

9/9/98  
"LATE"

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510180-D

A 49482-Z

DISTRICT 4th

DATE 6-3-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

*04-35767*

DATE SYSTEM APPROVED 9/9/98

INSPECTOR M. Riffin

### INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Warfield's Grant LOT 24 ROAD 16020 Fields End Court

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

~~MANHOLE CLEANOUT REQUIRED~~

*NO MH REQ'D FOR 9/9/98*

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 200 feet up the right (321.68') lot line and 45 feet off that same lot line as seen when facing the lot from Field's End Court. Run trenches on contour toward 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 6/2/98*

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 06/01/98

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

BLDG. PERMIT SIK:

**AND RETURNED** 8-4-98

*Serial # B10113074  
dick.*

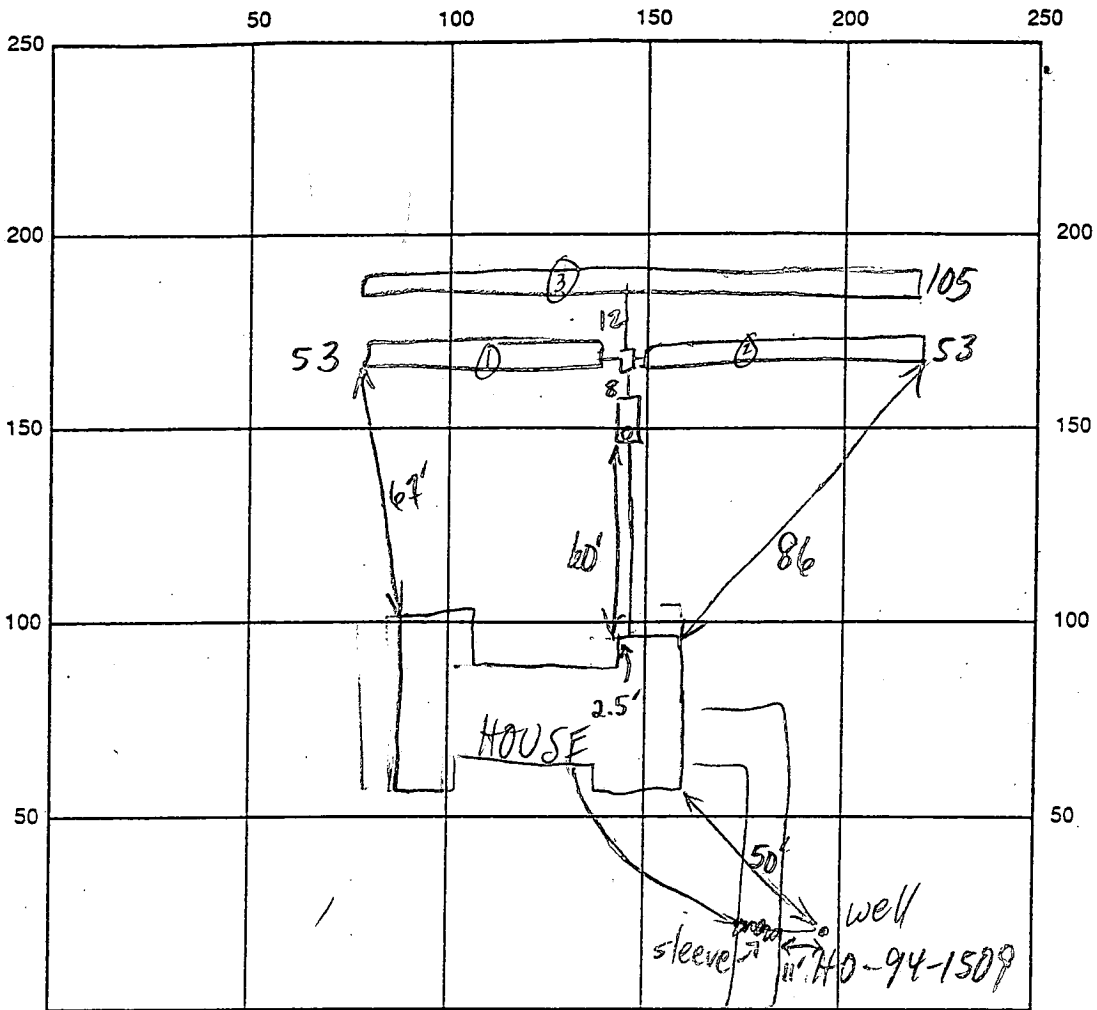
PERMIT VOID AFTER TWO YEARS

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**

*A49482-2*



FIELDS END CT. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS 8" ON S.O.T.

