

8-5-98
pm c.o.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510586

A 59888

DISTRICT 5th

DATE 7-27-98

DATE SYSTEM APPROVED 8.5.98

INSPECTOR AM

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

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Rd, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION The Warfields LOT 43 ROAD 14845 Triadelphia Road

PROPERTY OWNER Scott Purser

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 the distribution box 160 feet down the right lot line and 75 feet off this same lot line as seen from Triadelphia Road. Run trenches along 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 AM 6/10/98*

PLANS APPROVED BY Donna K. Soe DATE 06/03/98

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

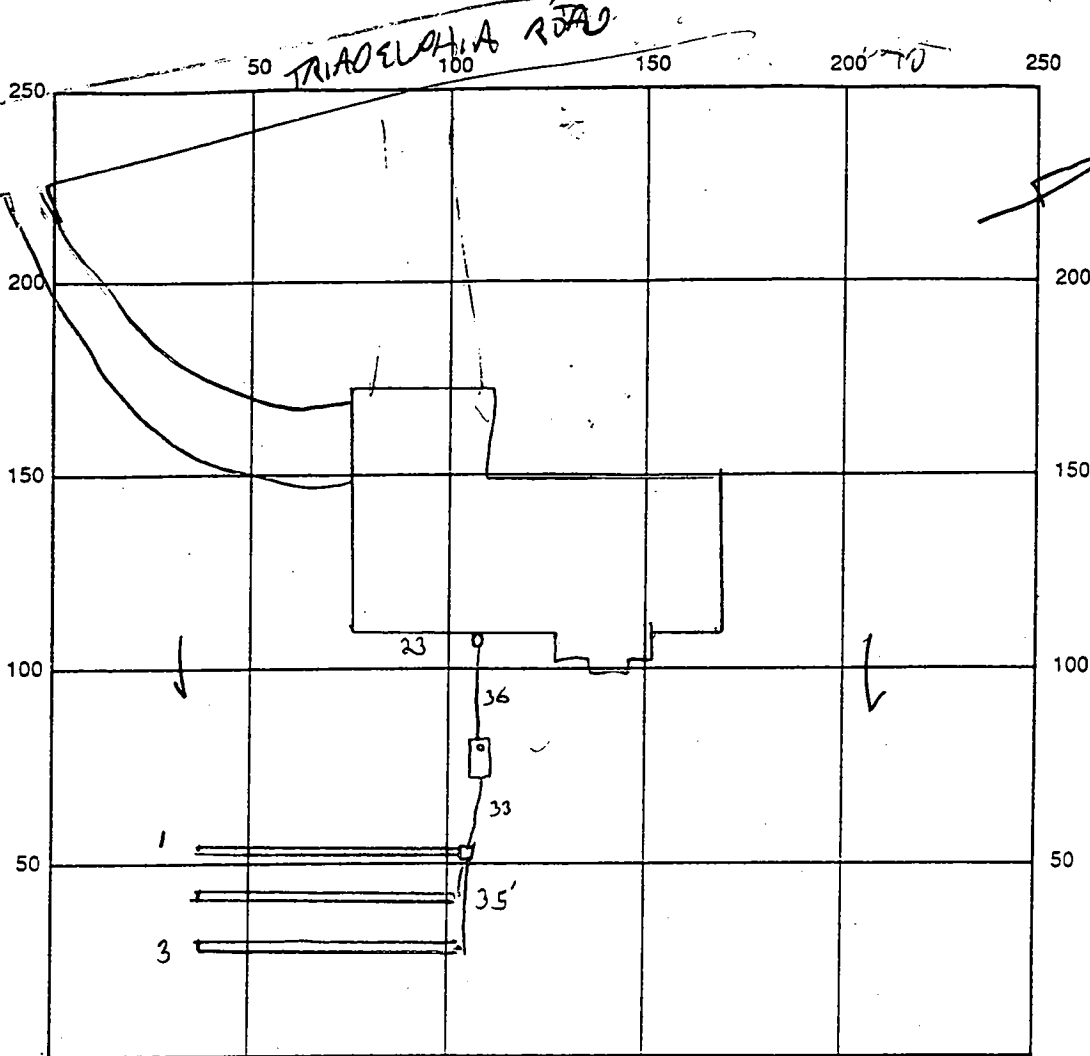
PERMIT VOID AFTER TWO YEARS

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**

A 59888



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok - 1250 LEVELERS IN CLEANOUTS 1 ON TANK, 11

