

3'0" 3/16/15
3/17/95 11:00

NO 1548

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

05413265

P 50533

A 40774

DISTRICT 5th

DATE 3/2/95

DATE SYSTEM APPROVED 3/17/95

INSPECTOR DKS

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION The Warfields LOT 10 ROAD 14831 View Way Court

PROPERTY OWNER Kennard Warfield, Jr. Mr. & Mrs. CICCARELLI

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 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the left front lot corner, place the distribution box 320 feet down the left lot line and 120 feet off this same lot line. Run trenches on contour, initial trenches to left, additional trenches 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 11/16/95 DKS

PLANS APPROVED BY Mark Rifkin/Amy McMillen

REVISED DATE 12/30/94

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

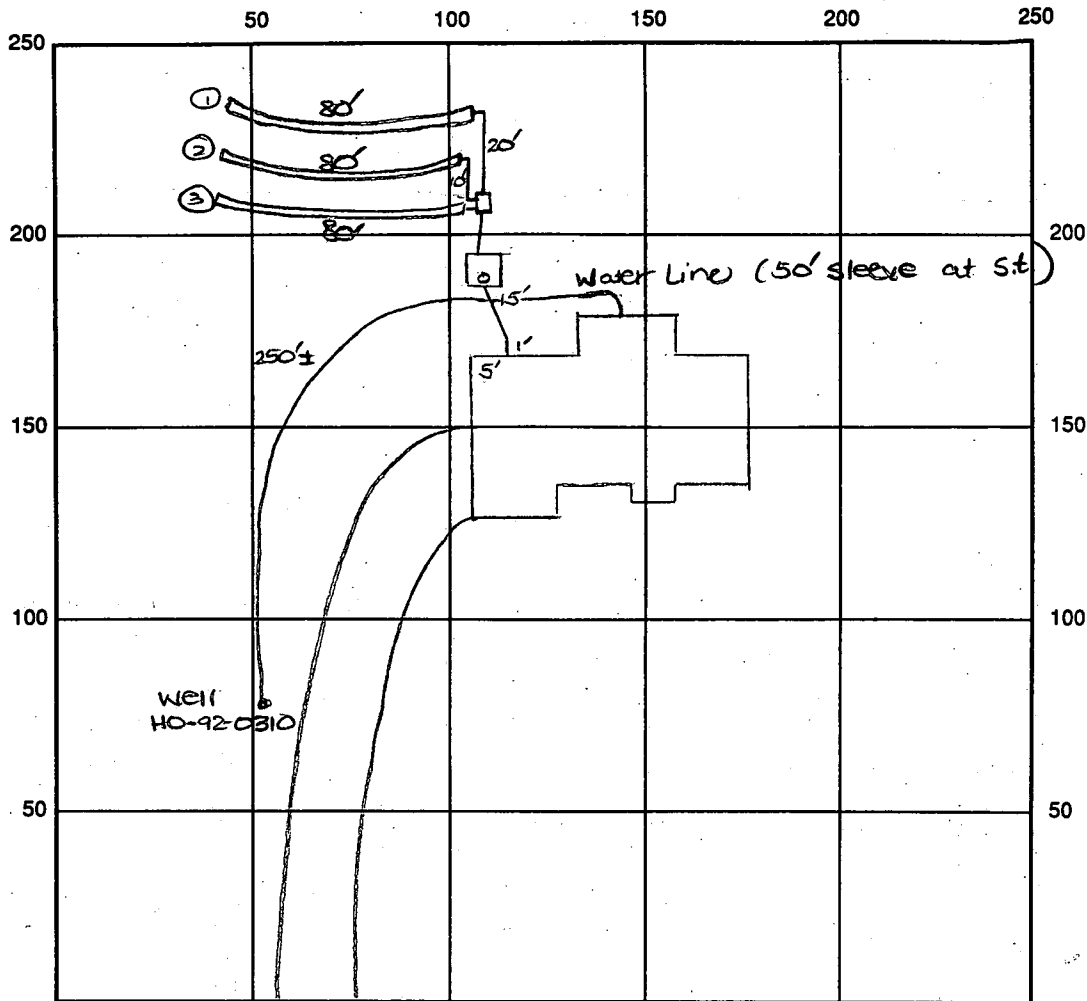
PERMIT VOID AFTER TWO YEARS

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 40774



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

View Way Court

SEPTIC TANK LEVEL OK- 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK- baffle in

DRAIN FIELD/TITLE DEPTH 4.5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT.

