

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511524 A

A 49482-F

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX

410-313-2640

04-357000

INDEXED

DATE 4/19/99

DATE SYSTEM APPROVED 4/28/99

INSPECTOR S.R.K.

Gartland Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1835 West Old Liberty Road Westminster, MD 21157 PHONE (410) 875-2400

SUBDIVISION Warfields Grant LOT 8 ROAD 3109 Spring House Court

PROPERTY OWNER Carrigan Homes, Inc. RANDALL FOSSUM

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

\*\*\*MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK\*\*\*

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 125 feet up the left (289.77') lot line and 20 feet off that same lot line as seen when facing the lot from Spring House Court. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/15/99 DLS

PLANS APPROVED BY Amy McMillen/Donna K. Soe

DATE 06/11/98

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. 4/9/03 B00141127 INGROUND POOL

NO J. PERMIT SIGN'D

AND RETURNED 5-25-99

Serial # B00118033

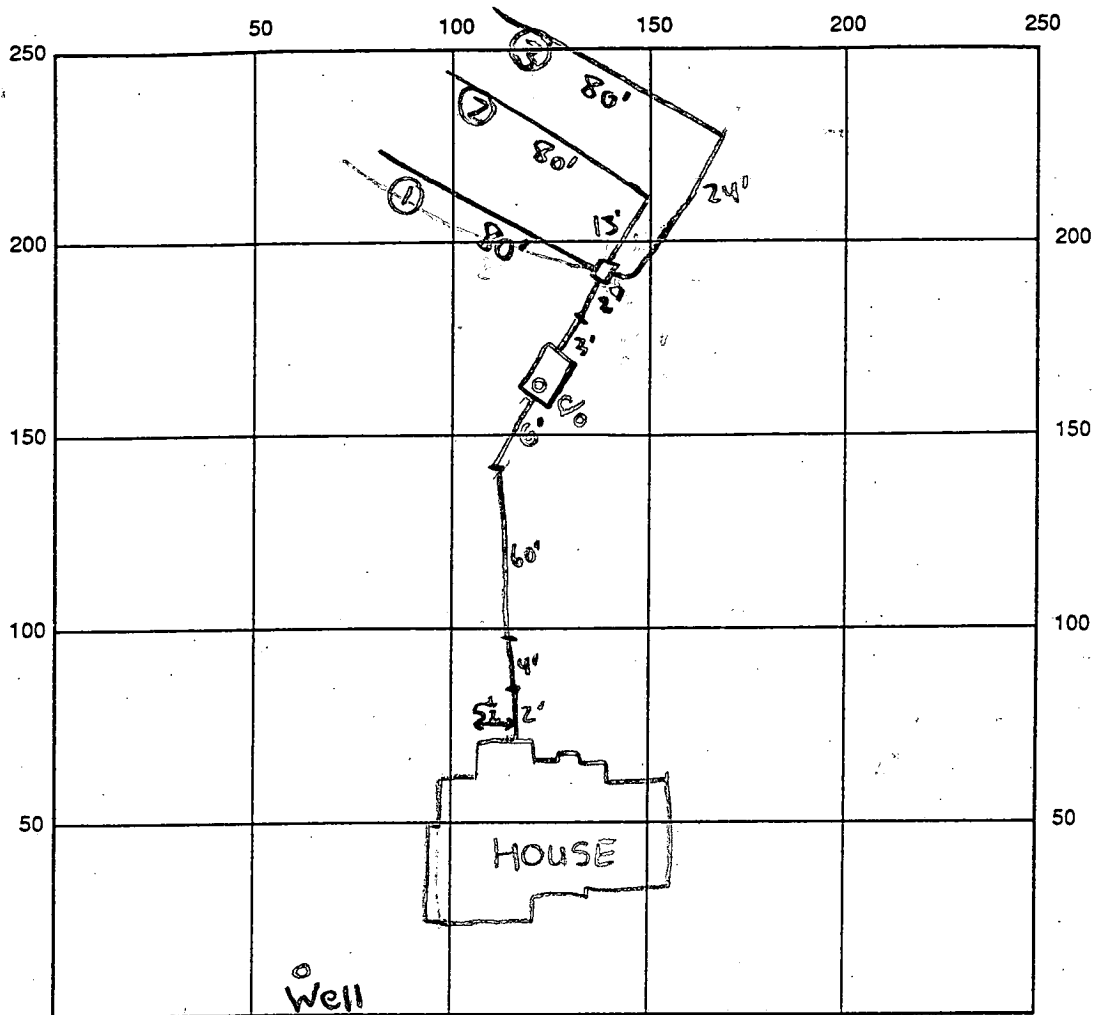
Inst. Under personal lock

NO J. PERMIT SIGN'D

AND RETURNED 10/10/01

B00132740. Porch

A 49482-F



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 SPRING HOUSE COURT

SEPTIC TANK LEVEL 1250 mid seam CLEANOUTS 1- 6" cleanout @ tank, 1- Manhole access at tank

DISTRIBUTION BOX LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ~~80~~ 112/13 FT. (240 total)

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: OK TO COVER 4/28/99 S.R.K.

WPI OK 4/28/99 S.R.K.

DATE SYSTEM APPROVED 4/28/99 INSPECTOR Steven R. Krieg

# APPLICATION

PERCOLATION TESTING

A 49482 F

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 ~~MARK KERRY~~ CARRIGAN HOMES  
1/4 Ronald B. Carter

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

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

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

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 8

ROAD AND DESCRIPTION Daisy Road (3109 Spring House Court)

**BUDG. PERMIT SIGNED**

**BUDG. PERMIT SIGNED**

**AND RETURNED**

**AND RETURNED**

TAX MAP 13 PARCEL # 128 Serial # B70115989 Serial # B70112216

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Bdr.  
(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

COUNTY #

### SOIL PROFILE

65

Red  
CL

ven rock

Red  
SL  
yellow  
streaks

1

tan Sil

red CL

SMICL  
Red turn

P	TIME
	7:30 AM

[illegible]

0	8

730mm
1

see 2nd page for  
additional detail

Lot G	Lot F	Lot E
-------	-------	-------

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/23/73	59	<del>V12</del> 5	11:19	11:42	11:42	←	Redo
		<del>V12</del> 9	11:19	11:22	11:22	11:30	8
	60	<del>V12</del> 5	12:25	12:43	12:43	<1" in 30 min	
	60	<del>V12</del> 5	12:32	12:34	12:34	12:40	6
	61	<del>V11 1/2</del> 5	12:35	12:37	12:37	12:42	5
	64	<del>V12 1/2</del> 6	1:56	1:58	1:58	2:00	2
		<del>V12 1/2</del> 10	1:56	1:59	1:59	2:02	3
	65	<del>V12</del> 5	2:24	2:28	2:28	2:38	10
		<del>V12</del> 8	2:23 <sup>45</sup>	2:34	2:34	2:58	24
↓ MANY REQUIRE LOT OF LINE ADJUST TO BE ORIENTED TO CONTAIN STRET TO ALLOW SPACIFIC AREA							

REMARKS Tests 54-56 are from A49482E, and 63 from A49482G.

