

11/3/95
2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50859

A 49354

DISTRICT 5th

DATE 9-5-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

INDEXED
INDEXED

DATE SYSTEM APPROVED 11/3/95

INSPECTOR [Signature]

William Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 1754 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 549-2575

SUBDIVISION Kennard Warfield Property LOT ROAD 14451 Triadelphia Road

PROPERTY OWNER Kennard Warfield, Jr.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.5 feet of stone below distribution pipe.

LOCATION - Starting from the lower right corner, place distribution box 225 feet down the bottom lot line (1776.71') and 65 feet off that same lot line when facing the lot from Lots 8 - 9. Run trenches on contour toward the bottom lot line (1776.71)'

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

PLANS APPROVED BY Amy McMillen [Signature] DATE 08/12/94

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

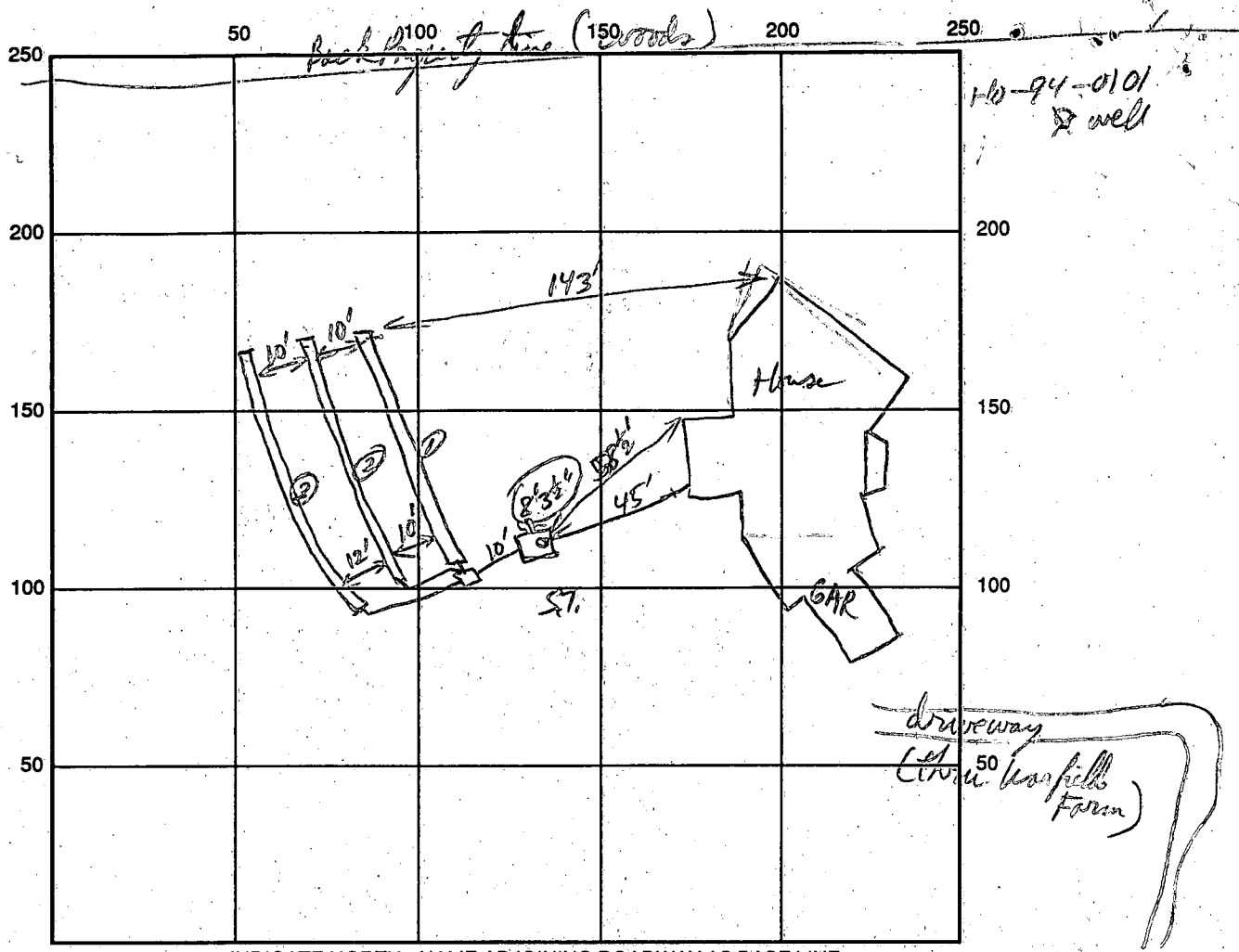
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

OLD PERMIT SIGNED
AND RECEIVED 6-6-97
Serial # DR/106049
[Signature]

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

A 49354



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS ST.