TOTAL LENGTH ① 80' ② 80' ③ 80' → 240' total

NUMBER OF TRENCHES 3

~~TOP AREA~~ / BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 3/17/95 final - OK to cover all work. DKS

DATE SYSTEM APPROVED

3/17/95

INSPECTOR

Donna K. Sol

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

57209

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14031 VINEY WAY COURT

GLENELE, MD 21737

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

NEW SINGLE FAMILY HOME
WITH 2 CAR ATTACHED GARAGE
4 BED ROOM
P/EMBASMENT

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

10 56 N/A N/A 5

SUB DIVISION

ZONE

ZONE MAP

ELEC. DIST.

CENSUS TR.

THE WARFIELDS RC 27 5 651.01

OWNER NAME AND ADDRESS

KENNARD WARFIELD, JR.

14663 TRIADAPIN RD

GLENELE, MD 21737

PHONE NO.

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

CONTRACT PURCHASE

JOHN F. METER, INC. 6477 SPAN, PLAIN LAKE

CALL MARCH 2015 280-5669

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

NONE

SIZE OF BLDG.

FRONT

DEPTH

HEIGHT

TYPE OF BLDG.

AREA

VOLUME

ROOF

B. ROOMS

ROOMS

BATHS

FIREPLACES

FOOTINGS

FOUNDATION

S. WALLS

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

MUELLEN NOTICES, INC.

4089 SHARP ROAD

GLENELE, MD 21737

EXISTING USE

VACANT LOT

PROPOSED USE

SFD

WATER/WELL/SEWER/SEPTIC

GAS

ELECTRICITY

TYPE OF HEAT

AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

PAUL F. MUELLER

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

200,000

SIGNATURE

TITLE

DATE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be released.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED