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH  $\frac{12}{2} \frac{13}{6}$  FT. TRENCH WIDTH 3 FT. INLET DEPTH  $\frac{12}{2} \frac{13}{4} \frac{13}{4}$  FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 153 153 105 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 159 159 315 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 633 SQ. FT.

REMARKS: 9/9/98 TRENCHES SHALLOWER THAN SPECS - OK; FINAL - OK TO COVER (MR)

9/9/98 OK TO COVER W/ I 2-PC CAP OK (MR)

DATE SYSTEM APPROVED 9/9/98 INSPECTOR M. Ripkin

# APPLICATION

PERCOLATION TESTING

A 49482 Z

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 <sup>TRINITY Custom Homes</sup> of Ronald B. Carter

ADDRESS P.O. Box 122 ELLICOTT CITY PHONE \_\_\_\_\_  
MD. 21043

AGENT OR PROSPECTIVE BUYER FISHER COLLINS + CARTER ATTN: Zorck Fisch

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

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 24

ROAD AND DESCRIPTION Daisy Road (16020 Fields End Court)

**BLDG. PERMIT SIGNED  
AND RETURNED 6-1-98**  
Serial # Bro 111947

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 3Bem  
(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 \_\_\_\_\_

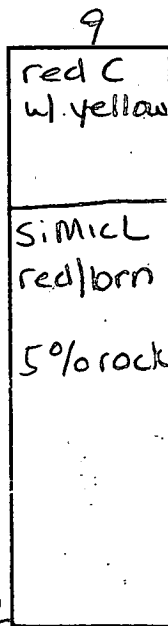
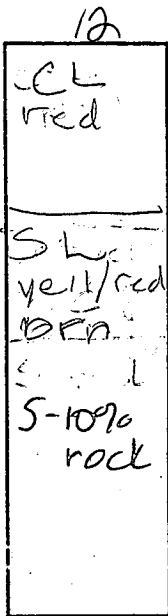
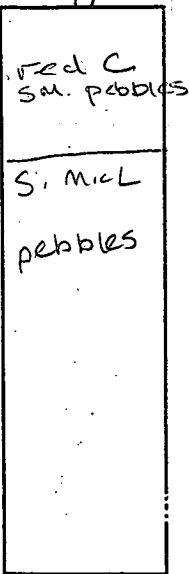
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

