

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

313-2640

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

P 58592D

A 40791

DISTRICT 5th

DATE 7-31-97

8/14/97

KM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157

PHONE (410) 875-4197

SUBDIVISION The Warfields LOT 27 ROAD 14820 Sapling Way

PROPERTY OWNER Allen Erookhart and Maria Flopengia

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

BLDG PERMIT SIGNED

AND RETURNED 6-4-98

Serial # B70 112194
dick

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 165 feet down the right (250.33') lot line and 10 feet off this same lot line as seen when facing the lot from Sapling Way. Run trenches on contour towards the rear of the lot.

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 5-21-97

PLANS APPROVED BY Donna K. Soe

DATE 05/13/97

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 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.

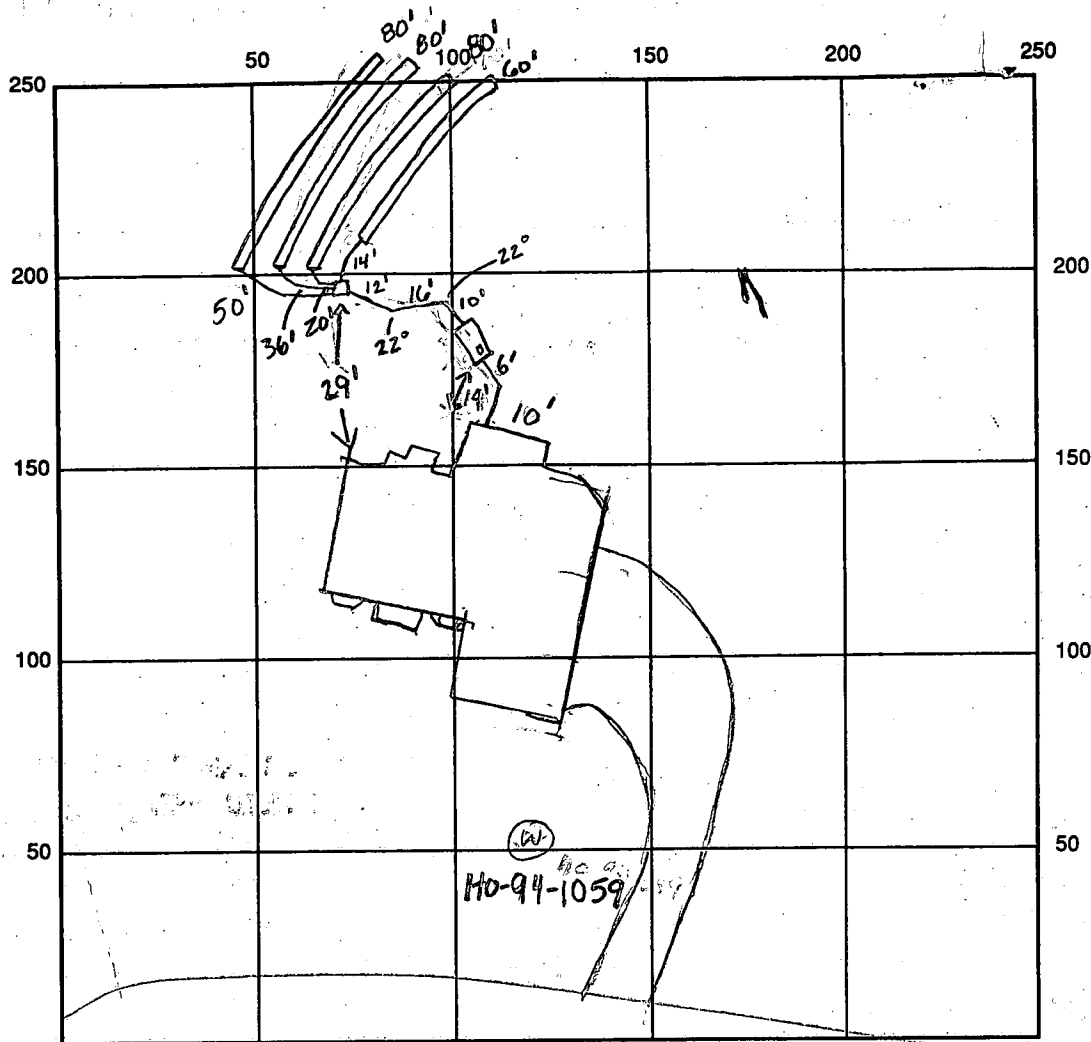
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 40791



