

05413338

7-18-97  
Septic Co. + WPT  
(ready now prefer Am)

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58560

A 40779

DISTRICT 5

DATE 7-10-97

DATE SYSTEM APPROVED 7-18-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XX461-9933X 313-2640

INDEXED

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 410-795-7873

SUBDIVISION The Warfields

LOT 15

ROAD 14814 View Way Court

PROPERTY OWNER

Trinity Custom Homes

ADDRESS

**BUILDING PERMIT SIGNED  
AND RETURNED**

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

7-10-03 800142971-46 POOL  
11-5-03 800142978-POOL House

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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

LOCATION - Begin first trench 135 feet from the left (189.97') lot line at a point 170 feet up that lot line as viewed from View Way Court. Install trenches on contour toward the left 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 5/20/97 DKS

PLANS APPROVED BY Ronald J. Pinkley/Craig Williams

DATE 05/23/97

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

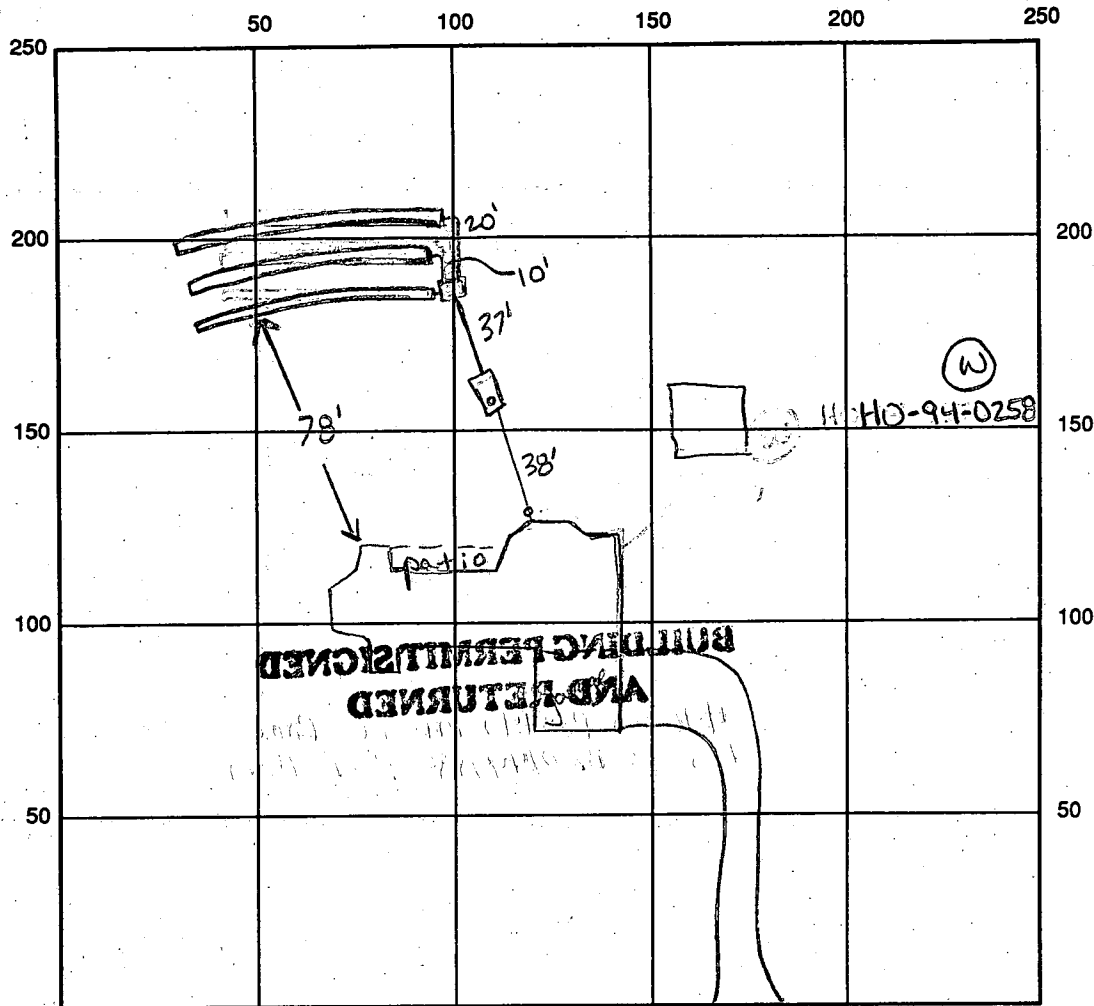
PERMIT VOID AFTER TWO YEARS

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 40779



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

View Way Ct.

