 original
 grade was
 higher than
 appears
 after road
 grading
 AS ALL

11/6/98
 well site OK
 well stated
 AS ALL

DEVELOPER'S/BUILDER'S CERTIFICATE

development and construction will be done according
 to the approved plan and plan for sediment and erosion control and
 personnel involved in the construction project will have a
 permit from the Department of the Environment Approved
 for the Control of Sediment and Erosion before beginning
 construction. I hereby authorize periodic on-site inspection by the Howard
 County District or their authorized agents, as are deemed

[Signature]

5-28-96
 DATE

ENG
 I hereby certify
 that the
 Erosion Control
 plan based on
 site conditions and
 with the required
 District.
[Signature]
 G. NELSON, CL

C1 9303

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER **A49482X**

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
12-17-98

DEPTH OF WELL
22 185 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HD-94-1957

OWNER Trinity Custom Homes
STREET OR RFD Fields End Ct TOWN Daisy
SUBDIVISION Wanfields Grant SECTION 2 LOT 29

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	45	
Brown SLAR	45	50	
Blue SLAR	50	65	
Brown SLAR	65	20	✓
Blue SLAR	20	185	

GROUTING RECORD
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.
(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) 56

OTHER CASING (if used)
diameter inch from to depth (feet)
FE 0 10

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

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

C2 DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
HO 54 185

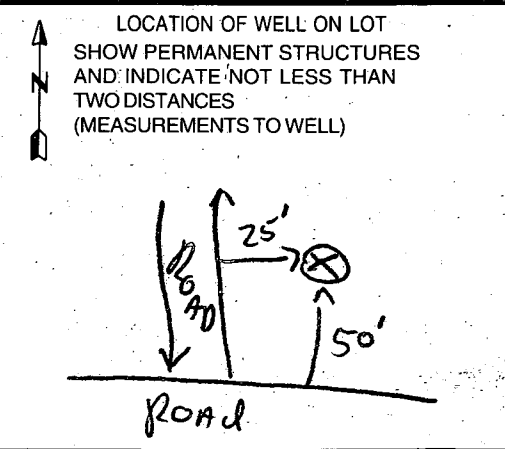
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60

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

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

C3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 8
METHOD USED TO MEASURE PUMPING RATE Bull 10
WATER LEVEL (distance from land surface)
BEFORE PUMPING 65 ft.
WHEN PUMPING 88 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 INSTALLED PUMP (CIRCLE) (YES or NO) 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 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 } LAND SURFACE
 - below } 2 (nearest foot)



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. MSD116
Paul M. Wayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD119
Paul M. Wayne

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

B 1 4788

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1957

fill in this form completely

Date Received (APA) 11 02 98

OWNER INFORMATION

Trinity Custom Homes, 6212 Devon Dr, Columbia MD 21044

LOCATION OF WELL

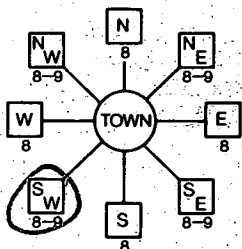
Howard County, Warfield's Grant, Section 2, Lot 29, Daisy

MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

Ralph MAYNE, M S D 116, Ralph MAYNE Well Drilling, 9120 Brown Church Rd Mt Airy, Md

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fields End Ct, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50, DISTANCE FROM ROAD, ENTER FT OR MI

TAX MAP: BLK: PARCEL:

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. A49482X, STATE SIGNATURE, DATE ISSUED 110698, COUNTY SIGNATURE, NORTH GRID 530000, EAST GRID 780000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY (circled), JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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, PERMIT No. HO-94-1957