APPROVED

DATE

Distribution of Copies

1 - TO THE APPLICANT

1 - TO THE PERMITTING OFFICE

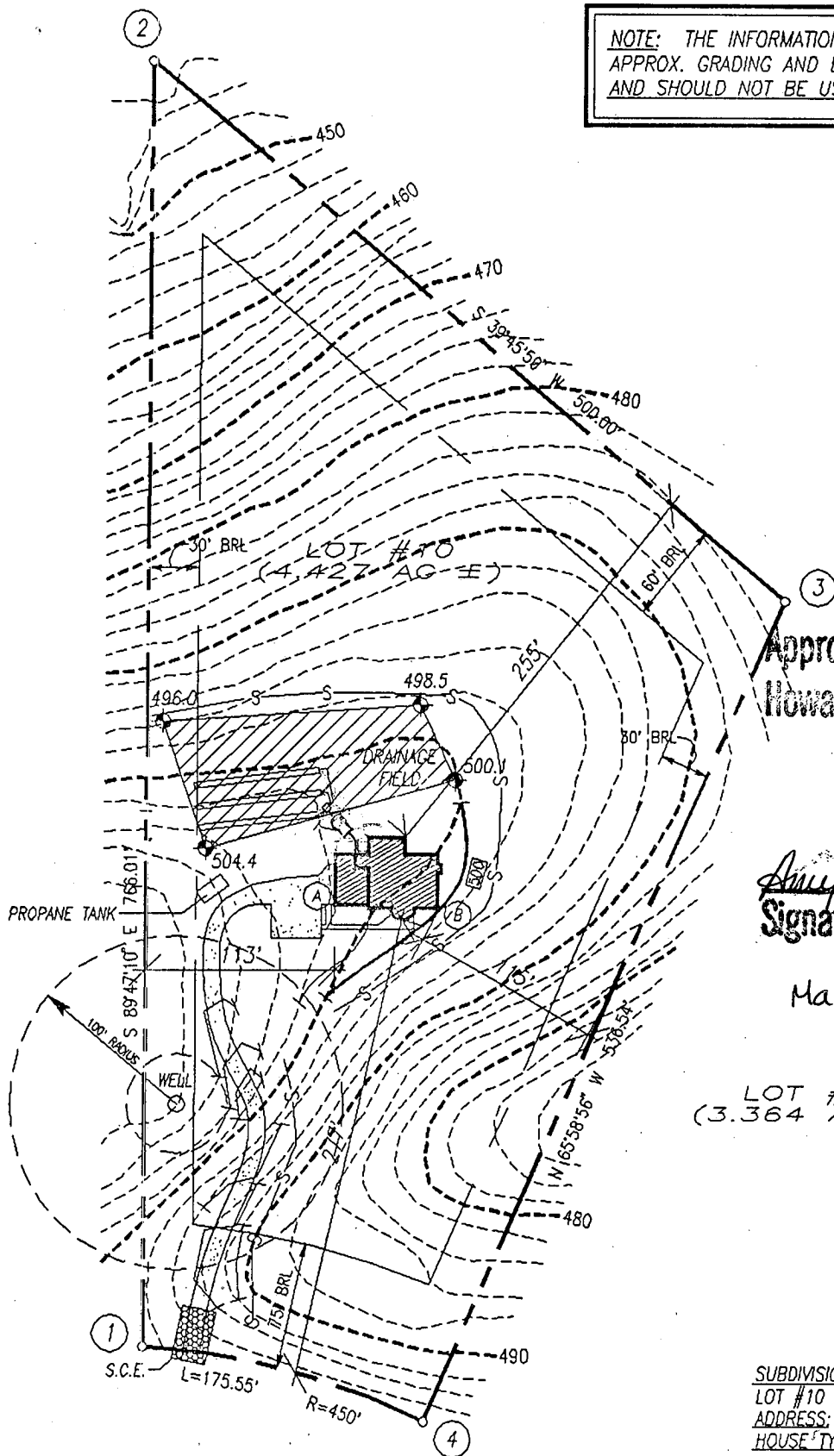
1 - TO THE ZONING OFFICE

1 - TO THE HEALTH DEPT.

1 - TO THE FIRE DEPT.

1 - TO THE STORM WATER MGMT.

NOTE: THE INFORMATION ON THIS SITE PLAN IS FOR APPROX. GRADING AND BLDG. LOCATION PURPOSES ONLY, AND SHOULD NOT BE USED AS A SURVEYED PLAT PLAN !!



Approved Septic System Plan
Howard County Health Department

Amy M. Mollen 12/30/94
Signature Date

Maintain 10' from all
parts of the house
to the septic tank

LOT #11
(3.364 AC ±)

SUBDIVISION: WARFIELD'S
LOT #10 - (4.427 Acres ±)
ADDRESS: View Way Court
HOUSE TYPE: 2-Story Framed W/
In-Ground Basement

WATER: Well
SEWER: Septic

ZONED: R
ELECTION DIST: 5th (HOWARD COUNTY)
TAX MAP #27, PARCEL #XXX, FOLIO #9581

HOUSE LOCATION:
PROP. CNR. #1 TO HOUSE CNR. A = 287'-5"
PROP. CNR. #1 TO HOUSE CNR. B = 315'-7"
PROP. CNR. #4 TO HOUSE CNR. A = 312'-4"
PROP. CNR. #4 TO HOUSE CNR. B = 305'-8"

PROP. ELEV.
BASEMENT = 495.21
FIRST FLR. = 504.00
GARAGE = 503.50

B.R.L. = Bldg. Restriction Line

INV. ELEV. (OUT) AT FDN WALL = 500.17
INV. ELEV. (IN) AT SEPTIC TANK = 500.02
INV. ELEV. (OUT) AT SEPTIC TANK = 499.60
INV. ELEV. (IN) AT DISTR. BOX = 499.47
INV. ELEV. (IN) AT TRENCH = 498.8

EXIST. ELEV. AT SEPTIC = 501.75
PROP. ELEV. AT SEPTIC = 502.15
EXIST. ELEV. AT DISTR. BOX = 501.60
PROP. ELEV. AT DISTR. BOX = 501.60
EXIST. ELEV. AT TRENCH = 501.95
PROP. ELEV. AT TRENCH = 501.95