SEPTIC TANK LEVEL OK

CLEANOUTS 1 at house, 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.0 FT.

TRENCH WIDTH 3.0 FT.

INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT.

TOTAL LENGTH 3x60 FT. → 180

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 7-18-97 WPI OK to cover well line, P.A. 4.0' below grade, casing 1.5' above grade, needs 2 piece cap (KM)

7-18-97 house conn made, OK to cover all work (KM)

DATE SYSTEM APPROVED 7-18-97

INSPECTOR Kimberly Maister

# APPLICATION

PERCOLATION TESTING

A 40779

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: THE WARFIELDS

SUBDIVISION Sapling Range LOT NO. LOT 15 Preliminary 14

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd  
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. Myard Reel  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

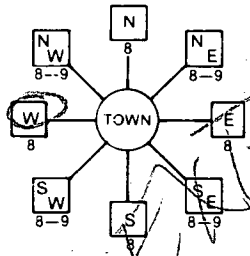
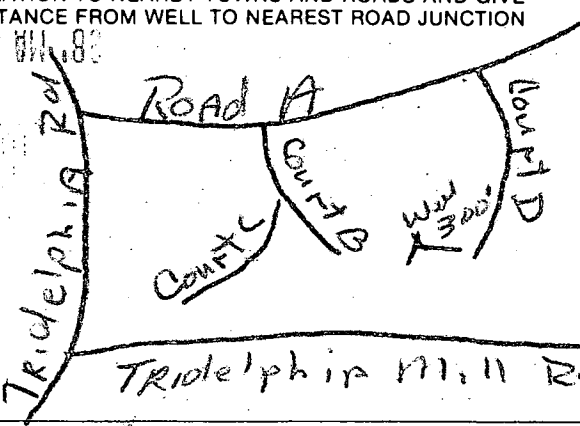
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2-11-88 Pmt SATISFACTORY - Held for SUBDIVISION PLAT - S.A.G.

# THIS IS NOT A PERMIT



B 1 5934 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER MD-88-1473 <small>fill in this form completely</small>
Date Received (APA) 062289 <b>OWNER INFORMATION</b> 15 Last Name: LAND DESIGN AND DEVL Owner First Name: 34 36 Street or RFD: 8307 MAIN STREET 55 57 Town: ELLICOTT CITY MD 21043 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 1 2 8 COUNTY: Howard 23 SUBDIVISION: SPALLING RANGE 42 SECTION 44 46 LOT 15 50 52 NEAREST TOWN: Dg 410 N 71 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name: Frank Delph 77 License No. 80: 453 Firm Name: Frank Delph Well Drillers Inc. Address: 18234 Penn Shop Rd Mt Airy Signature: Frank Delph Date: 4/19/89		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> View Way Court NEAR WHAT ROAD: View Way Court 11 30 DISTANCE FROM ROAD: 2 34 37 ENTER FT or MI: FT 38 39	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: A-40779 STATE SIGNATURE: Mark E. Reikin DATE ISSUED: 2/6/91 43 48 CO SIGNATURE EXP. DATE NORTH GRID: 514000 EAST GRID: 079500 50 55 57 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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)		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 795 514 000 000	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37		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 _____	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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) APPROP. PERMIT NUMBER _____ GAP _____ 54 63 FORCE: MR INITIALS PERMIT NO. MD-88-1473 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