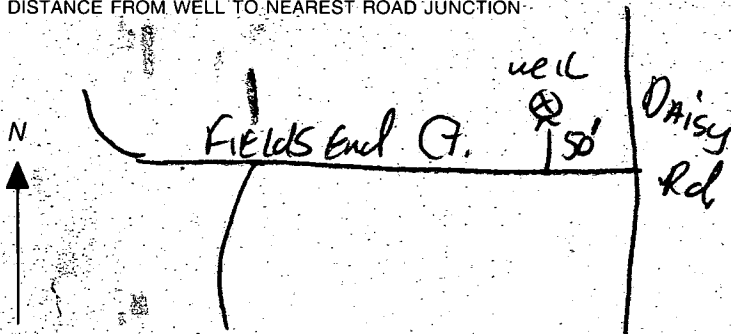
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER, well

WRITE THE BOX NUMBER FROM THE MAP HERE

780, 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 206 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-0823
70 fill in this form completely 79

B 2 061796 **OWNER INFORMATION**
 8 TRIMITY CUSTOM HOMES 13
 15 Last Name Owner First Name 34
6212 JEVAN DR 55
 36 Street or RFD
COLUMBIA MD 21049 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLES MSD/ MGD/ MWD
RALPH MAYNE 116
 Driller's Name 77 License No. 80
RALPH MAYNE SPC DRILLING
 Firm Name
9120 Brown Church Rd Mt. Airy
 Address
Ralph Mayne 613196
 Signature Date

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)

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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-0823
 67 68 70 71 72 73 74 75 76 77 78 79

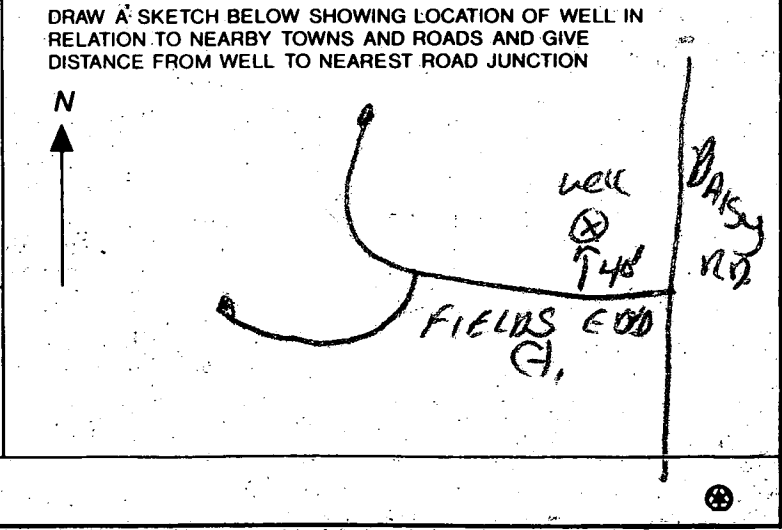
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 **LOCATION OF WELL**
HOWARD 8 COUNTY 21
WARFIELD'S TRACT 23 SUBDIVISION 42
 SECTION 2 LOT 29
DAVIS 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD FIELDS END CT 11 30
 DISTANCE FROM ROAD 40 34 37
 ENTER FEET MI + 38 39
 TAX MAP: BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY A-19482-X
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE EXTENDED TO 12/23/97 INSERT S 608
 DATE ISSUED 06/24/97 EXP. DATE 06/23/97
 43 NORTH GRID 530000 EAST GRID 0780000
 50 55 57 63

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 700
 N 530 000 000



HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3625-N Ellicott Mills Drive
 Ellicott City, MD 21043
 401-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Now Installation Replacement Receipt # _____
 Date _____

Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0822

License Number 12285
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Yes

Name of Property Owner Trinity Homes Telephone 410-313-8722
 Subdivision Workwiths Grant Lot # 27 Well Tag # NO - 94 - 1997
 Site Address 16000 Fields Fwt. Ct.

