

2/26/98
ASAP
3/12/98
WPI 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-357035

P 59836

A 49482-I

DISTRICT 4th

DATE 2-24-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~

410-313-2640

DATE SYSTEM APPROVED 2-26-98

INSPECTOR ALM

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797

PHONE 410-442-1336

SUBDIVISION Warfields Grant, Sec. II LOT 11

ROAD 3116 Spring House Court

PROPERTY OWNER Selfridge Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 190 feet up the left (322.87') lot line and 100 feet off that same lot line as seen when facing the lot from Spring House 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. 1/27/98 OK ALM

PLANS APPROVED BY Amy McMillen/Donna K. Soe

DATE 01/20/98

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

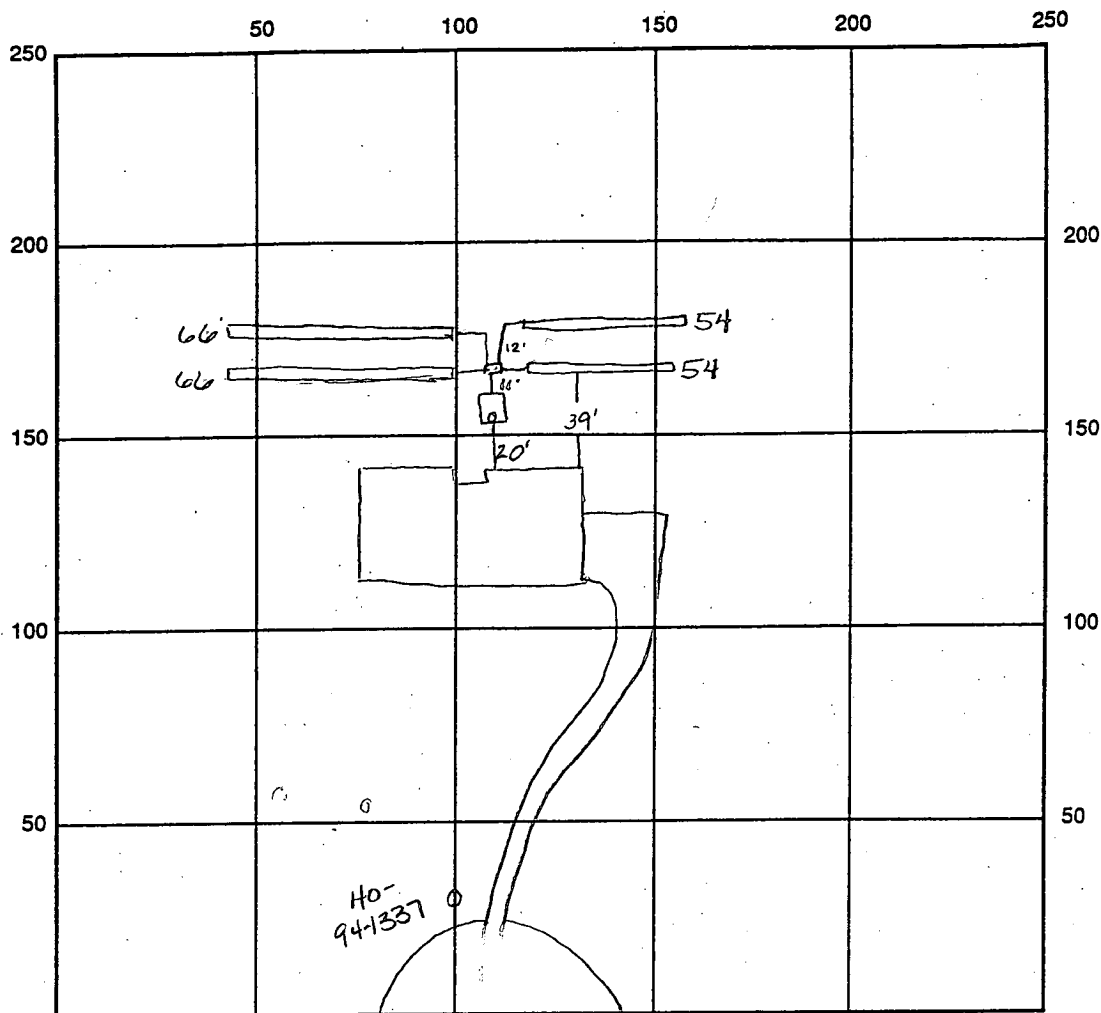
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

LOG. PERMIT SIGNED
AND RETURNED 10/3/01
B00132675. Deck
8 gazebo

A 49482-I



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle 15 in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. $\frac{240}{3} = 80$

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

ABSORBENT AREA — SQ. FT.