EMERGENCY/TEMP NO. IF ANY

<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">1261</span>		SEQUENCE NO. (DP USE ONLY)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <span style="font-size: 18pt; font-weight: bold;">H0-94-0258</span> <small>70 fill in this form completely 79</small>	
<b>OWNER INFORMATION</b> Date Received (APA) <span style="font-size: 18pt; font-weight: bold;">11/22/94</span> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">LAND DESIGN DEVELOP.</div> <div style="display: flex; justify-content: space-between;"><div>15 Last Name <span style="font-size: 18pt; font-weight: bold;">JOHNS</span></div><div>Owner <span style="font-size: 18pt; font-weight: bold;">HICKORY</span></div><div>First Name <span style="font-size: 18pt; font-weight: bold;">RIDGE</span></div></div> <div style="display: flex; justify-content: space-between;"><div>36 <span style="font-size: 18pt; font-weight: bold;">COLUMBIA</span></div><div>Street or RFD <span style="font-size: 18pt; font-weight: bold;">MD 21044</span></div><div>55 <span style="font-size: 18pt; font-weight: bold;">70 State 72</span></div><div>Zip <span style="font-size: 18pt; font-weight: bold;">21044</span></div></div>				<b>LOCATION OF WELL</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">HOWARD</div> <div style="display: flex; justify-content: space-between;"><div>8 COUNTY <span style="font-size: 18pt; font-weight: bold;">THE WARFIELD</span></div><div>21</div></div> <div style="display: flex; justify-content: space-between;"><div>23 SUBDIVISION <span style="font-size: 18pt; font-weight: bold;">GLENELE</span></div><div>42</div></div> <div style="display: flex; justify-content: space-between;"><div>SECTION <span style="font-size: 18pt; font-weight: bold;">15</span></div><div>LOT <span style="font-size: 18pt; font-weight: bold;">15</span></div></div> <div style="display: flex; justify-content: space-between;"><div>52 NEAREST TOWN <span style="font-size: 18pt; font-weight: bold;">2</span></div><div>71</div></div> <div style="display: flex; justify-content: space-between;"><div>MILES FROM TOWN (enter 0 if in town)</div><div><span style="font-size: 18pt; font-weight: bold;">2</span> <span style="font-size: 18pt; font-weight: bold;">MI</span></div></div>			
<b>DRILLER INFORMATION</b> MSD/MGD/MWD Driller's Name <span style="font-size: 18pt; font-weight: bold;">RALPH MAYNE</span> Firm Name <span style="font-size: 18pt; font-weight: bold;">RALPH MAYNE (WELL DRILLING)</span> Address <span style="font-size: 18pt; font-weight: bold;">9120 Brown Church Rd. Mt. Airy</span> Signature <span style="font-size: 18pt; font-weight: bold;">Ralph Mayne</span> Date <span style="font-size: 18pt; font-weight: bold;">11/22/94</span> 77 License No. 80 <span style="font-size: 18pt; font-weight: bold;">1116</span>				<b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b> <div style="text-align: center;"><div style="display: flex; justify-content: space-around;"><div>NW 8-9</div><div>N 8</div><div>NE 8-9</div></div><div style="display: flex; justify-content: space-around;"><div>W 8</div><div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">TOWN</div><div>E 8</div></div><div style="display: flex; justify-content: space-around;"><div>SW 8-9</div><div>S 8</div><div>SE 8-9</div></div></div>			
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 18pt; font-weight: bold;">5</span> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 18pt; font-weight: bold;">500</span>				<b>VIEW WAY CT.</b> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI <span style="font-size: 18pt; font-weight: bold;">Ft</span>			
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column; gap: 5px;"><div><input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div><div><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</div><div><input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</div><div><input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</div><div><input type="radio"/> TEST-OBSERVATION; MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</div></div>				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"><div>Howard COUNTY NAME</div><div>A40779 COUNTY NO.</div></div> <div style="display: flex; justify-content: space-between;"><div>STATE SIGNATURE <span style="font-size: 18pt; font-weight: bold;">Howard</span></div><div>DATE ISSUED <span style="font-size: 18pt; font-weight: bold;">12-7-95</span></div></div> <div style="display: flex; justify-content: space-between;"><div>DATE ISSUED <span style="font-size: 18pt; font-weight: bold;">120799</span></div><div>EXP. DATE <span style="font-size: 18pt; font-weight: bold;">12-7-95</span></div></div> <div style="display: flex; justify-content: space-between;"><div>NORTH GRID <span style="font-size: 18pt; font-weight: bold;">515000</span></div><div>EAST GRID <span style="font-size: 18pt; font-weight: bold;">0795000</span></div></div>			
APPROXIMATE DEPTH OF WELL <span style="font-size: 18pt; font-weight: bold;">150</span> FEET				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
APPROXIMATE DIAMETER OF WELL <span style="font-size: 18pt; font-weight: bold;">6"</span> INCH				SOURCES OF DRILLING WATER 1. well 2. 3.			
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"><div>BORED (or Augered) <input checked="" type="radio"/> AIR-ROTARY</div><div>JETTED <input type="radio"/> AIR-PERCUSION</div><div>Jettied &amp; DRIVEN <input type="radio"/> ROTARY (Hydraulic Rotary)</div></div> <div style="display: flex; justify-content: space-between;"><div>CABLE <input type="radio"/> REVERSE-ROTARY</div><div>Drive-POINT <input type="radio"/></div></div>				WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; justify-content: space-around;"><div>E <span style="font-size: 18pt; font-weight: bold;">7525</span></div><div>N <span style="font-size: 18pt; font-weight: bold;">5125</span></div></div>			
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column; gap: 5px;"><div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY- CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div><div><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</div></div> <div style="display: flex; justify-content: space-between;"><div>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)</div><div><span style="font-size: 18pt; font-weight: bold;">41</span> <span style="font-size: 18pt; font-weight: bold;">52</span></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 <div style="text-align: center;"><div style="display: flex; justify-content: space-around;"><div>N</div><div><span style="font-size: 18pt; font-weight: bold;">Philadelphia Rd.</span></div></div><div style="display: flex; justify-content: space-around;"><div><span style="font-size: 18pt; font-weight: bold;">well</span></div><div><span style="font-size: 18pt; font-weight: bold;">Michele Dr.</span></div></div></div>			
<b>Not to be filled in by driller (OEP USE ONLY)</b> APPROX. PERMIT NUMBER <span style="font-size: 18pt; font-weight: bold;">GAP</span>				INFORMATION FROM DRILLERS <span style="font-size: 18pt; font-weight: bold;">12/27/94</span> <span style="font-size: 18pt; font-weight: bold;">9:30 GROUT</span> <span style="font-size: 18pt; font-weight: bold;">65' CASING</span> <span style="font-size: 18pt; font-weight: bold;">40' OPEN</span> <span style="font-size: 18pt; font-weight: bold;">15 BAGS GROUT.</span> <span style="font-size: 18pt; font-weight: bold;">LO6, 65' 12/27/94</span> <span style="font-size: 18pt; font-weight: bold;">Ann</span>			
FORCE <span style="font-size: 18pt; font-weight: bold;">RA</span> PERMIT No. <span style="font-size: 18pt; font-weight: bold;">H0-94-0258</span>				SPECIAL CONDITIONS <span style="font-size: 18pt; font-weight: bold;">740-2100 MARK REICH</span>			

