

6-8-98
10 AM
3 PM
6-9-98
CO.

1 Orig ID = 04-356969

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510179

A 42978

DISTRICT 4th

DATE 6-2-98

DATE SYSTEM APPROVED 6-9-98

INSPECTOR H.O.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXXX 410-313-2640

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION Warfield's Grant LOT 4 ROAD 16013 Field's End Court

PROPERTY OWNER Trinity Custom Homes, Inc. Holly H. Morgan

ADDRESS QUAD HOLLY BEAULEE PHILLIP SALLY STONE

BUILDING PERMIT SIGNED

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 617-04 600148883-UG LP TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 185 feet up the left (301.83') lot line and 70 feet off that same lot line as seen when facing the lot from Field's End Court. Run trenches on contour toward the back left lot corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK KM 4-6-98

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 3/30/98

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

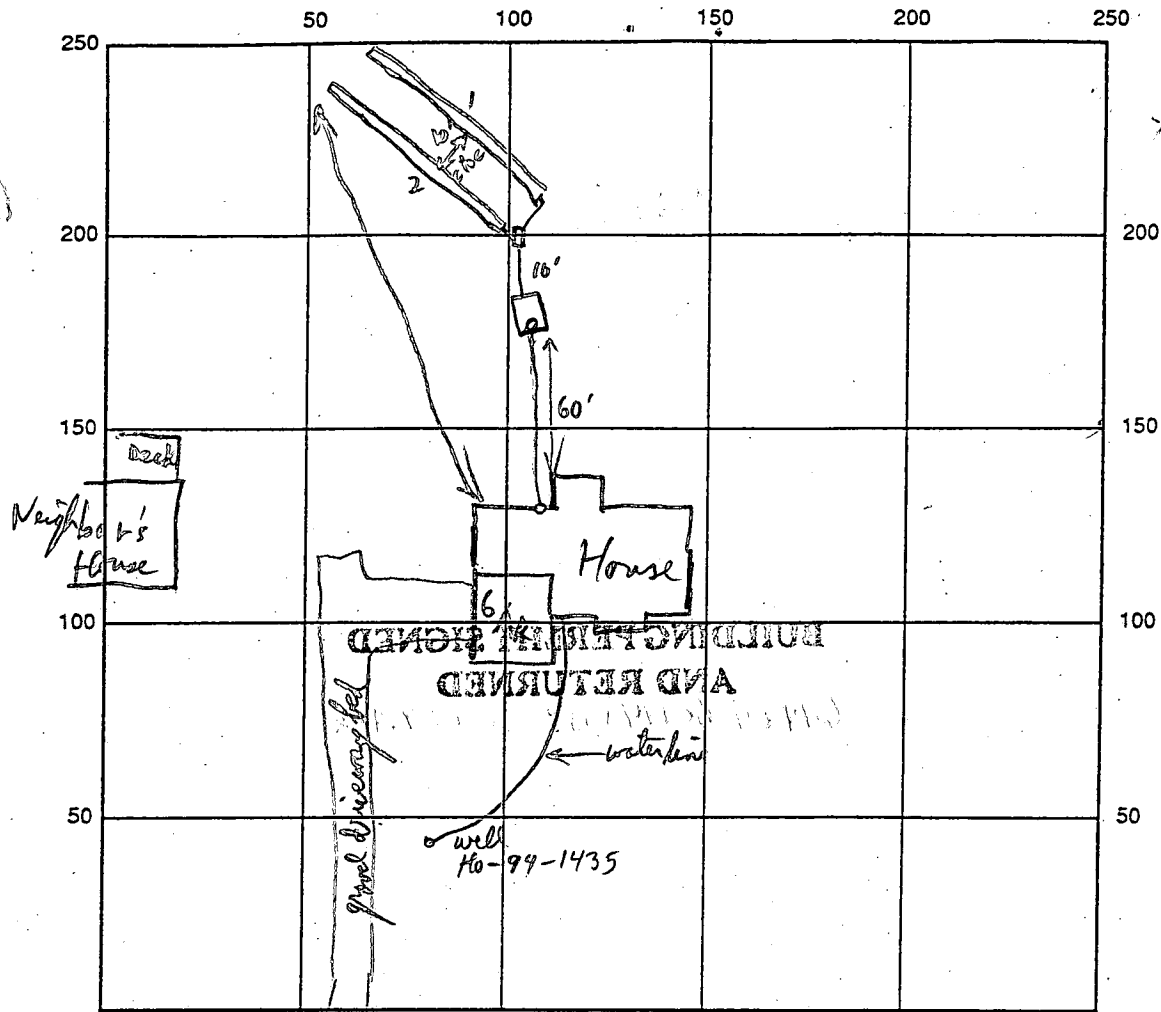
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 2/28/2001
B00128688 SCREENED PORCH
9/26/02 B00138616 REMODEL BASEMENT
BLDG. PERMIT SIGNED
AND RETURNED 1-28-99
Serial # B10115887
deck