REMARKS: 2/26/98 OK to cover all work final Au

DATE SYSTEM APPROVED 2/26/98 INSPECTOR Larry M. Mullen

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
481-8933

3/12/98
P.A. 4.5' below grade
Casing 2.0' above grade
has 2 piece cap of house
line skewed out of house
needs electrical conduit pipe
(KM)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

spoke w/ George Baker electrical
Conduit + pipe will be installed
at time of pump installation
Receipt 3/12/98
Date 2-27-98 KM

Name of Installer George Baker / Pipe-Lite Plumbing

Telephone 410-788-3080

License Number 2214

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Seftidge Bldg

Telephone

Subdivision Wachfield Court Lot # 11 Well Tag # 46-94-1377

Site Address 316 Seftidge House Ct.

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Wagner

3. Model # 25752-8

4. Capacity 8 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 1/2

2. RPM

3. Voltage

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make Martinson

2. Model # 10x

3. Depth

Tank

1. Capacity 15.243

2. Pressure relief valve? yes

Piping

1. Type Galv

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 48

Well data

1. Depth 185 ft.

2. Yield 10 GPM

3. Static water level 20 ft.

4. Will water supply be disinfected by installer? yes

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: George Baker

Date: 2-27-98

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

C105103

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
NUMBERA49482-I

ST/CO USE ONLY
DATE RECEIVED
1-27-98

DATE WELL COMPLETED
MM DD YY
01 20 98

Depth of Well
22 185 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1377

OWNERSelfridge Builders
STREET OR RFDlast nameSpring House Ctfirst nameTOWNDaisy
SUBDIVISIONWanfields GrantSECTIONLOT11

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	
Brown Shale	2	80	✓
Brown Slate	80	85	
Blue Slate	85	110	
Brown Slate	110	115	✓
Blue Slate	115	160	
Brown Slate	160	165	✓
Blue Slate	165	185	

GROUTING RECORD
WELL HAS BEEN GROUTED -
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT(CM)BENTONITE CLAY(BC)
NO. OF BAGS18NO. OF POUNDS1800
GALLONS OF WATER108
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to30+ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPEPLNominal diameter top (main) casing (nearest inch)6Total depth of main casing (nearest foot)90
OTHER CASING (if used) diameter inchdepth (feet) fromto

SCREEN RECORD
screen type or open hole
(insert appropriate code below)
STEELBRBRASSBRONZEPLPLASTICHOOPENHOLEOTOTHER

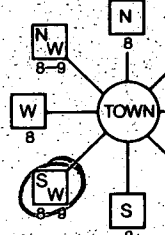
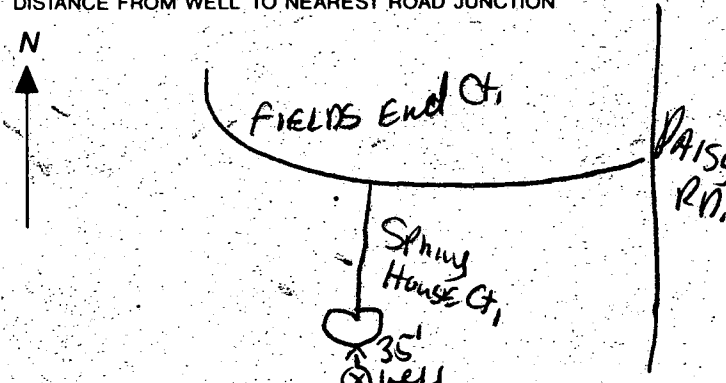
C3
PUMPING TEST
HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min.)10
METHOD USED TO MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING20ft.
WHEN PUMPING60ft.
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMPYES()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)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH (nearest ft.)4347
CASING HEIGHT (circle appropriate box and enter casing height)
+aboveLAND SURFACE2(nearest foot)
-below

NUMBER OF UNSUCCESSFUL WELLS:0
WELL HYDROFRACTUREDyes()no(Y)()
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 LIC. NO.1MSD116
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.1MSD112
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2
DEPTH (nearest ft.)
1 2 100 88 185
EACH CASING
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60
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.)
T W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)
Road
Prop. Line
35'
15'
well