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 5913

SEQUENCE NO.  
(DENV USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A40 779

ST/CO USE ONLY

DATE RECEIVED

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

122794

Depth of Well

305

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-94-0258

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

LOT

Land Design Development  
View Way Ctt  
The Warfields

Glenelo

15

## WELL LOG

Not required for driven wells.

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

Check  
if water  
bearing

Top Soil	0	2	
Sandy	2	50	✓
Sand Stone	50	60	
MICKA	60	90	
Sand Stone	90	95	✓
MICKA	95	305	

## GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 15 NO. OF POUNDS 500

GALLONS OF WATER 20

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowSTEEL ☒ CONCRETE ☒  
PLASTIC ☒ OTHER ☒MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)P2 6 65  
60 61 63 64 66 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from to


screen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

STEEL ☒ BRASS ☒ OPEN ☒  
HOLE ☒  
PLASTIC ☒ OTHER ☒

C2		DEPTH (nearest ft.)	
1	2	3	4
8	9	11	15
17	21	23	24
26	30	32	36
38	39	41	45
47	51		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
from toGRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) W Q  
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22

WHEN PUMPING 83

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

(CIRCLE) (YES or 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 } LAND SURFACE

- below } 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)

Prop Line

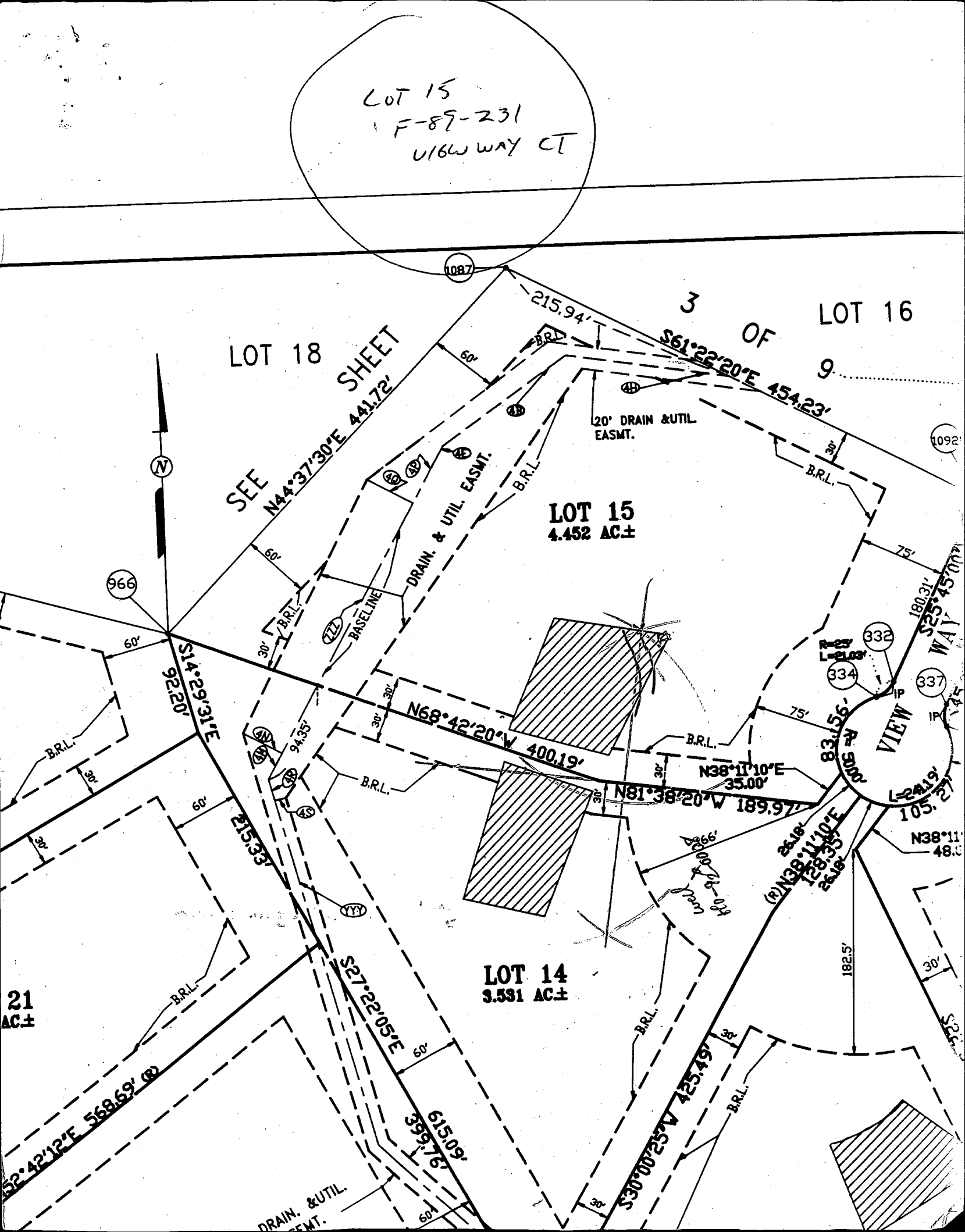
135'

125'