Pump

1. Type	Motor	Pitless Adapter
a. Deep well jet _____	1. Horsepower <u>3/4</u>	1. Make _____
b. Shallow well jet _____	2. RPM _____	2. Model # <u>A</u>
c. Submersible <u>Yes</u>	3. Voltage _____	3. Depth <u>42"</u>
2. Make <u>Jawor</u>	a. 110 _____	
3. Model # <u>754NBB-5-2</u>	b. 220 <input checked="" type="checkbox"/>	
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <u>X</u>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <u>X</u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <u>Sleeve</u>		

Tank	Piping	Well data
1. Capacity <u>Well-n-hill 250</u>	1. Type <u>P.E.</u>	1. Depth <u>186</u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size <u>1"</u>	2. Yield <u>8</u> GPM
	3. NSF and/or BOCA Code approved <u>Yes</u>	3. Static water level <u>45'</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

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: _____
 Date: 4-19-79

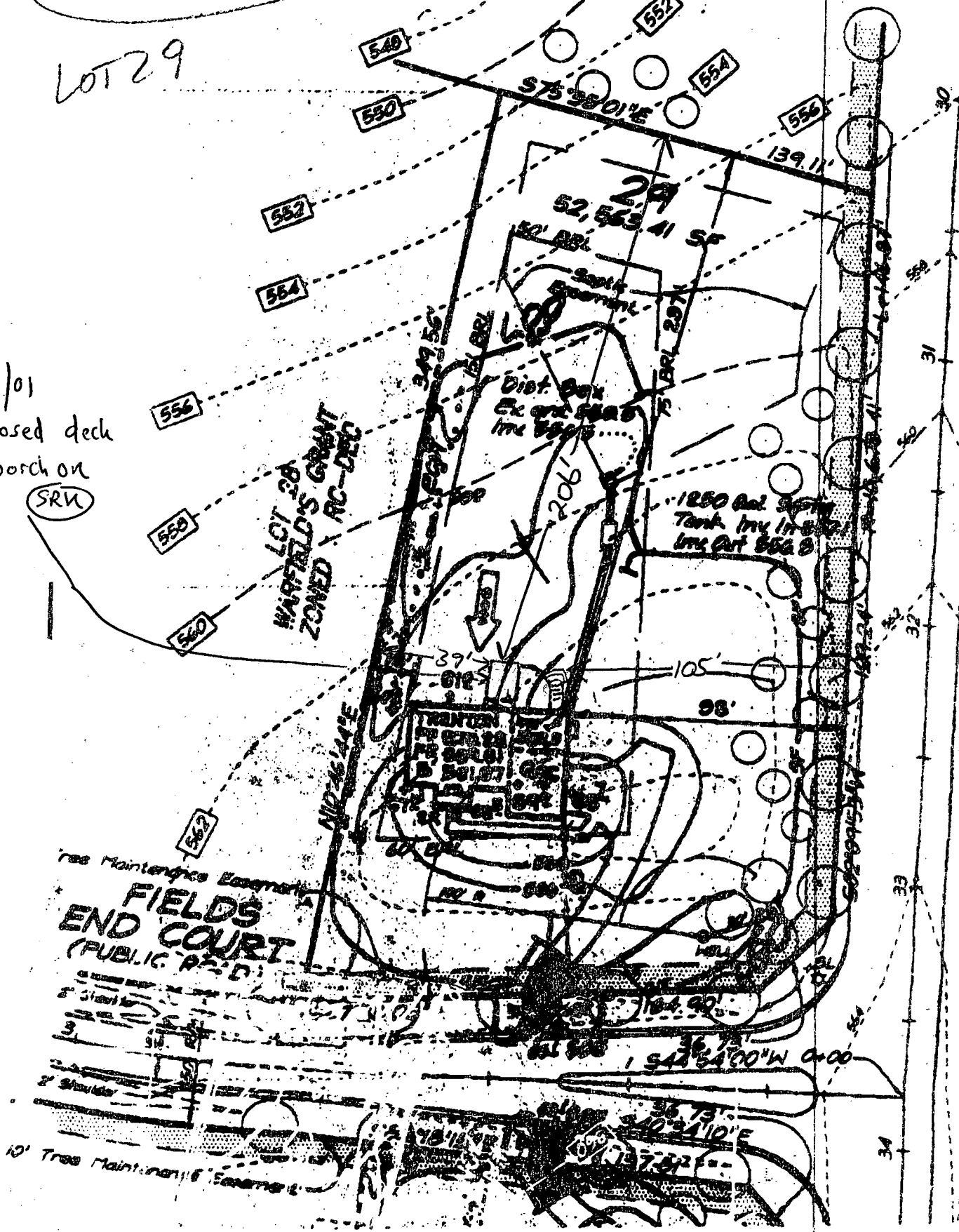
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

