

04-322118

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/12/02

P 49463

APPROVAL DATE: 8/30/1994

A 17115

PERMIT
RE-INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Warfield Estates LOT NUMBER: 6

ADDRESS: 3332 Stapleton Drive PROPERTY OWNER: Scott Wilson

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: 4/12/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 4/12/02

NOT TO SCALE

TEXT

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 49413

A 17115

DISTRICT 4th

DATE 7/20/93

DATE SYSTEM APPROVED 8/30/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

T. M. Moylan Plumbing and Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 10 Mellox Avenue, Catonsville, Maryland 21228 PHONE 844-9351 788-8466

SUBDIVISION Warfield Estates LOT 6 Blk. C ROAD 3332 Stapleton Drive

PROPERTY OWNER John Elanston Construction MR and MRS. SCOTT

ADDRESS 5373 Hesperus Drive, Columbia, Maryland 21044 Phone: 730-4793 Wilson

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 - Beginning from the right front lot corner, place 1st trench 160 feet down the right (225.07') lot line and 75 feet off the right lot line as seen when facing property from Stapleton Drive. Run trenches along contour towards the rear (90.00') lot line. DO NOT EXTEND ANY TRENCH BEYOND REAR EDGE OF SEPTIC EASEMENT.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 01-713192 AH

PLANS APPROVED BY Bert Nixon/Mark Rifkin

REVISED DATE 11/07/86
4/07/89

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 3540 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 461-9932 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

**BUILDING PERMIT SIGNED
AND RETURNED 4-10-02**
16 POOL-850135419

17115

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 5/31/72

Preliminary

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Maple Hill Farms Assoc.

ADDRESS 9300 Fontana Ave., Seabrook, Md. PHONE 277-2121, Ext. 23

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. 8 ~~Blk. 2, Sect. 5~~

ROAD AND DESCRIPTION Stapleton Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 225 ft. x 250 x 250 x 190 TYPE BLDG. 3 or 4 bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Edward Cramer

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

STATE OF MICHIGAN
WELL COMPLETION REPORT
 ALL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

DATE NUMBER **A 1715**

PERMIT NO. FROM PERMIT TO DRILL WELL: **40-12-0075**

DATE RECEIVED: [] [] [] [] [] [] [] [] [] [] [] []

DATE WELL COMPLETED: **04-24-20**

Depth of Well: **200** (to nearest foot)

OWNER: **Finnegan** (last name) **John** (first name)

STREET OR RFD: **Tepleton Dr**

SUBDIVISION: **WARFIELD ESTATES** SECTION **6** TOWN **Glenwood** LOT **16**

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 water bearing
	FROM	TO	
Overburden	1	1	
Sand & Clay	1	10	
Gray Rock	20	20	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **17** NO. OF BOUNDS **100**

GALLONS OF WATER **102**

DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to **108** [] [] [] [] ft.
 (enter 0 if from surface)

CASING RECORD

Casing types insert appropriate code below

ST **CO**
 STEEL CONCRETE

PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE: **ST** **CO** **PL** **OT**

Nominal diameter top (main) casing (nearest inch): **6** **3**

Total depth of main casing (nearest foot): **83**

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

SCREEN RECORD

screen type or open hole: **ST** **BR** **HO**
 STEEL BRASS OPEN HOLE
 BRONZE HOLE
 PLASTIC OTHER

ELECTRIC LOG

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

SLOT SIZE: 1 [] 2 [] 3 []

DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) [] [] [] []

W O [] [] [] []

TELESCOPE CASING [] [] [] [] LOG INDICATOR [] [] [] [] OTHER DATA [] [] [] []

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **12** [] [] [] []

METHOD USED TO MEASURE PUMPING RATE: **Submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING: **116** [] [] [] []

WHEN PUMPING: **59** [] [] [] []

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 (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **O**

