

CO 9/8/93
ASAP-MR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05413397

P 49592

A 40771

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 9/8/93

INSPECTOR M. R. F. KIN

DISTRICT

DATE 9/9/93

Jack Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION The Warfields LOT 7 ROAD 14813 View Way Court

PROPERTY OWNER Mr. and Mrs. Jeffrey Zacharias

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 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet from the front lot line & 140 feet from the right side of the lot as seen when facing the lot from View Way Court. Run trenches toward the front 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/MR 8/17/93

PLANS APPROVED BY Raymond Hodges REVISED DATE 8/11/93

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

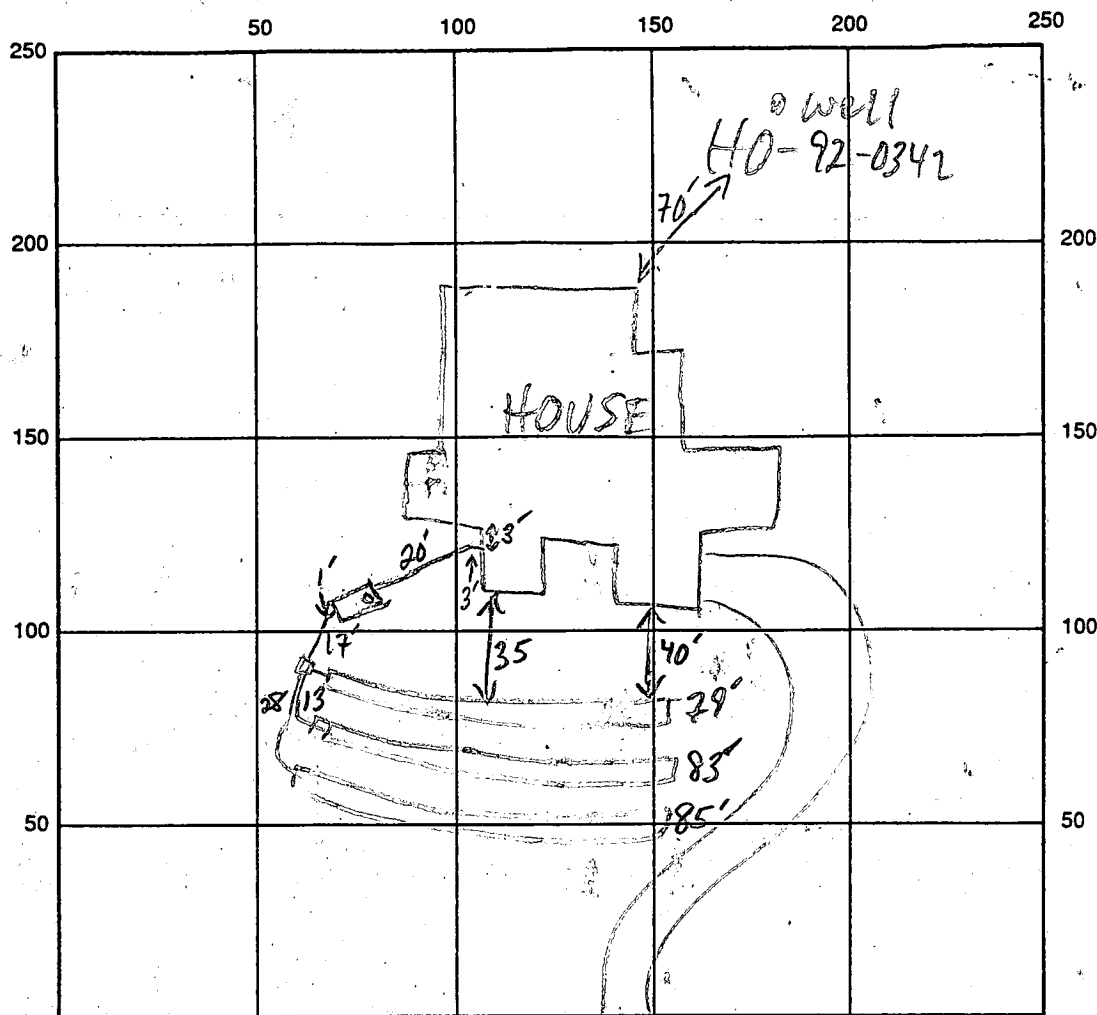
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLDG. PERMIT SIGNED
AND RETURNED 9/8/93
Serial # 60134 - dicta

A 40771



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS S.T.-OK
 DISTRIBUTION BOX LEVEL OK-BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①79 ②83 ③85 FT.
 NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA ①237 ②249 ③255 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 74 SQ. FT.