A
42978



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Field's End Court

SEPTIC TANK LEVEL 1250 gal red sand CLEANOUTS 1 on tank / 1 at wall

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2' FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90/90 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Open trenches OK to gravel fill; S.T. & D. Box set OK, Need connecting pipe. P/P
Both trenches OK to cover. Need House connection. AP 6/8/98
6/9/98 House Connection checked out O.K. Permission to
cover proposed septic system

WPI - water line pitless

DATE SYSTEM APPROVED 6-9-98 INSPECTOR Hank Dowd

APPLICATION

PREVIOUSLY APPROVED

PERCOLATION TESTING

A 42758

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

8-16-93
No test if lot 3&5 are
successful. CW

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WARFIELDS GRANT LTD. PARTNERSHIP % Ronald B. Carter
TRINITY Custom Homes, Inc.

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS + CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 4

ROAD AND DESCRIPTION Daisy Road (16013 Fields End Court)

TAX MAP 13 PARCEL # 128

BLDG. PERMIT SIGNED

AND RETURNED 3-30-98

Serial # B10119884

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Bdr
(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. Zacharia G. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

refer to
page 2
for details

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 42758

P _____

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

DISTRICT 4

DATE 5/6/1988

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 ROBERT M. WARFIELD

ADDRESS 2425 DAISY ROAD, WOODBINE, MD 21797 PHONE 442-2639

PROSPECTIVE BUYER WARFIELDS GRANT LIMITED PARTNERSHIP

ADDRESS P.O. BOX 122, ELLICOTT CITY, MD. 21043 PHONE 854-6219

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT LOT NO. 44

ROAD AND DESCRIPTION 3/5 WARFIELD ROAD & N/3 DAISY ROAD, DAISY, MD.

TAX MAP 13 PARCEL # 128

SIZE OF LOT 3 AC 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.

Ronald B. Carter G.P.
WARFIELDS GRANT LTD. PART.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