B 1 8796 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-1377 <small>70 fill in this form completely 79</small>
Date Received (APA) 010790 OWNER INFORMATION SELF RIGGE BUILDERS 15 Last Name Owner First Name 14045 GANEAD DR 36 Street or RFD 55 GLENWOOD MD 21238 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY WARFIELD'S GRANT 23 SUBDIVISION SECTION 2 LOT 11 44 46 48 50 DAISY 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78	
DRILLER INFORMATION CIRCLE MSD/MGD/MWD RALPH WAYNE 116 Driller's Name 77 License No. 80 RALPH WAYNE WELL DRILLING Firm Name 4120 Brown Church Rd Mt Airy MD Address RALPH WAYNE JAN 6 1998 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  LOCATION OF WELL 11 Spring House Ct. 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 35 37 DISTANCE FROM ROAD ENTER FT OR MI 1/4 38 39 TAX MAP: BLK: PARCEL:	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 20		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)	
APPROXIMATE DEPTH OF WELL 159 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A49482 I COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 01/12/99 43 48 CO SIGNATURE EXP. DATE NORTH GRID 530000 EAST GRID 0780000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 780 N 530 000 000	
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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE AM WRITE INITIALS IN BOX PERMIT No. H0-94-1377 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1377
Location of property (road) Spring House Ct.
Subdivision Warfield's Grant Lot 11 Block Plat Sec. 2
Well Driller Ralph Mayne Owner Selfridge Builders
Depth of well 185'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 26'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 gpm
Total time 15 min to reach pumping water level 60 ft ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

1 2 3 4 5 6
c 1 05056
SEQUENCE NO. (MDE USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS
ST/CO USE ONLY
DATE RECEIVED 5-3-98
DATE WELL COMPLETED MM 4 DD 14 YR 98
Depth of Well 22 200 26 (6) ft (TO NEAREST FOOT)

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 49482-I
PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1513

OWNER Papagika Spiro
STREET OR RFD Spring House Ct.
SUBDIVISION Warfields Grant SECTION LOT 11

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 FROM TO check if water bearing
soft/med hard tan 0 80
med & hard gray 80 200

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 NO. OF POUNDS 45 46
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 200 ft.
TOP 48 52 54 58 BOTTOM

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) 60 61 62 63 64 65 66 67 68 69 70
Total depth of main casing (nearest foot)

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

SCREEN RECORD
screen-type or open hole insert appropriate code below
DEPTH (nearest ft.)
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

PUMPING TEST
HOURS PUMPED (nearest hour) 8 9
PUMPING RATE (gal. per min.) 11 15
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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 or NO) 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)
Well locations shown on attached sheet

Heat Loops
NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES Y NO 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.
DRILLERS LIC. NO. MW D 304
DRILLERS SIGNATURE David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 MW D 509
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Harvee W Knapp

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	0486	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 1513 fill in this form completely
Date Received (APA) 03 27 98 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
OWNER INFORMATION			LOCATION OF WELL	
8 MM DD YY 13 PAPAETIKA SPIRO 15 Last Name Owner First Name 34 3116 Spring House Ct. 36 Street or RFD 55 Woodbine Md 21797 57 Town 70 State 72 Zip 76			B 3 8 COUNTY HOWARD 21 23 SUBDIVISION WARFIELD 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Lisbon 71 MILES FROM TOWN (enter 0 if in town) 3 M 1 73 76 77 78	
DRILLER INFORMATION			DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
Driller's Name DAVE KELLY MWD 304 76 License No. 81 Firm Name JAMES WELL DRILLING INC. Address 3700 Rush Rd. JARRETTSVILLE, MD 21084 Signature Dave Kelly Date 3/24/98			B 4 1 2 3116 Spring House Ct. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:	
WELL INFORMATION			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
APPROX. PUMPING RATE 0 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 0 (GAL. PER DAY) 14 20			HOWARD CO A 49482T COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 040898 A M M L O O 4/8/99 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 0780 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX)			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) Heat 6 loop Holes - 1 system <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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 530 000 000	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH				
METHOD OF DRILLING (circle one)			N 3116 Spring House Ct. Field Ender Rd.	
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-REPERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY 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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER 54 G.A.P. 63 FORCE AM INITIALS IN BOX PERMIT No. HO - 94 - 1513 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

