

8/19/96
anytime WPI
8/19/96
a.m. c/d.
8/20/96
1-2pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57046

A 50551B

DISTRICT 4th

DATE 8/24/96

DATE SYSTEM APPROVED 8/20/96

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED
04-356868

Richard K. Warner IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 306 Sykesville, MD 21784 PHONE 795-4275

SUBDIVISION Poplar Heights LOT 12-13 ROAD 17005 Frederick Road (Rt. 144)

PROPERTY OWNER Richard K. Warner CESCO
t/a R.K. Warner, Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 175' down the left lot line and 10' off this same lot line as seen when facing the lot from Rte. 144. Run trenches

NOTES - on contour towards the front of the lot.
Maintain at least 100' separation between well and all parts of septic system.
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Amy Mcmillen REVISED _____ DATE 5/9/96

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

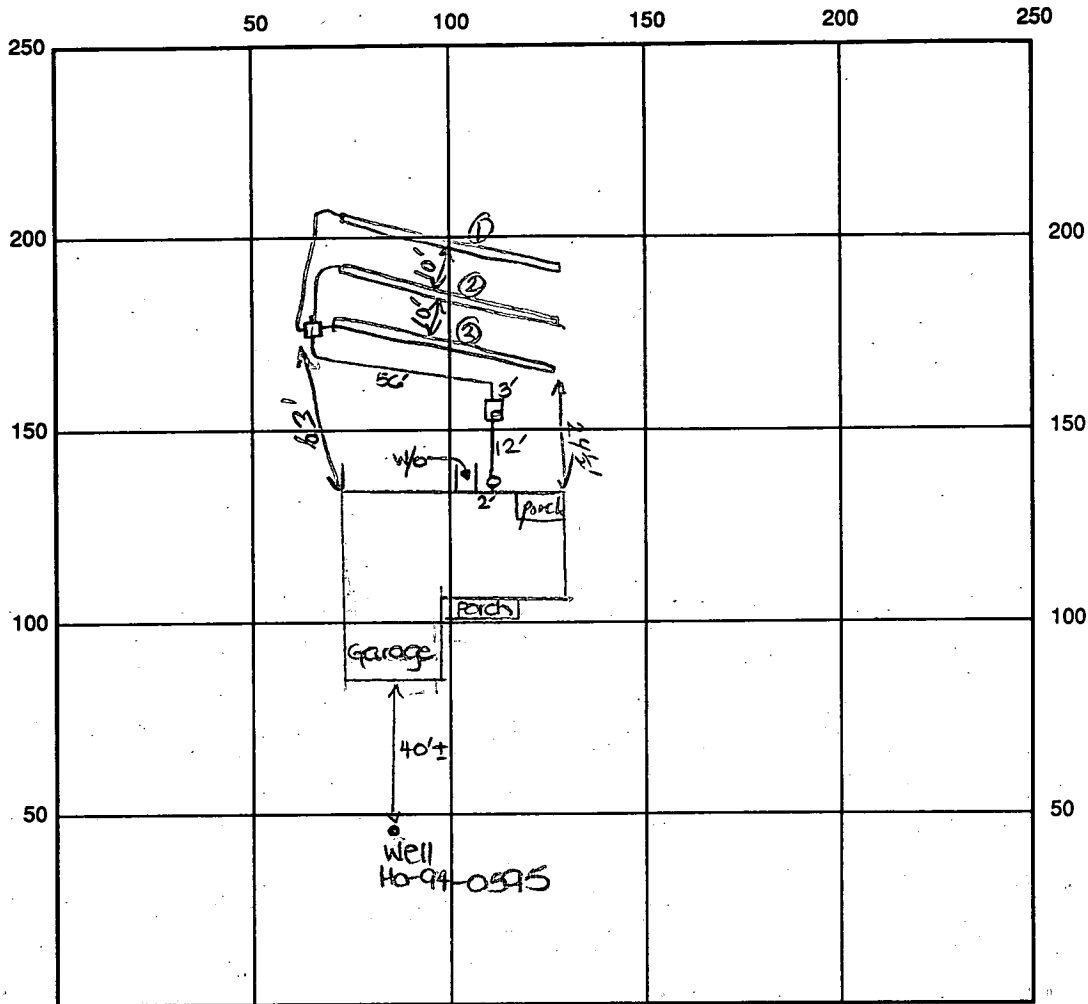
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Frederick Road

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one at house, one on st.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 1 2 3 70/70/70 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/19/96 OK to continue work. DKS

OK to cover Trenches 8/20/96

8/19/96 well line covered. P.A. 4' below grade. Casing 2' above grade.