REMARKS: 9/8/93 OK TO COVER MR

DATE SYSTEM APPROVED 9/8/93 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 40771

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. Jeffrey Zacharias

ADDRESS 14663 Triadelphia Rd PHONE 442-2335
381-4221

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: THE WARFIELDS LOT 7 Preliminary

SUBDIVISION Sapling Range LOT NO. 6

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
14813 View Way Court

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.

Myrdal Reed
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-4-88 Per Satisfactory And for SUB. RATS. R

BLDG. PERMIT SIGNED

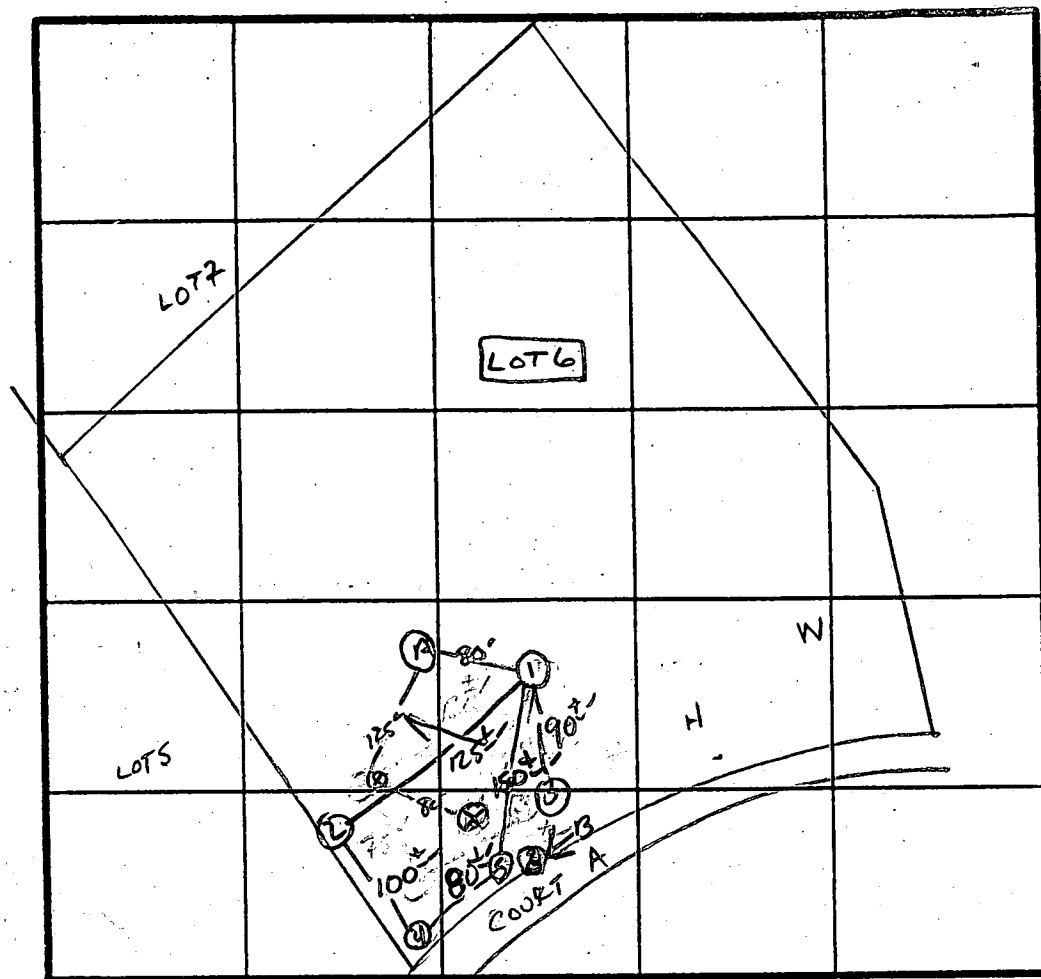
AND RETURNED 8/1/93

Serial # 49966

SFD-46mo.