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 103/102/102 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 921 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Septic OK to cover (Hose connection OK) RPP 11/3/95

DATE SYSTEM APPROVED 11/3/95 INSPECTOR RPP

APPLICATION

7/16/93 7/23/93
10100

PERCOLATION TESTING

A 49354

P _____

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

PREVIOUS OK,
EXISTING PROPERTY,
CW.

DISTRICT _____

DATE 6/24/93

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 Kennard Warfield Jr

ADDRESS C/o Land Design + Dev
10805 Hickory Ridge Rd PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark S Reich

ADDRESS _____ PHONE 740-2100

PROPERTY LOCATION:

~~SUBDIVISION~~ For personal residence to be built next to lot 8 LOT NO. _____
ROAD AND DESCRIPTION Triadelphia Rd (14425 Triadelphia Road) The Warfields

TAX MAP 21 PARCEL # 114

~~BLDG. PERMIT SIGNED~~
~~AND RETURNED~~ 8/1/94
SFD - 5 Bedroom \$55190
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 185 ± acres TYPE BLDG. _____

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 S Reich
(SIGNATURE OF APPLICANT)

APPROVED BY Charles B. Storch FOR shallow trenches only DATE 7/23/93

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING for certified hole pld 7/23/93 Letter ready
CB

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

A-49354

"Bob Wine" - Fence ^{Pasture} ↑ ^{Slope}

COUNTY #

SOIL PROFILE

Hole #①
 0'-2' Clay +10"
 3 1/2' 95% Loam
 (5% Sandstone)
 10 1/2' ±
 Bottom

Hole #②

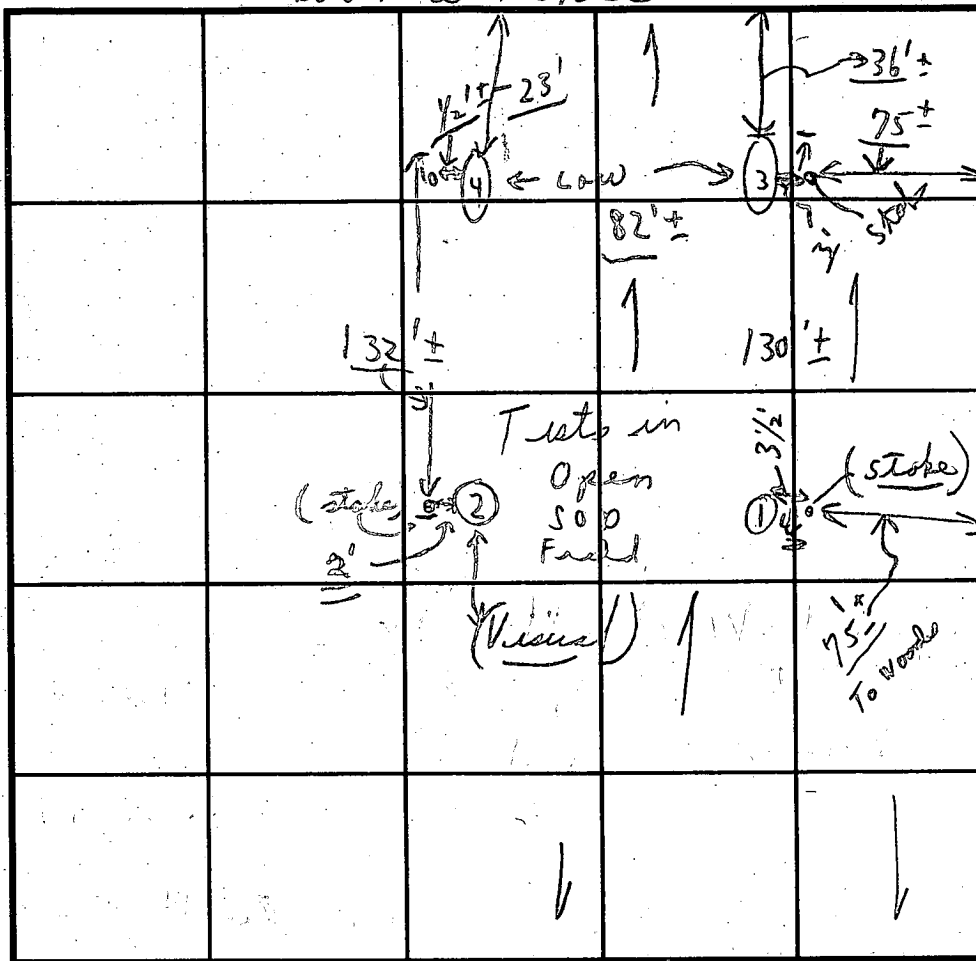
0'-2 1/2' Clay
 2 1/2' Loam
 Visual
 To
 9-9 1/2"
 Bottom