DATE SYSTEM APPROVED 8/20/96 INSPECTOR PPH

(well line steamed under driveway.) OK to cover. DKS

APPLICATION

PERCOLATION TESTING

A 50551 B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4

DATE 2-28-95

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 Richard K. Warner
~~The Estate of Herman M F Haines, Laurel Haines Whitley and Dawn H. Thomas~~

ADDRESS 7801 Moorland Lane, Bethesda, MD 20814 PHONE _____

AGENT OR PROSPECTIVE BUYER Richard K. Warner, t/a R. K. Warner, Builders

ADDRESS P O Box 306, Sykesville, MD 21784 PHONE 410-795-4275

PROPERTY LOCATION:

SUBDIVISION Poplar Heights LOT NO. Lts 12 + 13

ROAD AND DESCRIPTION Located at (17005 Rt 144, Lisbon, MD)

TAX MAP 7 PARCEL # 16

SIZE OF LOT 0.6886 TYPE BLDG. Single Family Dwelling - 3 Brms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 5/9/96

Serial # 64834

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. Richard K. Warner
(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

APPLICATION

PERCOLATION TESTING

A 50551A-C

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Poplar Heights Springs LOT NO. 10/11, 12/13, 14/15

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

50551A-C
COUNTY #

SOIL PROFILE

0' 21
1' topsoil
red br
cl 1m

red br
si cl 1m
w/frags

10.5'

0' 22
1' topsoil
red br
cl 1m

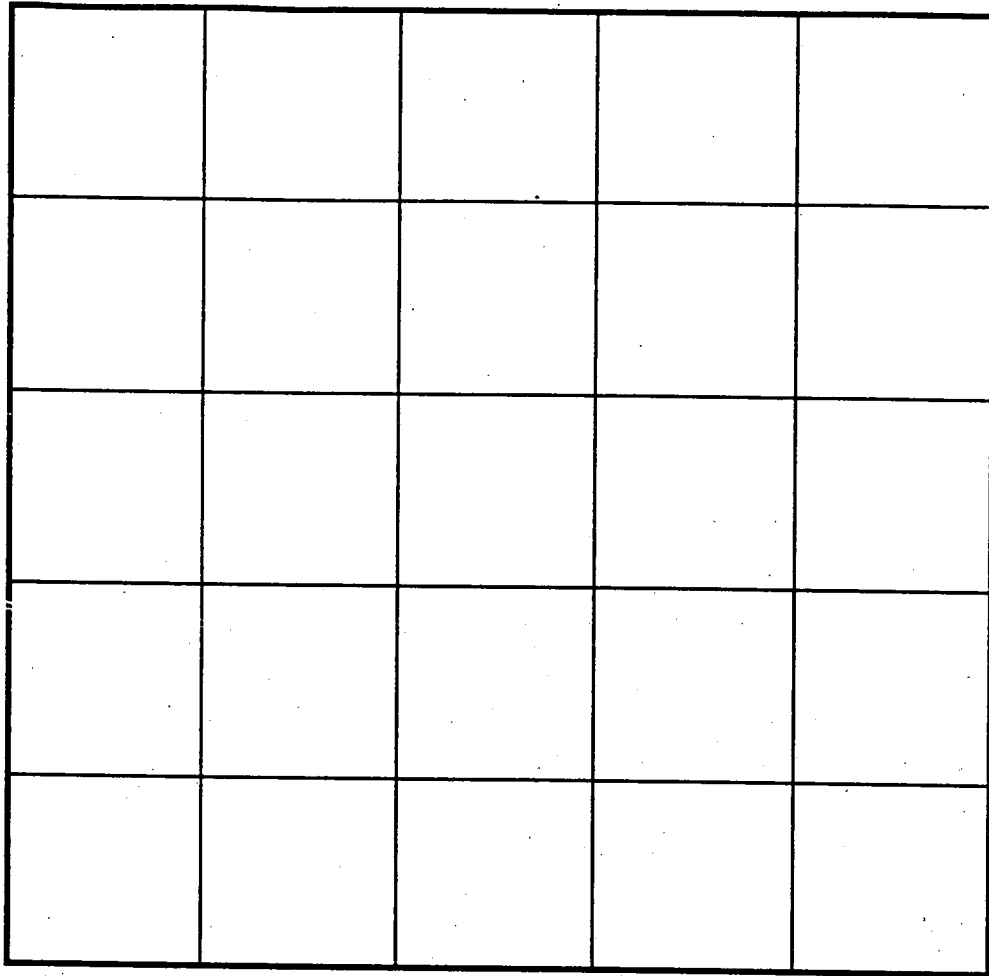
or red
br si
cl 1m
w/frags

11.5'