well

COUNTY

LOT 15  
F-89-231  
V16W WAY CT



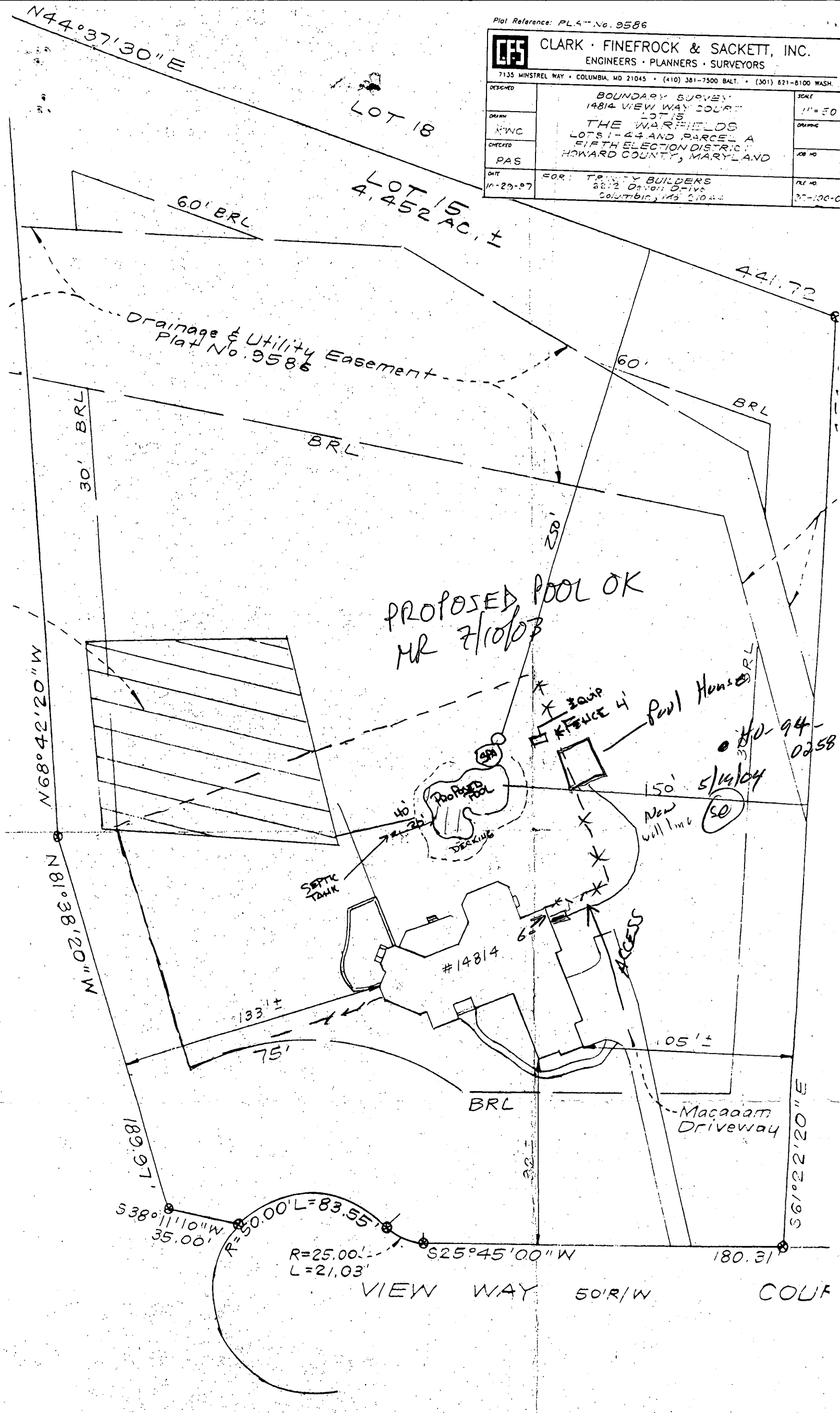




CLARK · FINEFROCK & SACKETT, INC.  
ENGINEERS · PLANNERS · SURVEYORS

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

DESIGNED	BOUNDARY SURVEY 14814 VIEW WAY COURT LOT 15 THE WARFIELDS LOTS 1-44 AND PARCEL A FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN KWC		DRAWING
CHECKED PAS		JOB NO.
DATE 10-29-87	FOR: TRINITY BUILDERS 2812 DORRIS DRIVE COLUMBIA, MD 21044	FILE NO. 97-100-C