THIS IS NOT A PERMIT

0"	HP
7"	Yell Red Silt loam clay 15-25% Frags
3.5'	Yell. Br. Silt loam 25-35% Frags
10'	



X Perc 4min
180 & 13R
Inlet 3.5'
Bottom 5.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

✓ TO TRIADelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/4/88	1 S M	4'- 7'	3:08 3:28	3:11 3:09	3:11 3:09	3:16 3:12	5 MIN 3 MIN
	1 V	11.5	UNIFORM soil below 4.0'				
	2 S V	4'- 11.5'	3:19 UNIFORM	3:22 soil below	3:22 3.5'	3:26	4 MIN
	3	7.5'	ALL CLAY				
	4 S V						
	5 V	11' CLAY TO 5.5'	UNIFORM below				
	A- ROCK AT 7'						
	B- CLAY TO 8'						

REMARKS

Holes DIFF THAN PLAT

TYPE OF SOIL

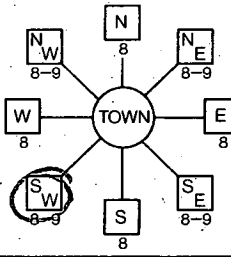

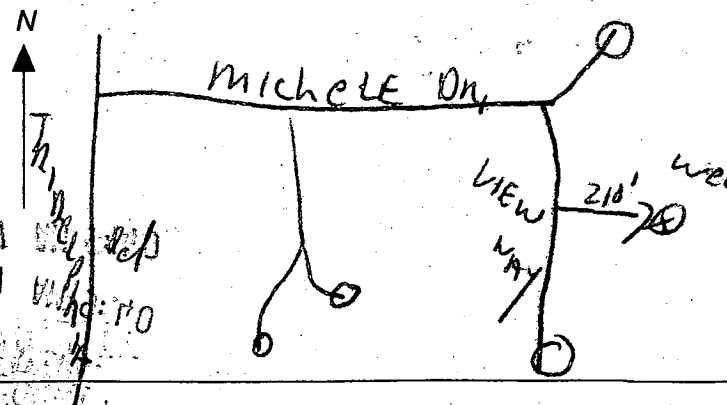
Minor

TESTED BY

5. Asel

ALSO PRESENT

O-K & STEADMAN & CO.

B 1 00224 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-92-0342 <small>fill in this form completely</small>
Date Received (APA) 040793		B 3 LOCATION OF WELL	
OWNER INFORMATION 8 ZACHARIAS 13 JEFFREY <small>15 Last Name 34 Owner First Name</small> 36 7564 WEATHERWORE WAY 55 <small>57 Town 70 State 72 Zip 76</small> COLUMBIA MD 21046		1 HOWARD 21 <small>8 COUNTY 23 SUBDIVISION 42</small> SECTION 44 46 LOT 2 48 50 GLENELG 71 <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Ralph MAYNE 77 License No. 273 80 Firm Name Ralph MAYNE (well drilling) Address 9120 Brown Church Rd. Mt Airy Signature Ralph Mayne 4/6/93 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		VIEW WAY Ct 30 <small>11 NEAR WHAT ROAD</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 210 34 37 ENTER FT. or MI Ft 38 39	
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)		NOT TO BE FILLED IN BY DRILLER Howard COUNTY NAME A 40771 COUNTY NO. STATE SIGNATURE Mark E. Reilly 41 DATE ISSUED 04/14/93 43 48 CO SIGNATURE Mark E. Reilly 49 NORTH GRID 515000 50 55 EAST GRID 0746000 57 63	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 9:40 4/26 Not started 2. 16' Bay of cement 3. 62' Well casing 50' Well ground 2' Casing above ground 1st stop N.O.K. 2nd stop OK C.B. (Don't stop at 1st)	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 79X6 N 51X5	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <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 (OEP USE ONLY)			
APPROX. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE M 2 67 68 WRITE INITIALS IN BOX PERMIT No. HO-92-0342 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

C17834SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBERA 40771

PERMIT NO. FROM "PERMIT TO DRILL WELL"40-92-0342

DATE RECEIVEDDATE WELL COMPLETED042693DEPTH OF WELL265(TO NEAREST FOOT)

OWNERZachariasJefferylast namefirst nameSTREET OR RFDVIEWWAY CTTOWNGlenelgSUBDIVISIONTHE WARFIELDSSECTIONLOT7

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)FEETFROMTOCheck if water bearing

Top Soil02
Sandy252
Sandstone5258
MICKA5875
Sandstone7580
MICKA80180
Sandstone180185
MICKA185265

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)yesnoYNY
TYPE OF GROUTING MATERIALCEMENT(CM)BENTONITE CLAY(BC)
NO. OF BAGS16NO. OF POUNDS1600
GALLONS OF WATER96
DEPTH OF GROUT SEAL (to nearest foot)from0ft. to50ft.