DISTRIBUTION BOX LEVEL ok

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{12 \times 3}{91/96}$ FT. = 292

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 876 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 8-5-98 FINAL COVER ALL WORK

DATE SYSTEM APPROVED 8.5.98 INSPECTOR [Signature]

4-1-98
10:00

APPLICATION

PERCOLATION TESTING

PROPOSED IS TO RELOCATE
SOG TO PROVIDE BASEMENT
SERVICE

A 59888
P _____

DISTRICT _____
DATE 3/23/98

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

FILES WITH DO TESTING

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 Scott Purser

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Scott W. Purser

ADDRESS 13047 THYME CT GERMANTOWN MD PHONE (301) 916-0975
WORK (301)

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS LOT NO. 43

ROAD AND DESCRIPTION CORNER OF TRIADAPLHIA RD AND MICHELE DR
(14845 Trindelphia Road)

TAX MAP 27 PARCEL # 56

SIZE OF LOT 4.33 TYPE BLDG. SFD - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~PERMITS SIGNED~~
~~AND RETURNED 6-3-98~~
Serial # B1111870
SFD - 4 Bed
(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. Scott W. Purser
(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 _____

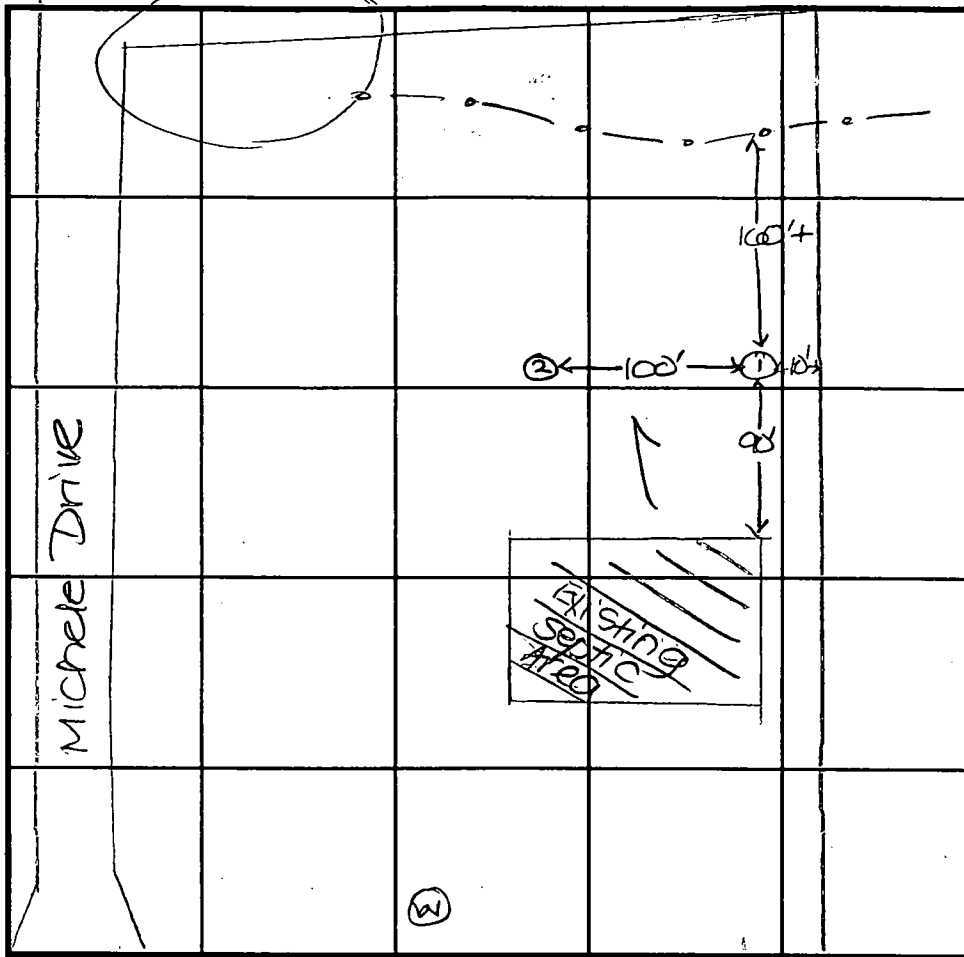
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