Hole #③

0'-2 1/2' Clay
 2 1/2' Sandy Loam
 80%
 20% Sandstone
 9-10'
 Bottom

SOIL PROFILE

Hole #④
 0'-2' Clay
 2' to LOAM
 10 1/2'
 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Barometer ↑ Subdivision Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/23/93	①	2'-10"	10:23	10:24	10:24	10:26	2 in
Friday	①	10 1/2' ±	0'-2 1/2' Clay 2'-10"-10' 8 1/2' Loam				
	②	2 1/2'-3'	(Visual)		(No Tests) →		
	②	9'-9"	0'-2 1/2' Clay 2 1/2' to 9'-9" Loam				
	③	2 1/2'	10:00	10:02	10:02	10:06	3 in
	③	9'-10"	0'-2' Clay 2'-9'-10" Loam		80% Loam, 20% Sandstone		
	④	2'	10:14	10:16	10:16	10:18	2 in
	④	10 1/2'	0'-2' Clay 2'-10 1/2' Loam		Sandy		

REMARKS Tests in open field (shallow only)
 TYPE OF SOIL Sandy loam below clay
 TESTED BY Mark + O.K.J. (Ken Washfield)
 ALSO PRESENT Pringley 1/3'
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 1/3'
 INLET DEPTH 2 1/2' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 sq ft.



Kennard Warfield, Jr. J
14663 Triadelphia Road
Glenelg, Maryland 21737
HOWARD COUNTY HEALTH DEPARTMENT
Joyce M. Boyd, M.D., County Health Officer

Dear Mr. Kennard Warfield, Jr. J,

This office has received your building permit #55190 and are unable to approve it at this time. The designated sewage disposal easement is of insufficient size to support an initial system installation and two future replacement systems. It appears that the septic requirements for a 6 bedroom home cannot be accommodated with the platted sewage disposal easement. Suggested options include:

- a. submit a plan showing an initial system and two repairs within the 10,000 designated area for review or,
- b. limit the number of bedrooms in the house to 5 and resubmit the plan or,
- c. Re-test additional area to be sufficient for a 6 bedroom house to be designated as part of the existing septic reserve area. If this is the option chosen, please contact this office to reserve a test date.

If there are any other suggestions, please contact me at (410)313-2640) to work through this as efficiently as possible. Thank you for your cooperation.

Very truly yours,

Amy McMillen

Amy Mc Millen, Sanitarian
Water and Sewerage Program

COPY

*Please attach to
Bldg. Permit.*

cc: Health

8-11-94

RECEIVED

JUL 15 1994

July 15, 1994

LICENSES & PERMITS
DIVISION

Ms. Avis Corbin
Department of Licenses and Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

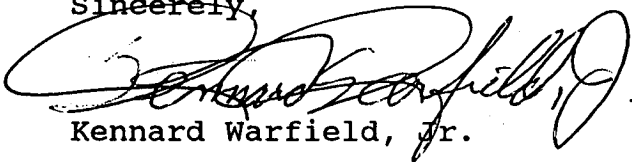
Dear Ms. Corbin:

I would like to change the number of bedrooms on my building permit #55190 from six to five. Making bedroom #6 a playroom. located in the basement

Please forward this information to the Health Department, Attention Amy McMillen.

If you have any questions or comments, feel free to contact me at 442-2337.