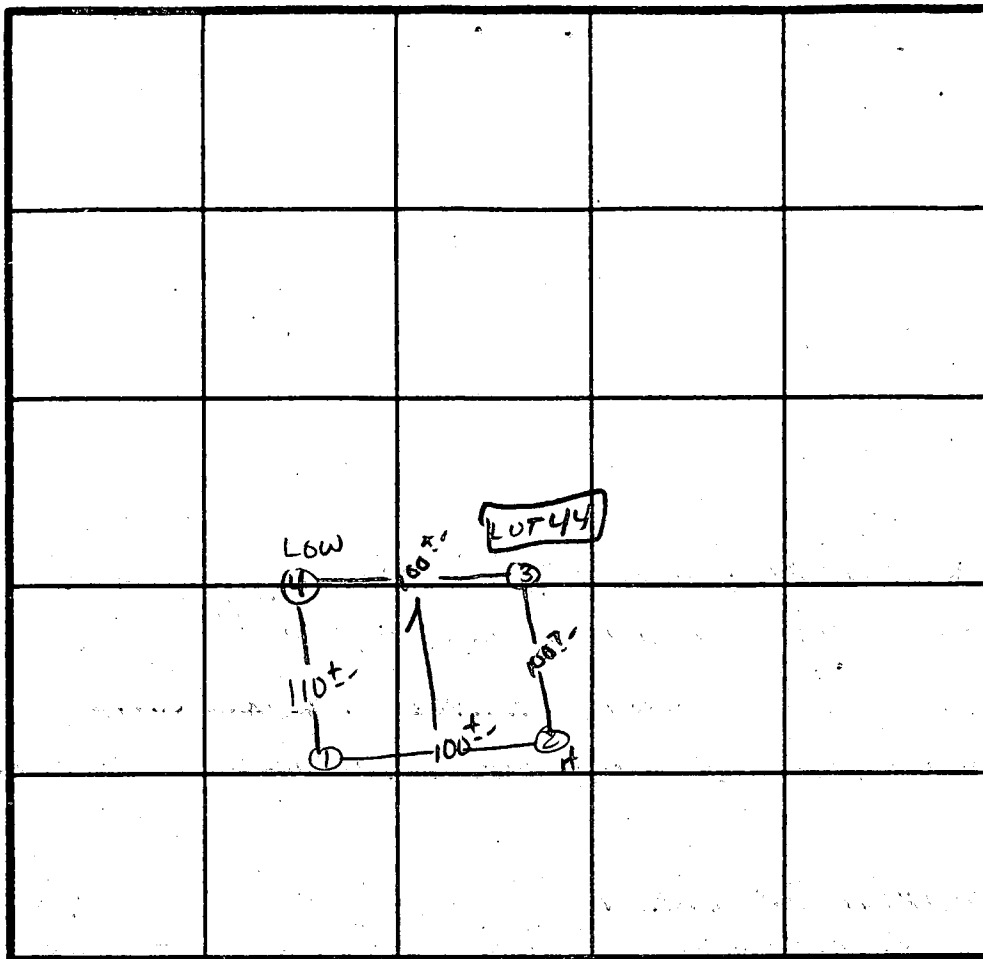
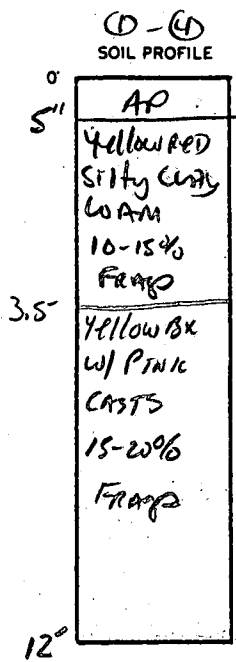
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

P.2082

A-42758



X Perc 3min
180 Φ 1/2"
Inlet - 3.5"
Bottom - 7.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