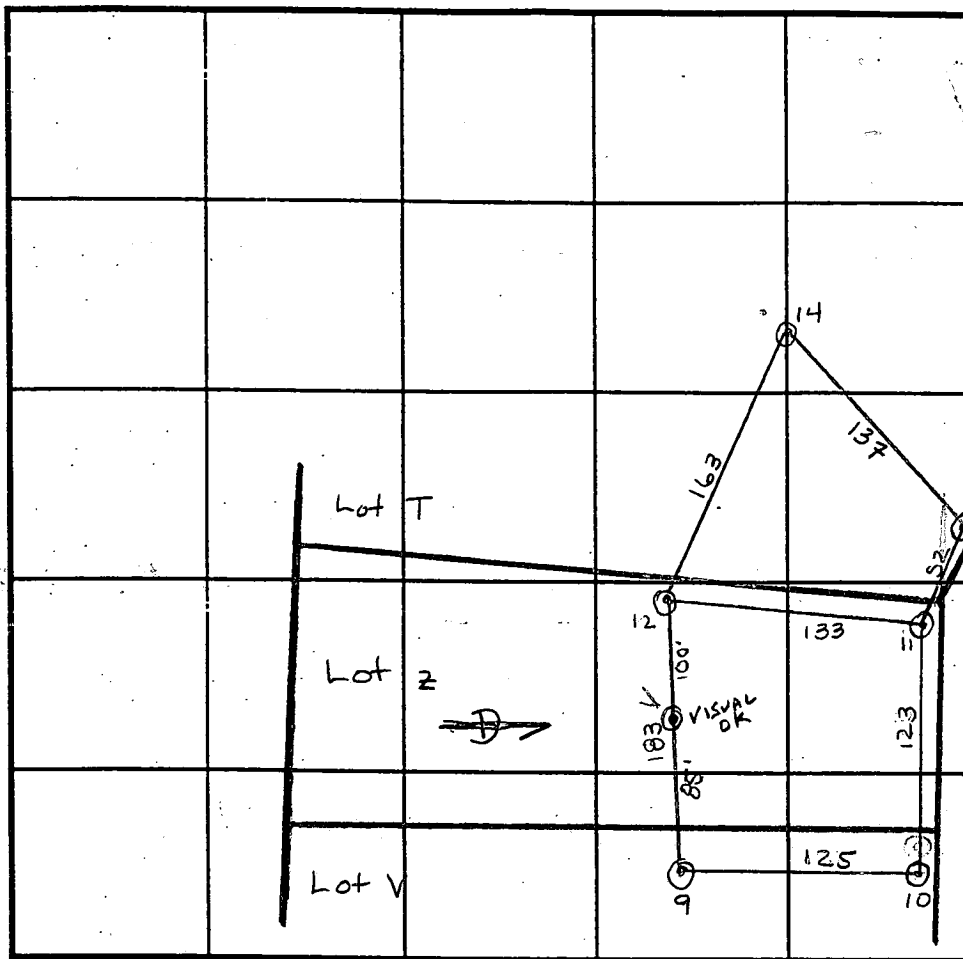
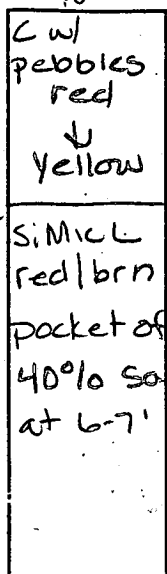
A49482Z

COUNTY #

SOIL PROFILE 11



SOIL PROFILE 10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/93	11	V12 6'	11:31	11:32	11:32	11:34	2
	12	V12 6'	12:05	12:06	12:05	12:07	1
		repair	12:07	12:08	12:08	12:10	2
		V12 9'	12:05	12:07	12:07	12:10	3
	9	V11 1/2 5'	11:07	11:09	11:09	11:11	2
		8 1/2'	11:04	11:08	11:08	11:17	9
	10	V12 5 1/2'	11:16	11:20	11:20	11:25	5
		10'	11:13	11:19	11:19	11:31	11
	Visual						OK
							6

REMARKS Tests 13:14 can be found in A49482T  
 TYPE OF SOIL 1/2 Glenelg 1/2 Chester  
 TESTED BY Amy McMillen (Cwellen) ALSO PRESENT Cissle/Andres  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3  
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

