

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX

313-2640

PERMIT

05-413273

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

p<u>58584A</u>

A 40775

DISTRICT 5th

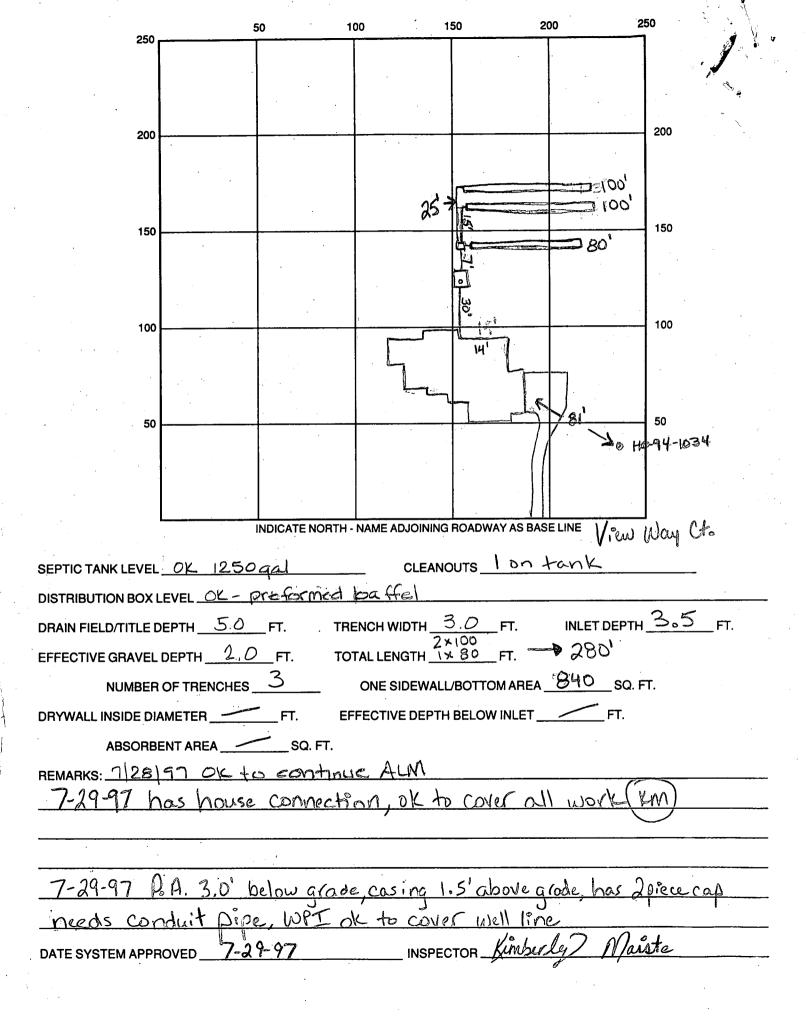
DATE 7-240-9

DATE SYSTEM APPROVED 7

NSPECTOR KM

INDEXED

	
Jack Fyock Septic Services	_ IS PERMITTED TO INSTALL XALTER
ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737	PHONE 410-988-9270
SUBDIVISION The Warfields LOT 11 F	ROAD 14837 View Way Court
PROPERTY OWNER William and Cynthia	Tack
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	
NUMBER OF BEDROOMS4	
210 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 280	
TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Effective original grade. 1½ feet of stone below dist LOCATION - Place the distribution box 140 feet down the off this same lot line. Run trenches on cornormal contract to exceed 100 feet in length. Proceed to grade or above on septic tank.	ve area begins at 3½ feet below cribution pipe. cright (463.86') lot line and 120 fee
OK K	m 5-21-97
PLANS APROVED BY Mark Rifkin/Donna K. Soe	DATE5/14/97
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FO	OR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS II ACCEPTABLE.	N LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE AUTHORIZED)	100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING G	RAVEL IN TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCE	MUG PERMIT CHARRY
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC	OHABS BETURNED 3-11-99
PERMIT VOID AFTER TWO YEARS	Seriel # 2010/16201
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHEPVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO	ES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR DISCREDE REQUIRED.
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES	· · · · · · · · · · · · · · · · · · ·