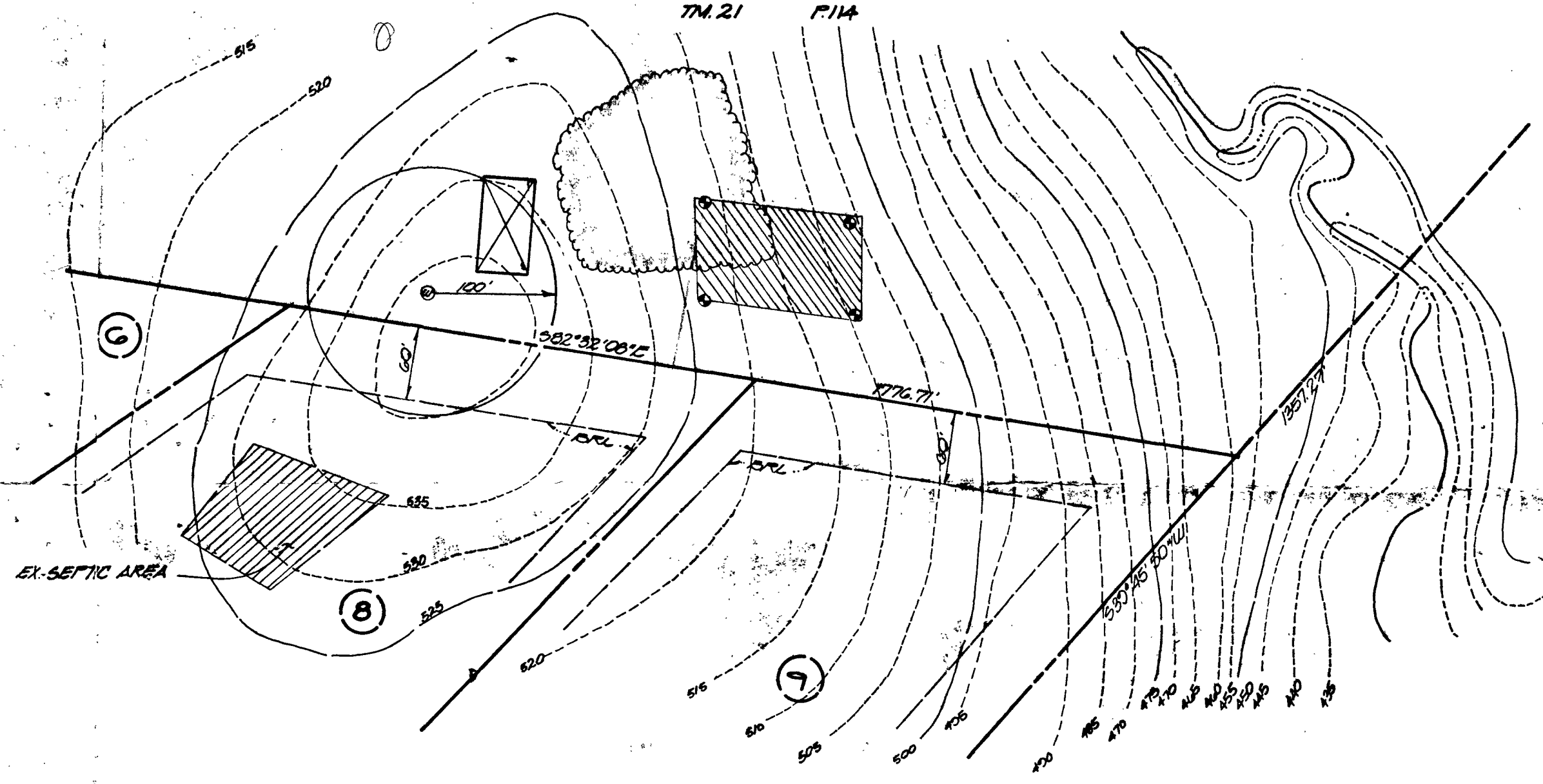
Sincerely,


Kennard Warfield, Jr.

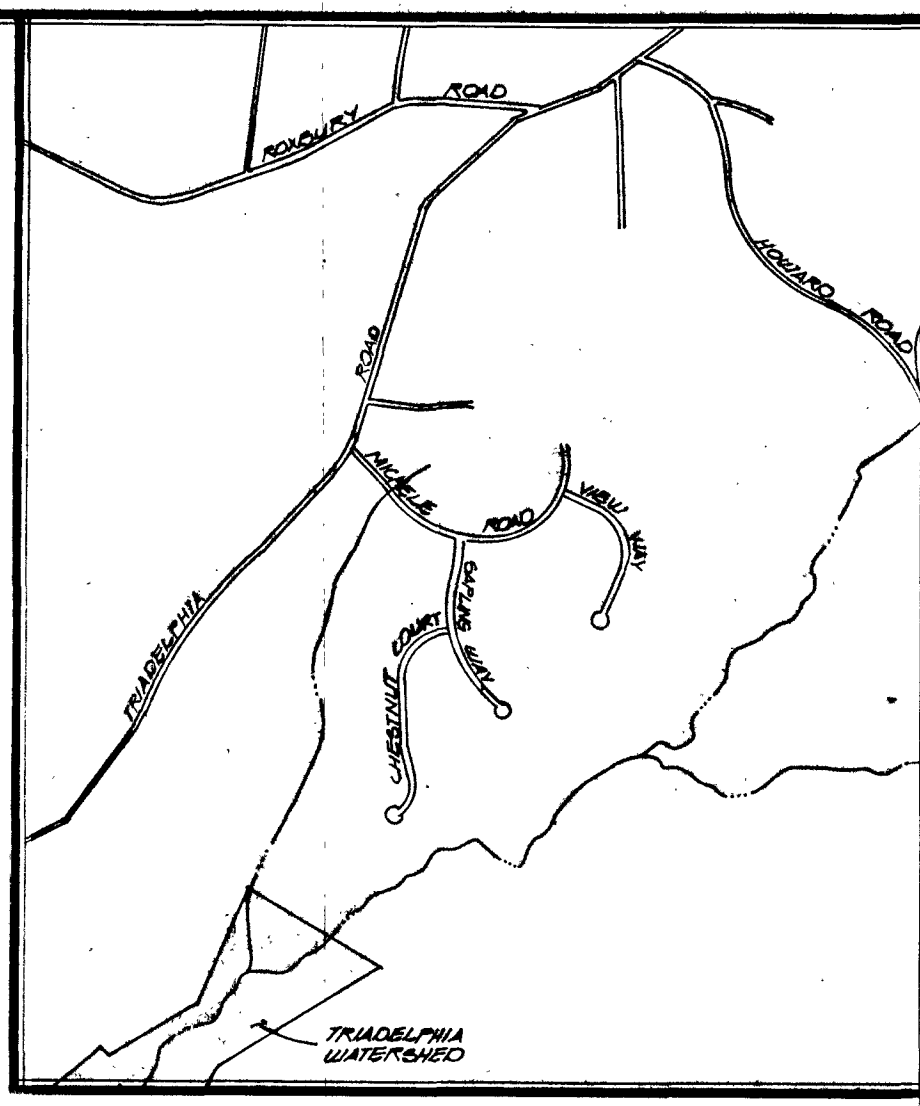
*8/11/94
BP signed and
released 8/11/94
BP55190
Ann*