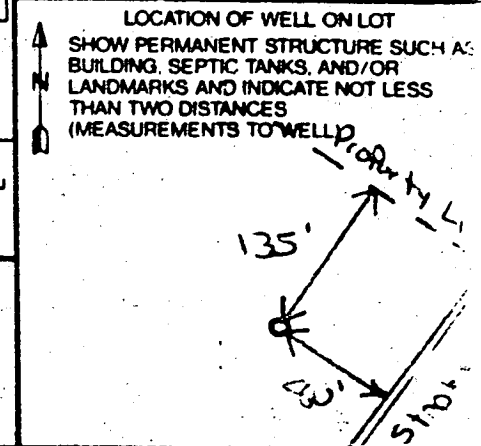
CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []

PUMP HORSE POWER [] [] [] [] [] []

PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE [] [] [] [] (nearest foot)
- below }



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

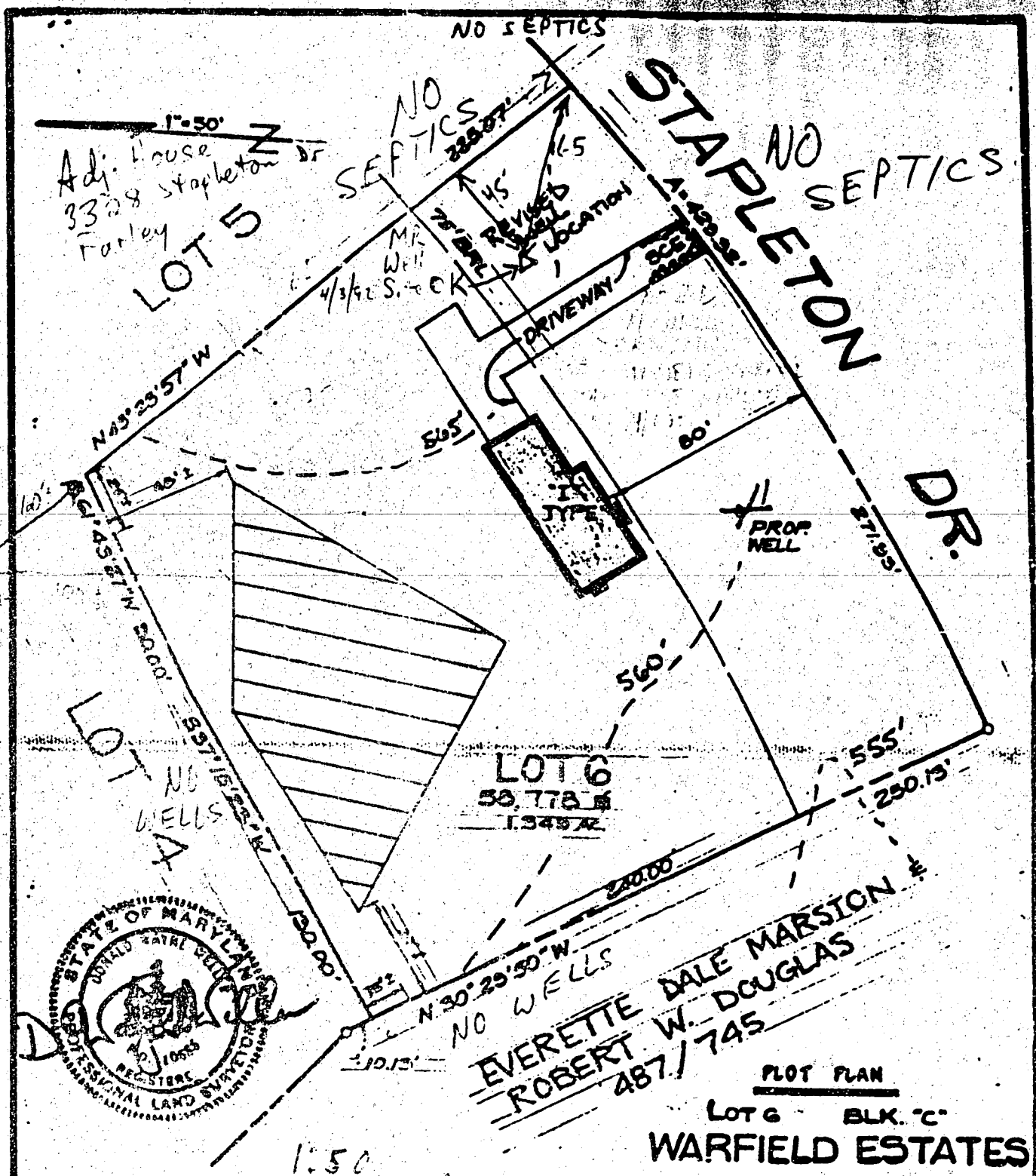
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT. NO. [] [] [] [] [] [] [] [] [] [] [] []

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
John Finnegan

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

COUNTY



Adj. House
3328 Stapleton Dr
Farley

LOT 5

NO SEPTICS

NO SEPTICS

DR.