APPLICATION

PERCOLATION TESTING

DISTRICT Sth

40775

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

O: 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. Will	1 Am and Cynthin Tack
ADDRESS 14663 Triadelphia Rd	PHONE 4412-2337
PROSPECTIVE BUYER N/A	
ADDRESS - VIEW Way Court	PHONE
PROPERTY LOCATION: THE WAR FIELD	D COTUPActiminay
SUBDIVISION Sapting Range	LOT NO.
ROAD AND DESCRIPTION 14600 Triadephia Rd just 4	rest of Howard Rd
(14837 VIEW WAY Court)	GLDG. PERMIT SIGNED
TAX MAP PARCEL # 56	Secial # B10/05339
SIZE OF LOT 3 acres	TYPE BLDG SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBL	LIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUND	ABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BYFOR	DATE
REJECTED BYFOR	DATE
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING 2-11-88 PARC SATISFACTORY - 140LT	Fon Subclivision PLAT. S.Ab-

THIS IS NOT A PERMIT

Willow Gr Soil PROFILE.

YV 11-3

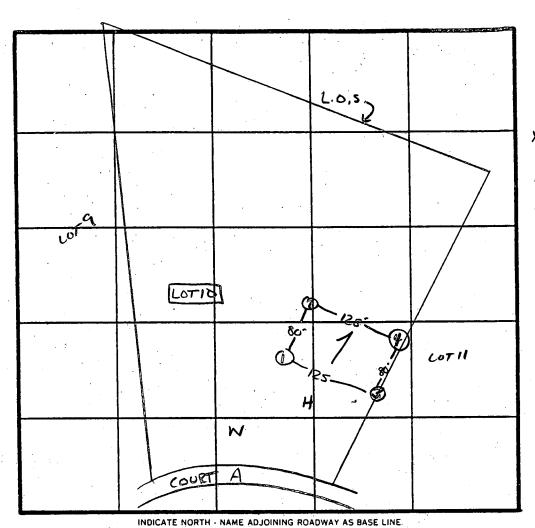
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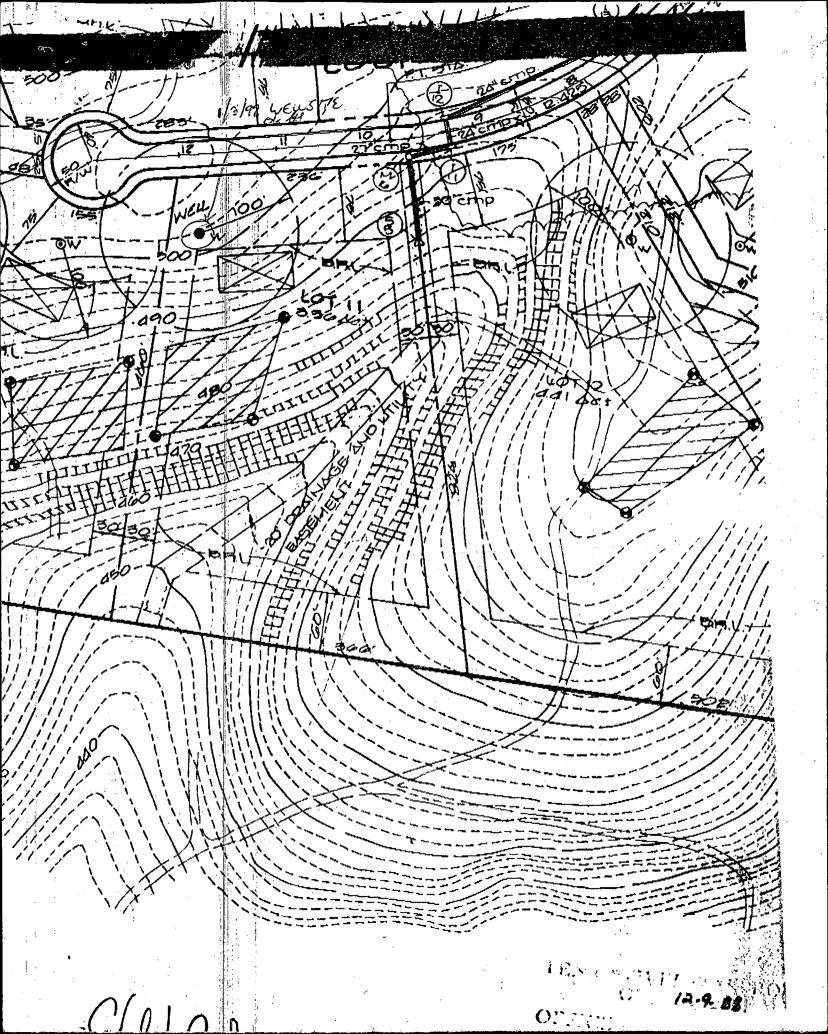
You for Silt