KENNARD WARFIELD JR.
2048/476
TM. 21 P. 114



PLAN
SCALE 1"=100'



VICINITY MAP
SCALE 1"=1500'

NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT. SUBJECT PROPERTY ZONED.
3. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

LEGEND

- DENOTES LOCATION OF DWELLING
- DENOTES PROPOSED WELL
- DENOTES FIELD LOCATION OF PERC HOLES

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.
James Bond 1-31-74
COUNTY HEALTH OFFICER DATE



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS • LAND SURVEYORS
7171 BALTIMORE NATIONAL PIKE, SUITE 100
ELLICOTT CITY, MARYLAND 21042
TELEPHONE: (410) 461-0555
FAX: (410) 750-3764

KENNARD WARFIELD PROPERTY
TAX MAP 21 PARCEL 114
HOWARD COUNTY, MARYLAND
DATE: JANUARY 07, 1974
SCALE AS SHOWN 4"
SHEET 101"

CONSTRUCTION
 GRADING PERMIT.
 SEDIMENT CONTROLS AS SHOWN ON PLAN.
 1 NECESSARY GRADING AND STABILIZE THE SITE.
 THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM
 EMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS
 ABILIZE ANY REMAINING DISTURBED AREAS.

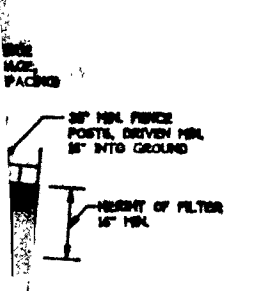
SEEDING NOTES
 1 GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED
 2 POST-TEND VEGETATIVE COVER IS NEEDED.
NOTES
 1 FERT THESE INCHES OF SOIL BY RACING, DISKING
 2 ACCEPTABLE MEANS BEFORE SEEDING
 3 PREVIOUSLY LOOSESED.
 4 100 LBS. PER ACRE 10-10-10 FERTILIZER ON LBS/1000 SQ. FT.)

RESEEDS MARCH 1 THROUGH APRIL 30, AND AUGUST
 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHELS PER ANNUAL
 85/L/1000 SQ.FT.FOR THE PERIOD MAY 1 THRU AUGUST 15.
 3 LBS./ACRE OF WEEPING LOVEGRASS (107 LBS./1000SQ.FT.)
 2000 NOVEMBER 15 THRU FEBRUARY 29. PROTECT SITE BY
 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND
 DON AS POSSIBLE IN THE SPRING, OR USE SOO.
 2 TO 3 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.)
 RED SMALL GRAM STRAW IMMEDIATELY AFTER SEEDING.
 MULCH IMMEDIATELY AFTER APPLICATION USING MULCH
 1 TOOL OR 250 GALLONS PER ACRE (5 GAL./1000 SQ.FT.)
 RED ASPHALT ON FLAT AREAS, ON SLOPES 6 FEET OR HIGHER,
 1000 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) FOR ANCHORING.
 THE 1986 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL
 NO SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

