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p 50073

DISTRICT

SEWAGE DISPOSAL SYSTEM

A 40781

3rd

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 40701

INDEXED

DATE (0/9/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

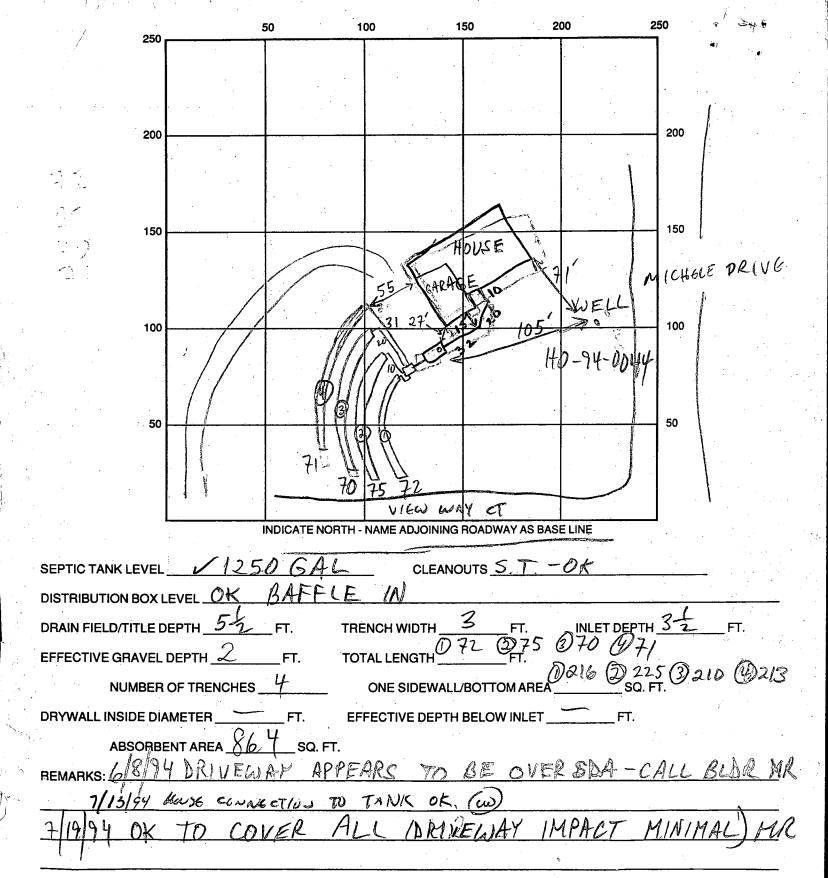
DATE SYSTEM APPROVED

2057-8638 313-2640

INSPECTOR M. RITKIN

Will Hopkins IS PERMITTED TO INSTALL X ALTER	
ADDRESS 17540 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-5788	
SUBDIVISION The Warfields LOT 17 ROAD 14800 View Way Court	<u>-</u>
Jeffrey Neuman	
PROPERTY OWNER	
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	
NUMBER OF BEDROOMS 4 OF TO MET BOTTOM 12-1 (EW)	
210 SQUARE FEET PER BEDROOM	•
LINEAR FEET OF TRENCH REQUIRED 280	
TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maxim depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. LOCATION - Place distribution box 100 feet off the right lot line (288.97') and 105 feet off the front lot line (219.23') as seen when facing the lot from View Way Court. Run trenches on contour toward the front lot line (219.23'). NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout	eet 7
cap to grade or above on septic tank. OK 6/2/94 DKS	
PLANS APROVED BY Mark Rifkin REVISED DATE 05/04/9	
	4
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° ELBOV ACCEPTABLE.	NS NOI
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIAUTHORIZED)	FICALLY
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 CONCRETA CONCRETE OR TERRA CONCRETA CONCRETE OR TERRA CONCRETA CONCRE	TTA OR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



DATE SYSTEM APPROVED 7/19/94 INSPECTOR M. RIFKIN

APPLICATION

PERCOLATION TESTING

DISTRICT Sth

A 40781

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.
La Change Many and
ROPERTY OWNER KENNAND Wartield Jr. SETTREY NEUMAN 910-560-0861
ADDRESS 14663 Triadelphia Rd PHONE 442-2337
PROSPECTIVE BUYER NAME OF THE PROSPECTIVE BUYER
ADDRESSPHONE
PROPERTY LOCATION: THE WARFIELDS LOT 17 Preliminary
SUBDIVISION Sapling Lange LOT NO
ROAD AND DESCRIPTION 14600 Triadephia Rd just west of Howard Rd
14MM View Way Court
TAX MAP PARCEL # 56
SIZE OF LOT 3 acres
(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THIS ACCEPTABLE ONLY UNDERSTAND THIS ACCEPTABLE ONLY UNDERSTAND THE PUBLIC FACILITIES BECOME ONLY UNTIL PUBLIC FACILITIES BECOME ONLY UNTIL PUBLIC FACILITIES BECOME ONLY UNTIL PUBLIC FACILITIES BECOME
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPL
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT)
/ ISIGNATURE OF AFFEICANT)
APPROVED BY DATE
REJECTED BY DATE
HOLD PENDING FURTHER TESTSDATE
REASONS FOR REJECTION OR HOLDING 2-3-89 Perc SATISFACTOM - HOLD FOR SUBJECTION PLAT SAL
BLDET PERMIT SIGNED