Signed  
Preliminary  
Plan

SET  
SHEET

LIMIT OF WORK  
STA. 5+50

OF  
5

END

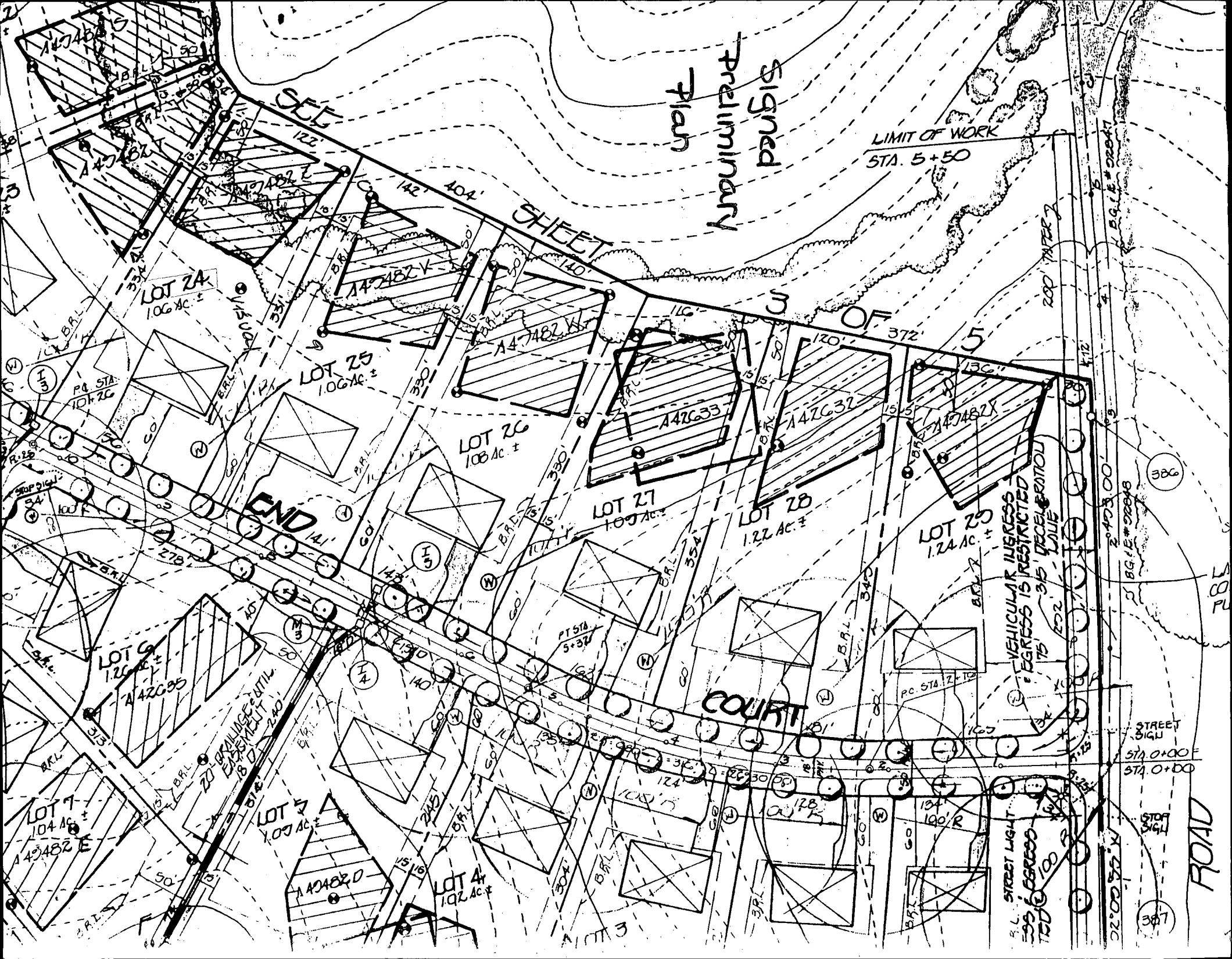
COURT

VEHICULAR INGRESS  
EGRESS IS RESTRICTED  
175' 315' DECELERATION  
LOUPE

STREET SIGN  
STA. 0+00  
STA. 0+00

STOP SIGN

ROAD





C1 05053 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 A-49482-2

DATE RECEIVED 5/1/98

DATE WELL COMPLETED 04 22 98

DEPTH OF WELL 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1509

OWNER TBI HOMES INC STREET OR RFD FIELDS END CT TOWN DAISY SUBDIVISION WAREFIELDS GRANT SECTION II LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandstone MICKA, and Sandstone MICKA.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), NO. OF POUNDS (2200), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD section including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section including: screen type (HO), SCREEN RECORD (BR, PL, OT), DEPTH (78, 185).