Warfield Grant 2-11

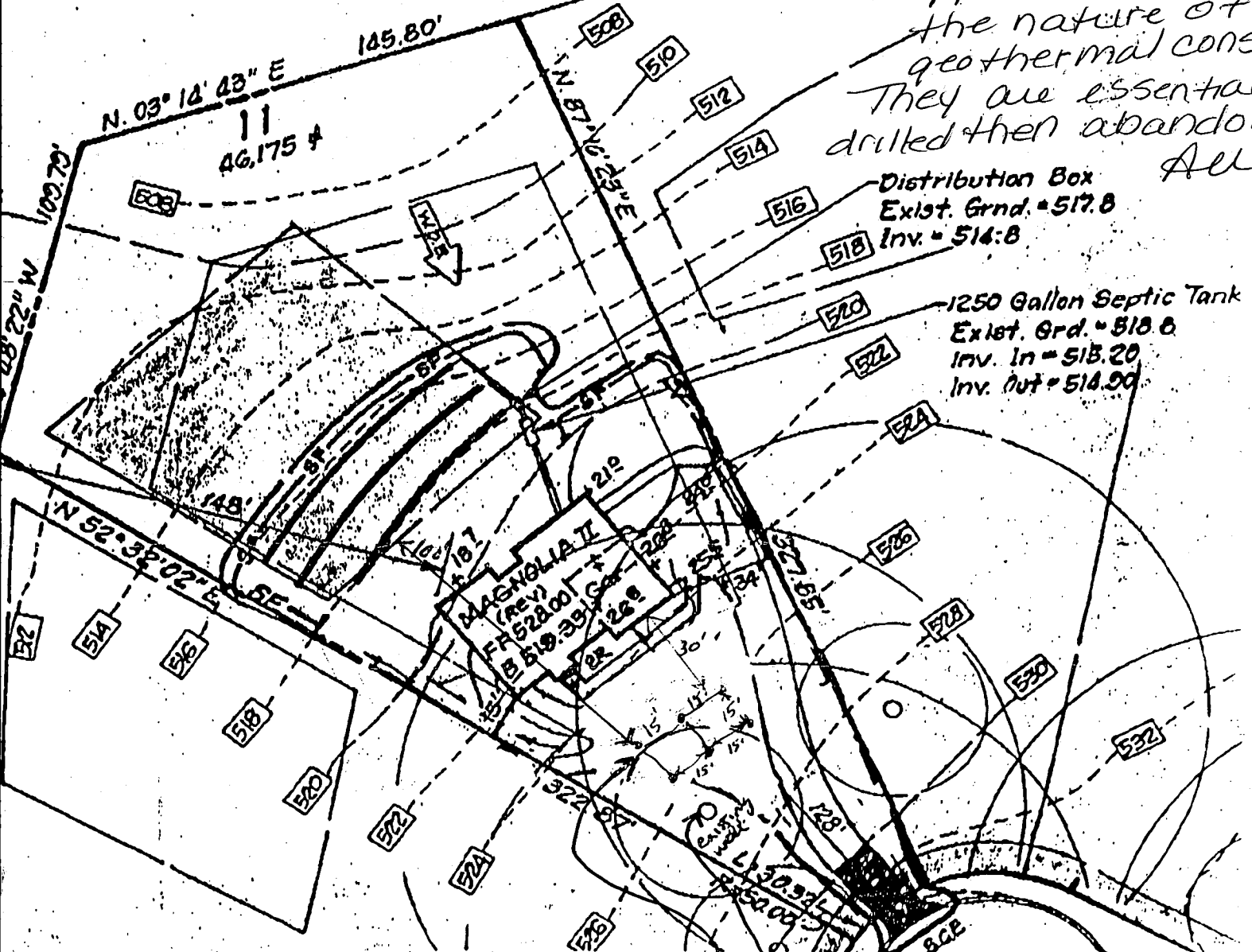
Owner: Spiro + Ann PAPAGIKA
3116 Spring House Ct.
Woodbine, Md 21797

builder: James H. SeArledge Bldg. Inc
14045 GARROD DR.
Glenwood pld. 21730
410-992-8282

4/8/98

Site for geothermal
OK

100' separation between
septic & well not
applicable due to
the nature of
geothermal constru
They are essentially
drilled then abandoned
All



6 proposed boreholes for heat loops

existing water well
HO - 94 - 1377

APPLICATION

PERCOLATION TESTING

A 49482 I

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 c/o Ronald B. Carter
SEIFRIDGE DRIVE

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:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 11

ROAD AND DESCRIPTION Daisy Road 3116 Spring House Court

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. _____
CLDG. PERMITS SIGNED AND RETURNED 1-20-98
Serial # B70109375
S.F.D. 4 Dm
(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