59888
COUNTY #

SOIL PROFILE

0' ①/②
topsoil
1' red org
brn
cl lm
4' pale to
med
org brn
scl lm
15-20%
shale
fr
12'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-1-98	1	12.0'D	Visual	—	—	—	OK
	2	12.0'D	Visual	—	—	—	OK

REMARKS Well site OK as staked

TYPE OF SOIL _____

TESTED BY D. SOE

ALSO PRESENT bldr, owner, people's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 40809

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.

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~Sapling Range~~ THE WARFIELD S LOT NO. 43
44 Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
Michele Drive

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD
(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. Myard Reed
(SIGNATURE OF APPLICANT)

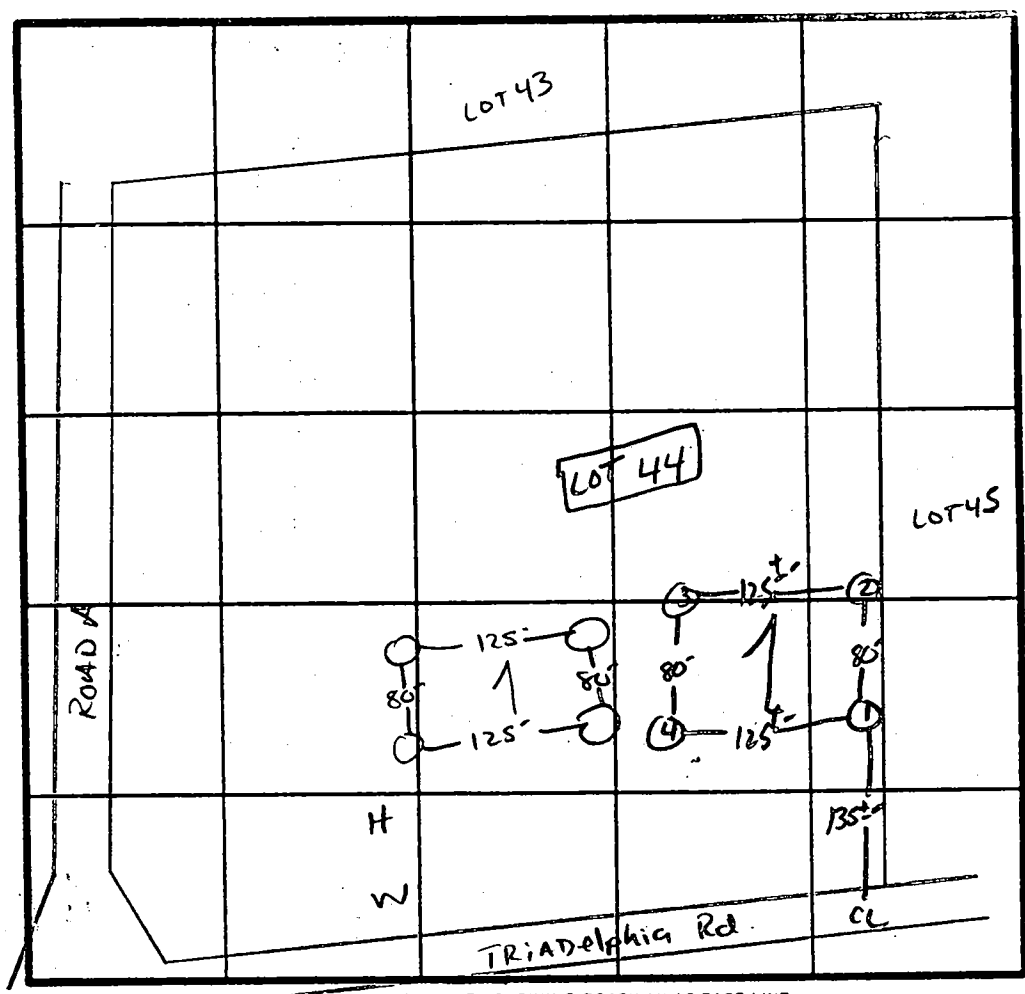
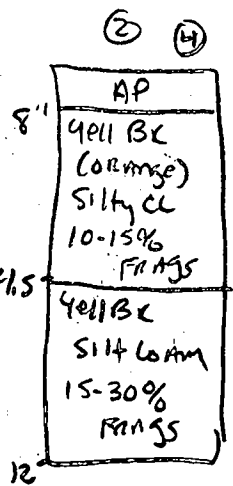
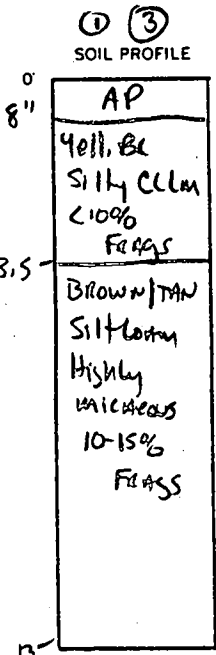
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-1-88 PERC SATISFACTORY - HOLD FOR SUBDIVISION PERS. S. ALOR

