10/1/98
OPEN TRENCH
ASAP (10/10/98)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/1 015 FB

A 49482-L

DISTRICT 4th

DATE 9-30-98

DATE SYSTEM APPROVED 10-2-98

INSPECTOR JK

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

04-357051

INDEXED

Olen Ketterman IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 410-442-1336

SUBDIVISION Warfields Grant II LOT 14 ROAD 3104 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

SPEC OK; 2 WIDE 5-8' IF NECESSARY
VERY DIFFICULT DIGGING THROUGH CLAY CONTRACTOR TO CALL FOR OPEN TRENCH INSP. JK

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 165 feet up the right (273.07') lot line and 30 feet off that same lot line as seen when facing the lot from Spring House Court. Run trenches on contour toward the back 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.

OK KM 7-17-98

PLANS APROVED BY Amy McMillen DATE 7/10/98

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.

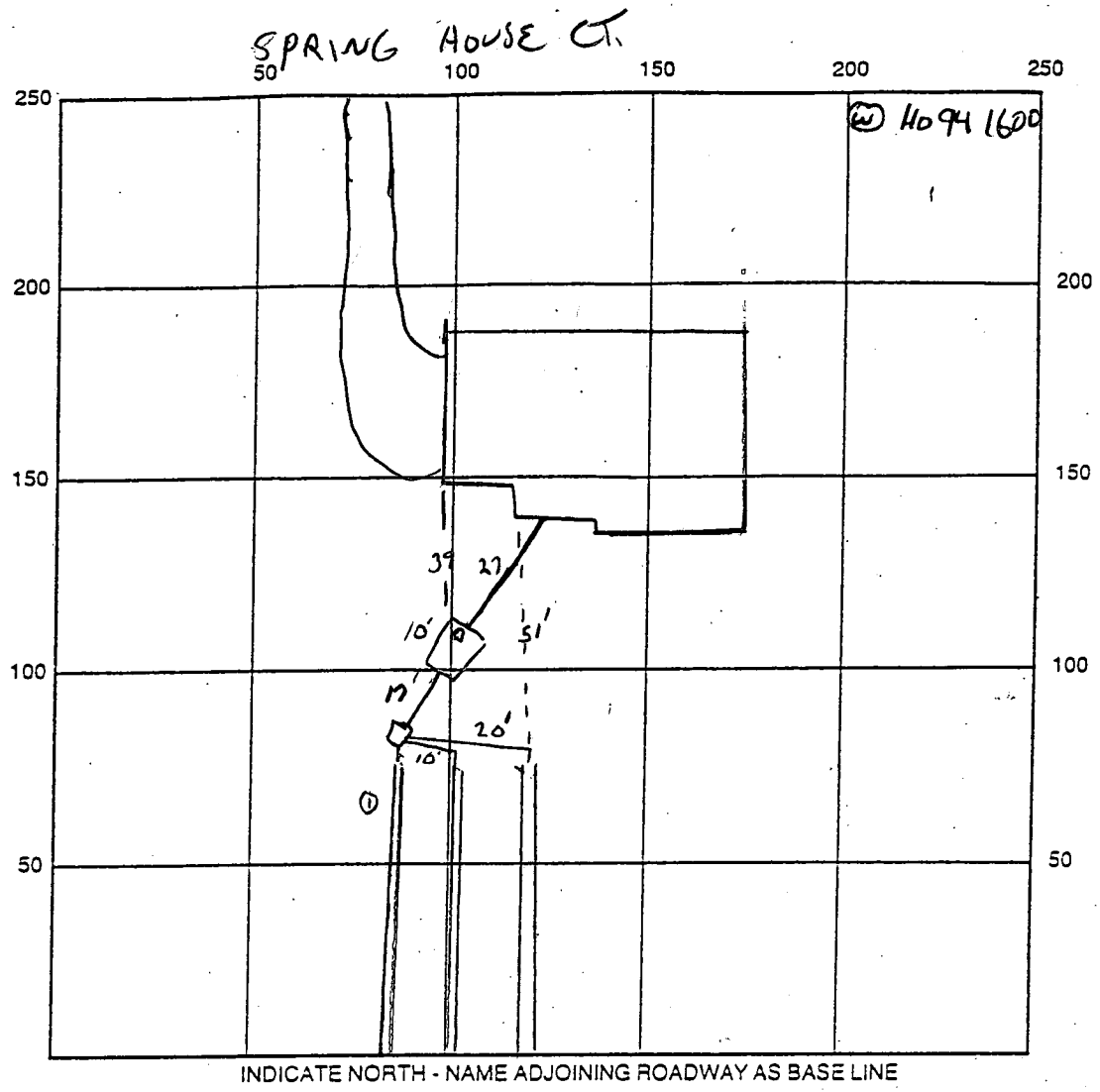
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 49482-L



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok -12.50 CLEANOUTS ok - 1 ON S.T.