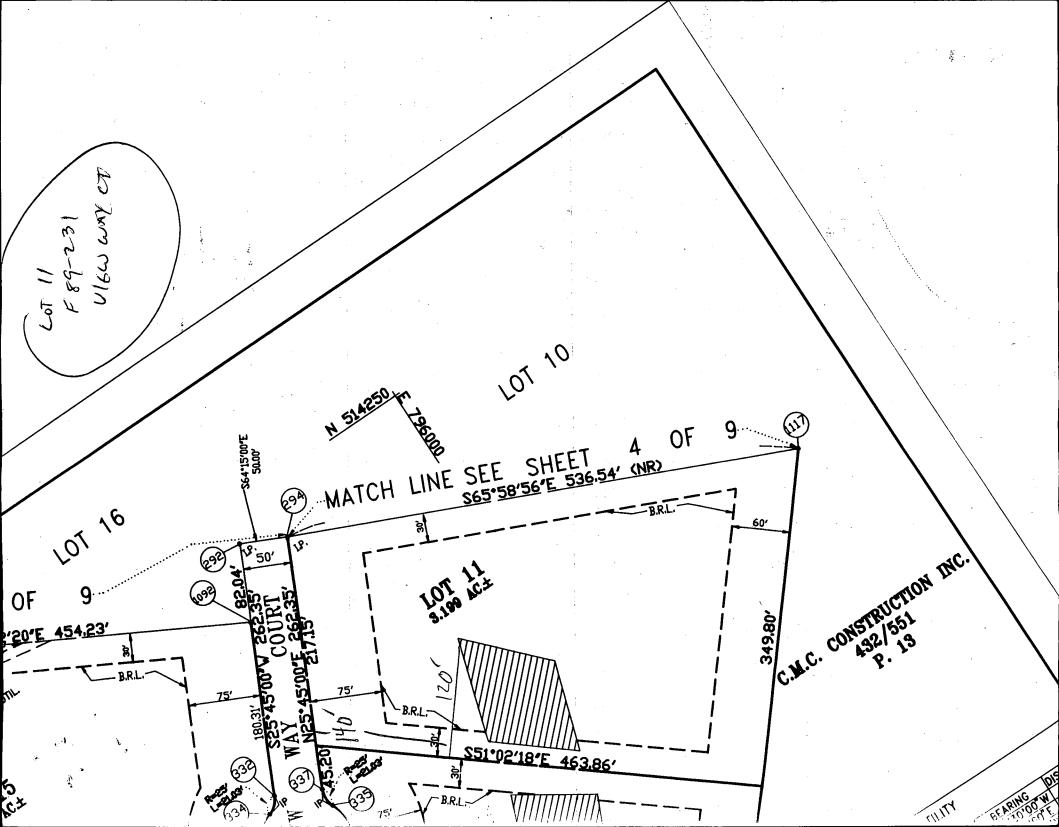


x Penc 9 min 210 PIBN INLET 3.5' BOTTOM 5.0"

	Company of the Compan	V.10	TRIADELA	hia Rdi	TEST	- 1" DROP	· · · ·
	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
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	25	5.5	3115 Wilforem Sc	3116	3116	3120	y min
	3 s _M	4.0 9.0	Z:58 Z154	3;04 Z159	3106 2189	3128	22mil Main
	31	13° UN	IFORM SOI	1 below	40		
	45	5-:	3:04 viform so	3108	18108	3115	7 Min
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REMARKS L	toles APPROX	DLAT	· · · · · · · · · · · · · · · · · · ·			
TYPE OF SOIL	Glanely			recent of a		
	S. Mul			AL SO	O-KETTER MAP PRESENT MA DAZ M	