THIS IS NOT A PERMIT



7 Perc 10 min
210 Ø 13"
INLET 3.5'
BOTTOM 5.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/88	1 S	4"	2:18	2:20	2:20	2:22	2 MIN
	1 M	7.5"	2:18	2:21	2:21	2:25	4 MIN
	1 V	13"	UNIFORM soil below		3"		
	2 S	5"	2:25	2:37	2:37	2:58	21 MIN
	2 V	12"	UNIFORM SOIL below		4.5"		
	3 S	4.0"	2:51	2:57	2:57	3:08	11 MIN
	3 V	12"	UNIFORM soil below		3.0 - 3.5"		
	4 V	11.5"	UNIFORM Soil below		4.0" (MANOR gravelly lm)		

REMARKS Holes DEEPER THAN PLAT

TYPE OF SOIL Clenslg- MANOR

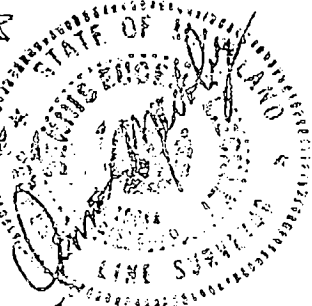
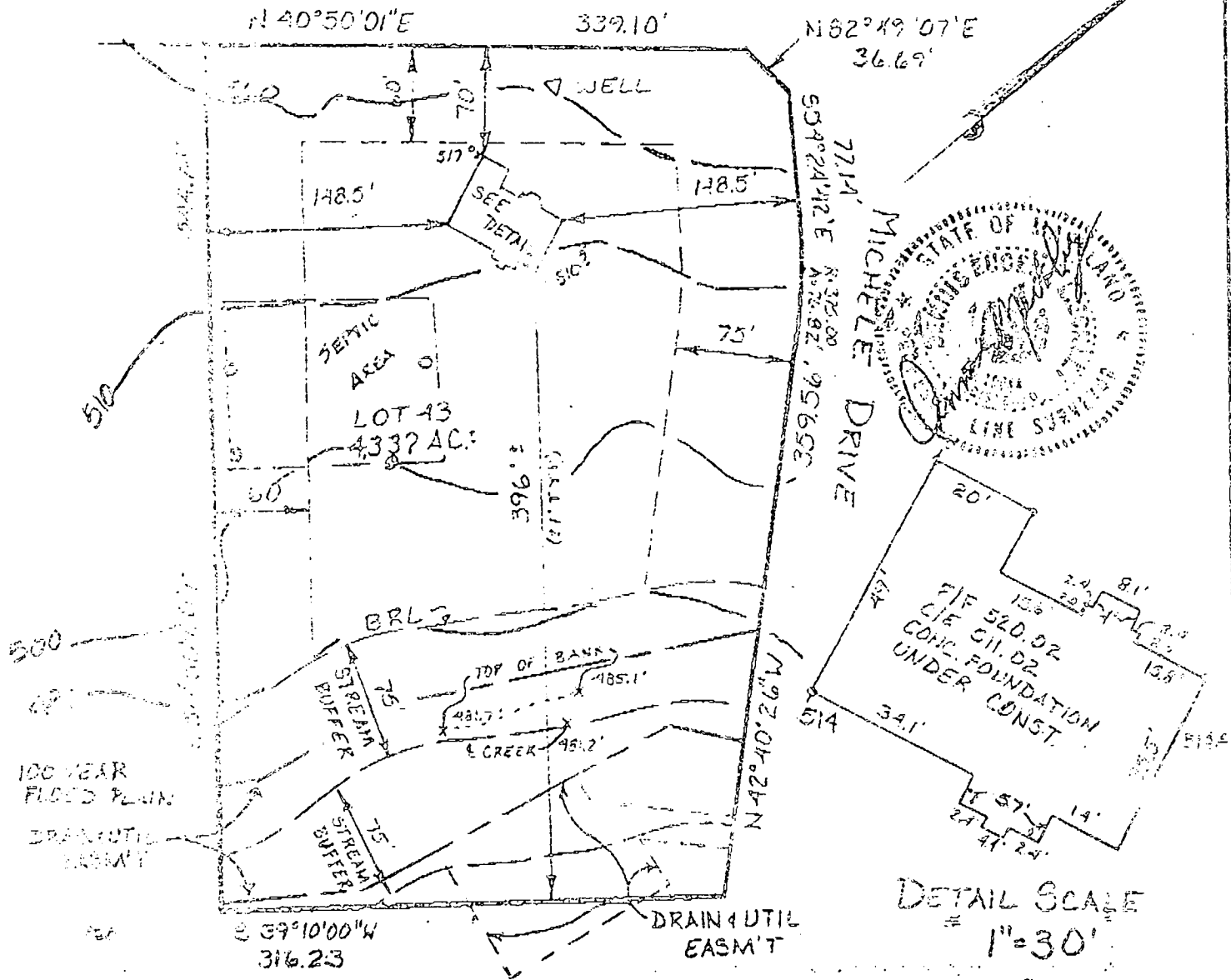
TESTED BY S. Abel ALSO PRESENT O. KETTELMAN JCO. MAKE P.