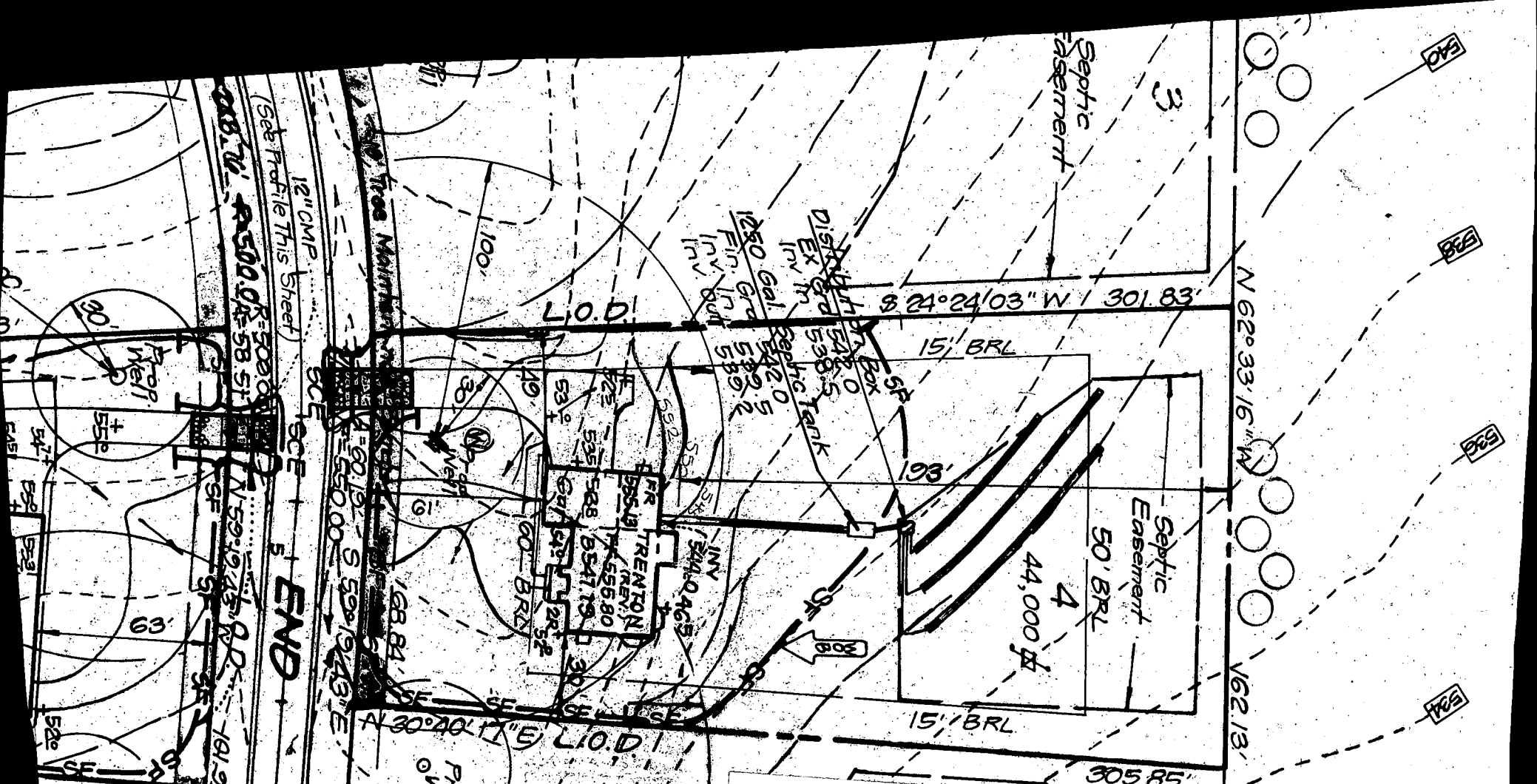
Daisy Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/13/58	1S	40"	11:10	11:13	11:13	11:18	5 min	
	1M	8"	11:09	11:10	11:10	11:12	2 min	
	1V	12.5"	uniform soil below 3.0"					
	2S	40"	11:14	11:15	11:15	11:18	3 min	
		130	uniform soil below 3.0"					
	3S	45"	11:19	11:21	11:21	11:24	3 min	
		12.5"	uniform soil below 3.5" - QUARTZITE AT 3.0"					
	4S	40"	11:15	11:16	11:16	11:18	2 min	
		12.5"	uniform soil below 3.5"					

REMARKS _____

TYPE OF SOIL CHESTER/CLAYEY LOAM

TESTED BY S. Abel ALSO PRESENT Phil M.