0' 23
1' topsoil
red br
cl 1m

or red
br si
cl 1m
w/frags

10'8"



SOIL PROFILE

0' 24
1' topsoil
red br
cl 1m

or red
br si
cl 1m
w/frags

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-17-95	21	6'3"S 10.5'D	10:35 ₃₀	10:40 ₃₀	10:40 ₃₀	10:48	8	
	22	5.5'S 11.5'D	10:59 ₃₀	Test not completed due to rain				
	23	10'8"D	Visual					
	24	12.0'D	Visual					

REMARKS Heavy rain

TYPE OF SOIL _____

TESTED BY D. Soe / CW ALSO PRESENT owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 2954

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 50551 B

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 07 17 95

Depth of Well 302 (TO NEAREST FOOT)

PERMIT NO. HD-94-0595

OWNER: Warner Builders last name first name TOWN: Lisbon SUBDIVISION SECTION LOT 12/13

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Clay, Soft Br. Shale, Hard Blue & Br. Shale, Br. Shale, Blue Schist, Opening, Blue Shale.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) S T 6 64

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

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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO 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

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. 256

DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 256

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

DEPTH (nearest ft.) HO 302 64

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 52 ft.

WHEN PUMPING 147 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 (CIRCLE) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

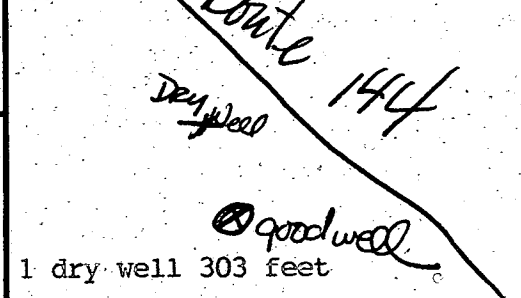
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

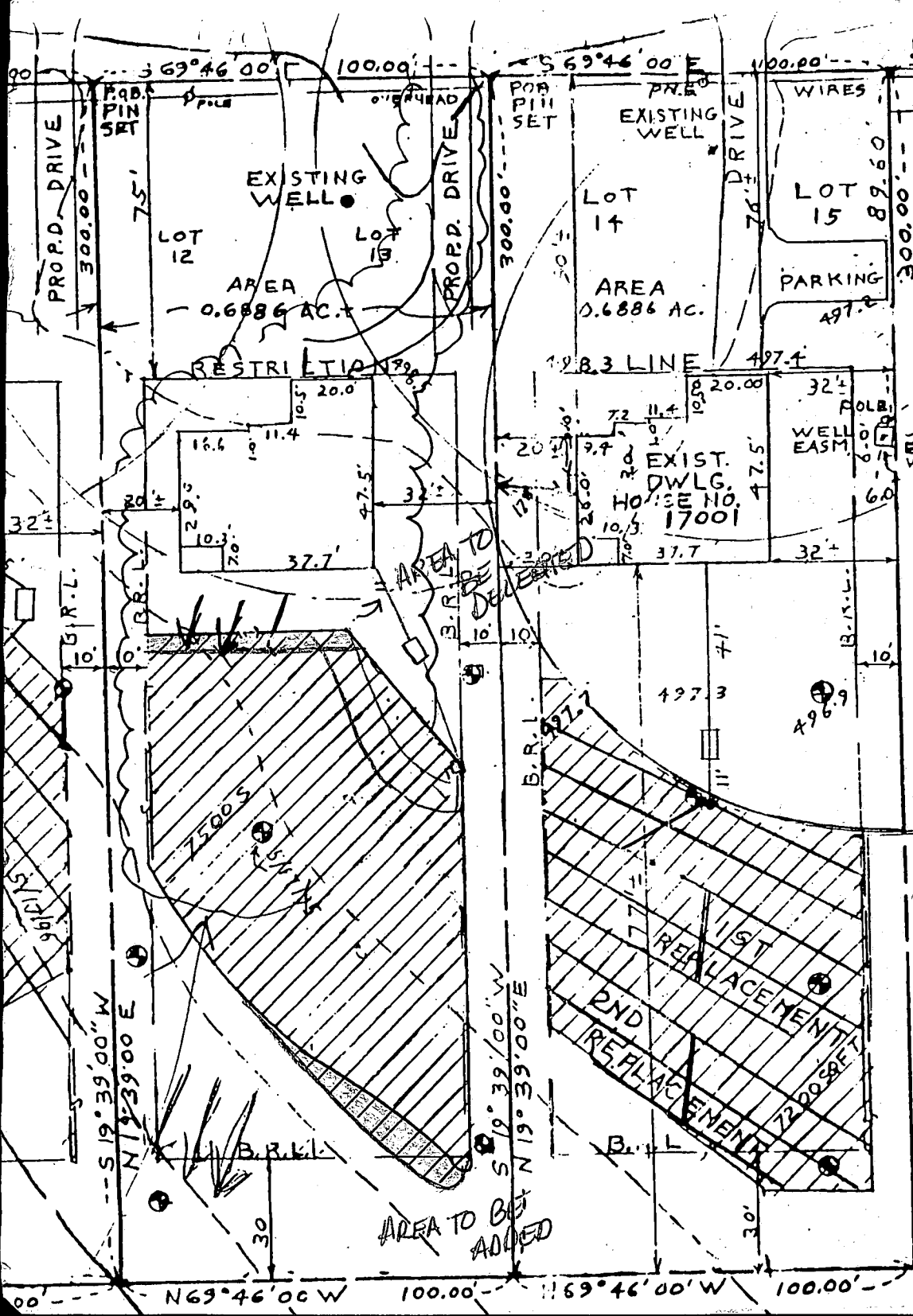
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