THIS IS NOT A PERMIT

Soil PROFILE

O'
SOIL PROFILE

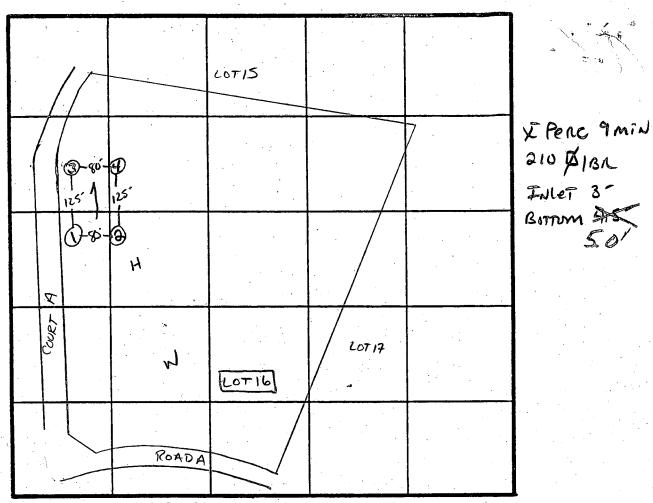
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MICHEOUS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

		TO TRIAD	elphia Rd				
DATE	TEST NO.	DEPTH	PRE START	-WET STOP	TEST -	1" DROP STOP	TIME
2/3/88	Iv	12,5° u	Nifoam S				
	2 S M	3- 7-		2132	2132	2138	6 min
	21	12- L	NIFORM S	vil below	23.0		
	3 \$	3,5	2:36 Niform S	2:42 oil below	3.0-	2152	10 min
	45/	3-	2138 Iniform	2:43 Soil below	2143	2:56	13 MIA
٠							
-							:
			·				
				-	2000		

REMARKS	. Itales	APPROX	TO RAT	
	Glenely	Lom		and the second of the second
TESTED BY	_	Abel	•	O-Ketterman + Co. _ Also presentMARKR.

FH. 19-1079

Ųί	OTATE OF	MADYLAND	STATE PERMIT NUMBER
#	B TO 08414 SEQUENCE NO. STATE OF I	DRILL WELL	40-94-0044°/
-	1 (THIS NUMBER IS TO BE PUNCHED please pri	int or type	70 fill in this form completely 79
	IN COLS. 3-6 ON ALL CARDS) Date Received (APA)	B 3	LOCATION OF WELL
	Date Received (AFA) OWNER INFORMATION		EOCATION OF WELL
,	8 13	8 COUNTY	
	15 Last Name Owner First Name 34	THE WAR	P/SUNA IIII
	MARAST HAMINANT RINGE	23 SUBDIVISION	42
	36 Street of RFD \ 55,	SECTION 44 46	LOT 48 50
	57 Town 70 State 72 Zip 76	DAVITORY	
	DRILLER INFORMATION	52 NEAREST TOWN	71
	DANA KUBER JE TE 8516	MILES FROM TOWN (ente	r 0 if in town) 73 76 77 78
	Origin's Name. 177 Cicense No. 80	B 4	MICHELENDINEL
	Firm Name	DIRECTION OF WELL FROM	1P NEAR WHAT ROAD 30
	Address Address	TOWN (CIRCLE BOX)	A CONTROL OF THE STATE OF THE S
7			ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
	B 2 WELL INFORMATION	8-9	WEST STEAST
	1 2	(TOWN) E	South
	APPROX. PUMPING RATE (GAL. PER MIN.)		34 2 37
	AVERAGE DAILY QUANTITY NEEDED 7	S _W S _E S _E S S-9	DISTANCE FROM ROAD
	14 20	8-9 3 8-9	ENTER FT or MI 38 39
3	USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
1	D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL	4 '	
	IRRIGATION)	COUNTY NAME	A4/1728/ COUNTY NO.
77.90	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)	STATE SIGNATURE	INSERT S
	PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSUED	41
	P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	03/794	SIGNATURE EXP. DATE
-	TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH 5 600	EAST TO THE
	APPROPRIATION PERMIT)	50	55 57 63
	APPROXIMATE DEPTH OF WELL	SHOW MAJOR FEATURI BOX & LOCATE WELL _	Constant de la consta
	24 28	WITH AN X SOURCES OF DRILLING	(No of 10130) (Suell
	APPROXIMATE DIAMETER OF WELL	1. () La / 1/	10:30 / 1 = 100gs of comers
	The second secon	2.	grow to ? of casen
	METHOD OF DRILLING (circle one) BORED (or-Augered) JETTED Jetted & DRIVEN	3.	- 3 - V
	30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE	
. (<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary <u>DR</u> ive- <u>POINT</u>	1	with casing above
	athor said	E 190	L'eround CB/
	other	N 510	- 000 S Von tax about
-	REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		W SHOWING LOCATION OF WELL IN
	N THIS WELL WILL NOT REPLACE AN EXISTING WELL		TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
1	THIS WELL WILL REPLACE A WELL THAT WILL BE	_N	
1	ABANDONED AND SEALED 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED		
** ** ***	AS A STANDBY	I T Miell	0 (10 - 1) A
1	D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED		
	(IF AVAILABLE) 41 52	10:11:01	8
	Not to be filled in by driller (OEP USE ONLY)		
15		1, yet 110 - 6 - 111 111	$\mathcal{L}_{0,1}$
	APPROP. PERMIT NUMBER GAP G3		
	FORCE FM WRITES PERMIT No. 70 - 74 - 00 44		
	67 68 IN BOX 70 71 72 73 74 75 76 77 78 79		
	SPECIAL CONDITIONS	·	•
)	110x1 - 418-X16-1111		
τ.	CO	HNTY: - Fire	n dag ing ng Tigan Ciganga British na ing pada dan daga dalah pada birini ing menjulah menjulah nelah sebagai b