NORTH

STAMP

SITE PLAN OF CICCARELLI RESIDENCE

GMA&D

Gregory Mitchell Architecture & Design Planning

P.O.Box 1522 Columbia, Maryland 21044 (410) 531-9055

JOB # - M94132

SCALE: 1"=100'

DATE: 12-20-94

DRAWN: KWH

CHECKED: GWM

APPLICATION

PERCOLATION TESTING

A 40774

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 View Way Ct PHONE _____

PROPERTY LOCATION: THE WARFIELDS LOT NO. LOT 10 Preliminary

SUBDIVISION Sapling Range LOT NO. 9

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
(14037 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. Mark D Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-17-88 Perc Satisfactory - hold for plat S. And

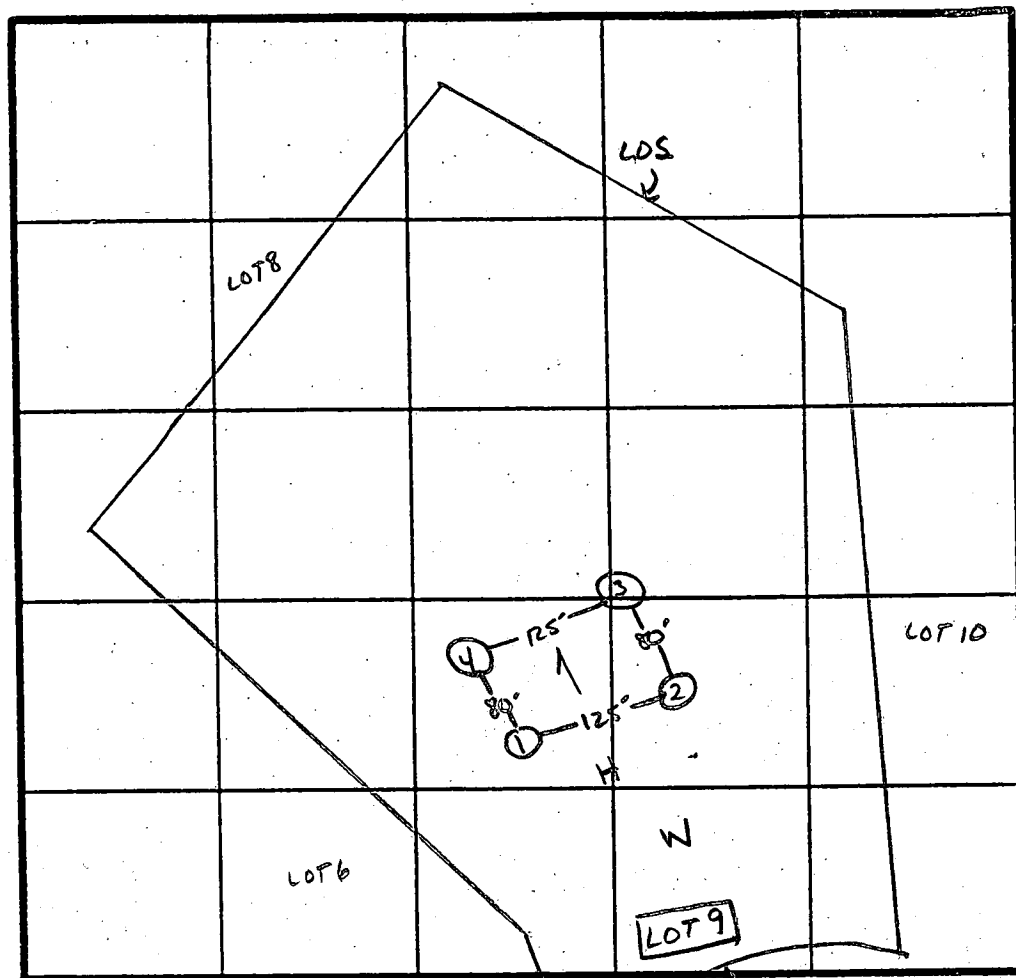
BLDG. PERMIT SIGNED
AND RETURNED 12/31/94
Serial # 57709
SFD-4/Bums

THIS IS NOT A PERMIT

①
SOIL PROFILE

0'
4'
3-4'
19-12'

A13
Yellow Bk.
→ BR. Red
Silt clay
lom.
15-20%
Fraggs
Yellow Bk
Highly
micaceous
Silt lom.
25-35%
Fraggs