EMERGENCY/TEMP NO. IF ANY

STATE OF MARYLAND PERMIT TO DRILL WELL THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS) Date Received (APA) To the property of the
Date Received (APA) 1
WARFIELD OWNER INFORMATION B COUNTY IS Lest Name Owner First Name 34 IS LED BLO KERNAR D Stock OF RPD Stock OF RPD STOCK OWNER FIRST Name 34 IS LED BLO
WAR FIFLO KENARD Street or RFD SI Last Name Owner First Name 34 SCOUNTY FIRST Name SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION MILES FROM TOWN (enter 0 if in town) SECTION S
Steel Name Owner First Name 34 J J J B E L P A I A R D 38 Street or RPD 55 57 Town 70 State 72 Zp 76 DRILLER INFORMATION CIRCLE MSD/MGD/MWD KA J M MAYNE TILLER MSD/MGD/MWD KA J M MAYNE TILLER MSD/MGD/MWD CALCH MAYNE MILLING CALCH MAYNE MILLING CALCH MAYNE MILLING CIRCLE MSD/MGD/MWD MILES FROM TOWN (enter 0 if in town) 71 NEAR WHAT ROAD 30 TOWN (CIRCLE APPROPRIATE BOX) MSET TILLER MARCH MARCH MILLING TOWN (CIRCLE APPROPRIATE BOX) MSET TOWN E B AVERAGE DAILY QUANTITY NEEDED S 12 CALCH MARCH MILLING S ME S S B 2 MELL INFORMATION AVERAGE DAILY QUANTITY NEEDED S 12 AVERAGE DAILY QUANTITY NEEDED S 2 CALCH MARCH
23 SUBDIVISION 36 Street or RFD 44 46 LOT 48 50 SECTION 44 46 LOT
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DRILLER INFORMATION CIRCLE (MSD) MGD/MWD MILES FROM TOWN (enter 0 if in town) Driller's Name CALCH MAYNE Driller's Name CALCH MAYNE Driller's Name CALCH MAYNE Driller's Name CIRCLE (MSD) MGD/MWD MILES FROM TOWN (enter 0 if in town) MILES FROM TOWN (enter 0 if in town) TOWN (CIRCLE BOX) DRICTION OF WELL FROM TOWN (CIRCLE BOX) NORTH NORTH NORTH NORTH APPROX. PUMPING RATE (GAL PER MIN.) AVERAGE DAILY QUANTITY NEEDED B 12 B 13 B 14 CIRCLE MSD) MGD/MWD MILES FROM TOWN (enter 0 if in town) TOWN (CIRCLE BOX) NORTH DISTANCE FROM ROAD AVERAGE DAILY QUANTITY NEEDED B 12 B 12 B 12 B 12 B 12 B 13 B 14 CIRCLE MSD) MG 1 TOWN (CIRCLE BOX) NORTH DISTANCE FROM ROAD AVERAGE DAILY QUANTITY NEEDED B 12 B 12 B 12 B 13 B 14 B 15 B 15 B 16 B 17 B 17 B 18 B 19 B 1
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Driller's Name (Alph Mayne Will Milling Firm Name G120 Brown (hunch 0). Mt, Amy Address Signature B 2 Well Information APPROX PUMPING RATE (GAL PER MIN.) AVERAGE DAILY QUANTITY NEEDED AVERAGE DAILY QUANTITY NEEDED Diffection of Well From Town (CIRCLE BOX) N DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N WHICH SIDE OF ROAD WEST SEAST AVERAGE DAILY QUANTITY NEEDED S S S S S S S S S S S S S S S S S S S
Firm Name G120 Myww (hunch 10. Not, Ainy Address B 2 WELL INFORMATION AVERAGE DAILY QUANTITY NEEDED AVERAGE DAILY QUANTITY NEEDED Signal Manual B 12 AVERAGE DAILY QUANTITY NEEDED SIGNAL MANUAL 12 AVERAGE DAILY QUANTITY NEEDED SIGNAL MANUAL 12 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N NEAR WHAT ROAD NORTH N
Address Value 12/23/96 Signature Date Date B 2 WELL INFORMATION APPROX PUMPING RATE (GAL PER MIN.) AVERAGE DAILY QUANTITY NEEDED ON WHICH SIDE OF ROAD (CIRCLE BOX) WEST SEAST AVERAGE DAILY QUANTITY NEEDED ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SEAST AVERAGE DAILY QUANTITY NEEDED SUM SET SEAST AVERAGE DAILY QUANTITY NEEDED ON WHICH SIDE OF ROAD (CIRCLE BOX) WEST SEAST AVERAGE DAILY QUANTITY NEEDED SUM SET SEAST AVERAGE DAILY QUANTITY NEEDED
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14 20 TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL.
D PHOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
IRRIGATION) COUNTY NAME COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. STATE SIGNATURE SIGNATURE OTHER (REQUIRES APPROPRIATION PERMIT) INSERT S
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT DATE ISSUED DATE ISSUED DI D 3 9 7 Heal Fair 1/3/98
APPROVAL) 43 48 CO SIGNATURE EXP. DATE NORTH 6 1 40 0 0 0 EAST 7 6 0 0 0
APPROPRIATION PERMIT) GRID GRID 50 55 57 63
APPROXIMATE DEPTH OF WELL SEET SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
WITH AN X SOURCES OF DRILLING WATER
APPROXIMATE DIAMETER OF WELL 6
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN WRITE THE BOX NUMBER
AIR-ROTar) AIR-PERcussion ROTARY (Hydraulic Rotary) FROM THE MAP HERE REVerse-ROTary DRIve-POINT
other
REPLACEMENT OR DEEPENED WELLS N 5/04 - 000
(CIRCLE APPROPRIATE BOX). DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN EXISTING WELL RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNGTION
ABANDONED AND SEALED ABANDONED AND SEALED APPLICATION OF TRIDES AND TRIDES
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D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP 63
FORCE ST WRITE PERMIT No. HO-94-1034
67 88 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS SPECIAL CONDITIONS