A49482I
COUNTY #

SOIL PROFILE A

0' 71
red
C(L)
4
brn C(L)
6
SMCL
red
12

72

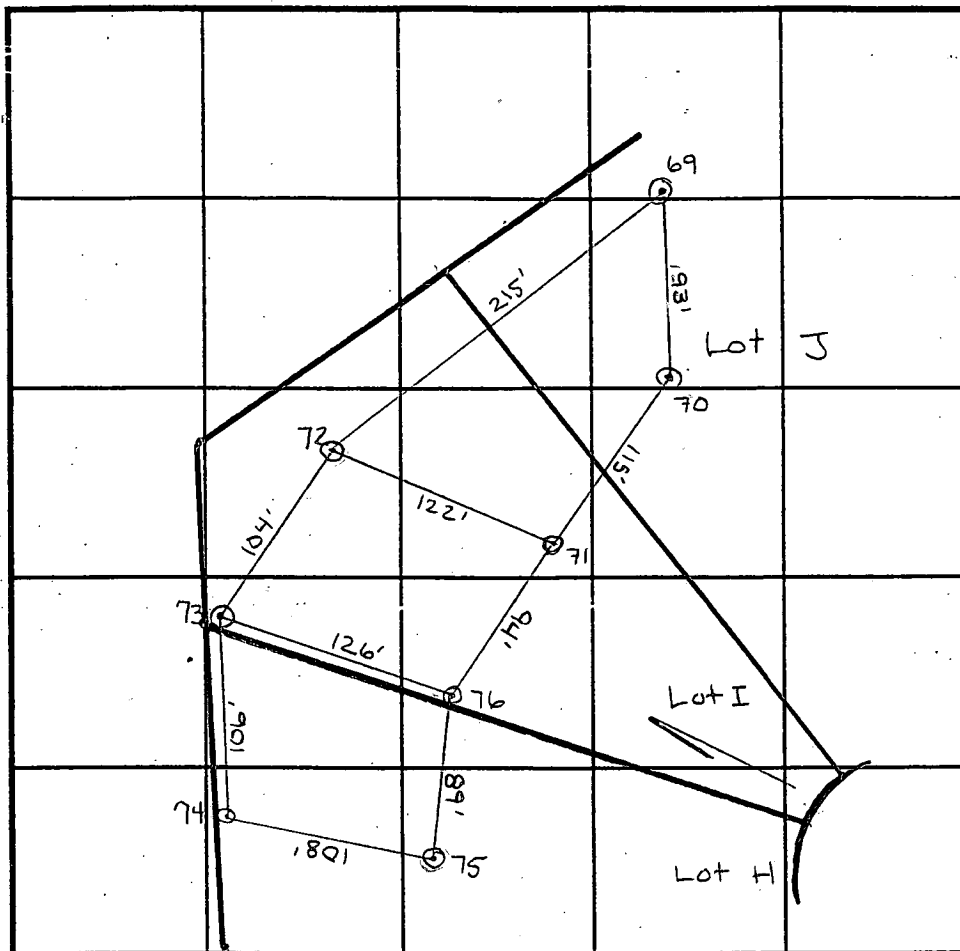
red C

3
SMCL
red/brn
12

73

Fed
C

5
SMCL
red
11 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE B

0' 76
CL
red
3
SMCL
red
brn
50%
Rock
11 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/24/93	71	V12	11:07	11:10	11:10	11:16	6
		9 1/2	11:07	11:08	11:08	11:10	2
	72	V12	11:18	11:19	11:19	11:22	3
	73	V11 1/2	11:23 ³⁰	11:27	11:27	11:32	5
	76	V12	11:55	11:58	11:58	12:03	5
		8	11:55	11:58	11:58	12:00	2