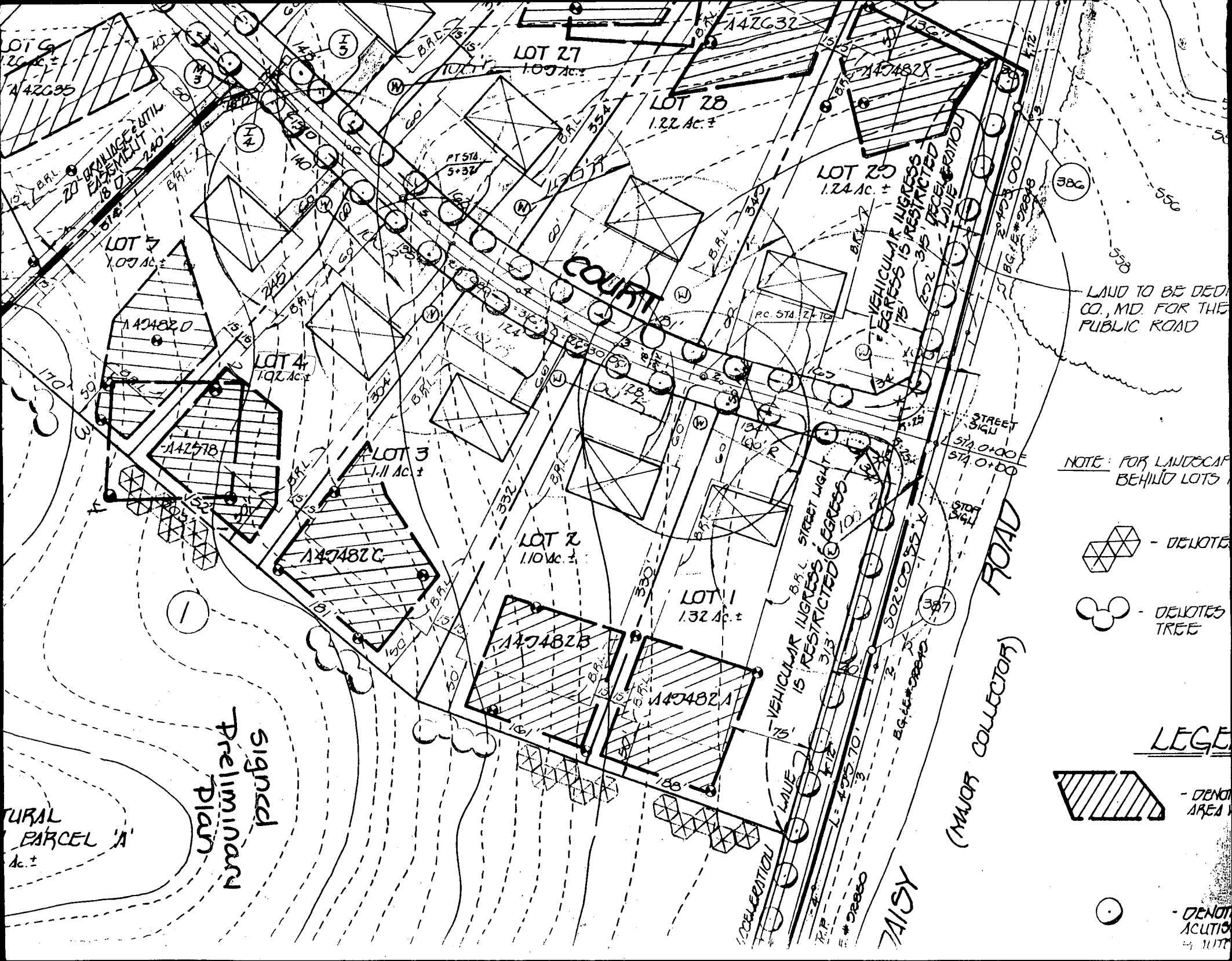


Approved Septic System Plan
 Howard County Health Department

[Signature]
 Date 3/30/98

Total linear feet of trench required	<u>180</u> feet
Width of trench (es)	<u>2</u> feet
Depth of trench (es)	<u>7.5</u> feet
Depth of stone required below distribution pipe	<u>4</u> feet





COURT



ROAD

(MAJOR COLLECTOR)

RAISY

LAND TO BE DEDICATED TO CO., MD. FOR THE PUBLIC ROAD

NOTE: FOR LANDSCAPE BEHIND LOTS

-  - DENOTES
-  - DENOTES TREE

LEGEND

-  - DENOTES AREA

- DENOTES ACUTION

Signed Preliminary Plan

NATURAL PARCEL A

VEHICULAR INGRESS IS RESTRICTED

VEHICULAR INGRESS IS RESTRICTED

LOT 27
1.09 AC.

LOT 28
1.22 AC.

LOT 29
1.24 AC.

LOT 5
1.07 AC.

LOT 4
1.02 AC.

LOT 3
1.11 AC.

LOT 2
1.10 AC.

LOT 1
1.32 AC.