5/19/96 By copy of
 this plan the health
 Dept. accepts this
 modification to the
 recorded sewage PL
 easement

LOT 10 & LOT 11

EXIST, GRN. AT DISTR. BOX	494.00	447005
INV. IN DISTR. BOX	492.00	
INV. OUT OF SEPTIC TANK	492.30	
INV. INTO SEPTIC TANK	492.70	
INV. OUT OF DWELLING	492.90	
FIRST FLOOR ELEV.	499.00	
CELLAR ELEV.	490.00	
WELL ELEV.	497.80	
NO. OF BEDROOMS	3	
ACREAGE	0.6886 AC.+	

LOT 12 & LOT 13

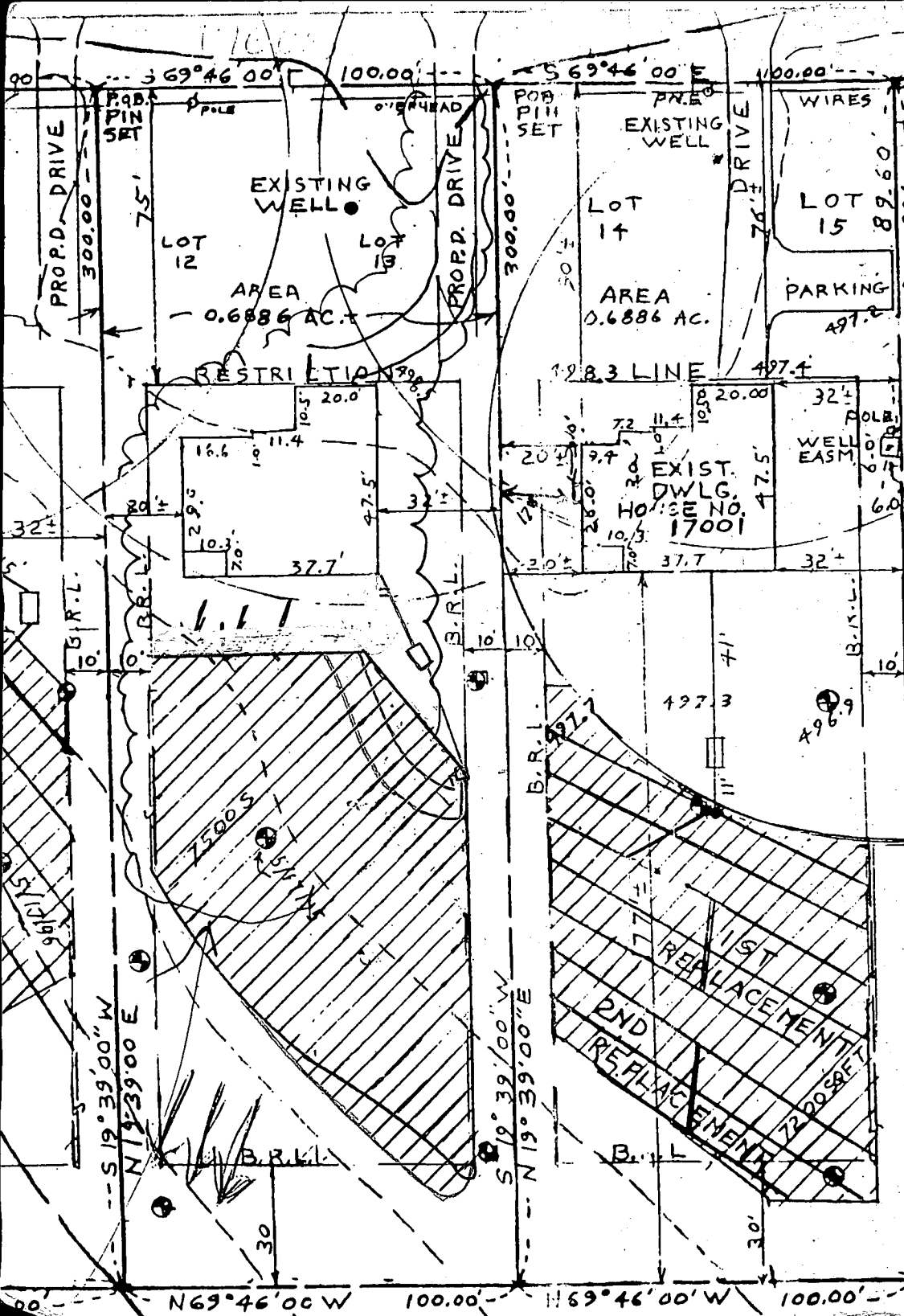
EXIST, GRN. AT DISTR. BOX	496.80	
INV. IN DISTR. BOX	494.80	492.0
INV. OUT OF SEPTIC TANK	495.04	492.6
INV. INTO SEPTIC TANK	495.44	493.0
INV. OUT OF DWELLING	495.62	493.4
FIRST FLOOR ELEV.	500.50	
CELLAR ELEV.	491.50	
WELL ELEV.	500.30	
NO. OF BEDROOMS	3	
ACREAGE	0.6886 AC.+	