LOT 7
NO WELLS

LOT 6
58,778 sq ft
1,349.72

EVERETTE DALE MARSHON &
ROBERT W. DOUGLAS
487/745

1:50

LOT PLAN
LOT 6 BLK. 'C'
WARFIELD ESTATES

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

OWNER / DEVELOPER

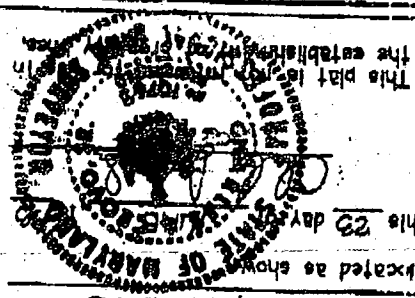
JOHN P. FINNEGAN CONSULTING, INC.
6877 GLENNVIEW DRIVE
COLUMBIA, MD 21046

KODR CONSULTANTS, INC.
ENGINEERS • PLANNERS • SURVEYORS



60674

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
207 EASTWOOD DRIVE, WASHINGTON, D.C. 20002
1952 - 1953



Signed this 23 day

for the purpose of locating the improvements thereon and the improvements are located as shown
RECORDED IN PLAT BOOK 29 FOLIO 77 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND
I HEREBY CERTIFY THAT I HAVE SURVEYED THE PROPERTY KNOWN AS: LOT 6 OF WATFIELD ESTATES BLOCK "C"

Building Address <u>3332 STAPLETON DR</u> <u>GLEWOOD, MD 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>WARFIELD ESTATE</u> Section _____ Area _____ Lot <u>6</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>SCOTT & LINDA WILSON</u> Address <u>3332 STAPLETON DR</u> City <u>GLEWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410-489-9286</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Blue Haven Pools</u> <u>9104 Industry Dr</u> <u>MANASSAS, VA 20111</u> Phone <u>1-888-257-0007</u> Fax _____
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Existing Use <u>S.F.D</u> Proposed Use <u>S.F.D</u> Estimated Construction Cost \$ <u>28,278.00</u> Description of Work <u>Build in-ground</u> <u>pool - 18' x 38' - 3 1/2' - 9'</u> <u>Fence to meet code. DEPTH</u>	Contractor Company <u>Blue Haven Pools</u> Contact Person <u>D. Talley</u> Address <u>9104 Industry Dr</u> City <u>MANASSAS</u> State <u>VA</u> Zip Code <u>20111</u> License No. <u>30083</u> Phone <u>1-888-257-0007</u> Fax _____
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Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

W. G. Munnick For DORIS A. MICHON
 Applicant's Signature Blue Haven Pools Print Name Blue Haven Pools
Blue Haven Pools Date 4/10/02
 Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