TYPE OF SOIL 1/2 Glenelg, 1/2 Chester

TESTED BY Amy McMillon Cwell ALSO PRESENT Cissie/Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

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

# APPLICATION

PERCOLATION TESTING

A 49482 F

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 % Ronald B. Carter

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:

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ROAD AND DESCRIPTION Daisy Road

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

A49482F

COUNTY #

SOIL PROFILE

10' 57

SIL

2 red c

3 SMICL  
50%  
rock

12

58

red c

SL  
red/  
yellow  
50%  
rock

11

66

CL  
red

2

SMICL  
red

See page 1 for diagram

SOIL PROFILE

0' 62

red  
SIL

42 red c  
yellow  
streaks

5 SMICL  
red  
5-10%  
rock

11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	57	V12 5	11:07	11:09	11:09	11:13	4
		9	11:07	11:09	11:09	11:14	5
	58	V11 4 1/2	11:33	11:36	11:36	11:42	6
		8	11:32 <sup>30</sup>	11:33	11:33	11:35	2
	66	V11 5	12:15	12:15	12:15	12:18	3
		9	12:15	12:17	12:17	12:21	4
	62	V11 6	1:01	1:03	1:03	1:05	2
		9	1:01	1:02	1:02	1:04	2

REMARKS

TYPE OF SOIL

TESTED BY

am carlton

ALSO PRESENT

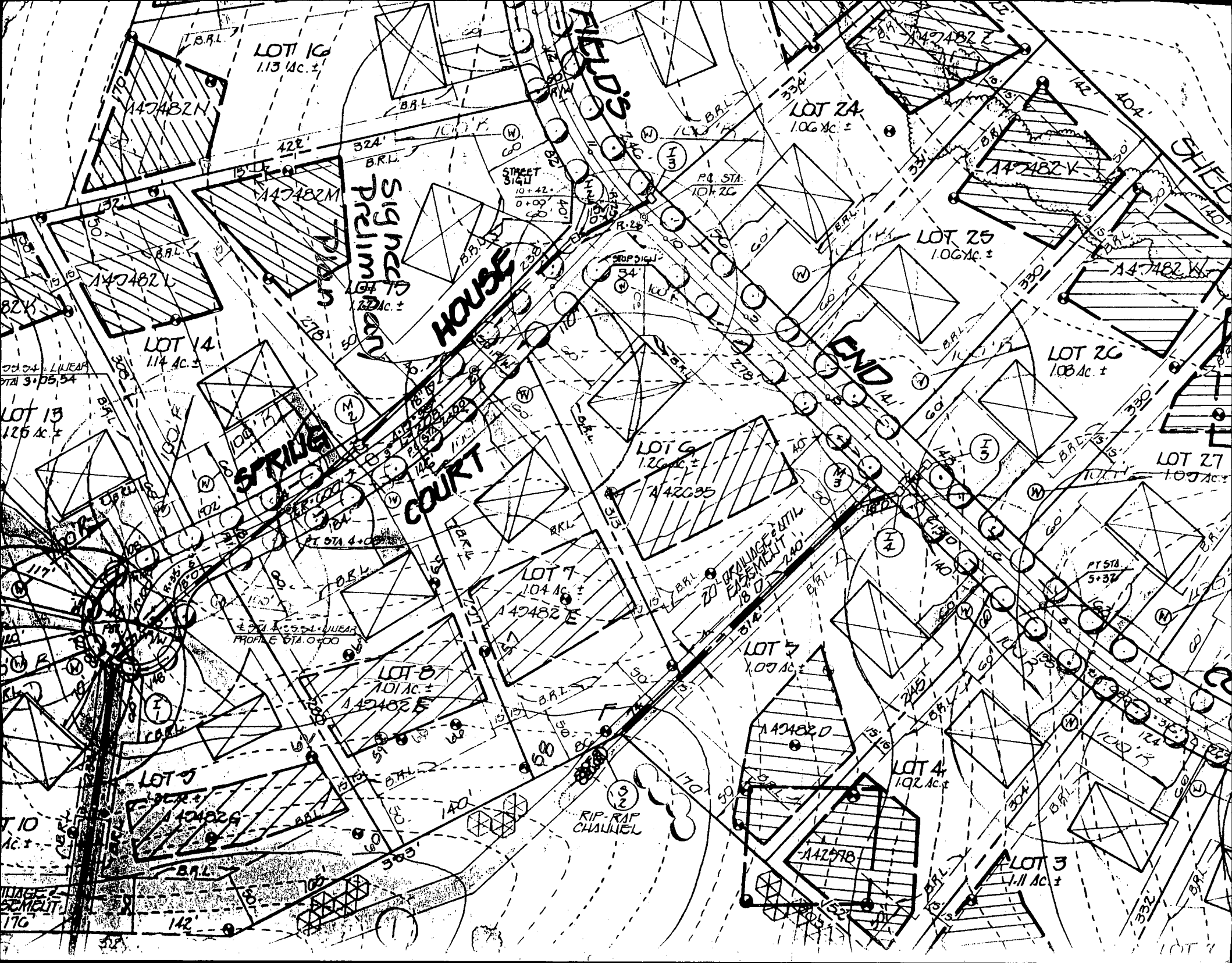
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

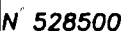
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