EH-12-1079

Warfields - JNO Builders Inc
410-795-3288

17500 TRIADELPHIA ROAD
Crownsville, MD

Note: See Sheet 1 of 4, recorded in Plat Book 274, Page 757 for general notes applicable to this lot



DETAIL SCALE = 1"=30'

LOCATION DRAWING
LOT 43
WARFIELDS

5TH ELECTION DIST. HOWARD CO. MD.
TAX MAP 27 PARCEL 56 & 119
SHEET 2 OF 7

This map shows the 100-year flood plain... as shown on the National Flood Insurance Program... Insurance Rate Map, Panel 25 of 45... prepared by the Federal Emergency Management Agency.

I hereby certify that I have surveyed the property shown hereon for the sole purpose of... This plan is a benefit to the... required by a lender or a title insurance company... with contemplated transfer.

By: *[Signature]* Date: 7/17/98
J. N. P. Linters, Surveyor
Survey No. 1382

CLSI
Garrett Land Services
Engineers • Surveyors • Land Development Consultants
Landscape Architects • Environmental Specialists
439 East Main Street, Westminster, MD 21157-8220
Phone: 970-6617 FAX: 443-878-0026

DRAWN BY: J.P.L.
CHECKED BY:
REVISED BY:
DATE: 7-14-98
SCALE: 1"=100'
JOB NO: 48687
CLIENT:

TRIAD DELPHIA

PUBLIC

N 41° 07' 33" E

& ROAD 50' R/W

795.49

LAND TO BE DEDICATED
TO HOWARD COUNTY
FOR PURPOSE OF
PUBLIC ROAD
AREA: 1.05 AC ±

N 51° 09' 29" W

100' Ø W

B.N.L.

B.N.L.
PT. STA.