c 1 6566	SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUN IN COLS. 3-6 ON ALL CARDS		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-40775	
ST/CQ/USE ONLY DATE Received	DATE WELL COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
MM DD YY 8 13	MM 3 ^{DD} 5 ^N	22 2 45 26 (TO NEAREST FOOT)	<u>H0 </u>	
	field	Kennard first name	An State of	
	warfields		lenda LOT _//	
WELL LO		WELL HAS BEEN GROUTED (IYI) IN F	C 3	
STATE THE KIND OF FORMATIO COLOR, DEPTH, THICKNESS A	NS PENETRATED, THEIR ND IF WATER BEARING	TYPE OF GROWTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)	FEET check if water bearing	NO. OF BAGS 45 4690 NO. OF POUNDS 45 4690 NO. OF POUNDS	PUMPING RATE (gal. per min.)	
- (.)	0 2	GALLONS OF WATER	METHOD USED TO	
10/ 30,6		from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)	
SAULGO	2 50 0	(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING	
Jop Soil SAND STONE MICKA SAND STONE	50 55	types Insert STEEL CONCRETE	WHEN PUMPING 25 ft.	
MALERA	55 75	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)	
MICLIA		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine other	
SAND STONE	>5 80	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)	
MICICA	80 245	60 61 63 64 66 ∄ 70 E OTHER CASING (if used) ↔ ₹	J jet S submersible	
		A diameter depth (feet) C from 16 t C from 16 t	PUMP INSTALLED	
		A S I N	DRILLER WILL INSTALL BUMP YES NO	
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED	
100		or open hole ST BR HO insert STEEL BRASS	PLACE (A,C,J,P,B,S,T,Q) 29 IN BOX 29	
		(appropriate code below) BRONZE HOLE P L O T	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 / 35	
***	y manada mana	PLASTIC OTHER	PUMP HORSE POWER	
NUMBER OF UNSUCCESSFUL	L WELLS: O	C 2 DEPTH (nearest ft.)	RUMP COLUMN LENGTH (nearest ft.) 43 47	
WELL HYDROFRACTURED	yes N	E 1 / / O 3	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRI A WEÏLTWAS ABANDONED	AND SEALED	H ² 23 24 26 30 32 36 S	LAND SURFACE (negrest)	
WHEN THIS WELL WAS CO	r	C <u>3</u> R 38 39 41 45 47 51 E	- below) - 50 51 foot)	
P TEST WELL CONVERTED WELL I HEREBY CERTIFY THAT THIS WELL	HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING SERTIC TANKS AND LOR	
ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONDITIONED PERMIT, AND THAT THE HEREIN IS ACCURATE AND COMPLETED TO THE PROPERTY OF TH	TIONS STATED IN THE ABOVE E INFORMATION PRESENTED	DIAMETER OF SCREEN 56 60 (NEAREST INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES	
DRILLERS LIC NO. 1 M	<u>Sp.1/6</u>	from to	(MEASUREMENTS TO WELL)	
DAL M DRILLERS SIGNATURE	engel	IF WELL DRILLED. WAS FLOWING WELL INSERT F IN BOX 68 68		
(MUST MATCH SIGNATURE ON LIC., NO. 1 M.)	APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) The Common W. Q. (E.R.O.S.) W. Q.	25	
RathE. Wa	700	70 72	Pl of	
SITE SUPERVISOR (sign. of c responsible for sitework if differ		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	() Luck Fings	
		COUNTY	●	