DATE POINT #  
CENTER POINT #  
PERCOLATION TEST LOCATION

CURVE	RADIUS	LENGTH
C-1	7145.68'	495.70'
C-2	7115.68'	493.62'
C-3	550.00'	273.64'
C-4	625.00'	214.08'



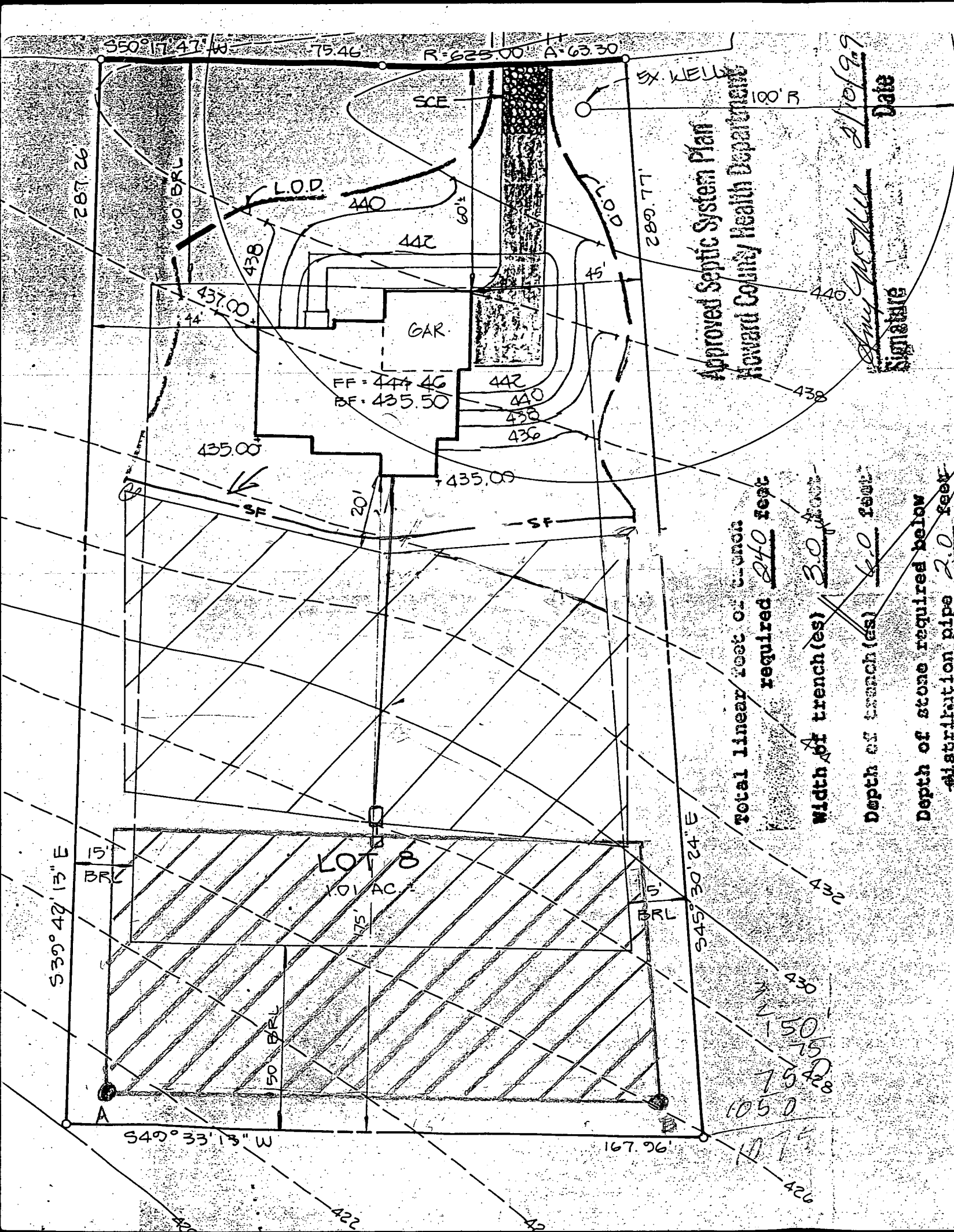
SEE DETAIL  
THIS SHEET

WARFIELD'S GRANT  
SECTION 2  
SEE SHEET 3 OF 5

copy of signed  
Final  
F-95-36

E 20' DRAINAGE & UTILITY  
 BASEMENT  
 97° 20' 07" W 121.26'





Approved Septic System Plan  
Howard County Health Department

Signature: *John C. Miller*  
Date: 2/10/99

VICINITY MAP  
SCALE 1"=2000'

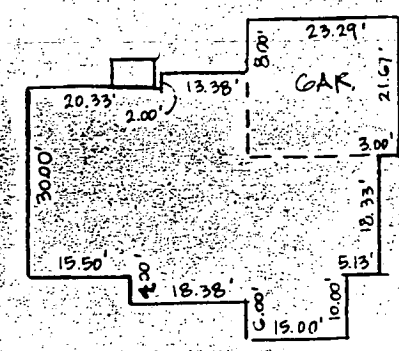
GENERAL NOTES

Inv. @ house	431.1
Inv. into septic tank	428.0
Inv. out septic tank	427.7
Inv. into trench	424.0
Ex. grade @ trench	428.0

Maintain a maximum of 2% grade  
10 feet prior to septic tank

6. THERE IS BASEMENT SERVICE TO SEPTIC SYSTEM.

Total linear feet of trench required 240 feet  
Width of trench(es) 30 feet  
Depth of trench(es) 4.0 feet  
Depth of stone required below distribution pipe 2.0 feet



PROPOSED RESIDENCE

2/10/99  
*John C. Miller*

GP-98-174

# APPLICATION

3/19/99  
Tuesday  
10:00

PERCOLATION TESTING

A 571402

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

2/10/98

Purpose is to  
revise septic  
easement  
AL

DISTRICT \_\_\_\_\_

DATE 2-9-99

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 Randall Fossum and Carmelita Dickerson

ADDRESS 5006 Marlborough Terr. Upper Marlboro, Md. 20772 PHONE H - (301) 627-6805  
W - (202) 720-2913

AGENT OR PROSPECTIVE BUYER Same

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Warfield's Grant LOT NO. 8

ROAD AND DESCRIPTION 3109 Springhouse Court, Woodbine, Md. 21797

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 1.01 Acres TYPE BLDG. Single family  
(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. Randall Fossum  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