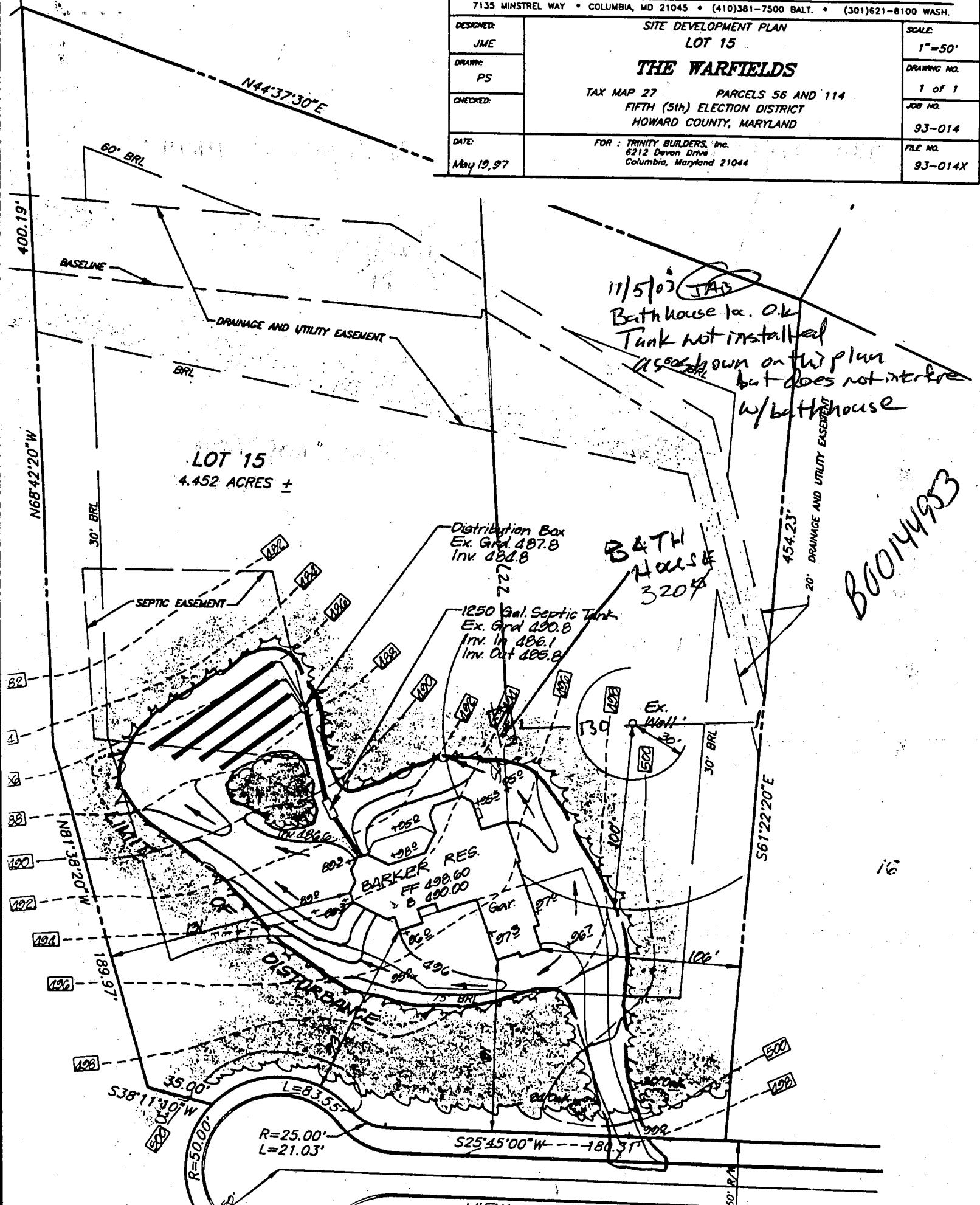
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER P20142971	
Building Address <u>1514 View Way Cent</u> <u>Glenview MD 21037</u>			Property Owner's Name <u>Eubank Nancy Parker</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1514 View Way Cent</u>		
Census Tract _____ Subdivision <u>The Warfields</u>			City <u>Glenview</u> State <u>MD</u> Zip Code <u>21037</u>		
Section _____ Area _____ Lot <u>15</u>			Home Phone <u>410-489-5307</u> Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Renaissance Landscaping, Inc.</u> <u>16043 Frederick Rd</u> <u>Mt Airy MD 21771</u>		
Zoning _____ Map Coordinates _____ Lot size _____			Phone <u>410-459-0704</u> Fax <u>410-489-0154</u>		
Existing Use <u>Single Family Home</u>			Contractor Company <u>Renaissance Landscaping, Inc.</u>		
Proposed Use <u>Swimming Pool</u>			Contact Person <u>LEONARD RICHARD</u>		
Estimated Construction Cost \$ <u>21,000</u>			Address <u>16043 Frederick Rd</u>		
Description of Work <u>Swimming Pool</u> <u>8' x 42' x 4'</u>			City <u>Mt Airy</u> State <u>MD</u> Zip Code <u>21771</u>		
Occupant or Tenant _____			License No. <u>16659</u>		
Contact Name _____			Phone <u>410-459-0704</u> Fax <u>410-489-0154</u>		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		
BUILDING DESCRIPTION - <u>COMMERCIAL</u>			BUILDING DESCRIPTION - <u>RESIDENTIAL</u>		
<b>Building Characteristics</b>			<b>Building Characteristics</b>		
Height: _____			SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		
No. of stories: _____			Depth: _____ Width: _____		
Gross area, sq. ft. per floor: _____			1st floor: _____		
Use group: _____			2nd floor: _____		
Construction type: _____			Basement: _____		
Reinforced Concrete			Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		
Structural Steel			Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		
Masonry			No. of Bedrooms: _____		
Wood Frame			Multi-family dwellings		
State Certified Modular			No. of efficiency units: _____		
<b>Utilities</b>			No. of 1 BR units: _____		
Water Supply: _____			No. of 2 BR units: _____		
Public			No. of 3 BR units: _____		