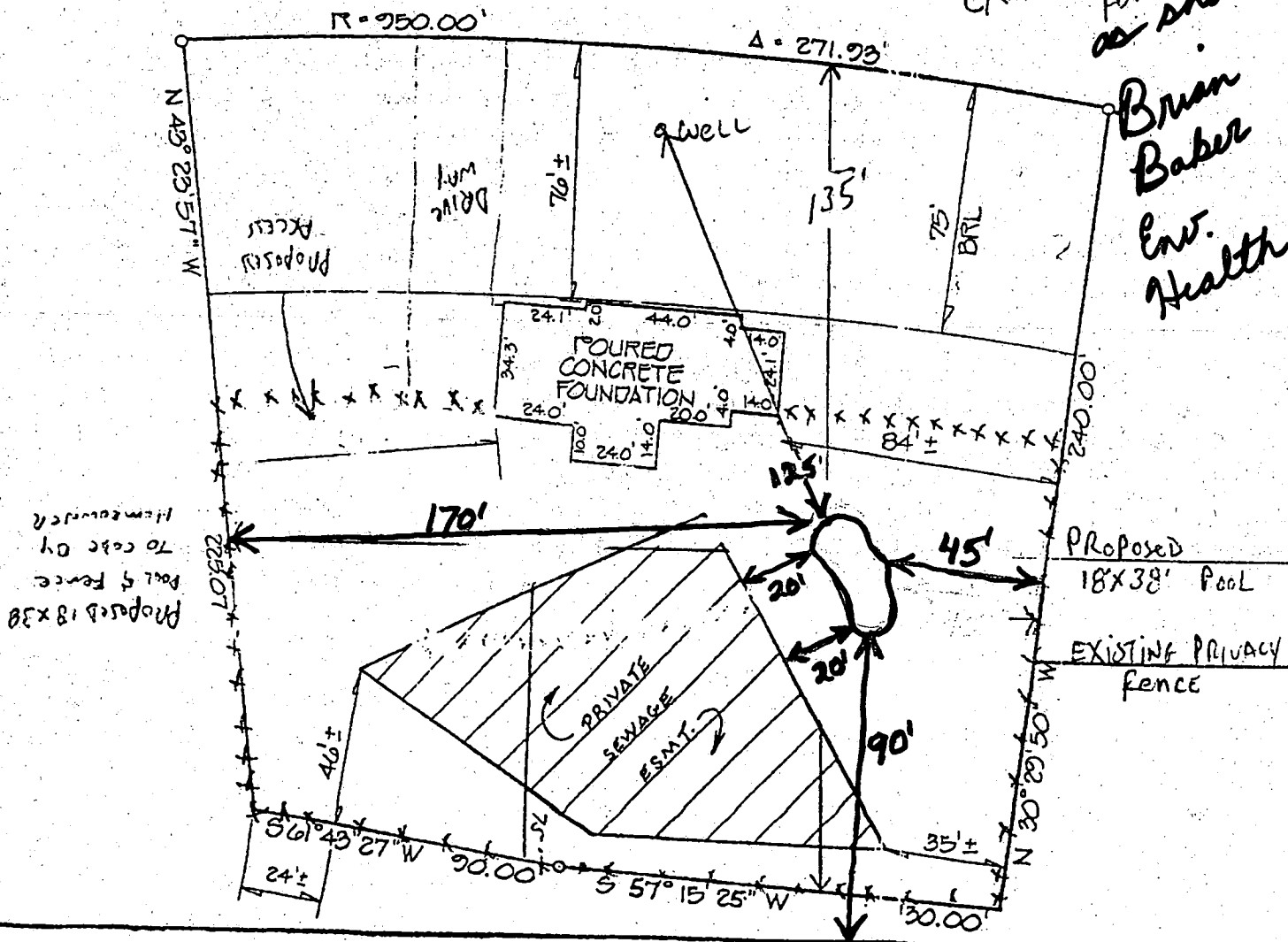
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Sub-total paid \$ _____
Health	<u>4/10/02</u>	<u>Brian Baker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

B00135419
SCALE 1" = 50'

4/10/02
Proposed Pool
Location O.K.
EXISTING PRIVACY
fence
as shown.

STAPLETON DRIVE
(50' R/W)

Brian
Baker
Env.
Health



This is to certify that I have surveyed the property known as: LOT 6 OF WARFIELD ESTATES BLOCK "C"
RECORDED IN PLAT BOOK 29 FOLIO 77 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND
for the purpose of locating the improvements thereon, and the improvements are located as shown on this plan.

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
871 BALTIMORE NATIONAL PIKE, SUITE 100
ELLICOTT CITY, MARYLAND 21041
(410) 481-2925

Signed this 23 day of APRIL 2002
Charles A. Fisher
Professional Engineer
STATE OF MARYLAND
Professional Engineer
No. 10274
This plan is to be used only for the establishment of a permanent monument.