LOT 14 & LOT 15

EXIST, GRN. AT DISTR. BOX	496.70	
INV. IN DISTR. BOX	494.70	
INV. OUT OF SEPTIC TANK	494.90	
INV. INTO SEPTIC TANK	495.30	
INV. OUT OF DWELLING	495.55	
FIRST FLOOR ELEV.	498.90	
CELLAR ELEV.	489.90	
WELL ELEV.	498.50	
NO. OF BEDROOMS	3	
ACREAGE	0.6886 AC.+	

I CERTIFY THE ABOVE
 AND ELEVATIONS ARE A

Approved Septic System Plan
Howard County Health Department



350 FT. to
ST. MICHAELS
ROAD

LOT 10 & LOT 11

EXIST, GRN. AT DISTR. BOX	494.00
INV. IN DISTR. BOX	494.00
INV. OUT OF SEPTIC TANK	492.30
INV. INTO SEPTIC TANK	492.70
INV. OUT OF DWELLING	492.90
FIRST FLOOR ELEV.	499.00
CELLAR ELEV.	490.00
WELL ELEV.	497.80
NO. OF BEDROOMS	3
ACREAGE	0.6886 AC.±

LOT 12 & LOT 13

EXIST, GRN. AT DISTR. BOX	496.80
INV. IN DISTR. BOX	494.80
INV. OUT OF SEPTIC TANK	495.04
INV. INTO SEPTIC TANK	493.0
INV. OUT OF DWELLING	495.62
FIRST FLOOR ELEV.	500.50
CELLAR ELEV.	491.50
WELL ELEV.	500.30
NO. OF BEDROOMS	3
ACREAGE	0.6886 AC.±

LOT 14 & LOT 15

EXIST, GRN. AT DISTR. BOX	496.70
INV. IN DISTR. BOX	494.70
INV. OUT OF SEPTIC TANK	494.90
INV. INTO SEPTIC TANK	495.30
INV. OUT OF DWELLING	495.55
FIRST FLOOR ELEV.	498.90
CELLAR ELEV.	489.90
WELL ELEV.	498.50
NO. OF BEDROOMS	3
ACREAGE	0.6886 AC.±

5/17/05
Signature
PL
ER: 212
LOTS 10
POPLAR H
PLAT BOOK
ELECTION
HOWARD
TAX MAP
PARCE

LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT APPLICATION

I CERTIFY THE ABOVE
AND ELEVATIONS ARE A