2-400
L. 70
2410

LOT 44
2.48 AC ±

LOT 40
2.20 AC ±

615/438
A. GRANT
UED 1/4

APPROX 100 FT
FLOODPLAIN

ROAD 'A'

480.00

472.0

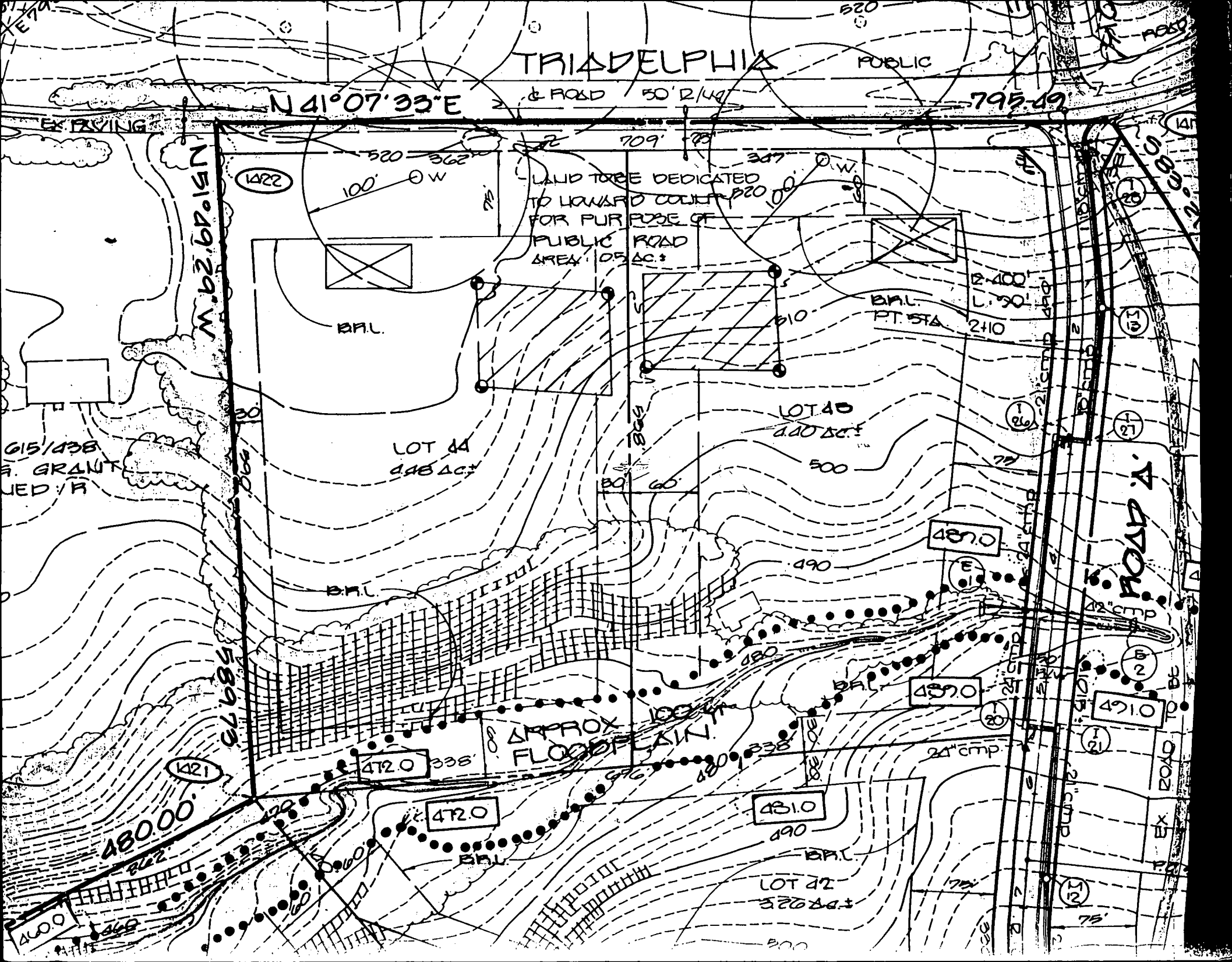
481.0

491.0

LOT 42
3.20 AC ±

EX ROAD TO BE

EX ROAD TO BE



THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON.