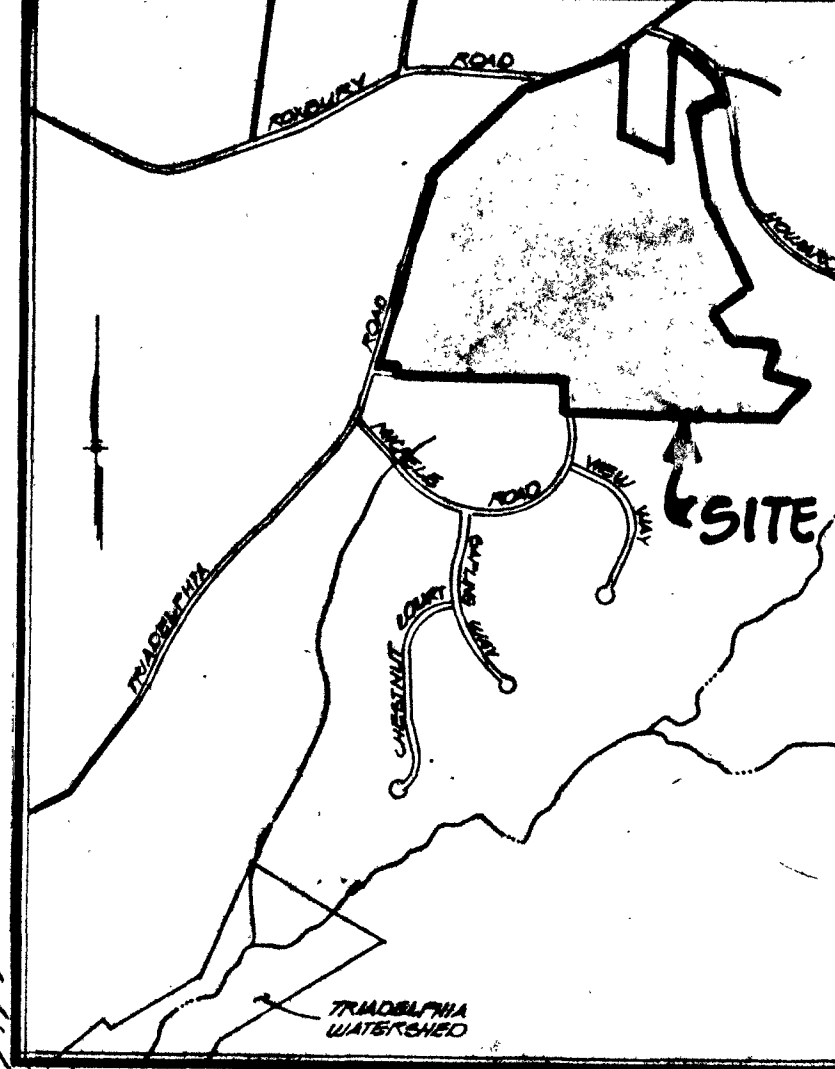
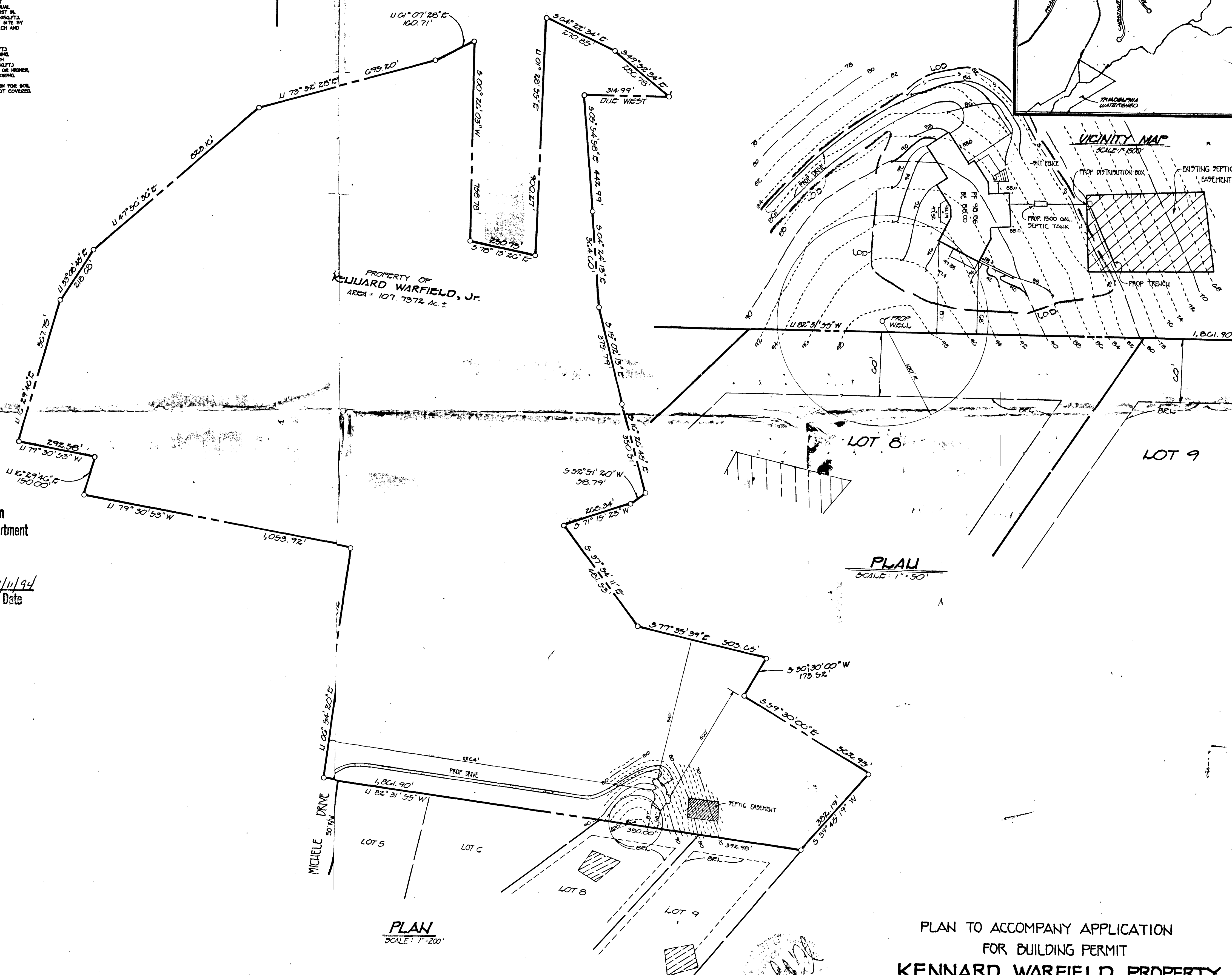
COUNTY HEALTH DEPARTMENT
 85.5
 85.0
 80.0
 AT TIME OF SEPTIC PERMIT
 ATIONS IN FIELD BEFORE SEEDING