REMARKS Tests 74 & 75 can be found in A49482H; 69 & 70 in A49482J

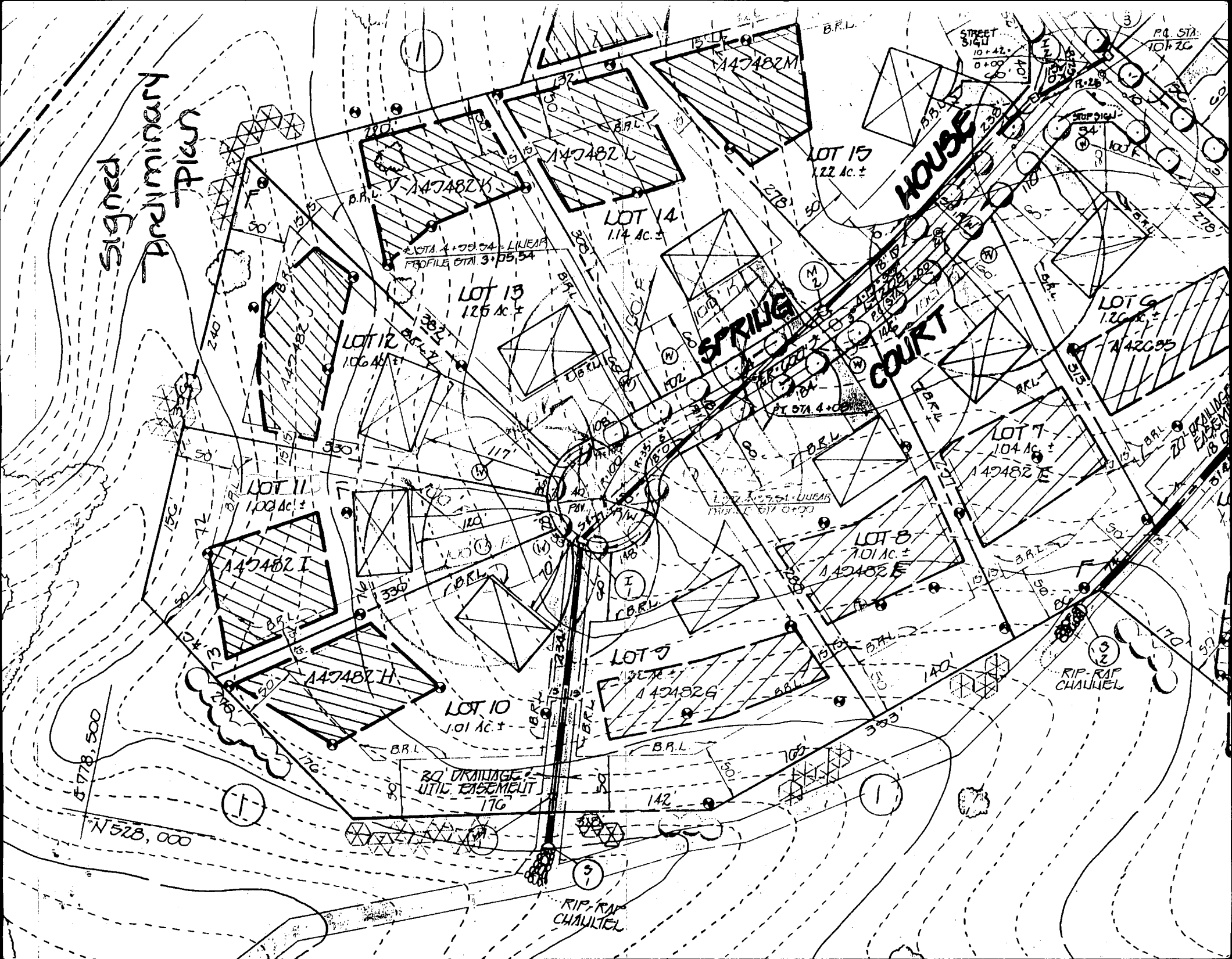
TYPE OF SOIL Gknclg

TESTED BY Amy McMillen/Craig Wilkins ALSO PRESENT Cissk/Andreas

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

Signed _____
Preliminary _____
Plan _____



copy of signed
final
F-95-36

SPRING HOUSE
COURT

N 528500

E 779250

WARFELD'S GRANT
SECTION 2
SEE SHEET 2 OF 5

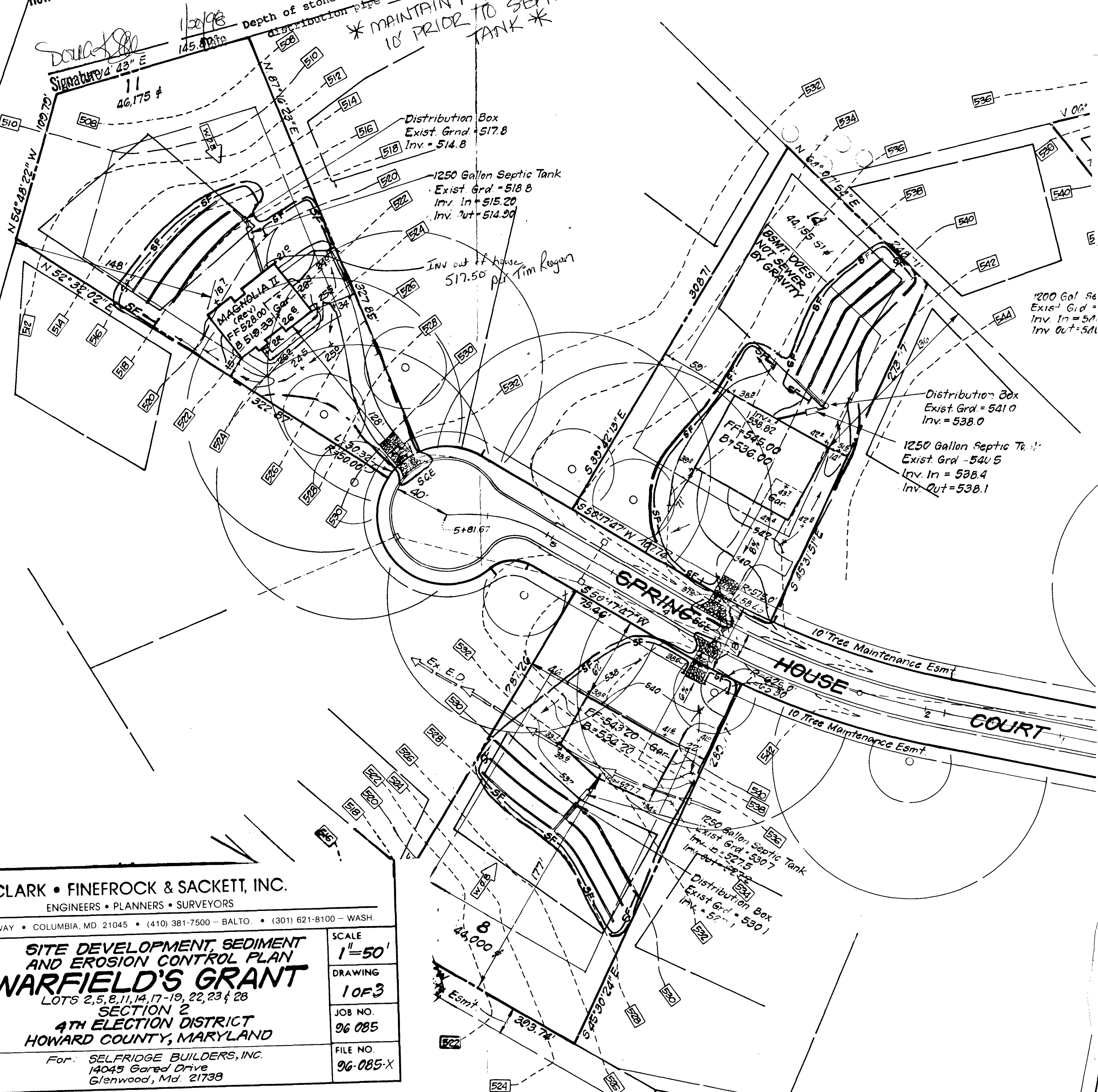
**PART OF
AGRICULTURAL
PRESERVATION PARCEL A**