C 1 1672 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-40781	
ST/CO USE ONLY. DATE Received DATE WELL COMPLETE 3 7 9 4 15 20	D Depth of Well 22 1 8 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER last name	first name Town		
STREET OR RFD Issued in Idea Subdivision The Union Indiana in Idea In	SECTIONTOWN	Sle 6e/9	
WELL LOG Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO bearing	45 46 NO. OF BAGS 22 NO. OF POUNDS 2058	PUMPING RATE (gal. per min.	
Dirt 0 1	GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot)	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE SUBMETSIBLE	
Red Clay & Mica 1 12 Soft Br. Mica &	from 0 ft. to 60 ft.	WATER LEVEL (distance from land surface)	
Sand 12 51	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 2 5 1	
Hard & Soft Sand 51 56	types insert ST CO	WHEN PUMPING 27 25	
Hard BNX. Sand- stone 56 65	(appropriate) STEEL CONCRETE CODE	TYPE OF PUMP USED (for test) A air P piston T turbine	
Br. Sandstone 65 68 X	below PLASTIC OTHER	A air P piston T turbine other	
Hard Bik. & Br. Sandstone 68 85 X	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe below)	
Hard Blk. Sand-	TYPE (nearest inch) (nearest foot)	J jet submersible	
stone 85 180	S T 6 2 70	27	
	E OTHER CASING (if used) C diameter depth (feet) H inch from to	PUMP INSTALLED	
	inch from to	DRILLER WILL INSTALL PUMP YES NO	
	S - N C C C C C C C C C C C C C C C C C C	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS	
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED	
	or open noie ST BR/ HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
	appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE 31 35	
	PLASTIC OTHER	PUMP HORSE POWER	
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37 41 (nearest ft.)	
	E ⁽¹ H O 62 180	CASING HEIGHT (circle appropriate box	
	A 8 9 11 15 17 24 H	LAND SURFACE	
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36	below (nearest foot)	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R E 3 41 45 47 51	LOCATION OF WELL ON LOT	
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR No LANDMARKS AND INDICATE NOT LESS	
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES	
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to		
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HERICH IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS LAW SS TWO 10: 32	100 M	
DRILLERS IDENT, NO. 256	FIN BOX 68 88	MILL STANDER	
DANA KYRER JR II	(NOT TO BE FILLED IN BY DRILLER)		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) WO 75 76 76 775 76	Out of	
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA		
responsible for sitework if different from permittee)	CASING INDICATOR	<u>and the state of </u>	