Administrative section: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (N), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

DRILLERS LIC. NO. 1 MS D116, DRILLERS SIGNATURE, LIC. NO. 1 MS D117, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

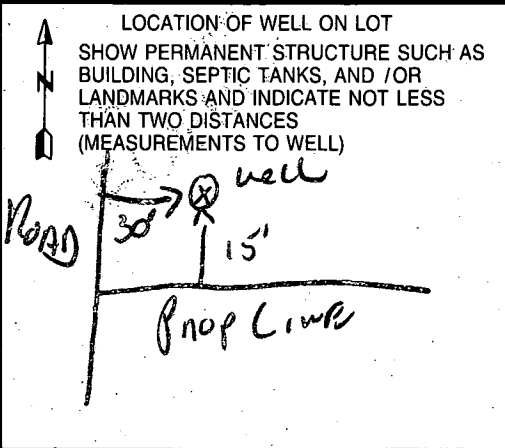
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-32, 38-47, 51-55) and corresponding well depth values.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section including: T. (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (43), BEFORE PUMPING (17 to 20), WHEN PUMPING (22 to 25), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED section including: DRILLER WILL INSTALL PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (92), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2) below LAND SURFACE.







B 1	<b>5440</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1509</b> fill in this form completely
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Date Received (APA) **3 31 98**

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name **TBI** Owner **Homes Inc** First Name **34**

36 Street or RFD **6212 Devon Dr.** 55

57 Town **Columbia MD.** 70 State **21044** Zip **76**

B 3 **Howard** LOCATION OF WELL

8 COUNTY **WARFIELD'S Grant** 21

23 SUBDIVISION **DAISY** 42

SECTION **2** LOT **24**

44 46 48 50

52 NEAREST TOWN **DAISY** 71

MILES FROM TOWN (enter 0 if in town) **I** M **I**

73 76 77 78

**DRILLER INFORMATION**

Driller's Name **Ralph Mayne** License No. **M SD 116**

76 81

Firm Name **Ralph Mayne Well Drilling**

Address **9126 Brown Church Rd. Mt Airy**

Signature **Ralph Mayne** Date **3-28-98**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **FIELDS END CT** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **30** 37 DISTANCE FROM ROAD

ENTER FT OR MI **MI** 38 39

TAX MAP: **13** BLK: **128** PARCEL **128**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14** 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME **A 49482-2** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **3 2 98** **Aladdin** CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

43 MM DD YY 48

NORTH GRID **530** 0 0 0 EAST GRID **780** 0 0 0

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) **AIR-ROTARY** JETTED Jetted & DRIVEN

30 AIR-PERCussion AIR-ROTARY (Hydraulic Rotary)

37 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

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 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)**

APPROX. PERMIT NUMBER **54** G A P **63**

WRITE INITIALS IN BOX **GS** PERMIT No. **HO-94-1509**

67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

2.

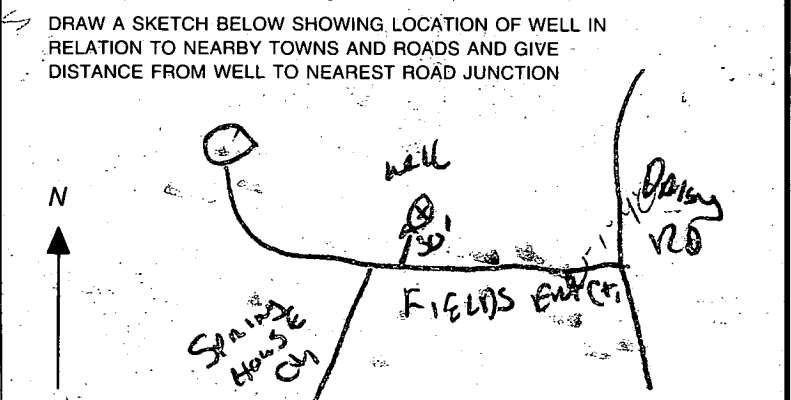
3.