## THIS IS NOT A PERMIT

HD-216 (3/92)

Feb 5, 1999 12:30 No. 009 P.01

TEL No. 4103132648

HOCD ENVHEALTH

COUNTY #

SOIL PROFILE

0'

A  
red  
brn  
SicILM

4.0

lgt  
brn  
SILM  
30%  
Saprolite

12.0

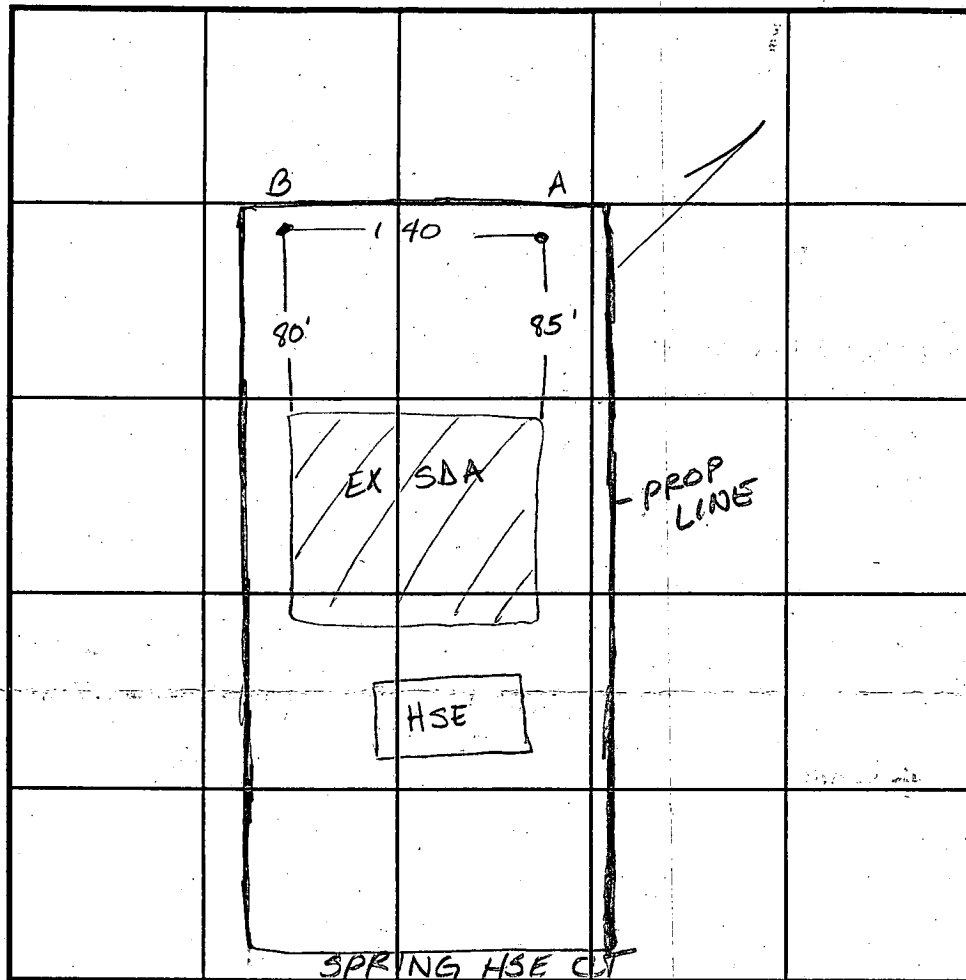
B

like  
A  
but  
40%  
Saprolite

11.5

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-8-99	A#B	Visual	to 12.0 - sec		profile —		OK