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sapling Way

SEPTIC TANK LEVEL OK 1500 GAL CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 1x60 3x80 FT. → 300'

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

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT. SLIGHTLY

REMARKS: 8/12/97 HOUSE DIFFERS FROM APPROVED SITE PLAN THIS HAS OK,
CAUSED TANK TO BE PLACED IN WRONG LOCATION, CONTAINS MAY BE
A ~~PROPOSED~~ WORK - SP. M.T.C. W/ KENNY (CONTRACT) SITE MEETING,
DIST. BOX TO BE PLACED AS ORIGINALLY SPEC'D. TRENCHES TO WRAP AROUND, OK TO PROCEED.

PRESENT TANK LOCATION DIFFERS FROM SITE PLAN, TO BE APPROVED IN WRITING BY OWNER,
OR MOVED. 8/13/97 OK to continue w/ trenches only. (KM) 8/13/97 (pm) OK to cover trenches leave ends open. (KM)

DATE SYSTEM APPROVED 8/14/97 INSPECTOR Kimberly Maisto /DKS

8-14-97 OK to cover all work, Kenny spoke with builder who signed permit stating that the
septic tank is in a suitable location. (KM)

APPLICATION

PERCOLATION TESTING

A 40791

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/1/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Kennard Warfield Jr. ALLEN EROOKHART / MARIA FLOPENGIA

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sapling Range THE WARFIELD S LOT NO. LOT 27 Preliminary 26

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

14820 Sapling Way

TAX MAP 27 PARCEL # 56

BLDG. PERMIT SIGNED
AND RETURNED 5/13/97
Serial # B10105473

SIZE OF LOT 3 acres TYPE BLDG. SFD - 5 Brms
(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.

Myrdal Reil

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

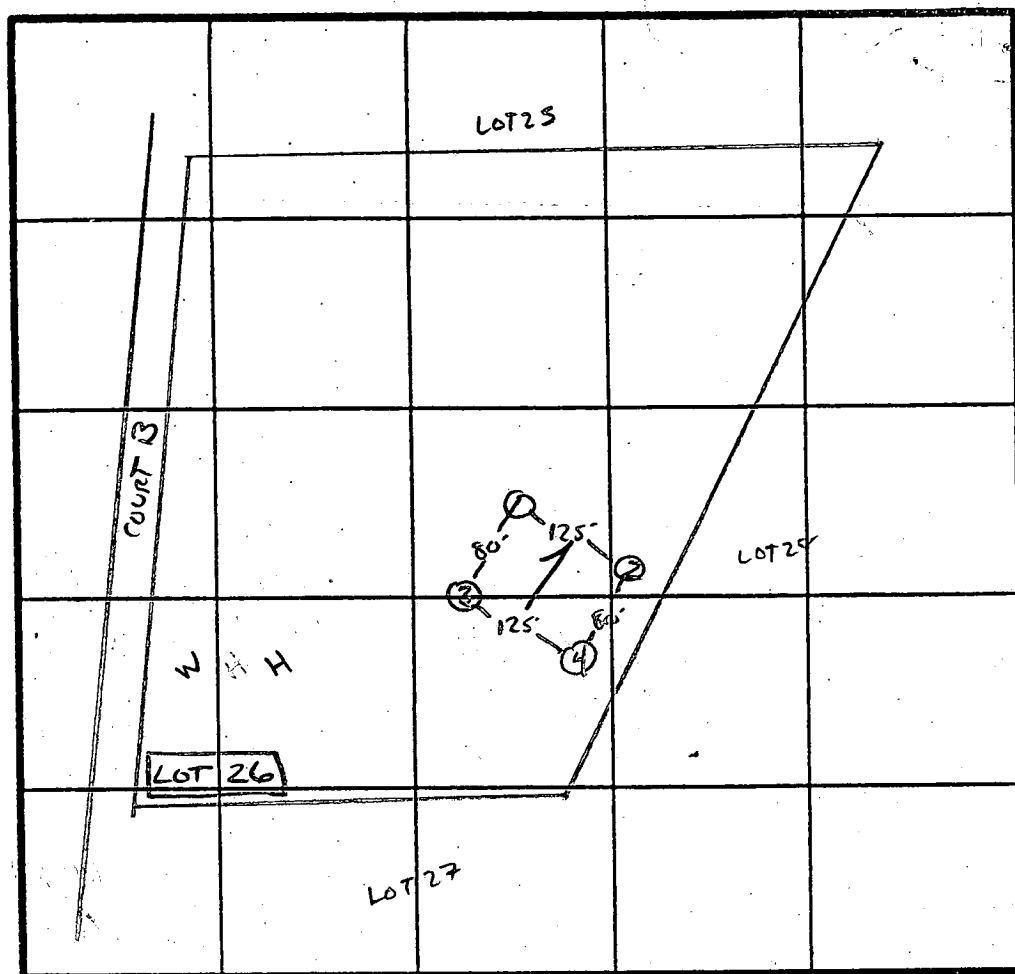
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-2-88 PERC SATISFACTORY - HOLD FOR SUBDIVISION P.A.T. S. Allen