X PERC SMIN
180 1/2 IN
INLET 3.0"
BOTTOM 4.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO TRIADAPHA RCL.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/17/88	1V	10"	HARD BOTTOM - uniform soil below		4"		
	2S	4.0"	12:02	12:04	12:04	12:09	5 MIN
	2M	8.0"	12:02	12:03	12:03	12:06	3 MIN
	2V	12"	uniform soil below		3.5"		
	3S	4.5"	12:06	12:08	12:08	12:12	4 MIN
	3V	12"	uniform soil below		4.0"		
	4S	3.5"	12:11	12:15	12:15	12:22	7 MIN
	4V	9.0"	uniform soil below		30" HARD BOTTOM		

REMARKS Holes APPROX. PLAT - Shallow Syst only

TYPE OF SOIL MANOL

TESTED BY S. Abel ALSO PRESENT O. KETTER MINN + CO. PHOTO R.

SHEET

WAY

COURT
3 OF 9
(50' R/W)

MATCH LINE SEE SHEET 6 OF 9

LOT 11

LOT 7
3.983 AC±

LOT 10
4.427 AC±

LOT 9
7.566 AC±

C.M.C. CONSTRUCTION INC.
432/551
P. 13

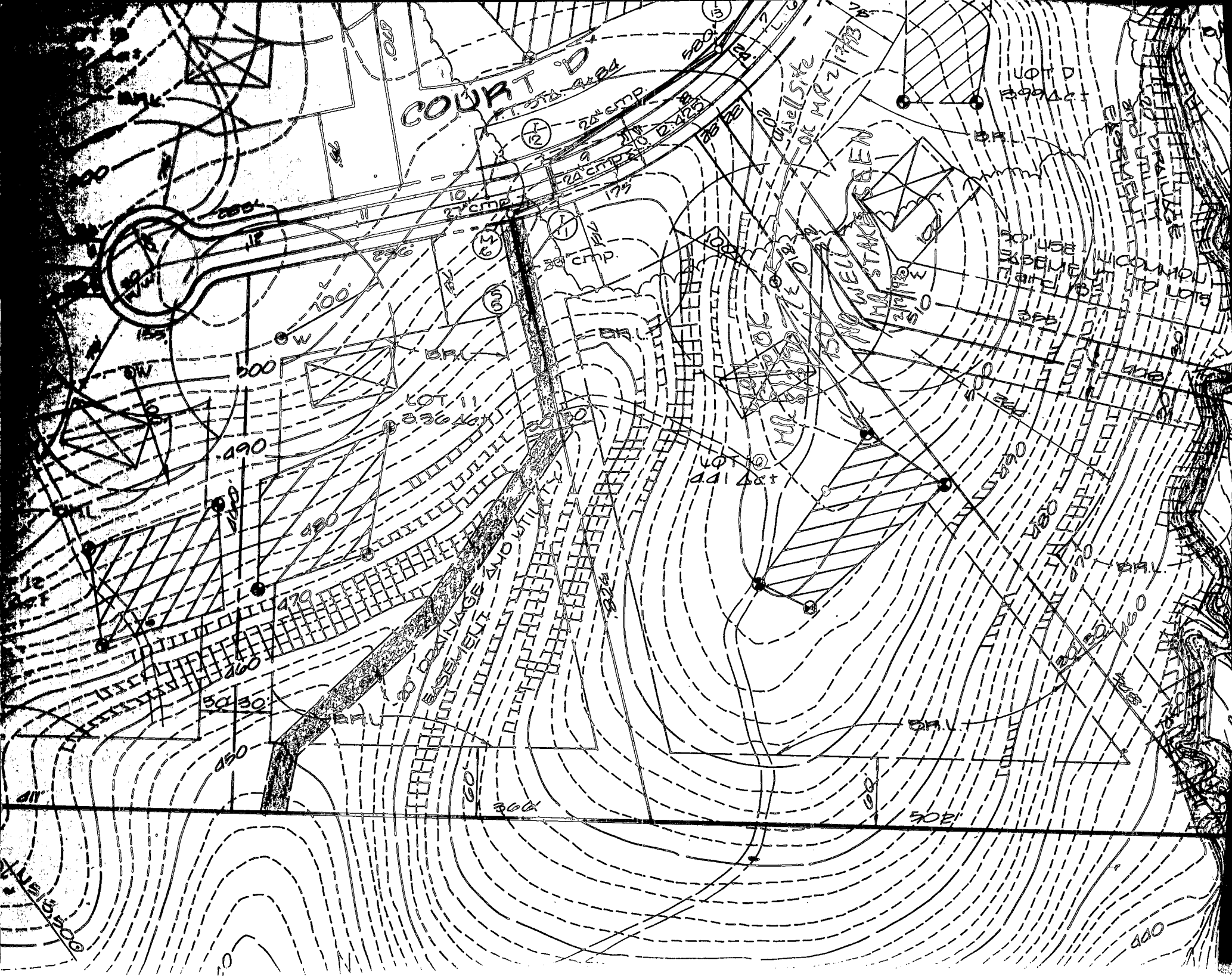
OWNER AND DEVELOPER

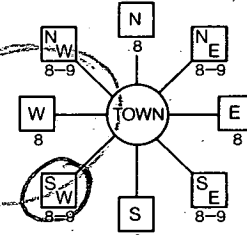
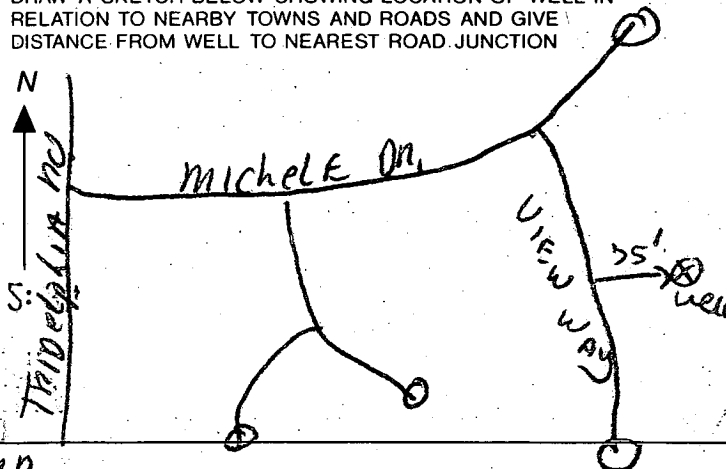
MR. KENNARD VARFIELD, Jr.
C/O LAND DESIGN & DEVELOPMENT, INC.
10805 HICKORY RIDGE ROAD
SUITE 210
CITILARIA, MARYLAND 21111