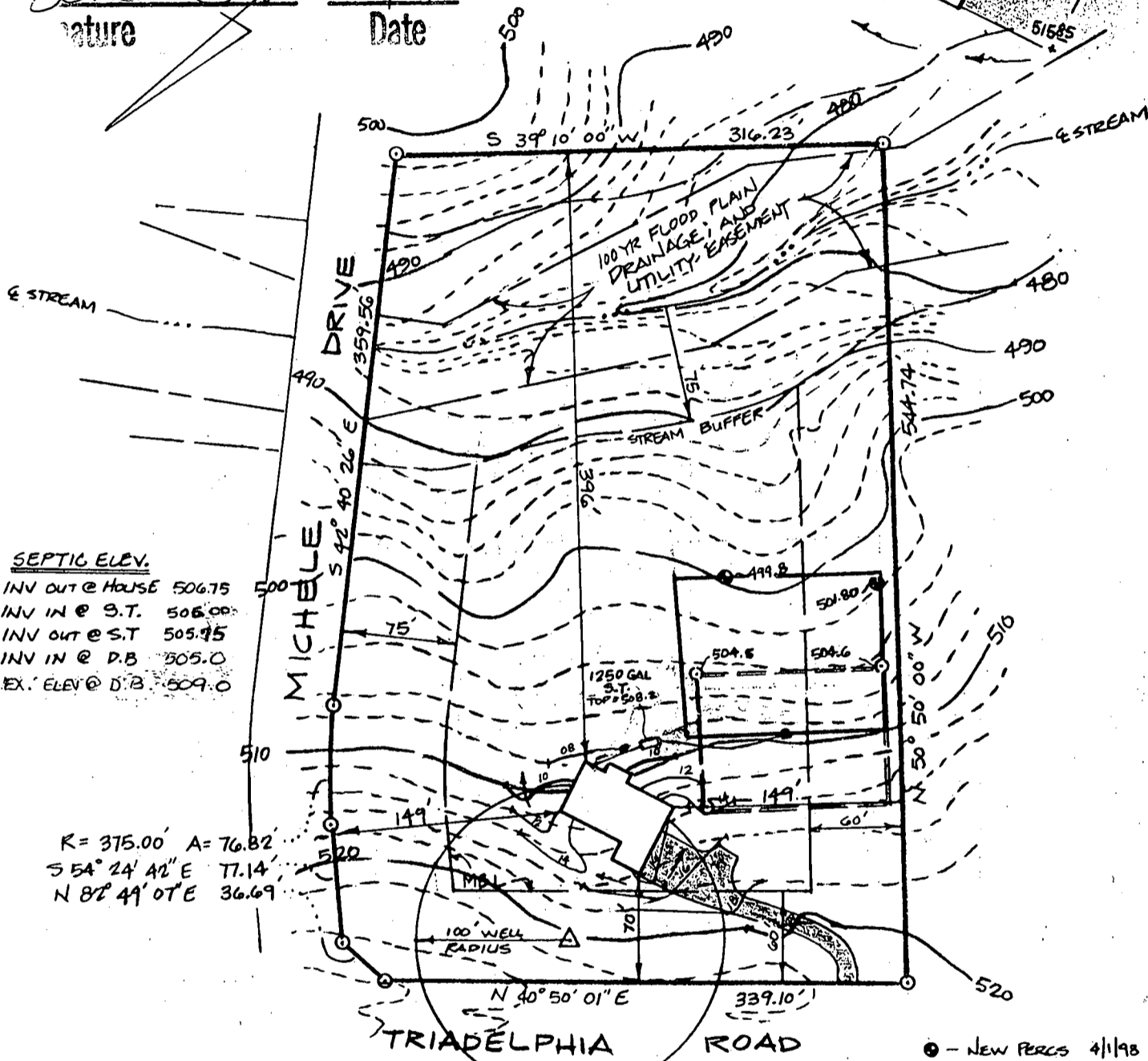
BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING STAKEOUT.

Approved Septic System Plan
Howard County Health Department

LOT 43
 4.337 AC. ±
 6/3/98
 Date

SCALE:
 1" = 30'

Donna K. ...
 Signature



SEPTIC ELEV.
 INV OUT @ HOUSE 506.75
 INV IN @ S.T. 505.00
 INV OUT @ S.T. 505.75
 INV IN @ D.B. 505.0
 EX. ELEV @ D.B. 509.0

R = 375.00 A = 76.82
 S 54° 24' 42" E 77.14
 N 82° 49' 07" E 36.69

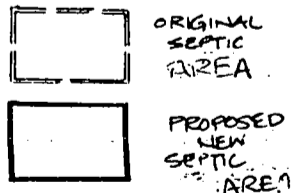
total linear feet of trench required 280 feet

width of trench(es) 3 feet

depth of trench(es) 6 feet

weight of stone required below distribution pipe 2 tons

● - New PERCS 4/1/98
 ○ - Old PERCS



PLOT PLAN
 LOT 43
 THE WARFIELDS
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