THIS IS NOT A PERMIT

0"	AP
4"	Yell. BL Silty CLAY 10-15% FINE FRAGS w/ A SMALL LAYER OF OF QUARTZITE AT 4-5'
5- 5.5'	Yell BL. SILT LOAM 10-20% FRAGS.
13'	



X Perc
5 min
1800 10K
Inlet 4.5"
Bottom 6.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

↓, TO TRIADephia Rd.

[illegible]

REMARKS

Holes APPROX. PLAT

TYPE OF SOIL

CHASER GRADUALLY LAM / MANOR LAM.

TESTED BY

S. Asel

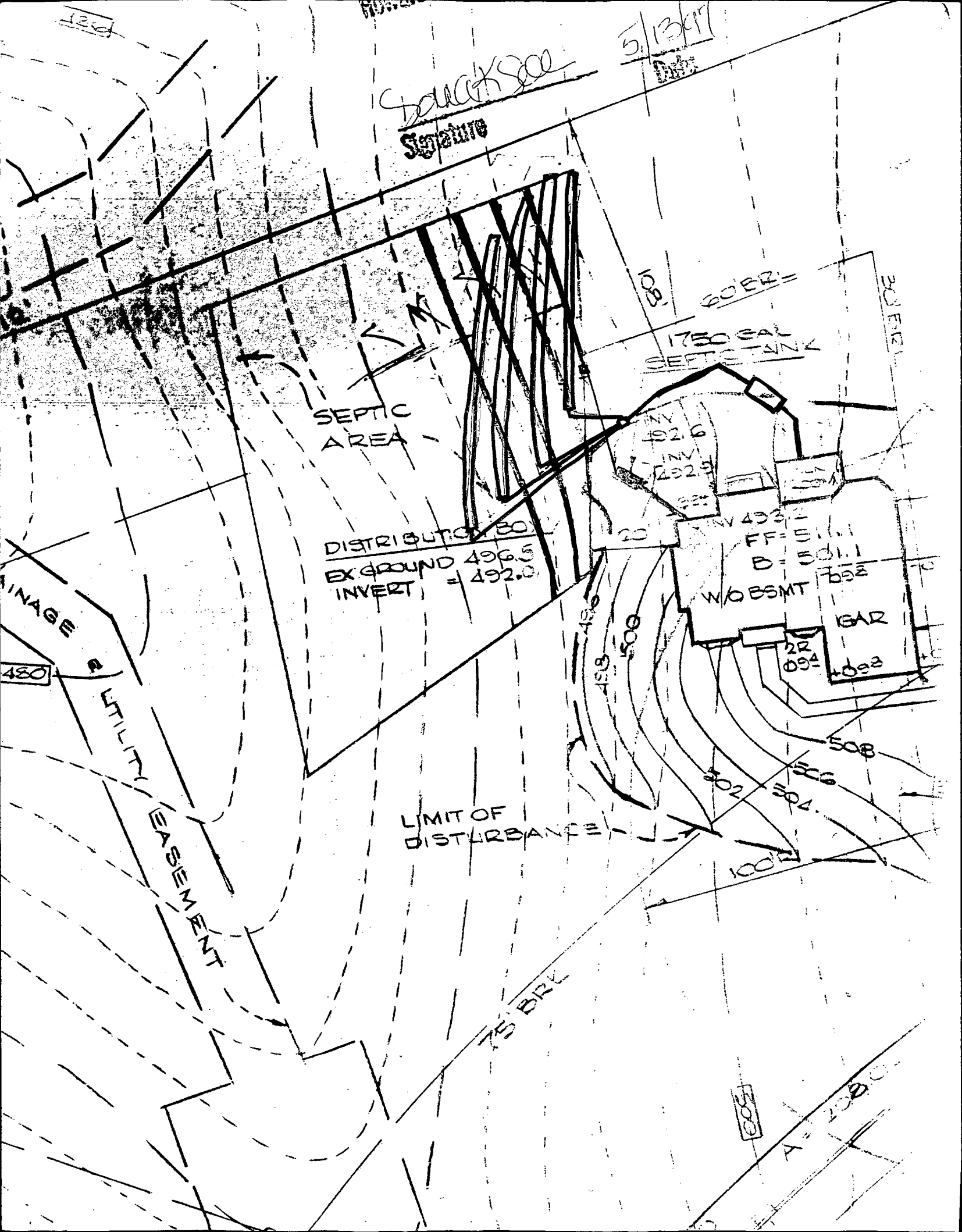
ALSO PRESENT

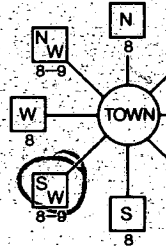
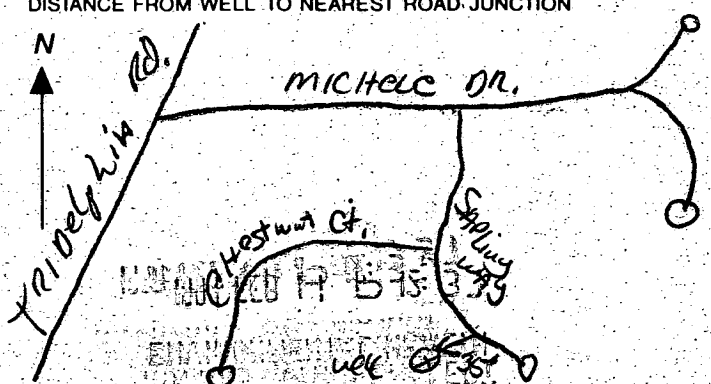
O-Ketten mm + 60
mark R.



5/13/97
Date

Charles K. Scott
Signature



B 1 8247 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE-USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-1059 <small>70 fill in this form completely 78</small>
Date Received (APA) 021197 <small>8 13</small> OWNER INFORMATION WARFIELD KEWARD <small>15 Last Name 34</small> 14663 TRIDELPHIA RD <small>36 Street or RFD 55</small> ALEMELG MD 21737 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <small>1 2</small> HOWARD <small>8 COUNTY 21</small> THE WARFIELDS <small>23 SUBDIVISION 42</small> SECTION 44 LOT 27 <small>44 46 48 50</small> ALEMELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph MAYNE <small>Driller's Name 77 License No. 80</small> Ralph MAYNE well Drilling <small>Firm Name</small> 9120 Brown Church Rd. Mt. Airy MD <small>Address</small> Ralph Mayne 2/10/97 <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD SAPLING WAY <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 37</small> 35 DISTANCE FROM ROAD ENTER FT OR MI 77 <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A-40791 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ DATE ISSUED 021497 Kim Minto 2/15/98 <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 513000 EAST GRID 0795000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 595 N 51953 <small>000 000</small>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN 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) APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE KM WRITE INITIALS IN BOX PERMIT NO. H0-94-1059 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C16577SEQUENCE 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
NUMBERA-40791