REMARKS

TYPE OF SOIL

1999 FE - 8 PH 3: 34

TESTED BY

Amy McMiller

ALSO PRESENT

owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

3.0

INLET DEPTH

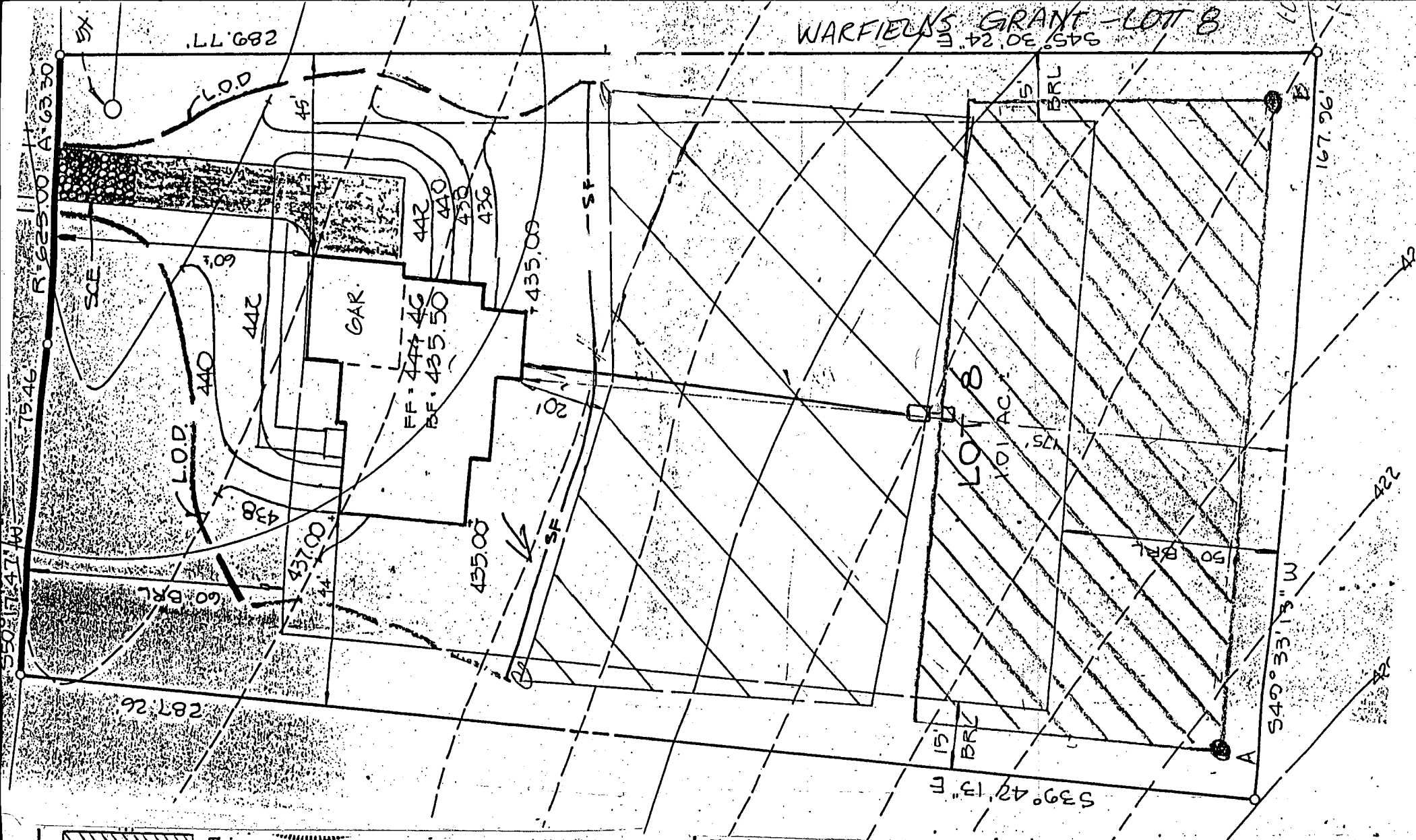
4.6


MAXIMUM BOTTOM DEPTH

6.0

SQ. FT./BEDROOM

180'

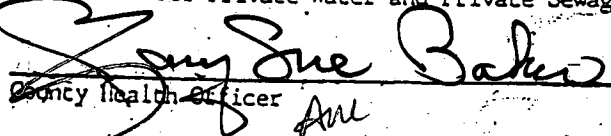


 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of The Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of The Environment  
Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

 3-26-99  
County Health Officer DATE

C105030

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  
NUMBERB-A49482 F

ST/CO USE ONLY  
DATE/Received  
MM/YY  
4/30/98

DATE WELL COMPLETED  
MM/DD/YY  
04/29/98

Depth of Well  
22 205 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-1532

OWNER Selbridge Builders

STREET OR RFD Spring House Ct

SUBDIVISION Warfield's Grant

SECTION 11

TOWN Daisy

LOT 8

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
Sandy	2	55
Sand Stone	55	60
MICKA	60	80
Sand Stone	80	85
MICKA	85	205

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 14 NO. OF ROUNDS 140

GALLONS OF WATER 84

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 ☐ CO  
☒ PL ☐ OT

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 68

OTHER CASING (if used)

diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

SCREEN RECORD

screen type or open hole  
(insert appropriate code below)  
☒ ST ☐ BR ☐ HO  
☐ PL ☐ OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ Y ☐ N

CIRCLE APPROPRIATE LETTER

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 LIC. NO. M S D 183

DRILLERS SIGNATURE Thaddeus Mayes

LIC. NO. M S D 183

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

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH) 5

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Buck

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 55 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 (YES) ☒ (NO) ☐

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

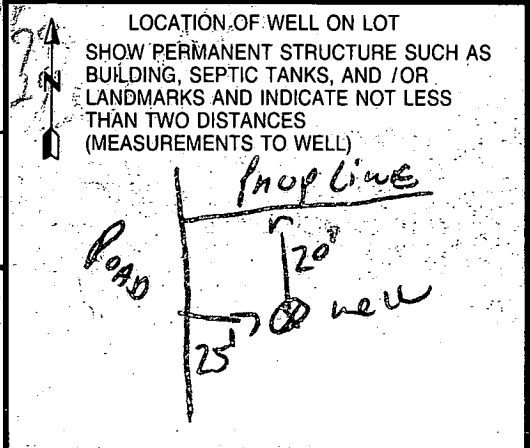
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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 49  
☐ - below 2 (nearest foot)



Well Permit No. HO - 94-1532  
Location of property (road) Spring House Cr  
Subdivision Warfield Grant Lot 8 Block      Plat      Sec. 11  
Well Driller R. Payne Owner Pellfridge Builders  
Depth of well 205'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 37

- Time pump started 8:00 Pumping rate 12 GPM  
Total time 15 min to reach pumping water level 55 ft. below M.P.

[illegible]

<b>B 1</b> 07301		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER H0-94-1532 <small>fill in this form completely</small>	
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>							
<b>OWNER INFORMATION</b> Date Received (APA) 092398 SELFRIDGE BUILDERS 15 Last Name 8 Owner 34 First Name 14045 GATED DR 36 Street or RFD 55 SLEWWOOD MD 21738 57 Town 70 State 72 Zip 1176				<b>LOCATION OF WELL</b> HOWARD 8 COUNTY 21 WARFIELD'S GRANT 23 SUBDIVISION 42 SECTION 2 LOT 8 44 46 48 50 DORISY 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78			
<b>DRILLER INFORMATION</b> Ralph MAYNE Driller's Name 77 License No. 80 RALPH MAYNE (well drilling) Firm Name 9126 Brown Church Rd. Mt Airy Address R.M. Mayne 4/22/98 Signature Date				<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 5 2 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20			
<b>USE FOR WATER</b> (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)				<b>HEALTH DEPARTMENT APPROVAL</b> Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 092398 43 48 CO SIGNATURE NORTH GRID 529000 EAST GRID 0779000 50 55 57 63			
APPROXIMATE DEPTH OF WELL 150 FEET 24 28				APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH			
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other				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 78999 N 58929 000 000			
<b>REPLACEMENT OR DEEPEMED WELLS</b> (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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N FIELDS ENOC Spring House Ct 25' well DORISY RD			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 53 54 63 FORCE 87 88 WRITE INITIALS IN BOX PERMIT No. H0-94-1532 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS			

COUNTY



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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer J. Jos. GATLAND, Inc.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner Carrigan Homes, Inc.

Telephone 410-463-7755

Subdivision Wardfields Grant

Lot # 8

Well Tag # \_\_\_\_\_

Site Address 3109 Springhouse CT.