DISTRIBUTION BOX LEVEL ok LARGE CONCRETE BOX

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH ~~81~~ 1 | ~~78~~ 2 | ~~81~~ 3 FT. = 240

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

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10-1-98 ok to stone 1st trench, continue ok to cover once to st. 10-1 ok to stone 2nd trench, continue, final tomorrow am. 10.2.98 FINAL-COVER ALL OK

DATE SYSTEM APPROVED 10.2.98 INSPECTOR

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 10-14-98

Name of Installer George Baker

Telephone 410 795-3480

License Number ____
Certified Well ____ Well Driller ____ Registered Plumber ✓

Name of Property ____ Selfridge Bldg
Subdivision ____ Grant ____ Lot # 44 Well Tag # HO-81-1600
Site Address ____ Spring House Ct

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Mayers
3. Model # 5J22 378P
4. Capacity 3 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 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Martinson
2. Model # A10S
3. Depth 48"

Tank
1. Capacity WK20
2. Pressure relief valve? Yes

Piping
1. Type 160 lb Poly
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42

Well data
1. Depth 340 ft.
2. Yield 3 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? yes

10/19/98 NO INSP FOR CONDUIT MR
10/16/98 LINE OK, CONDUIT NEEDED per ALM

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: 10-14-98

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

HD-215

Total linear feet of trench required 240 **feet**

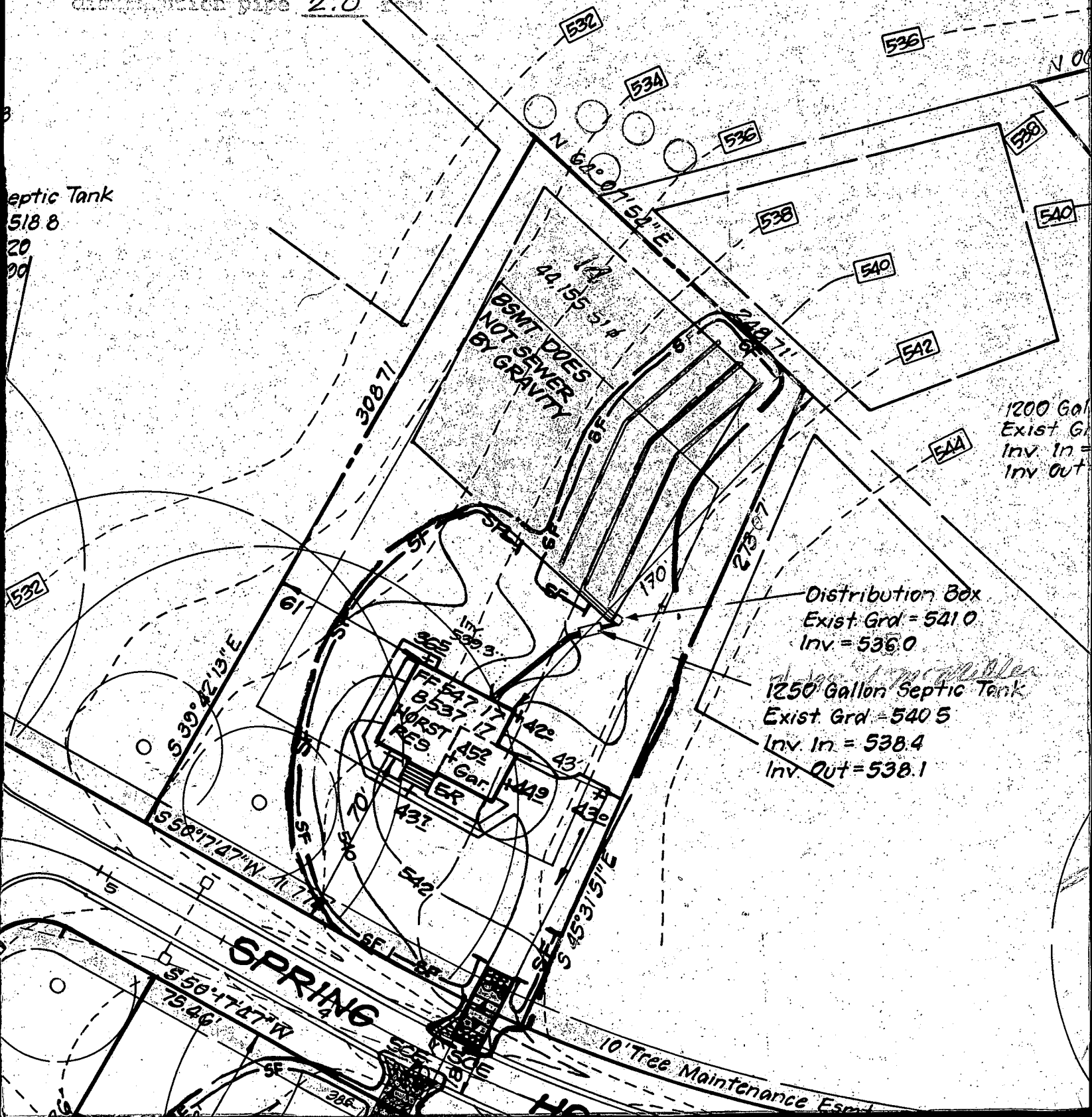
Width of trench(es) 3.0 **feet**

Depth of trench(es) 7.0 **feet**

Depth of stone required below distribution pipe 2.0 **feet**

Approved Septic System Plan
Howard County Health Department

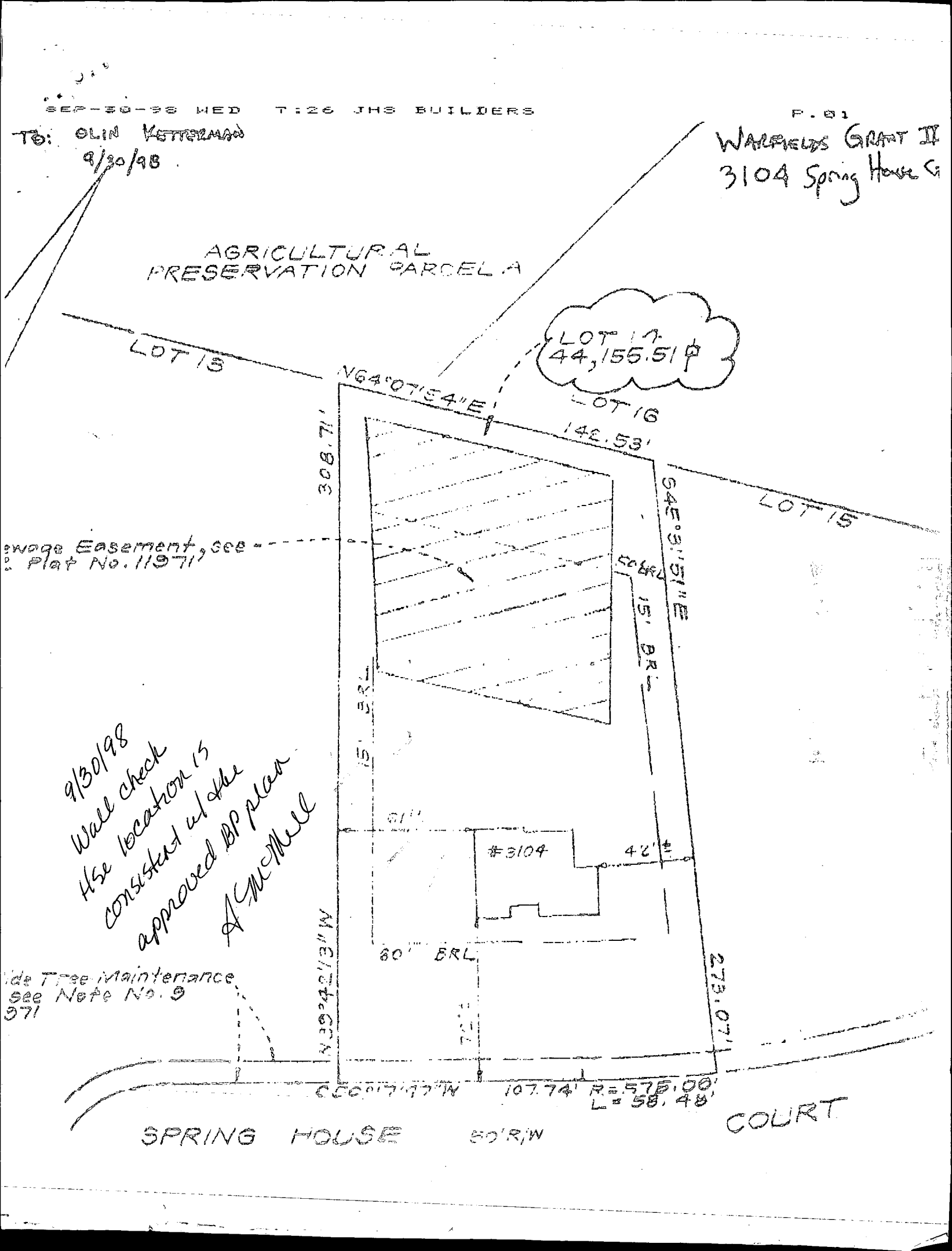
Amy McNeil 7/16/98
Signature [redacted] **Date**