ST/CO*USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
08 25 97

Depth of Well
22 265 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94-1059
28 29 30 31 32 33 34 35 36 37

OWNERWarfield
last name
STREET OR RFDKenard
first name
SUBDIVISIONThe WarfieldsSECTIONTOWNBlowing RockLOT27

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)FEETcheck
if water
bearingFROMTO

Top Soil02
Sandy240
Sandstone4050
MICKA5095
Sand Stone95100
MICKA100265

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS454614NO. OF POUNDS145461400
GALLONS OF WATER84
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to30+ft.
48 TOP 52 54 BOTTOM 58
(enter, 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
STSTEELCOCONCRETE
PLPLASTICOTOOTHER
MAIN CASING
TYPEPL
Nominal diameter
top (main) casing
(nearest inch)6
Total depth
of main casing
(nearest foot)54
60 61 63 64 66 70

OTHER CASING (if used)
diameter
inchdepth (feet)
fromto
EACH
CASING

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STSTEELBRBRASS
PLPLASTIC
HOOPEN
HOLE
OTOOTHER

C2DEPTH (nearest ft.)
14052265
EACH
CASING
2232426303236
3383941454751
SLOT SIZE 123
DIAMETER
OF SCREEN(NEAREST
INCH)
5660
fromto

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.)WQ
7072747576
TELESCOPE
CASINGLOG
INDICATOROTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour)3
89
PUMPING RATE (gal. per min.)10
METHOD USED TO
MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING30
1720ft.
WHEN PUMPING41
2225ft.
TYPE OF PUMP USED (for test)
AairPpistonTturbine
272727
CcentrifugalRrotaryOother
272727
(describe
below)
JjetSsubmersible
2727

PUMP INSTALLED
DRILLER WILL INSTALL PUMPYESNO
(CIRCLE) (YES or 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 2929
CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH
(nearest ft.)4347
CASING HEIGHT (circle appropriate box
and enter casing height)
+above
-below
LAND SURFACE2(nearest
foot)
495051

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)
Prop. Line
Road
well 35'

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

8/13/97
WPI - well line ok to
cover
P.A. 4.0' below grade
casing 2.5' above grade
has 2 piece
cap (KM)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date 8/13/97

Name of Installer Lennon Plumbing + Heating

Telephone 781-6405

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Kennard Warfield

Telephone _____

Subdivision The Warfields Lot # 27

Well Tag # HO-94-1059

Site Address 14820 Sapling Way

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____

2. Make _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No _____

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower _____

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 _____

Pitless Adapter

1. Make Harvard

2. Model # _____

3. Depth 160'

Tank

1. Capacity _____

2. Pressure relief valve? _____

Piping

1. Type _____

2. Size _____

3. NSF and/or BOCA Code approved _____

4. Depth of supply line _____

Well data

1. Depth 265 ft.

2. Yield 10 GPM

3. Static water level 30 ft.

4. Will water supply be disinfected by installer? _____

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: _____

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

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
1998 JUN -4 P 12:15



N 20° 07' 30" E

S 16° 14' 30" E

6/14/98
How to Health Dept
Back a garage
To water & septic
Boiler 12/19
Boiler 12/19
Boiler 12/19