LOT 6
1.20 AC.

LOT 7
1.07 AC.

LOT 8
1.22 AC.

LOT 9
1.24 AC.

20' DRAINAGE DITCH
BASEMENT

PT STA. 5+32

PC STA. 7+10

STREET SIGN

STOP 341

STOP 341

STOP 341

STOP 341

STOP 341

STOP 341

STOP 341

STOP 341

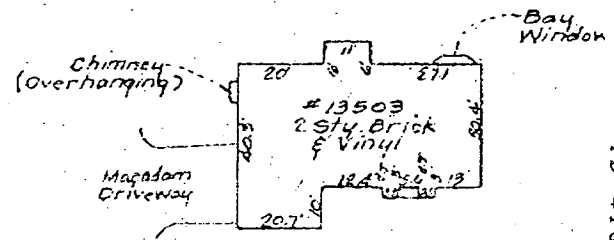
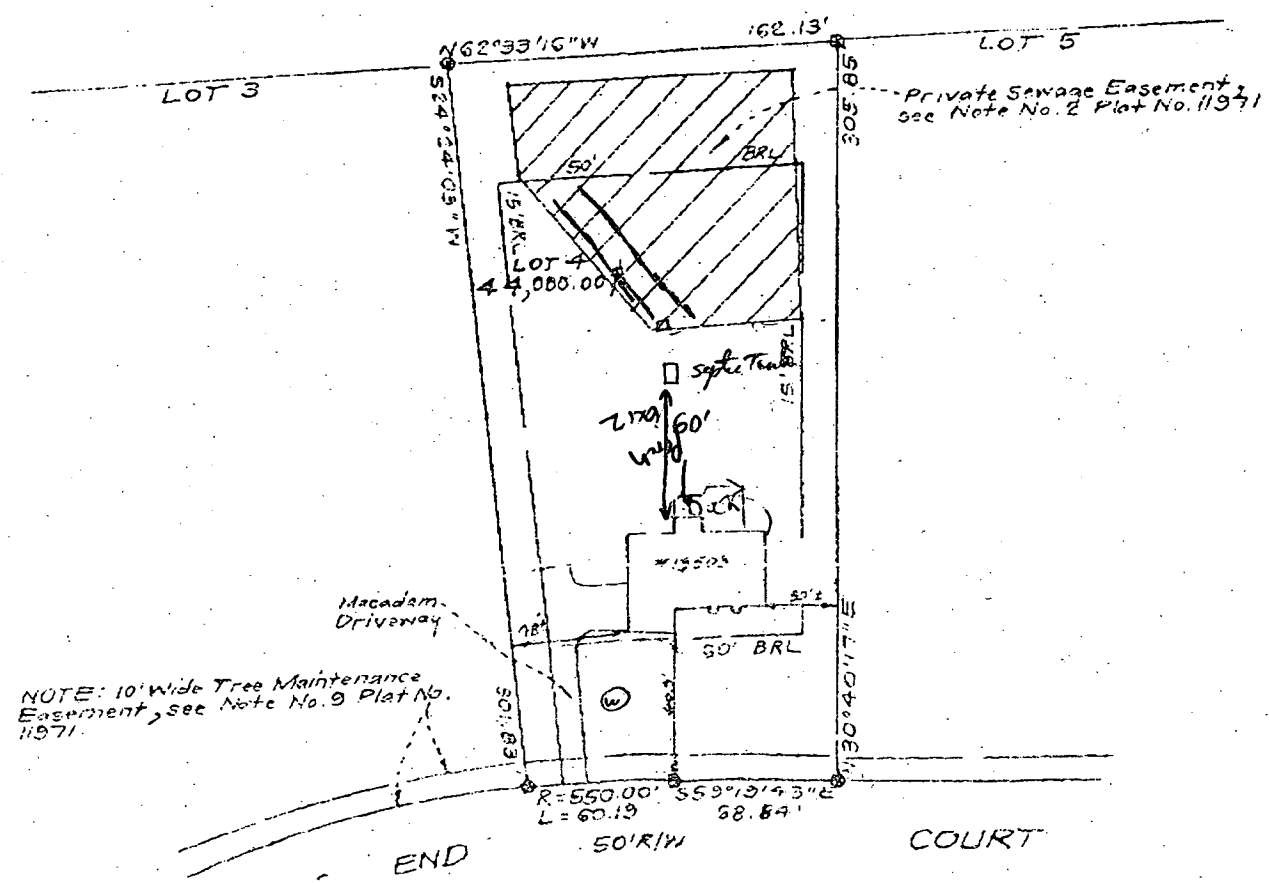
STOP 341