796,139.50 sq.ft.
18,2768 Acres

486.4

Total width of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Length of trench required below 2 feet

required below
a pipe 2 feet
* MAINTAIN 1-2% SLOPE
10' PRIOR TO SEPTIC
TANK *



7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 — BALTO. • (301) 621-8100 — WASH.

**SITE DEVELOPMENT, SEDIMENT
AND EROSION CONTROL PLAN
WARFIELD'S GRANT
LOTS 2, 5, 8, 11, 14, 17-19, 22, 23 & 28**

SCALE
 $1''=50$

DRAWING
1 OF 3

SECTION 2
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

For: SELFRIDGE BUILDERS, INC.
14045 Gared Drive
Glenwood, Md. 21738

FILE NO.
96-085-

Reviewed for HOWARD S.C.D.
and meets Technical Requirements
HOWARD 6/24/94
Signature Date
U.S. Natural Resources Conservation Service

THIS DEVELOPMENT PLAN IS APPROVED
FOR SOIL EROSION AND SEDIMENT
CONTROL BY THE HOWARD SOIL
CONSERVATION DISTRICT.

John R. Polster 6/2
Approved

DEVELOPER'S/BUILDER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary".

NAME Frank Reagan DATE 5/28/96

3	Rev. hse & grd., lot 11, from Box to Magnolia II	1-6-98
2	Rev. hse. & grd. lot 17 from Box to Nolan Residence	7-15-97
1	Rev. hse. & grd lot 19 from Box to Hasson Residence	12-27-96
No	REVISIONS	Date