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HOWARD COUNTY HEALTH DEPARTMENT

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

September 12, 1991 Reply to:

To: Frank Delph

From: Mark Rifkin, Sanitarian MR

Re: Well Permit HO-88-1666 thru HO-88-1671, The Warfields, Lots 1-6

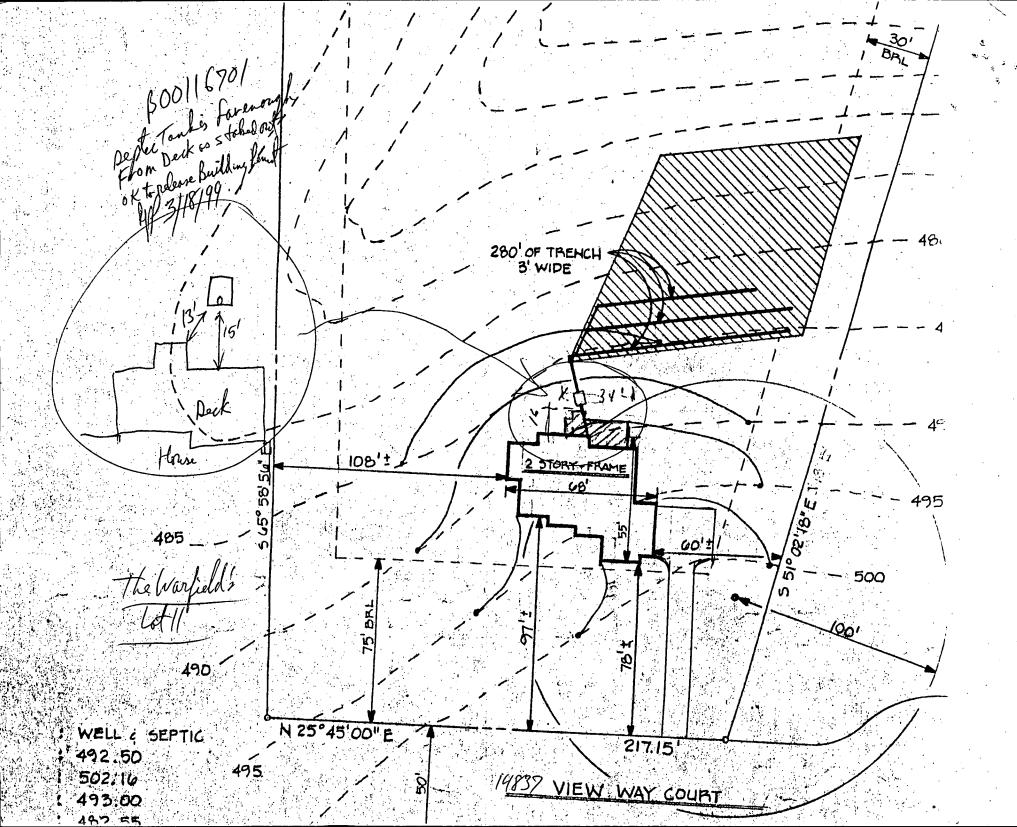
HO-88-1465 thru HO-88-1473, The Warfields, Lots 7-15