Private			Other Structure: _____		
Sewage Disposal: _____			Dimensions: _____		
Public			Footings: _____		
Private			Roof: _____		
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>			State Certified Modular		
Gas Yes <input type="checkbox"/> No <input type="checkbox"/>			Manufactured Home		
Heating System: _____			<b>Utilities</b>		
Electric <input type="checkbox"/> Oil <input type="checkbox"/>			Water Supply: _____		
Natural Gas <input type="checkbox"/>			Public		
Propane Gas <input type="checkbox"/>			Private		
Sprinkler system: N/A <input type="checkbox"/>			Sewage Disposal: _____		
Full			Public		
Partial			Private		
Other Suppression			Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		
# of Heads			Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Heating System: _____		
			Electric <input type="checkbox"/> Oil <input type="checkbox"/>		
			Natural Gas <input type="checkbox"/>		
			Propane Gas <input type="checkbox"/>		
			Sprinkler system: N/A <input type="checkbox"/>		
			NFA #13D		
			NFA #13R		
			Other: _____		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.					
Applicant's Signature <u>LEONARD RICHARD</u>			Print Name <u>LEONARD RICHARD</u>		
Title/Company <u>RENAISSANCE LANDSCAPING, INC.</u>			Date <u>7/11/13</u>		
Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u>			FOR OFFICE USE ONLY:		
** PLEASE WRITE NEATLY AND LEGIBLY. **					
AGENCY <u>Land Development, DPZ</u>			DFZ SETBACK INFORMATION		
DATE <u>7/10/13</u>			Front: _____		
SIGNATURE APPROVAL <u>Mark Riff</u>			Rear: _____		
State Highways			Side: _____		
Building Official			Side St.: _____		
Dev. Engineering, DPZ			All minimum setbacks met?		
Health			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Fire Protection			Is Entrance Permit required?		
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District?		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____		
			SDP/Red-line approval date _____		
			Accepted by _____		
Distribution of Copies: _____					
White: Building Official					
Green: LDD, DPZ					
Yellow: DED, DPZ					
Pink: Health					
Gold: SHA					
T:\forms\PERMIT.FRM					