STOP 341

STOP 341

Wall Check: 5-5-98
 Top of Wall Elev. = 555.2
 Final: 8-18-98
 Boundary Survey: 8-18-98

AGRICULTURAL
 PRESERVATION PARCEL A

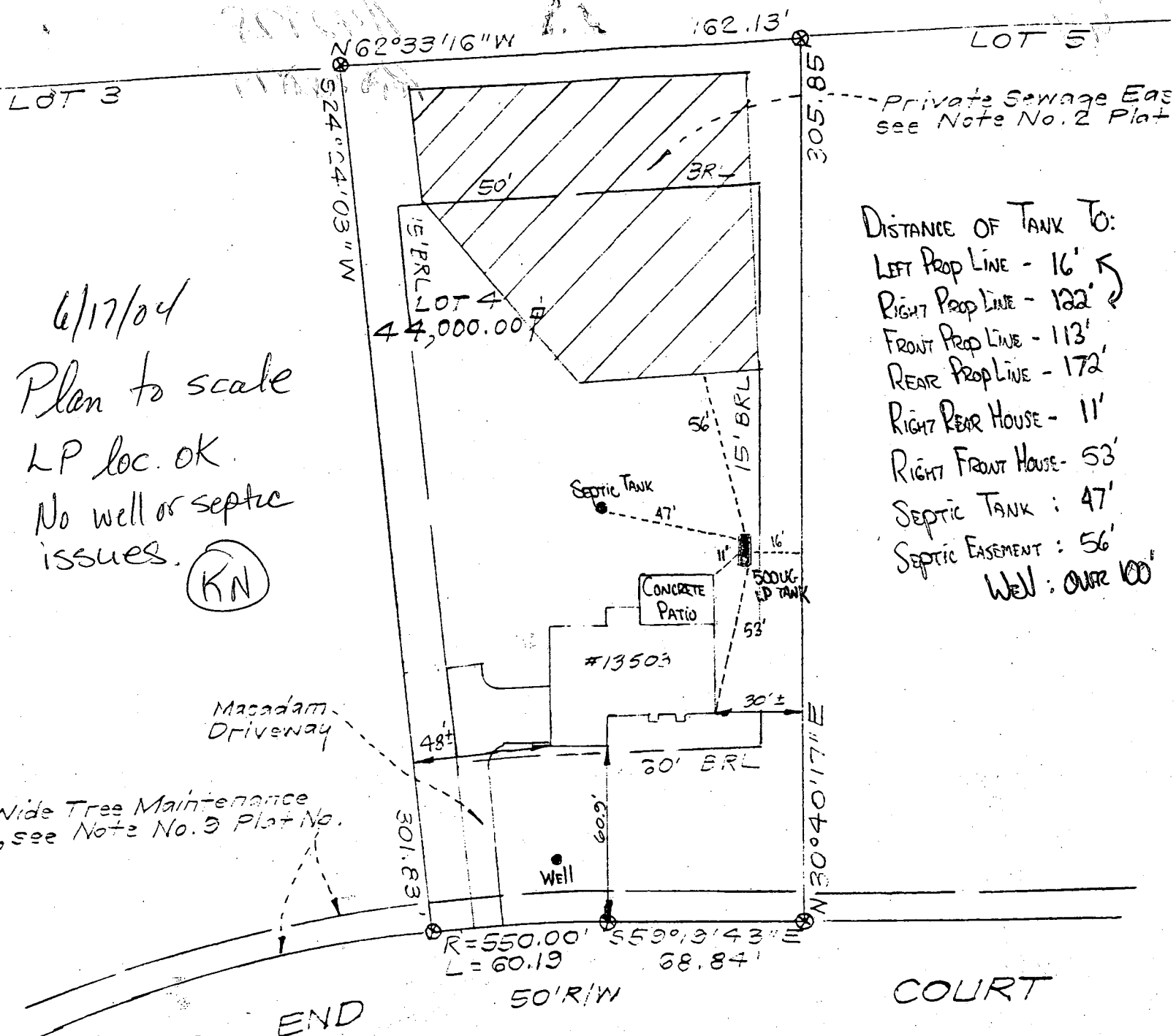


NOTE: 10' Wide Tree Maintenance Easement, see Note No. 9 Plat No. 11971.

SCALE: 1" = 30'
 16013 Fells End Ct
 Macleod's Grant City
 (A42998)
 B00128688
 All work is shown from that
 No Conflict with all on site.
 Revisions approved 11/21/2011

Henry
)

AGRICULTURAL PRESERVATION PARCEL A



N 62°33'16"W 162.13'

305.85'

524°24'03"W

15' ERL

50'

3R

44,000.00'

56'

15' BRL

47'

11'

16'

53'

30'±

60' ERL

60'

301.83'

N 30°40'17"E

R=550.00'

L=60.19

559°13'43"W

68.84'

B 1 **8746** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

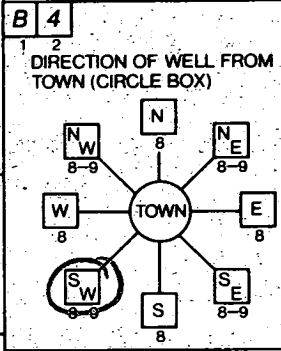
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-94-1435
 fill in this form completely

Date Received (APA) **02/11/98**
 OWNER INFORMATION
TRinity Custom Homes
 15 Last Name 34 Owner First Name
6212 Devon DR
 36 Street or RFD 55
COLUMBIA **MD2104Y**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WARFIELD'S GRANT SUBDIVISION