A review of our records indicates that the above referenced well drilling permits have expired. The first set of permits expired on February 6, 1991. The second set of permits expired on August 19, 1991.

Please return the permits and well tags to this office.

MR:cm

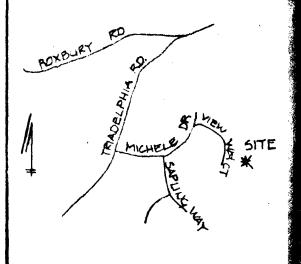
B 1 5930 SEQUENCE NO.	STATE OF	MARYLAND : : : :	STATE PERMIT NUM	BER
(DP USE ONLY) THIS NUMBER IS TO BE PUNCHED	PERMIT TO	DRILL WELL nt or type	HO-88-1	969
IN COLS, 3-6 ON ALL CARDS)			fill in this form comp	pietely ————————————————————————————————————
Date Received (APA) DECEMBER 10 OWNER INFORMA	ATION		LOCATION OF WELL	
LEND OFSIGN Q	Mr DEWI	ACUNTY THE	wartierds	
15 Last Name Owner S 3 0 0 M M M M S 7 1	First Name 34	SIFE LANGE	- सिनाजहार । । ।	42
36 Street or RFD	55	SECTION 44 46	LOT 48 50	
57 Town 70	M/ 2 / 0 4 3 State 72 Zip 76	DO 11 TO 14		
DRILLER INFORMATION	on เปเมลา	MILES FROM TOWN (er	iter 0 if in town) 4 M	<u> </u>
Driller's Name	77 License No. 80	B 4	View Way 60	78
Firm Name	MI BILL MA	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD	30
Address	PH. MICH. PD.	ر		NORTH
Signature Burger	4/19/89 Date/	N 8 N E 8 - 9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION		TOWOT E	· · · · · · · · · · · · · · · · · · ·	SOUTH
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(GAL. PER DAY)	20	S W 8-9 S 8-9	ENTER FT	
USE FOR WATER (CIRCLE APPR	·	8	NOT TO BE FILLED IN BY DRILL	
D HOME (SINGLE OR DOUBLE HOUSEH)		Howard	HEALTH DEPARTMENT APPROV	16775
F IRRIGATION) [] INDUSTRIAL, COMMERCIAL, STATE A		COUNTY NAME	cou	NTY NO.
22 OTHER (REQUIRES APPROPRIATION F	PERMIT)	STATE SIGNATURE DATE ISSUED	O AND INSER	RTS 41
PUBLIC OR PRIVATE WATER COMPAN APPROPRIATION PERMIT AND STATE H APPROVAL)		080690	Mark & Kellin	216/9/ EXP. DATE
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APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING	G WATER	
METHOD OF DRILLING	circle one)	2.		
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	3. WRITE THE BOX NUME	BER	B
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other	HEVI!	H N 513	000	
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D THIS WELL WILL DEEPEN AN EXISTIN			() () () () () () () () () ()	•
(IF AVAILABLE) 41	52		المراكب المراكب	>~-/
Not to be filled in by driller (OEP L	JSE ONLY)	vah Vij	1	
APPROP. PERMIT NUMBER 54	A P 63	12/		a way
FORCE WILLIAM WRITE INITIALS PERMIT NO HOLD TO 70 71 72	8 8 - 1 4 6 9 73 74 75 76 97 78 79	TR.	delphia mil	1 Rot
SPECIAL CONDITIONS			-	