SAPPLINGWAY

SEPTIC AREA

20

EXISTING
SPD

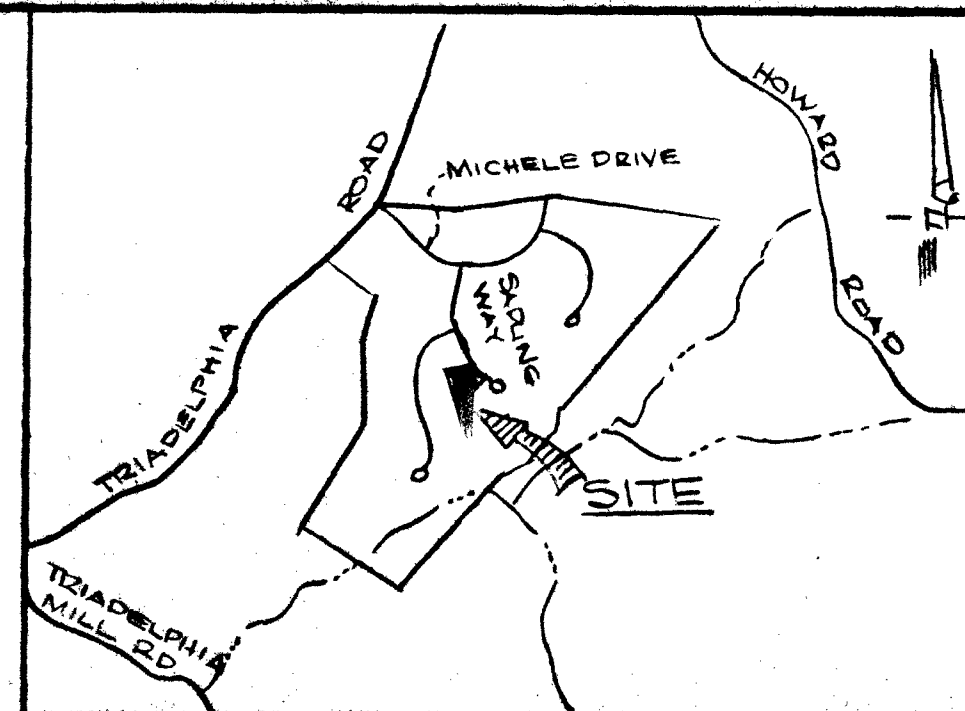
S 82° 47' 10" W

DESIGNER: M.Hendricks

SHEET
S1

AMERICAN DECK INC.
(410) 254-7360

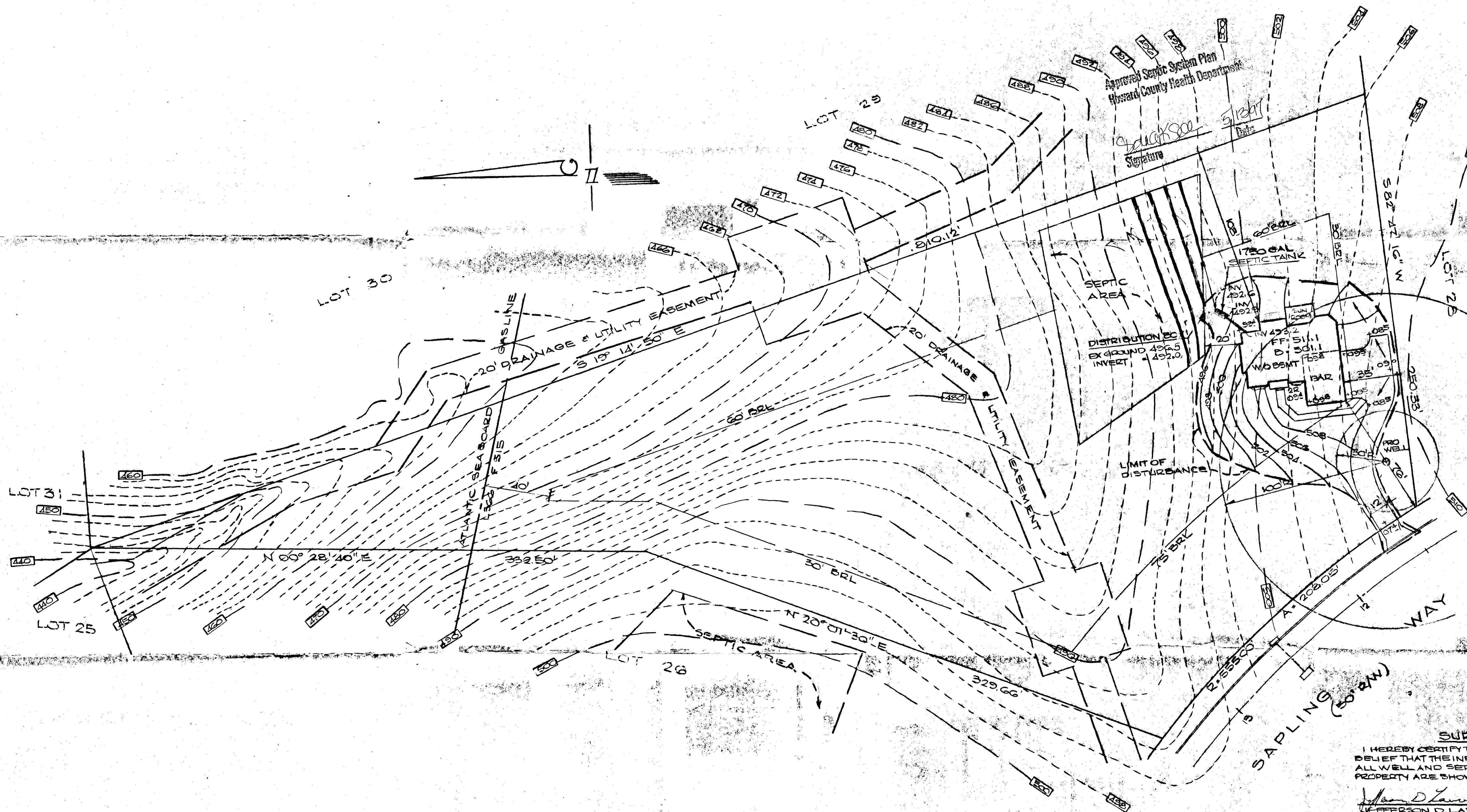
PROJECT:
ALLAN & CHERRY
BROOKHART



VICINITY MAP

GENERAL NOTES

1. PROPERTY ZONED "R" PER 8/2/85 COMPREHENSIVE ZONING PLAN
2. PROPOSED USE: SINGLE FAMILY DWELLING
3. TOPOGRAPHY FROM APPROVED PRELIMINARY PLAN
4. NUMBER OF BEDROOMS 5
5. DISTURBED AREA - 15 200 SF
6. LENGTH OF SEPTIC SYSTEM TO BE DETERMINED AT TIME OF BUILDING PERMIT APPLICATION



SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION SHOWN HEREON IS CORRECT. ALL WELL AND SEPTIC SYSTEMS WITHIN 100 FEET OF THIS PROPERTY ARE SHOWN ON THIS PLAN.

Jefferson D. Lawrence 4-23-97
JEFFERSON D. LAWRENCE DATE
MD PROFESSIONAL LAND SURVEYOR N° 5216

APPROVED

FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS FOR HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER DATE

APPLICANT

THE GRIFFMORE GROUP
10079C WINDSTREAM LANE
COLUMBIA MD 21044
ATTN: STEPHEN P. GRIFFIN
(410) 908-4743

SITE PLAN
LOT 27

THE WARFIELDS

FIFTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

PLAT N° 9587 TAX MAP 27 PARCEL 56-114

O'Connell & Lawrence, Inc.

17904 Georgia Avenue
Suite 302
Olney, Maryland 20832
301-924-4570
Fax 301-924-5872

DESIGNER R.M.T.	SHEET 1
DRAWN R.M.T.	OF 1
DATE APRIL, 1997	JOB No. 840-001
SCALE 1" = 30'	

N°	DESCRIPTION	DATE
	REVISIONS	