 SECTION **2** LOT **4**
DAISY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 CIRCLE: MSD MGD MWD
Ralph MAYNE
 77 License No. **116**
 Driller's Name
Ralph MAYNE (well drilling)
 Firm Name
920 Brown Church Rd Mt Airy
 Address
Ralph Mayne 2/11/98
 Signature Date



FIELDS END CT NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **35** ENTER FT OR MI **FT**
 TAX MAP: **8A** BLK: **24** PARCEL **128**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

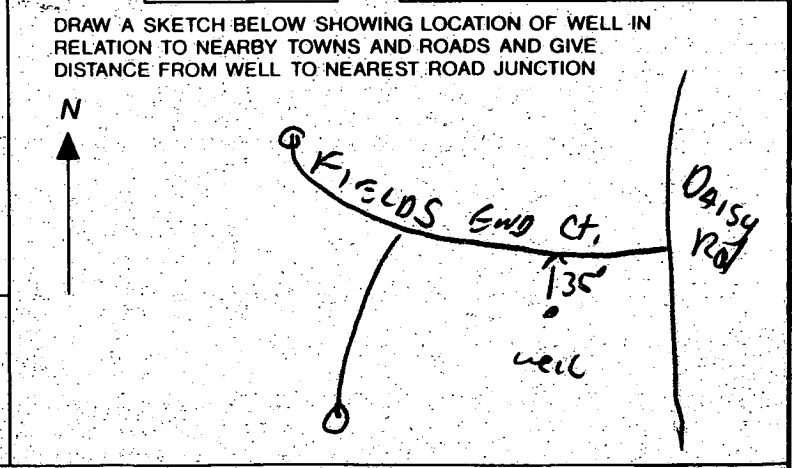
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A42978 COUNTY NO.
 STATE SIGNATURE _____ INSERT S:
 DATE ISSUED **02/20/98** Kimberley Maisto 2/20/99
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **528000** EAST GRID **0780000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **1150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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
780
53028
 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **KM** WRITE INITIALS IN BOX
 PERMIT No. **H0-94-1435**