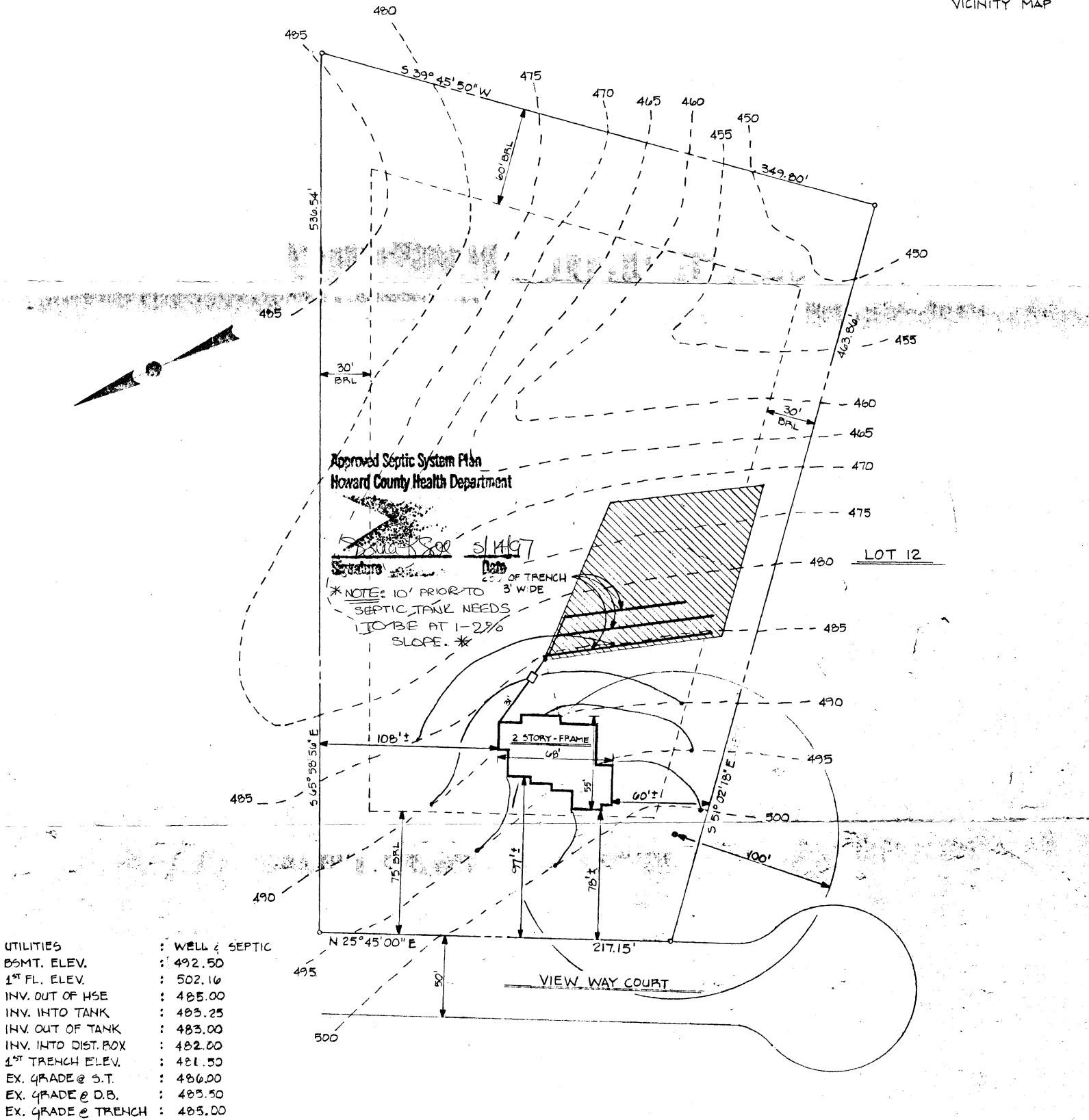
SITE PLAN SCALE: 1" = 40"

ELEV. @ WELL

: 501.00



VICINITY MAP



SINGLE FAMILY RESIDENCE

LOT II THE WARFIELDS PLAT C.M.P. NO. 9500 5TH ELECTION DISTRICT TAX MAP 27 PARCEL 50 & 114 APRIL 2, 1997

CONTACT : TRADITION HOMES (410) 531-9203