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible ☒
2. Make Goulds
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ GPM

Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 ☒

Pitless Adapter

1. Make Hammond
2. Model # PT800
3. Depth 42"

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 \_\_\_\_\_

Tank

1. Capacity 42gal
2. Pressure relief valve? 7.5PSI

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth \_\_\_\_\_ ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? NO

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

2 piece cap OK  
conduit pipe OK  
pitless adapter OK  
adequate grout below  
pitless OK

Signature of Applicant: \_\_\_\_\_

WPI OK  
4/28/99 S.R.K.

Date: 4/8/99

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

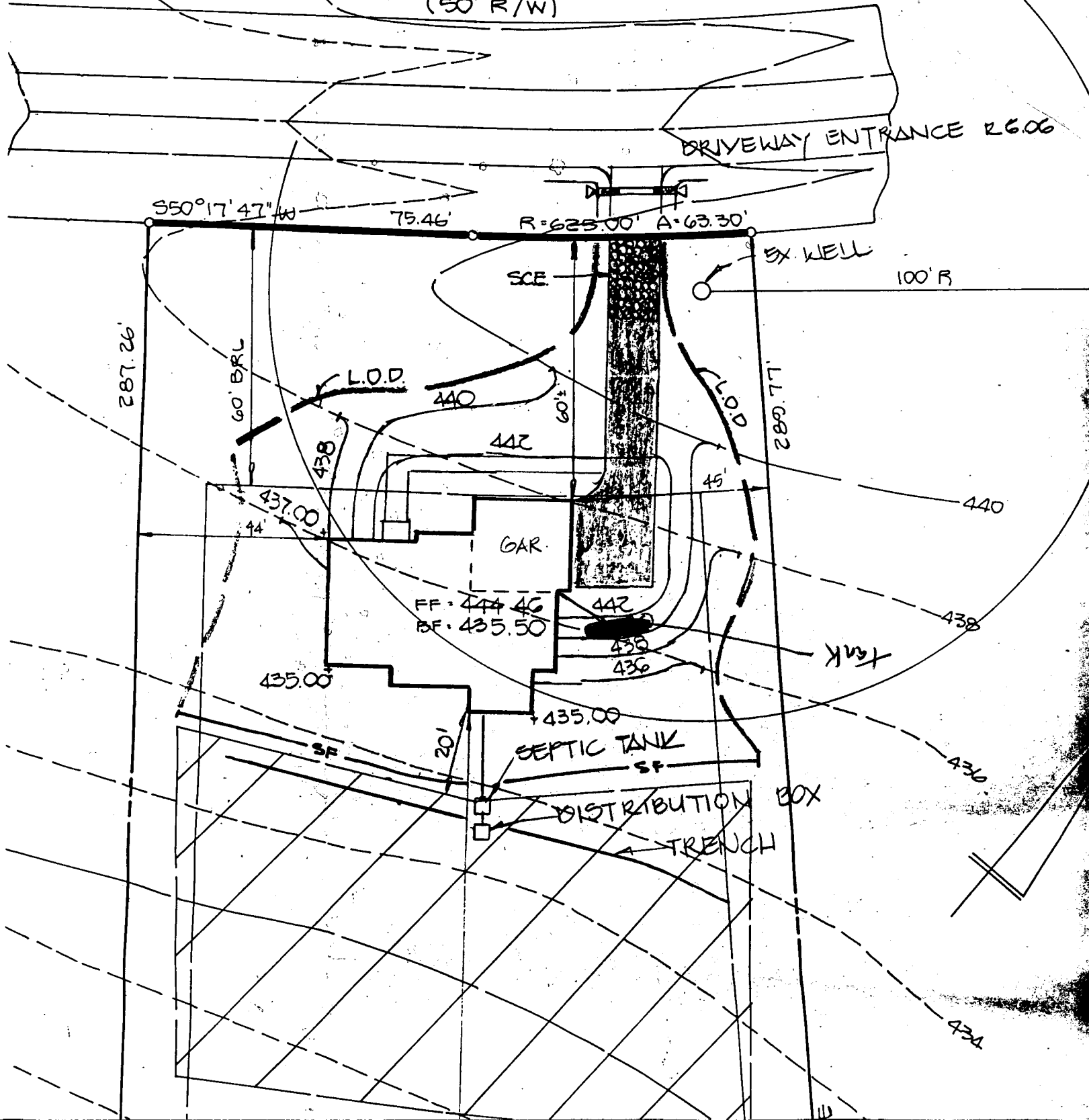


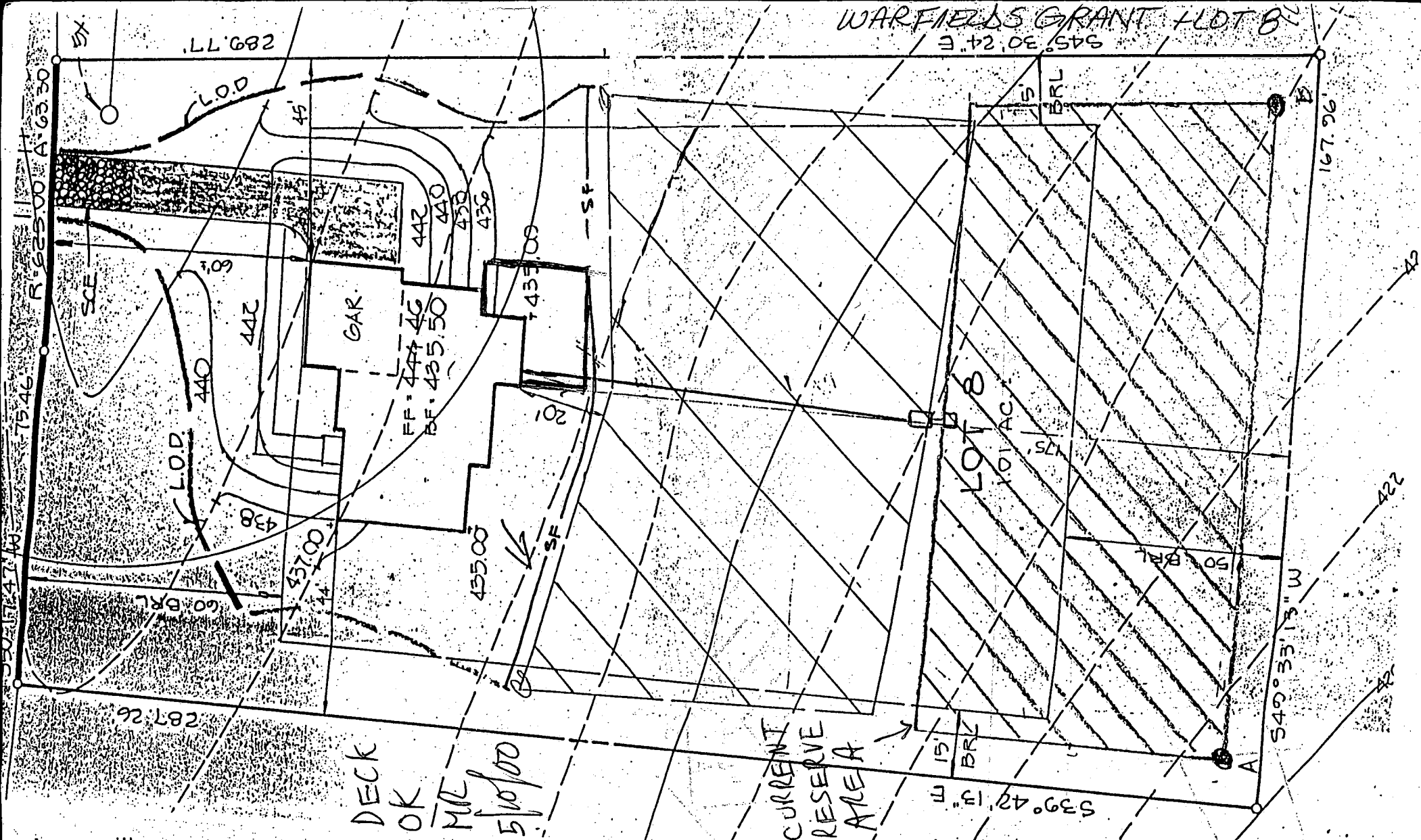
5/25/99

Proposed tank location  
OR as shown

# SPRING HOUSE COURT


(50' R/W)





DECK  
OK  
MIL  
5/10/00

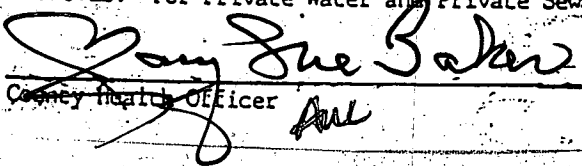

CURRENT  
RESERVE  
AREA

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of The Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of The Environment  
Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

 3-26-99  
County Health Officer  DATE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin:0;">HOWARD COUNTY</h2> <h3 style="margin:0;">PERMIT APPLICATION</h3>	<h3 style="margin:0;">PERMIT NUMBER</h3> <p style="font-size: 1.2em; margin:0;">B-00124100</p>