MR. KENNARD
t/a VARFIELD
C/O LAND DESIGN
10805 HICKORY

27.772 AC±
0.000 AC±

LOT 10
E 89-231
V16W WAY CT



B 1 00212 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(DP USE ONLY)</small>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-92-0310 <small>70 fill in this form completely 79</small>
Date Received (APA) 020393		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> WARFIELD KENNARD JR <small>15 Last Name Owner First Name 34</small> </div> <div style="border: 1px solid black; padding: 2px;"> 14663 TRINCLPHIA RD <small>36 Street or RFD 55</small> </div> <div style="border: 1px solid black; padding: 2px;"> GLENELG MD 21737 <small>57 Town 70 State 72 Zip 76</small> </div>		<div style="border: 1px solid black; padding: 2px;"> HOWARD <small>8 COUNTY 21</small> </div> <div style="border: 1px solid black; padding: 2px;"> THE WARFIELDS <small>23 SUBDIVISION 42</small> </div> <div style="border: 1px solid black; padding: 2px;"> SECTION 11 LOT 10 <small>44 46 48 50</small> </div> <div style="border: 1px solid black; padding: 2px;"> GLENELG <small>52 NEAREST TOWN 71</small> </div> <div style="border: 1px solid black; padding: 2px;"> MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small> </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> RALPH MAYNE <small>Driller's Name 77 License No. 80</small> </div> <div style="border: 1px solid black; padding: 2px;"> RALPH MAYNE WELL DRILLING <small>Firm Name</small> </div> <div style="border: 1px solid black; padding: 2px;"> 9120 Brown Church Rd. Mt Airy <small>Address</small> </div> <div style="border: 1px solid black; padding: 2px;"> Ralph Mayne 1/30/93 <small>Signature Date</small> </div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		VIEW WAY Ct. <small>11 30</small> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> NORTH <div style="border: 1px solid black; padding: 2px; text-align: center;">W</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">E</div> WEST EAST SOUTH </div> <div> 34 75 37 DISTANCE FROM ROAD ENTER FT. or MI ft <small>38 39</small> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) </div> <div style="width: 50%;"> <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) </div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 5px;"> Howard <small>COUNTY NAME</small> </div> <div style="border: 1px solid black; padding: 5px;"> A-40774 <small>COUNTY NO.</small> </div> <div style="border: 1px solid black; padding: 5px;"> STATE SIGNATURE Mark E. Riffin DATE ISSUED 8/17/93 <small>43 48 CO SIGNATURE 51</small> </div> <div style="border: 1px solid black; padding: 5px;"> NORTH GRID 514000 EAST GRID 0796000 <small>50 55 57 63</small> </div>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small>		APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> CABLE </div> <div> JETTED <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> REVerse-ROTary </div> <div> Jetted & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> Drive-POINT </div> </div> 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 <div style="border: 1px solid black; padding: 5px; display: flex;"> <div style="margin-right: 10px;"> E 7906 N 5104 </div> <div> 3/25/93 9:30 GROUT 20 BAGS NOT 40' OPEN OBS'D 65' CASING OK 2' CASING A.G. LOC OK 3/25/93 000 VTAG OK MR </div> </div>	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 DEEPEIN AN EXISTING WELL </div> <div style="width: 50%;"> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52 </div> </div>		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) H0-92-0310-3			
APPROX. PERMIT NUMBER 54 63			
FORCE MR WRITE INITIALS IN BOX PERMIT No. H0-92-0310 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS 442-2237 - KEN WARFIELD.			

B 1	5929	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1468 <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 062289		LOCATION OF WELL B 3 8 COUNTY THE WASHINGTONS 23 SUBDIVISION SAFETINE RANG SECTION 44 LOT 10 52 NEAREST TOWN Dorton MILES FROM TOWN (enter 0 if in town) 7 MI		
OWNER INFORMATION 15 Last Name LAND Owner DESIGN First Name BNL 36 8307 Street or RFD MAIN STREET 57 ELLICOTT Town CITY MD 21043		DRILLER INFORMATION Driller's Name Frank Delph 77 License No. 80 Firm Name Frank Delph Well Drillers Inc Address 18234 Penn Shop Rd Nt Airy Signature Frank Delph Date 2/19/91		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> NEAR WHAT ROAD View Way Court DISTANCE FROM ROAD 150 ENTER FT or MI FT		
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 HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. PA-40774 STATE SIGNATURE Frank Delph DATE ISSUED 2/19/91 CO SIGNATURE Frank Delph EXP. DATE 2/19/91 NORTH GRID 5184 EAST GRID 0796000		
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL _____ INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30- AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input checked="" type="checkbox"/> 37- CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 7986 N 5184		
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 DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		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) APPROP. PERMIT NUMBER _____ GAP _____ FORCE MD WRITE INITIALS IN BOX PERMIT NO. 40-88-1468 SPECIAL CONDITIONS		COUNTY		

3-17-95
N002

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 0
Date 3/16/95

Name of Installer Vantage Mechanical

Telephone 761-4111

License number 5563

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Kennard Warfield Jr Telephone

Subdivision Warfields Lot # 10 Well tag # -

Site Address 14831 View way COURT A 40774

Pump

1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make JACUZZI

3. Model #

4. Capacity 7 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 Campbell

2. Model # B300X

3. Depth 48"

Tank

1. Capacity 42

2. Pressure relief valve? ☒

Piping

1. Type

2. Size 1"

3. NSF and/or BOCA

Code approved ☐

Depth of supply

line 48"

Well data

1. Depth 205 ft.

2. Yield 10 GPM

3. Static water

level 50 ft.

4. Will water supply

be disinfected by

installer? NO

3/17/95

Pitless Adapter 4' below grade
1' above

OK to cover line as installed DKS

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: [Signature]

Date: 3/16/95

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