Approved Septic System Plan
 Howard County Health Department

Amy McMillan 8/11/94
 Signature Date



1. 1/2" = 1' OR 1" = 2'
 2. 1/4" = 1' OR 1/2" = 2'
 3. 1/8" = 1' OR 1/4" = 2'
 4. 1/16" = 1' OR 1/8" = 2'



VICINITY MAP
 SCALE: 1" = 500'

PLAN
 SCALE: 1" = 50'

PLAN
 SCALE: 1" = 200'

PLAN TO ACCOMPANY APPLICATION
 FOR BUILDING PERMIT
KENNARD WARFIELD PROPERTY

TAX MAP 21
 FIFTH ELECTION DIST
 SCALE: AS SHOWN
 PARCEL 114
 HOWARD COUNTY, MARYLAND
 DATE: JUNE 22, 1994



C 1 **5185** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 49354**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
002279

Depth of Well
 22 **205** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-94-0107

OWNER Lead Rock Dev. Inc
 STREET OR RFD last name first name TOWN Glenn
 SUBDIVISION Normal Washfield, Jr. Prop. SECTION LOT

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	
Sandstone	30	35	
MICKA	35	80	
Sand Stone	80	85	✓
MICKA	85	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 100
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 45
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 EACH CASING

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** 43 205
 8 9 11 15 17 21
 2
 23 24 26 30 32 36
 3
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL-INSERT F IN BOX 68

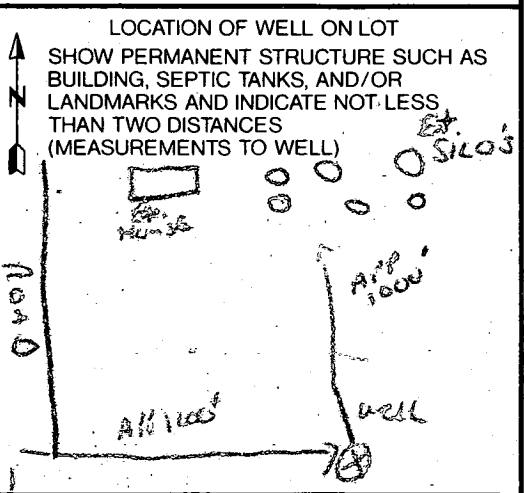
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 82
 WHEN PUMPING 86
 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY 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 ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 116
 DRILLERS SIGNATURE R. H. Mays
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 1237

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

H10-94-0101 fill in this form completely

Date Received (APA)

06/16/99

OWNER INFORMATION

CAND DESIGN DEU INC

10805 HICKORY RIDGE

COLUMBIA MD 21044

DRILLER INFORMATION MSD/MGD/MWD RALPH MAYNE 116

RALPH MAYNE (well drilling)

9120 Brown Church Rd Mt. Airy

Nash Mayne 6/16/99

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING... I INDUSTRIAL... P PUBLIC OR PRIVATE WATER COMPANY... T TEST, OBSERVATION, MONITORING...

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL

APPROX. PERMIT NUMBER GAP

FORCE RA WRITE INITIALS IN BOX PERMIT No. H10-94-0101

SPECIAL CONDITIONS 442-2337

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD 8 COUNTY

FIVE WARFIELD ESTATES PROP

REWARD Warfield Jr Property

GLENELG 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

TRIDELPHIA Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 1200 ENTER FT OR MI FT

TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 449354

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 06/16/99

CO SIGNATURE EXP. DATE 6/16/95

NORTH GRID 515000 EAST GRID 0797000

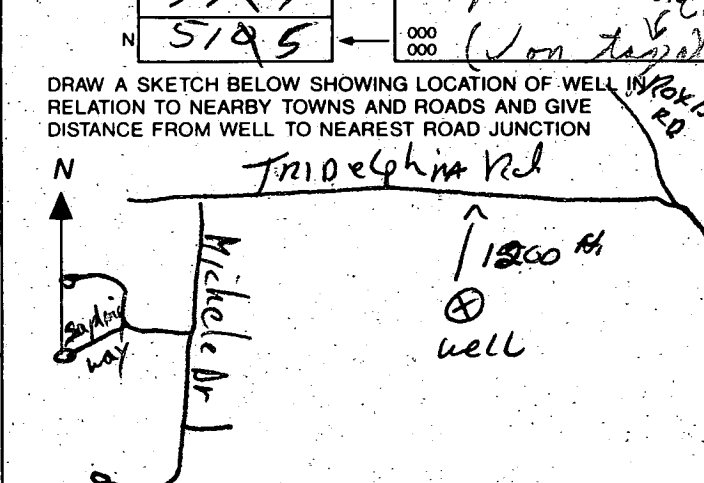
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