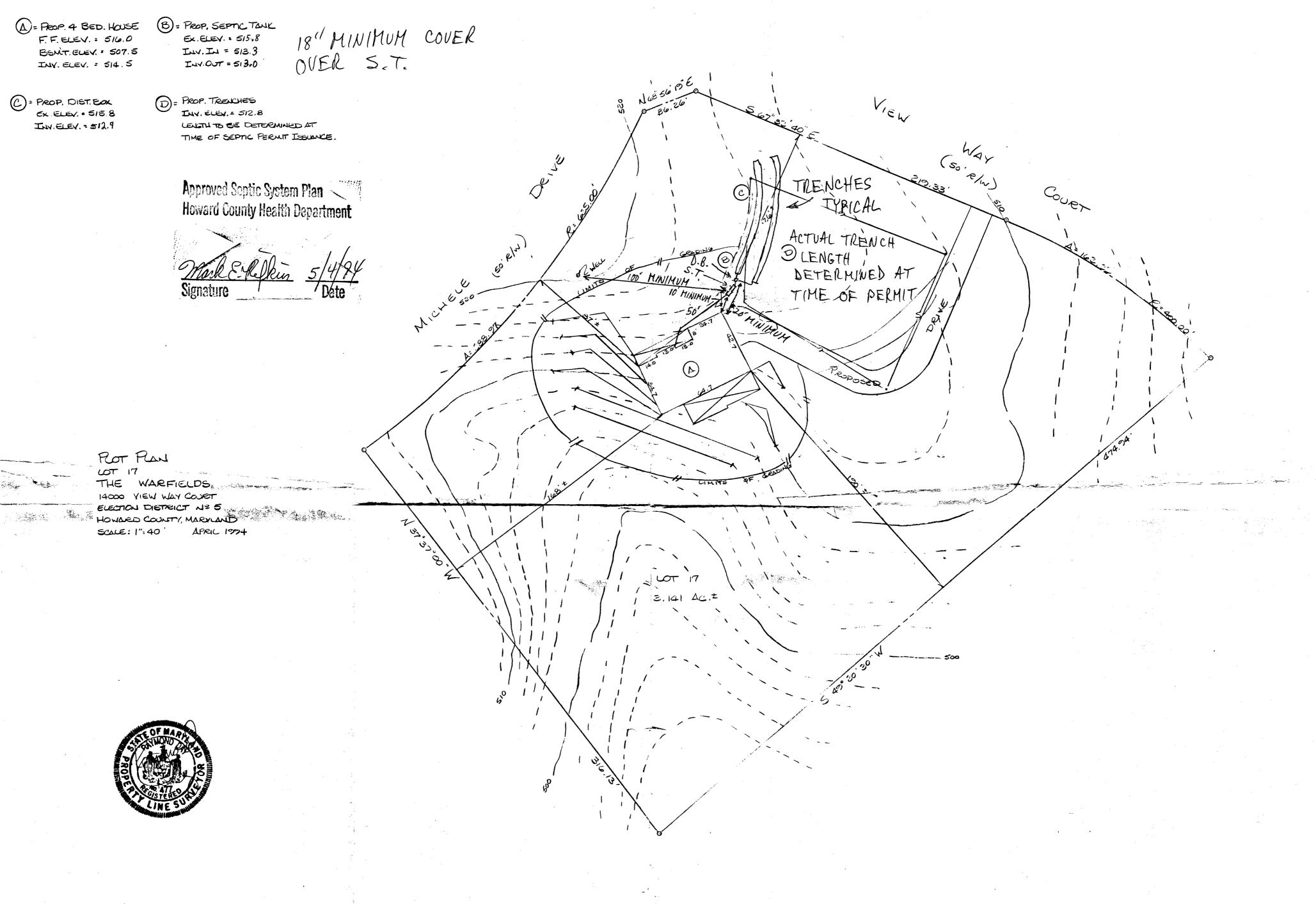
6/8/94 3:00PM

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADD		
New Installation		Receipt #
Replacement Name of Installer <u>K.H. P</u>	lumbing	Date <u>3/23/99</u> Telephone <u>4/0-857-0</u>
License Number 8300 Certified Well Pump Installer	,	Registered Plumber
Name of Property Owner Jeffer Subdivision The Wartields Site Address 14860 View		
Site Address 14860 View	Way CT.	
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible	a. 110	(
2. Make	b. 220	
3. Model #	•	
4. Capacity GPM	Vac No	
 Pump exceeds well capacity If Yes, is low pressure cu 		Vas No
7. What methods are used to p		
vibrations? Torque arres		
· · · · · · · · · · · · · · · · · · ·		
Tank	Piping / //	Well data
1. Capacity	Piping 1. Type	1. Depth ft.
2. Pressure relief	2. Size	2. Yield GPM
P_A, OK 6/8/94,	3. NSF and/or BOCA	3. Static water
DK (lolate	Code approved	level ft.
16 0 0 0 18/19	1 line	4. Will water supply be disinfected by installer?
9-TD:02		
I understand that it is my I	responsibility to notify	the Howard County Health
Department when the installat is null and void).		
All information given above i	s true to the best of my	knowledge.
Signa	ture of Applicant: Kis	WWI
	Date: 5	-16-94

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

well site state Disapproved Actual well-site per plat is Told well driller to move the to the right call for specture before new position. E mapeaded. But feeld wall proved that the nonvert Muss in the annual Jocation Ren A. McMulber or to proceed.



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