SEP-30-98 WED T:26 JHS BUILDERS P.01

TO: OLIN KETTELMAN
9/30/98

WARFIELDS GRANT II
3104 Spring House Ct



9/30/98
Wall check
Hse location is
consistent w/ the
approved BP plan
ACM

APPLICATION

PERCOLATION TESTING

A 49482 L

P _____

DISTRICT _____

DATE _____

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

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~~ Stidridge Builders c/o 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:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 14

ROAD AND DESCRIPTION Daisy Road (3104 Spring House Court)

BLDG. PERMIT SIGNED AND RETURNED 2-10-98
Serial # B011752

TAX MAP 13 PARCEL # 128

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

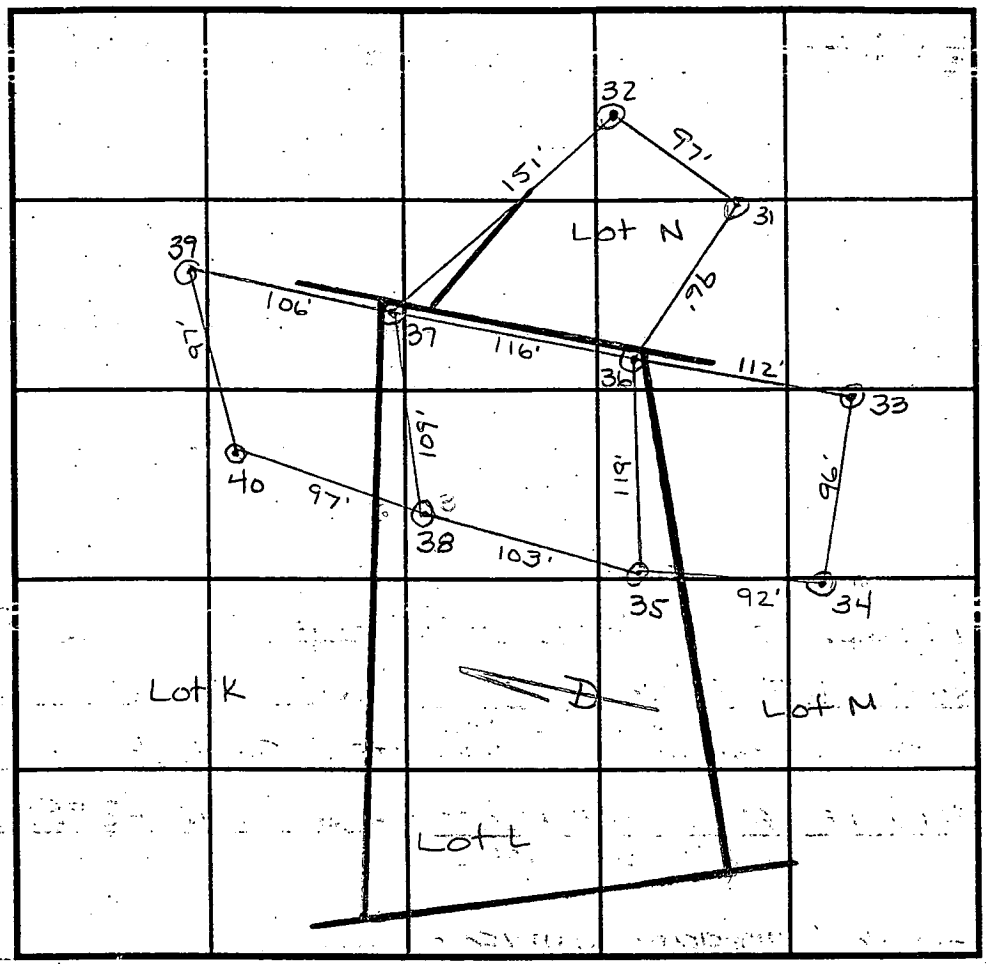
HD-216 (3/92)

A49482L
COUNTY #

SOIL PROFILE
38
0'
SiL tan
3
red CL
6
SL red 10-20% rock
11

37
red C
3
SMiCL red
6 1/2
reinol rock >20%
SMiCL
12

36
SL red
4
red C
5
SMiCL
12



SOIL PROFILE
35
0'
Br SiL
3
red C
8
SL
12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/20/93	38	V11 6½	10:32 30	10:34	10:34	10:38	4
	37	V12 5	10:34	10:36	10:36	10:38	2
		9	10:41	10:44	10:44	10:50	6
		V11	10:42	10:44	10:44	10:46	2
	36	V12 5	1:54 30	1:55 30	1:55 30	1:57	1½
		8	1:57 10	1:58 30	1:58 30	2:00 15	2
	41						
	35	V12 5	1:45	less than 1" in 30 min.			
		8	1:44 15	1:46 30	1:46 30	1:52	5½