CLARK · FINEFROCK & SACKETT, INC.  
ENGINEERS · PLANNERS · SURVEYORS

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

DESIGNED: JME	SITE DEVELOPMENT PLAN LOT 15  <b>THE WARFIELDS</b>  TAX MAP 27 PARCELS 56 AND 114 FIFTH (5th) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE: 1"=50'
DRAWN: PS		DRAWING NO. 1 of 1
CHECKED:		JOB NO. 93-014
DATE: May 19, 97		FILE NO. 93-014X



# Mark Brew

Plumbing and Heating, Inc.  
P. O. Box 88, Highland, MD 20777  
301-854-0609, 410-531-5751  
301-854-0069(fax)

NEW CONSTRUCTION  
REPAIRS  
REMODELING

MD STATE #16761  
W.S.S.C. # 1247

## Fax Transmittal Sheet

To: Howard Co. Health Dept  
Attn: \_\_\_\_\_

Date: 5-7-04

From: MARK BREW

Fax No: 410-343-2648

RE: PERMIT - BARKER

Number of pages including this cover sheet: 3

Comments: THIS APPLICATION FOR PERMIT  
IS TO INSTALL A WELL WATER SERVICE PIPE  
FROM THE EXISTING HOUSE TO A NEW  
POOL HOUSE, WHICH WILL BE WINTERIZED EVERY YEAR  
PLEASE CALL WITH QUESTIONS  
THANKS

Mark Brew

If you did not receive all of the pages included with this fax please call us at the numbers listed above.

Thank you.

11/20/02 srw Fax Sheet.doc

5/14/04 - Ex. Well, New  
well line from house to  
pool house. See pool  
sheet dated 7/10/03 (se)

FAKED  
5/7/04  
MB

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: MARK BREW P&H Inc. Telephone #: 301-854-0604  
Address: PO BOX 88  
Highland MD 20777

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): MARK BREW License# 16761

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: BOB BARKER Telephone #: \_\_\_\_\_  
Subdivision: THE WARFIELDS Lot #: 15 Well Tag #: HO-94-0258  
Site Address: 14814 VIEW WAY CT  
ELANDER, MD.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: PE  
PSI: 160 (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Mark Brew date 5-10-04

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 5/17/04 Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

*INSTALL WATER LINE FROM EXISTING HOUSE TO  
POOL HOUSE, WHICH WILL BE WINTERIZED.*