TO BOB ROSSORONDO

LOT 29

NATURAL PRESERVATION PARCEL A WARFIELD'S GRANT ZONED RC-DEC

11/29/01 proposed deck & porch on SRN



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00133421

Building Address 16000 FIELDS ENDS CT
LISBON MD 21797

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

Census Tract 604002 Subdivision WOLFELDS GRANT

Section 2 Area _____ Lot 29

Tax Map 13 Parcel 128 Grid 24

Zoning RC Map Coordinates 576 Lot size _____

Existing Use SIH

Proposed Use SIH WITH DECK & SCREENED

Estimated Construction Cost \$ 75,000

Description of Work 14'x20' SCREENED PORCH

18'x11' IRREGULAR SHAPED DECK

WITH STEPS

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name ROBERT & LISA ROSSMUND

Address 16000 FIELDS ENDS CT

City LISBON State MD Zip Code 21797

Home Phone 301-854-5171 Work Phone _____

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

Phone _____ Fax _____

Contractor Company FOUR SEASONS DESIGN BUILD

Contact Person STEVE BROOKS

Address 113 N. WASH. ST ROCKVILLE MD

City ROCKVILLE State MD Zip Code 20850

License No. 69805

Phone 301-428-2514 Fax 410-519-3176

Engineer or Architect Company SAME AS ABOVE

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: _____

2nd floor: 280 sq ft

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

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 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.

[Signature]
 Applicant's Signature

NAVAGIX
 Title/Company

STEVE BROOKS
 Print Name

11-29-01
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>11/29/01</u>	<u>Steven R. Krueg</u>
Dev. Engineering, DPZ		
Health		
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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	38273
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>75</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>7466</u>
Validation	# <u>11685</u>

Accepted by [Signature]

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

1005-16R
TILE
AREA

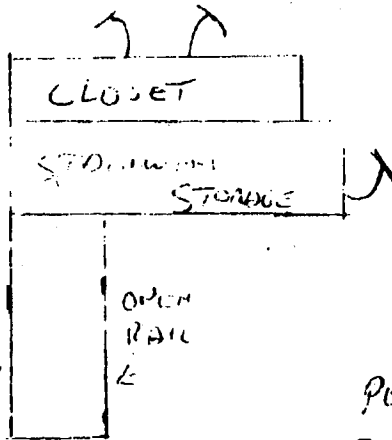
← 38 →

8/21/03 B00143710
proposed
finished basement
remodeling OK (SRK)
CARPET

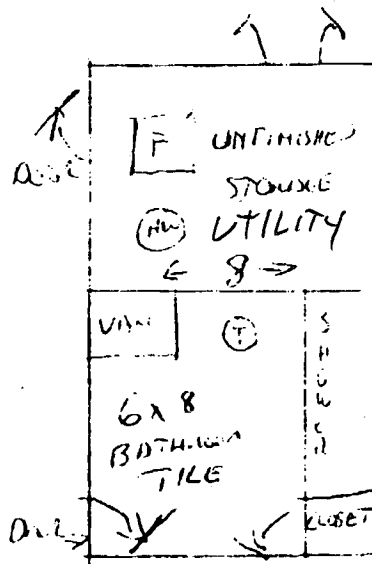
STORAGE
400 DASH

1001

CARPET



PENGO
FLOORING
11 x 11



CARABO

← 30 →

EP 1001

← 38 →

ROSSOMONDO BASEMENT

NET 1100 SQ FT