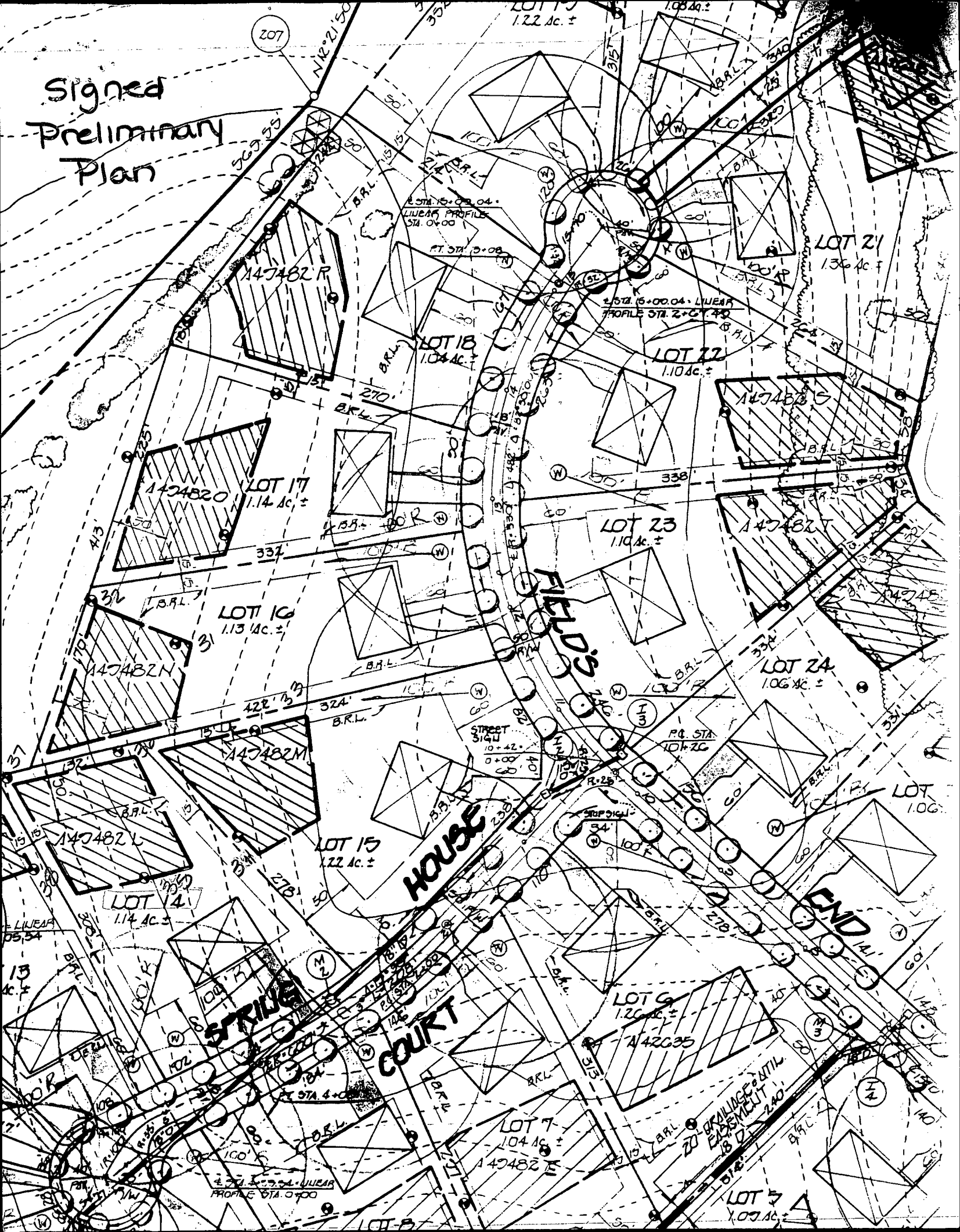
REMARKS Tests 40-39 in A49482K; 31,32 in A49482N; 33-34 in A49482M