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Building Address <u>3109 Spring House Court</u> <u>Woodbine, MD 21797</u> Suite/Apt. #: _____ SDP/NWP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>W. Hill's Grant</u> Section <u>2</u> Area _____ Lot <u>8</u> Tax Map <u>15</u> Parcel <u>128</u> Grid <u>23</u> Zoning <u>RC-200</u> Map Coordinates <u>926</u> Lot size _____ Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>15,000</u> Description of Work <u>Deck (6'x12'x16'x27')</u> _____ _____ Occupant or Tenant <u>Randall Fossum</u> Contact Name <u>Same</u> Address <u>3109 Spring House Court</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410-899-1413</u> Fax _____	Property Owner's Name <u>Randall Fossum</u> Address <u>3109 Spring House Court</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410-899-1413</u> Work Phone <u>301-978-2113</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ Phone _____ Fax _____ Contractor Company <u>RA DUNN</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>RA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input 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	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" 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

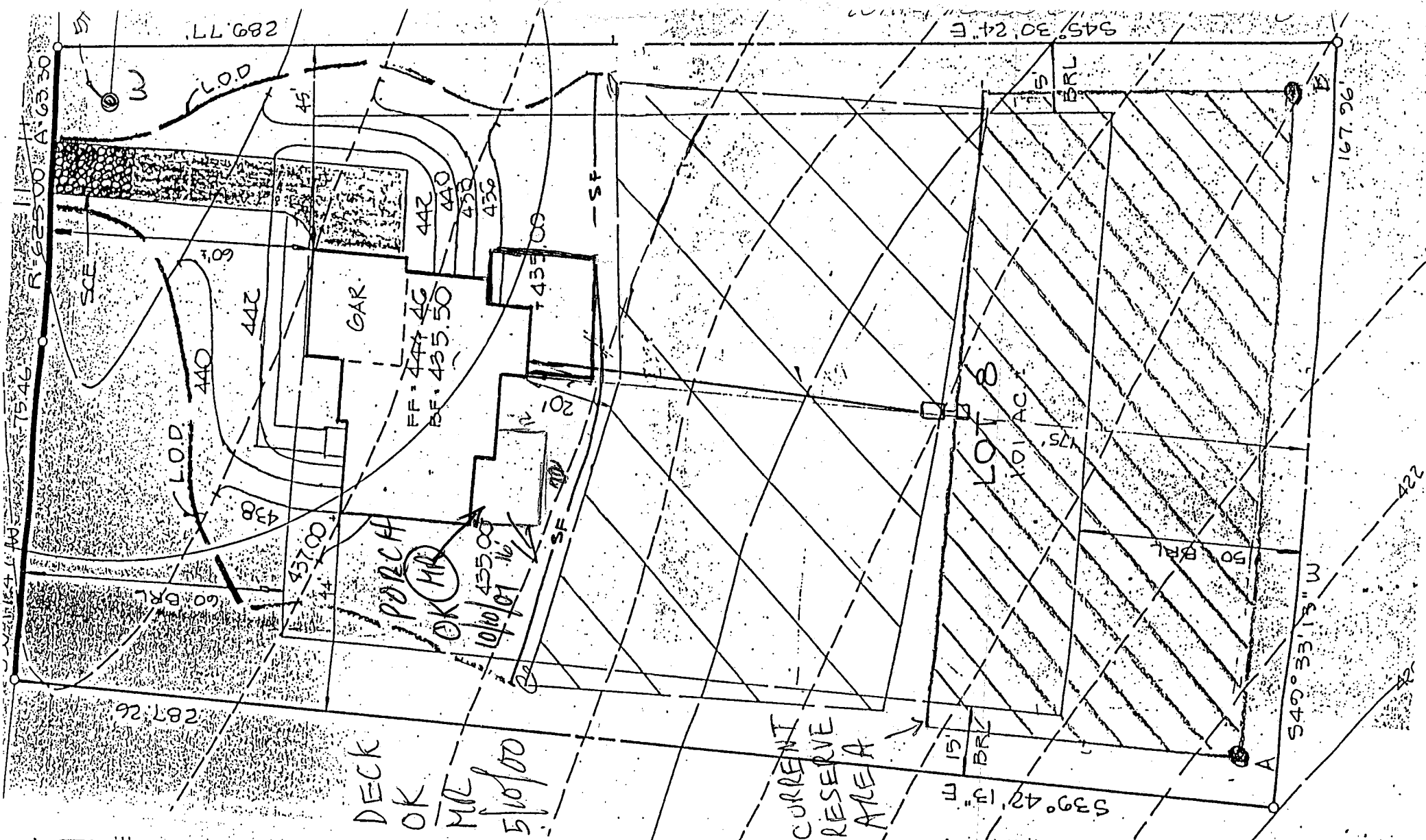
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