TAXMAP 27 PARCEL 56 AND 114

CLSI

Carroll Land Services
 Incorporated
 Engineers • Surveyors • Land Development Consultants
 Landscape Architects • Environmental Specialists
 439 East Main Street Westminster, MD 21157-5539
 (410) 876-2017 FAX (410) 876-0009

DRAWN BY:	JA
DESIGN BY:	
REVIEW BY:	
DATE:	4/29/98
SCALE:	1" = 100'
JOB NO:	98098
SHEET:	1 of 1

B 1 **9426** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-1504
 fill in this form completely

Date Received (APA) **5/20/98**

OWNER INFORMATION

8 MM DD YY 13
Purser - **Scott**

15 Last Name Owner First Name 34

36 **13047 Thyme Ct.**
 Street or RFD 55

57 **Carmantown, Md. 20874**
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **The Warfields** 42

SECTION **43** LOT **43**
 44 46 48 50

52 NEAREST TOWN **Dayton GLENELG** 71

MILES FROM TOWN (enter 0 if in town) **3** M I I
 73 76 77 78

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** M E D **24** License No. 81

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy Md 21771**

Signature **Joseph L. Mayne** Date **3/23/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEARWHAT ROAD **MICHELE DRIVE** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **35** 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HOWARD** COUNTY NO. **A 59888**

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **4/1/98** CO-SIGNATURE **Joseph L. Mayne** EXP. DATE **3/31/99**

43 MM DD YY 48 CO-SIGNATURE EXP. DATE

NORTH GRID **515.000** EAST GRID **0794.000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

2. **AN**

3. _____

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 **ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)

37 **CABLE** REVerse-ROTary DRive-POINT

other _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E **702**

N **5125**

000
000

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

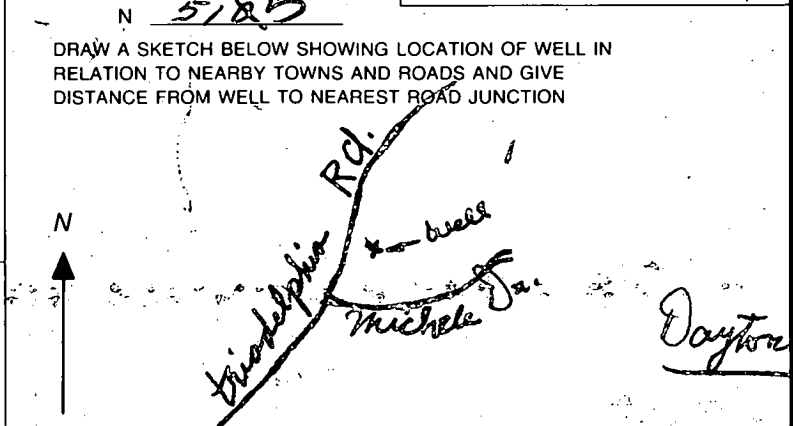
THIS WELL WILL NOT REPLACE AN EXISTING WELL.

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED, OR DEEPEINED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER _____ G A P _____ 63

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HD-94-1504**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY

11/13/98
NOON

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 X Replacement _____
Receipt # _____
Date 11-18-98
Name of Installer Gartland Plumbing, Inc. Telephone 410-875-5303
License Number 6352
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Scott Purser Telephone 301-617-3046
Subdivision Warfields Lot # 43 Well Tag # HD-94-1504
Site Address 4845 Philadelphia Rd

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Grundfos
3. Model # 2FS
4. Capacity 2 GPM
5. Pump exceeds well capacity Yes _____ No X
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 X Cable guards _____ Other _____

Motor
1. Horsepower 3/4
2. RPM 1200
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Harwood
2. Model # _____
3. Depth 48"

Tank
1. Capacity 250
2. Pressure relief valve? Yes
Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"
Well data
1. Depth 160 ft.
2. Yield 10 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? No

11/13/98 Pitless Adapter 4" B.G.
2-PC CAP OK per KM

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: Feb 2

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