TYPE OF SOIL Chester

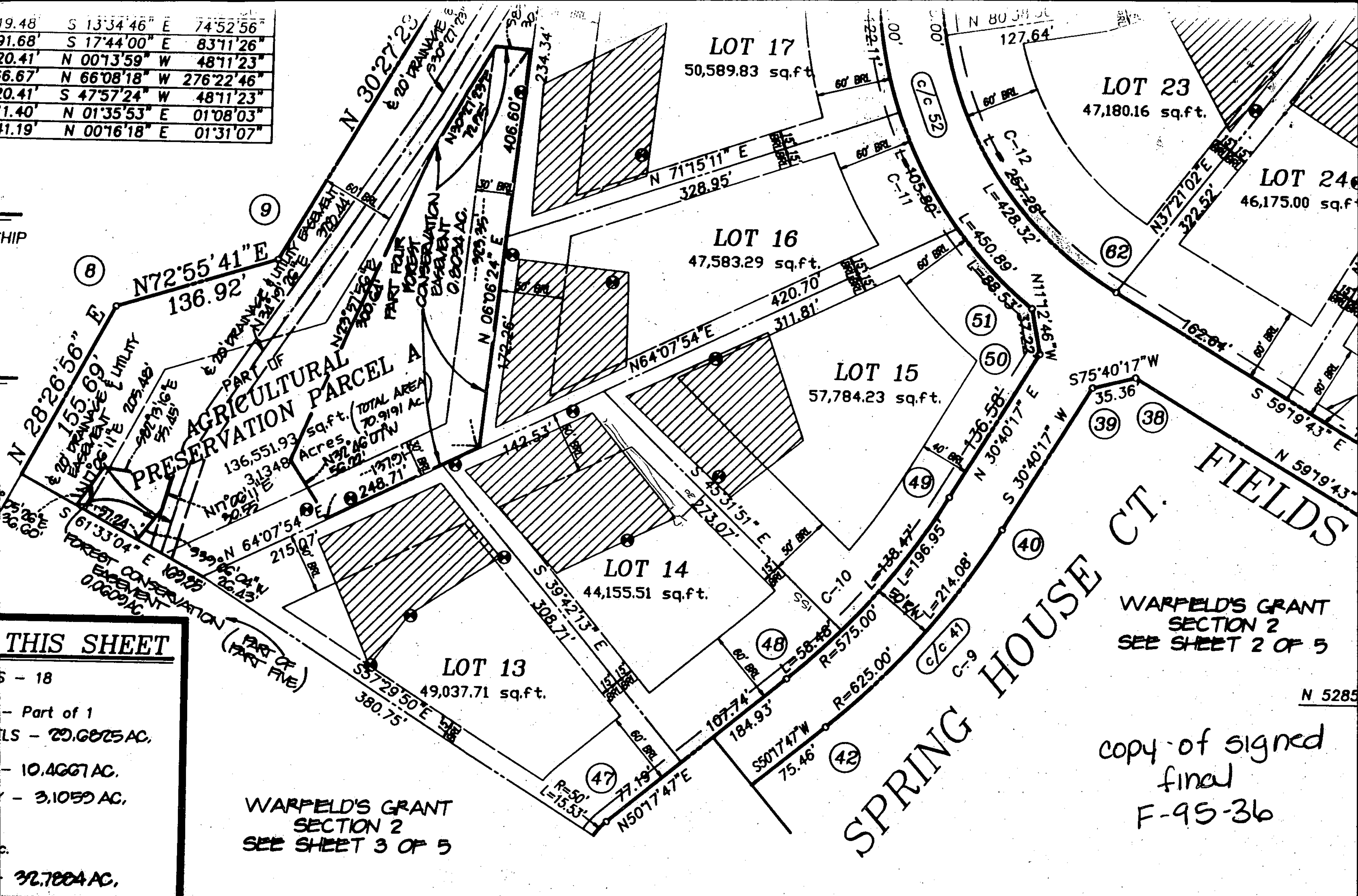
TESTED BY Amy McMillen / Cy Willem ALSO PRESENT Cissle / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3

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


Signed Preliminary Plan
LOT 19
1.22 Ac. ±
LOT 21
1.36 Ac. ±
LOT 22
1.10 Ac. ±
LOT 18
1.04 Ac. ±
LOT 17
1.14 Ac. ±
LOT 23
1.10 Ac. ±
LOT 16
1.13 Ac. ±
LOT 24
1.06 Ac. ±
LOT 15
1.22 Ac. ±
LOT 14
1.14 Ac. ±
LOT 6
1.20 Ac. ±
LOT 7
1.04 Ac. ±
LOT 5
1.05 Ac. ±
FIELD'S
HOUSE
END
STRING
COURT
A47482R
A47482S
A47482O
A47482T
A47482N
A47482M
A47482L
A42035
A47482
STREET SIGN
STOP SIGN
P.C. STA. 10+20
± STA. 15+00.04 · LINEAR PROFILE STA. 0+00
± STA. 15+00.04 · LINEAR PROFILE STA. 2+07.40
± STA. 4+00
± STA. 5+54 · LINEAR PROFILE STA. 0+00
20' DRAINAGE & UTIL. EASEMENT
B.R.L.
N12°21'50"E
207
270'
338'
337'
324'
278'
240'
313'
330'

19.48'	S 13°34'46" E	74°52'56"
91.68'	S 17°44'00" E	83°11'26"
20.41'	N 00°13'59" W	48°11'23"
56.67'	N 66°08'18" W	276°22'46"
20.41'	S 47°57'24" W	48°11'23"
1.40'	N 01°35'53" E	01°08'03"
41.19'	N 00°16'18" E	01°31'07"



THIS SHEET

6 - 18

- Part of 1

LS - 20.6825 AC.

- 10.4667 AC.