CASING RECORD
casing types insert appropriate code below
STEEL(ST)CONCRETE(CO)
PLASTIC(PL)OTHER(OT)
MAIN CASING TYPENominal diameter top (main) casing (nearest inch)Total depth of main casing (nearest foot)
PL662

OTHER CASING (if used)
diameter inchdepth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL(ST)BRASS(BR)OPEN HOLE(HO)
BRONZE(PL)OTHER(OT)
DEPTH (nearest ft.)
HOLE60265

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

DRILLERS IDENT. NO. 223
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

PUMPING TEST
HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min. to nearest gal.)10
METHOD USED TO MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface) BEFORE PUMPING51 WHEN PUMPING54
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 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
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)

9/9/93 11:00

Logged ✓

of Final
9/9/93
CBL

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
LINE

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision The Woodlands Lot # 7 Well Tag # H0-92-0342
Site Address 1 Vixen Way Court

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

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

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

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

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

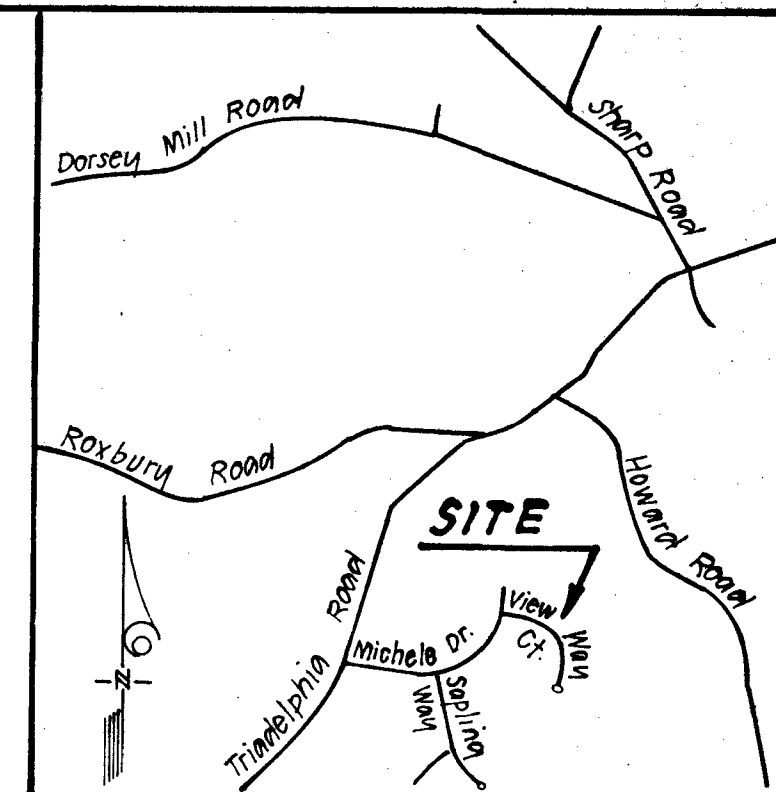
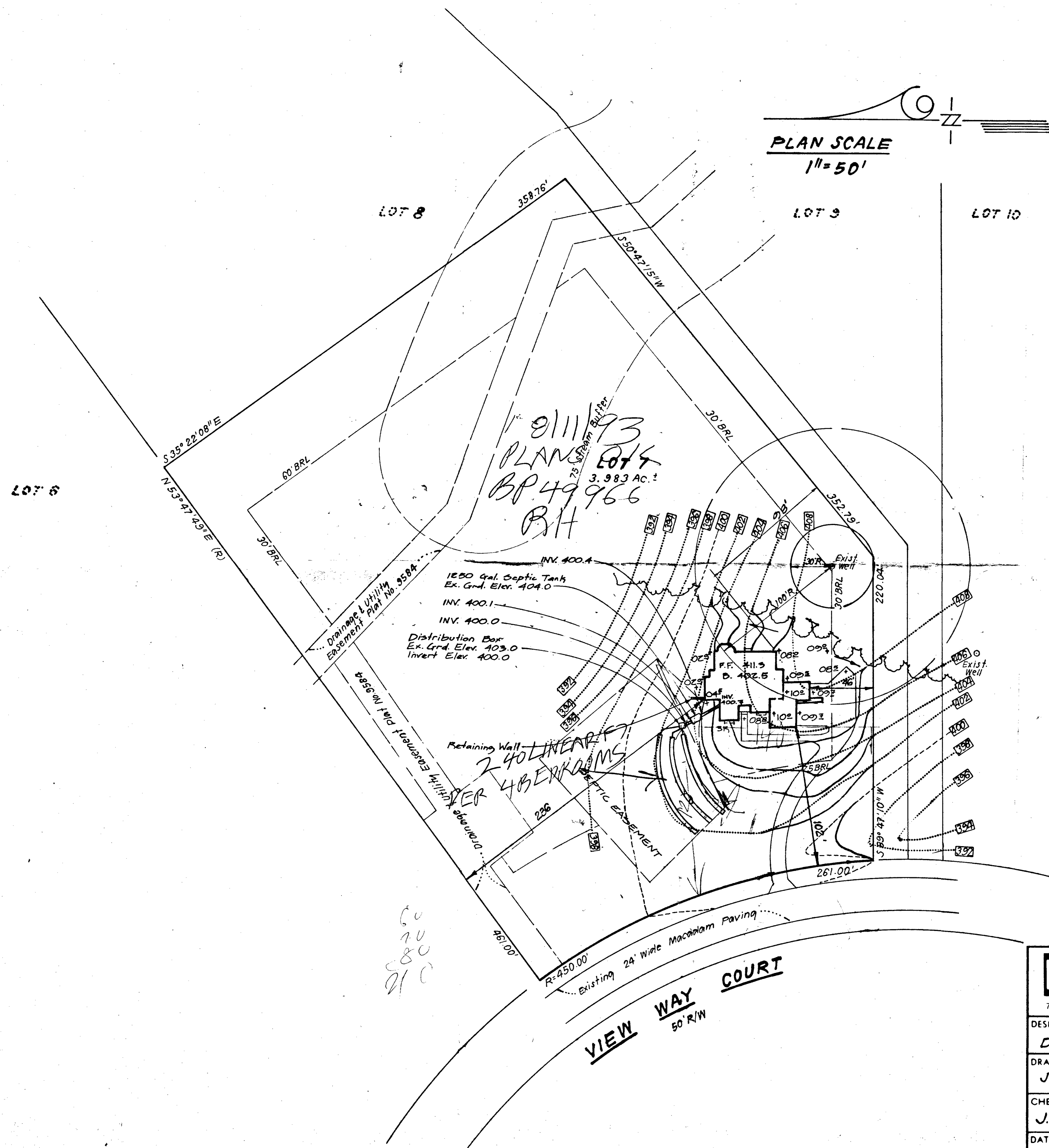
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

(yellow memo paper) CBL 9/9/93

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



GENERAL NOTES

1. Reference: Plat Number 9584
2. Subject Property is zoned: R.
3. Topography taken from field survey by Clark, Finefrock & Sackett, Inc. dated 5-21-93.
4. Length of trench to be determined at time of permit issuance.

LEGEND

Contour Interval	2 Ft.
Existing Contour	380
Proposed Contour	380
Spot Elevation	+78.2
Building Restriction Line	BRL
Existing Trees to Remain	(Symbol)



CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

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

DESIGNED D.B.S.	SITE DEVELOPMENT PLAN LOT 7 THE WARFIELDS LOTS 1-44 AND PARCEL A FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: CROSEN DEVELOPMENT 3775 Shady Lane Glenwood, Maryland 21738	SCALE AS SHOWN
DRAWN JTR		DRAWING 10F1
CHECKED J.M.E.		JOB NO. 93-109
DATE 6-1-93		FILE NO. 93-109-X