Jan-21-98 10:46A cfs

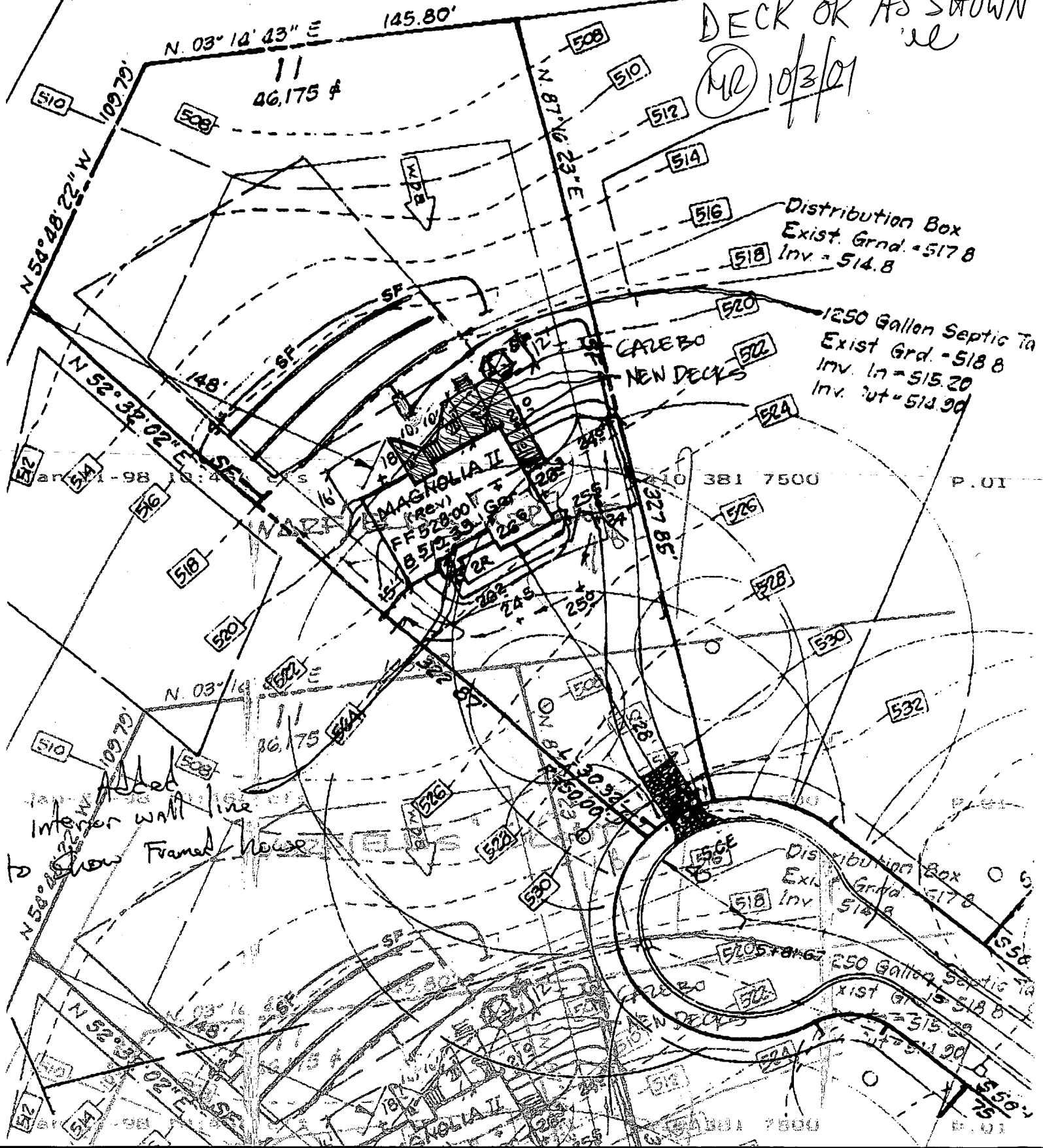
410 381 7500

P.01

WARFIELD'S GRANT
LOT 11
3116 SPANG HOUSE CT
WOODBINE MD. 21797

SCALE 1" = 50'

DECK OK AS SHOWN
MR 10/3/01



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	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B.00132675</u>
---	---	---

Building Address <u>3116 SPRING HOUSE CT.</u> <u>WOODBINE, MD 21097</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6010</u> Subdivision <u>Woodfields Grant</u> Section <u>2</u> Area _____ Lot <u>11</u> Tax Map <u>12</u> Parcel <u>120</u> Grid <u>2</u> Zoning <u>MDP</u> Map Coordinates <u>BEG</u> Lot size _____	Property Owner's Name <u>CURT HARRIS</u> Address <u>3116 SPRING HOUSE CT.</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21045</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	--

Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Deck & Carport</u> Estimated Construction Cost \$ <u>10,000</u> Description of Work <u>Deck & Carport</u> <u>1 inch</u> <u>6 inches</u> <u>12 inches</u>	Contractor Company <u>Outdoor Architects</u> Contact Person <u>Mark Storch</u> Address <u>7267 Shaw Point Way</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u> License No. <u>79271</u> Phone <u>410 269 4164</u> Fax _____
---	--

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 _____
--	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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	Building Characteristics 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	Utilities 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"/> 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.

Applicant's Signature <u>[Signature]</u> Title/Company _____	Print Name <u>Mark Storch</u> Date <u>5/3/2001</u>
---	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY			
AGENCY <input checked="" type="checkbox"/> Land Development DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input type="checkbox"/> Dev. Engineering DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection <input type="checkbox"/> Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>10/3/00</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION 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/Reading approval date _____ Accepted by <u>[Signature]</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>		PROPERTY ID: <u>3116</u> Filing fee: \$ _____ Permit fee: \$ _____ Excise tax: \$ _____ Add'l per fee: \$ _____ TOTAL FEES: \$ _____ Sub total paid: \$ _____ Balance due: \$ _____ Check # _____ Validation: _____	
Distribution of Copies: White: Building Official Green: LDD: DPZ Yellow: DED: DPZ Pink: Health Gold: SHA T:\Forms\PERMIT.FRM Rev 15/1/00			