- 3.1059 AC.

c.

- 32.7884 AC.

ER AND SEWERAGE SYSTEMS,
PARTMENT OF HEALTH

[redacted]

DATE

Surveyor's Certificate

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of part of the lands conveyed by Edwin Warfield, III and Ellen Warfield, his wife to Robert M. Warfield by [redacted]d dated November 9, 1966 and recorded the Land Records of Howard Coun[redacted]aryland in Liber No. 461 at folio 710 and that all monuments are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County as show

Owner's D

I, Robert M. Warfield,owner of the property shown and d and in consideration of the approval [redacted]this final plat by the minimum building restriction lines an[redacted]nt unto Howard Cou right to lay, construct and maintain sewers, drains, water pip under all roads and street right-of-ways and the specific e

C 1 1936 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) — SEQUENCE NO. (DENV 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-49482-C

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06/24/98

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-94-1600

OWNER SELFRIDGE Builders
STREET OR RFD last name Spring House Ct. first name TOWN DAISY MD.
SUBDIVISION WARFIELDS GRANT II SECTION 2 LOT 14

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	FEET TO	Check if water bearing
Top Soil	0	2	
Brown Shale	2	70	✓
Brown Slate	70	75	
Blue Slate	75	95	
Brown Slate	95	100	✓
Blue Slate	100	340	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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 IDENT. NO. MSO 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MSO 10 Ralph E. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 20 NO. OF POUNDS 2000
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 307 ft. (enter 0 if from surface)

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)
PL	6	84

OTHER CASING (if used) — EACH CASING

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

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	82	340
2			
3			

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

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ] 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T 70 [ ] TELESCOPE CASING
(E.R.O.S.) 72 [ ] LOG INDICATOR
W Q 74 75 76 [ ] OTHER DATA

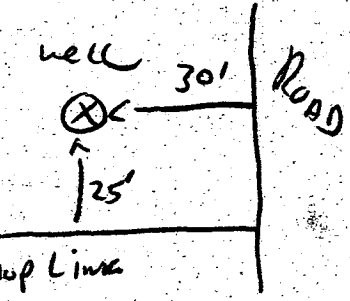
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 62
WHEN PUMPING 160

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 EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: [ ]
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)



COUNTY

EMERGENCY/TEMP NO. IF ANY W5 10200

B 1 | 4750 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1600 (70–79) fill in this form completely

Date Received (APA): 6-12-98 (8 MM DD YY 13)

OWNER INFORMATION

SELFRIDGE (Last Name) Builders (Owner) (First Name 15–34)

14045 GANED DRIVE (36 Street or RFD 55)

GLENWOOD (57 Town) MD (70 State) 21738 (72 Zip 76)

DRILLER INFORMATION

Ralph Mayne (Driller's Name) MSD 117 (76 License No. 81)

Ralph Mayne Well Drilling (Firm Name)

9120 Brown Church Rd Mt Airy (Address)

Ralph Mayne (Signature) 6-12-98 (Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 150 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 — — — — — — — — 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP (54 63)

PERMIT No. HO-94-1600 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

WARFIELDS GRANT (23 SUBDIVISION 42)

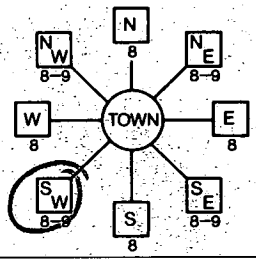
SECTION II (44 46) LOT 14 (48 50)

DAISY (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 1 M I (73 76 77 78)

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Spring House Ct (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 DISTANCE FROM ROAD

ENTER FT OR MI (38 39)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County (COUNTY NAME) A49482-4 (COUNTY NO.)

STATE SIGNATURE ____ INSERT S → (41)

DATE ISSUED 061998 (43 MM DD YY 48) A McMillen (CO SIGNATURE) 6/19/99 (EXP. DATE)

NORTH GRID 528 000 (50 55) EAST GRID 780 000 (57 63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