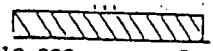
Applicant's Signature Randall Fossum Title/Company \_\_\_\_\_  
Randall Fossum  
Print Name  
1556  
Dallas

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

<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>5/10/00</u> <b>SIGNATURE APPROVAL</b> <u>Mark E. Riffin</u> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	<b>DPZ SETBACK INFORMATION</b> 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 _____	<b>PROPERTY ID#</b> <u>36129</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ _____ Check # <u>618</u> Validation # <u>2711</u> Accepted by <u>(Signature)</u>
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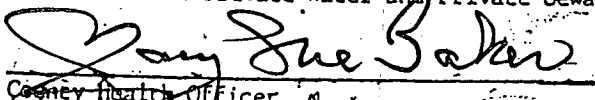
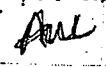
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



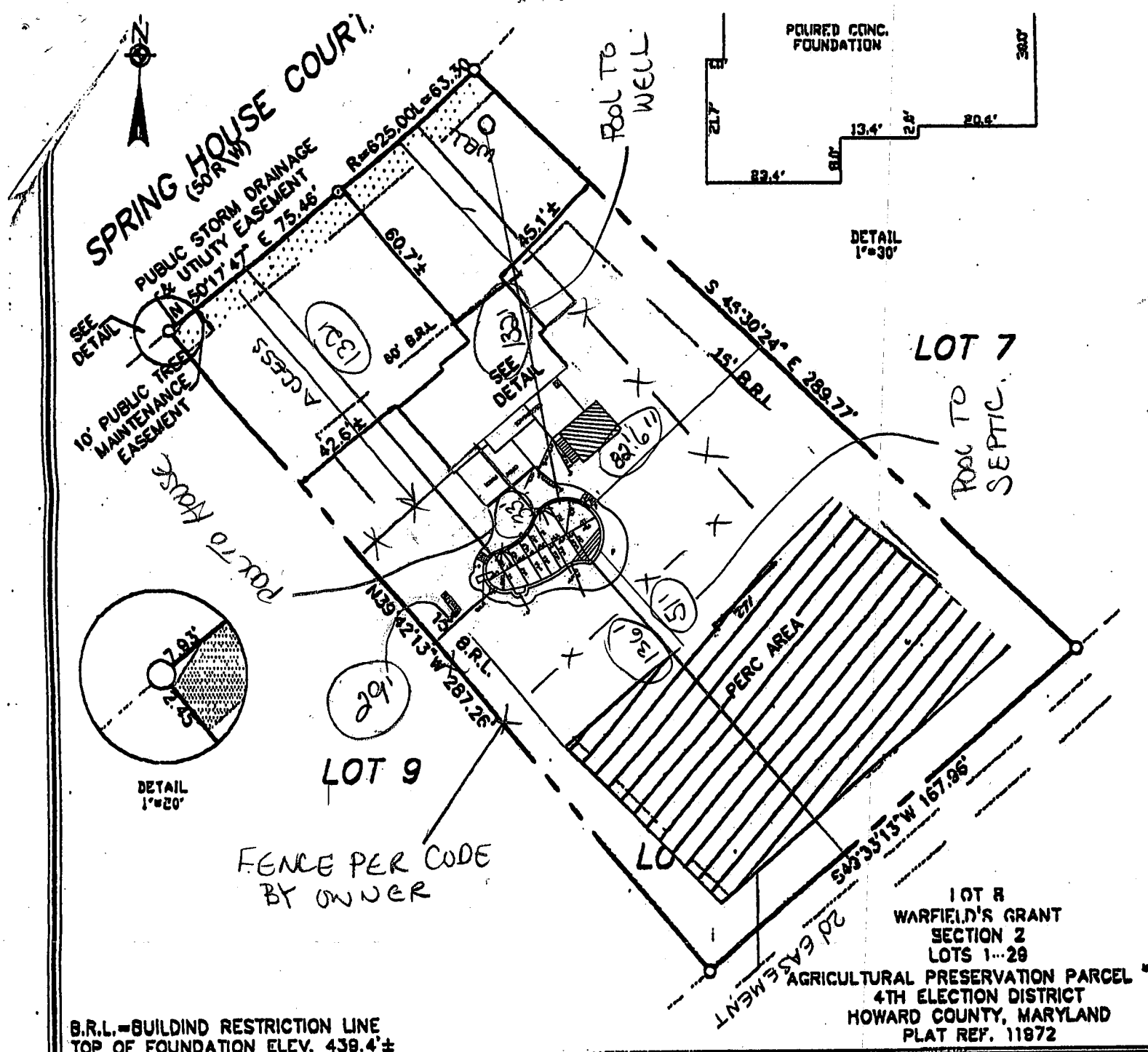
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 3-26-99  
County Health Officer  DATE





B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 439.4'±

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2855



*Charles J. Crowder*  
PROFESSIONAL LAND SURVEYOR  
REG. #10763  
DATE 3/8/99

4/9/03 JB  
Pool loc. O.K.