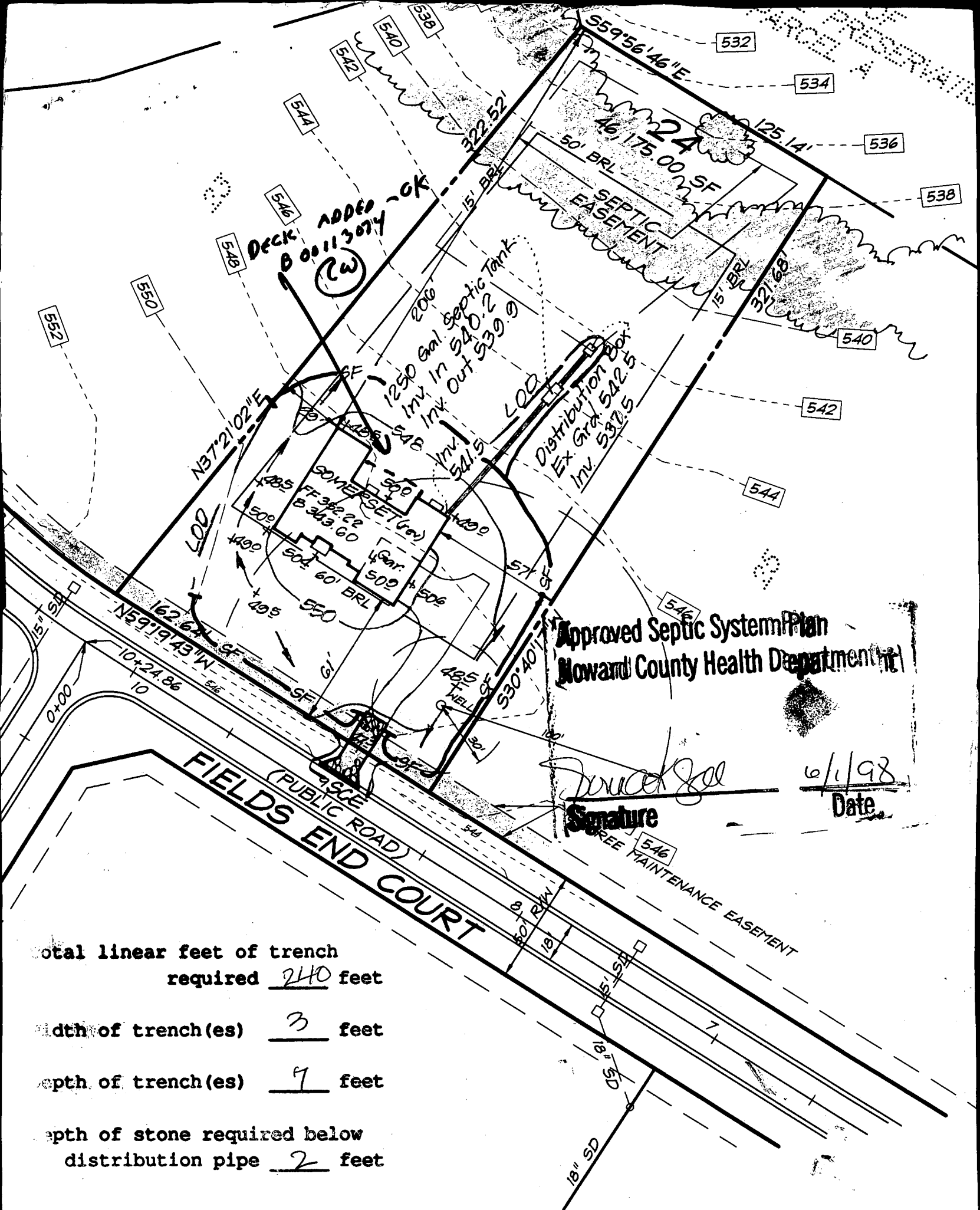
WRITE THE BOX NUMBER FROM THE MAP HERE

E **780**

N **530**

000 000





Approved Septic System Plan  
 Howard County Health Department

*Donna J. Sol*  
 Signature

6/1/98  
 Date

Total linear feet of trench  
 required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below  
 distribution pipe 2 feet



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

December 21, 1998

Trinity Builders  
6212 Devon Drive  
Columbia, Maryland 21044

RE: Warfield's Grant II - Lot 24  
16020 Fields End Court  
Well Permit #HO- 94-1509

Dear Sirs,

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on September 9, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 94-1509. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

### INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 18, 1998  
Date of well completion: April 22, 1998

Approving Authority

Amy Mc Millen Sanitarian  
Water and Sewerage Program

cc: Building Inspector's office  
file