grout 10→10:30 6-25-98

Missed inst KM

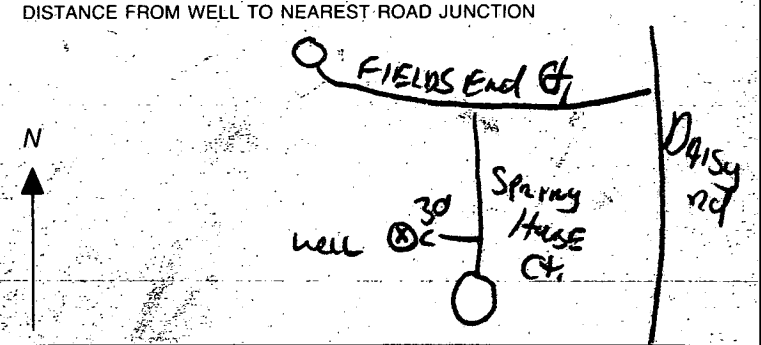
WRITE THE BOX NUMBER FROM THE MAP HERE

E 780

N ~~500~~ 528

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

(2) COUNTY

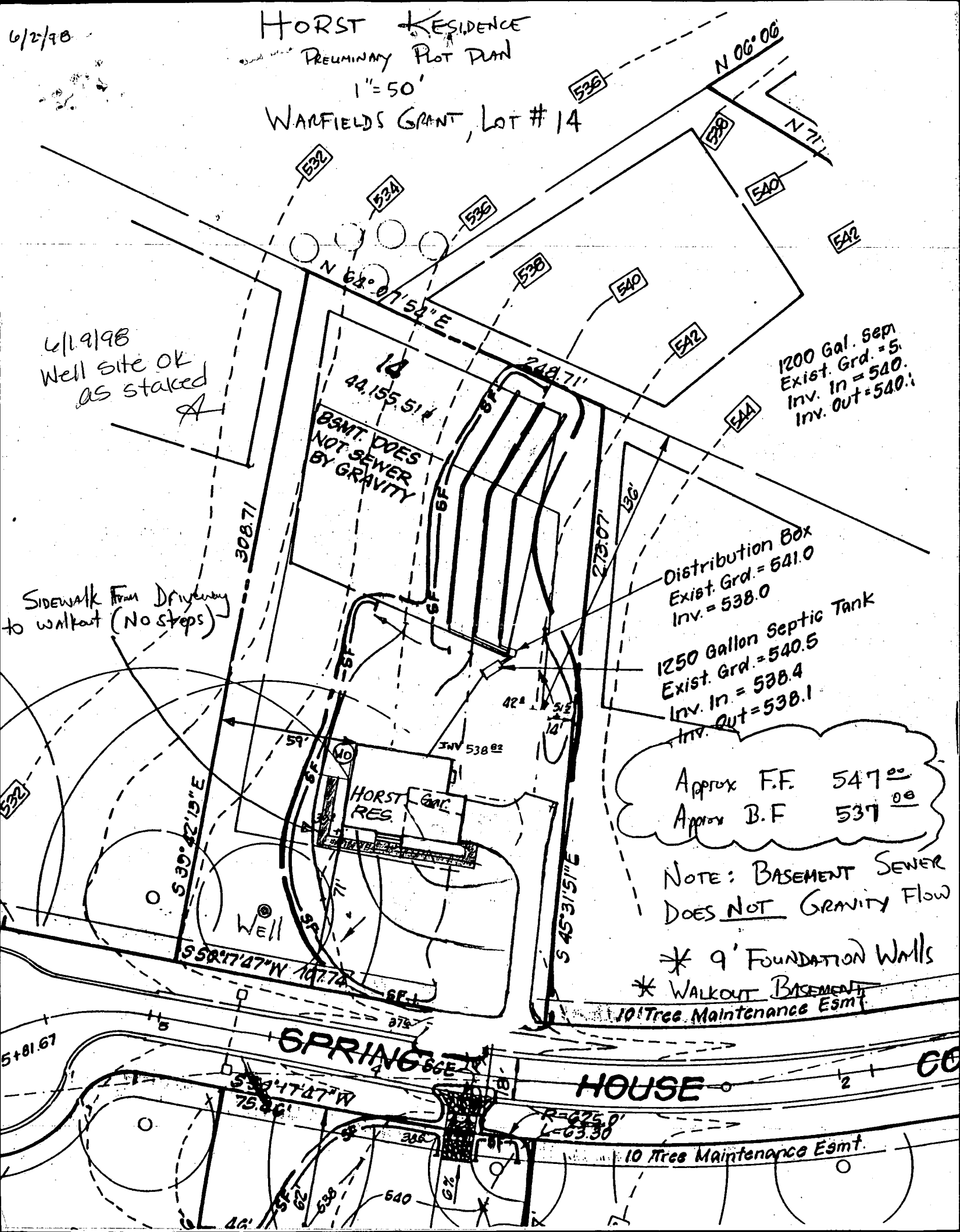
6/2/98

HORST ~~RESIDENCE~~

PRELIMINARY PLOT PLAN

1" = 50'

WARFIELDS GRANT, LOT #14



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 15, 1998

Mr. James Selfridge
Selfridge Builders
14045 Gared Drive
Glenwood, Maryland 21738

RE: Warfields Grant, Lot #14
3104 Spring House Court
Well Permit #HO-94-1600

Dear Mr. Selfridge:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on October 2, 1998 .

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 94-1600 . No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 14, 1998
Date of well completion: June 24, 1998

Approving Authority
Kimberly Maiste
Kimberly Maiste Sanitarian
Water and Sewerage Program

cc: Building Inspector's office
file