2907 5105

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0101
 Location of property (road) Triadelphia Rd
 Subdivision Kennard Warfield Sr Property Block Plat Sec.
 Well Driller R. Payne Owner Lead Design Dev, Inc

Depth of well 205'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 82

I. High rate pumping -- reservoir drawdown

Time pump started 12:15 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 86 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:30	86 ft	5 Sec	 	12 GPM
12:45	86 ft	5 Sec		12 GPM
1:00	86 ft	5 Sec		12 GPM
1:15	86 "	5 "		12 "
1:30	86 "	5 "		12 "
1:45	86 "	5 "		12 "
2:00	86 ft	5 Sec		12 GPM
2:15	86 ft	5 Sec		12 GPM
2:30	86 ft	5 Sec		12 GPM
2:45	86 "	5 "		12 "
3:00	86 "	5 "		12 "
3:15	86 ft	5 Sec		12 GPM
3:30	86 ft	5 Sec		12 GPM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Allen M. Van Soud Inc

Telephone ⁴¹⁰ 442-2221

License Number 1862
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Kenneth Winfield

Telephone 442-2337

Subdivision _____ Lot # _____

Well Tag # _____

Site Address 14451 Tr A Delphi Rd Glenely Md

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Grundfos
- Model # _____
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Howard
- Model # _____
- Depth 3ft

Tank

- Capacity 42
- Pressure relief valve? Yes

Piping

- Type #160
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 3ft

Well data

- Depth 225 ft.
- Yield 25 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

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: Richard K. [Signature]

Date: 9-12-95

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

B 1 **08407** SEQUENCE NO. (DP 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
HO-94-0033
fill in this form completely

Date Received (APA) **022294**
OWNER INFORMATION
8 **LAUD JESIBO DEU. FUGO**
13 Last Name Owner First Name
15 **10805 HICKORY RIDGE**
38 Street or RFD
57 **COLUMBIA** 70 State 72 **MURKIN** Zip 76

B 3 LOCATION OF WELL
1 **HOWARD** COUNTY
23 SUBDIVISION **KEARNAN WAREFIELD PCD**
SECTION **44** LOT **48**
52 NEAREST TOWN **DANTON**
MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
Driller's Name **DANA KUKER JR** License No. **856**
Firm Name **WESTMORSE ROTARY WELL DRILLING**
Address **10100 Rd, Westmorse, MD 21158**
Signature **DANA KUKER JR** Date **02/27/94**

B 4 **TRIADELPHIA ROAD** NEAR WHAT ROAD
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **1200** DISTANCE FROM ROAD
ENTER FT or MI **FT**

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **650**

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 COUNTY NO. **A49354**
STATE SIGNATURE _____ INSERT S
DATE ISSUED **03 04 94** CO SIGNATURE _____ EXP. DATE **03/04/95**
NORTH GRID **515000** EAST GRID **0797000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
CABLE REVERSE ROTARY DRIVE-POINT
other _____

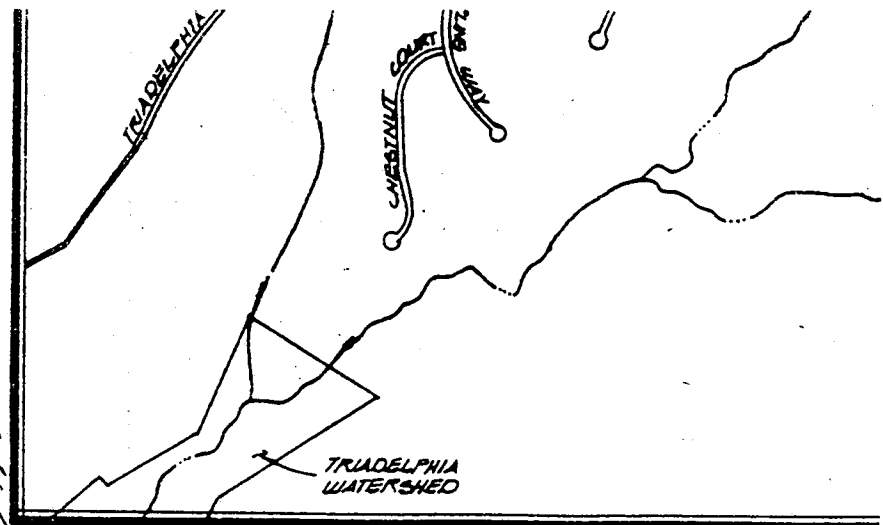
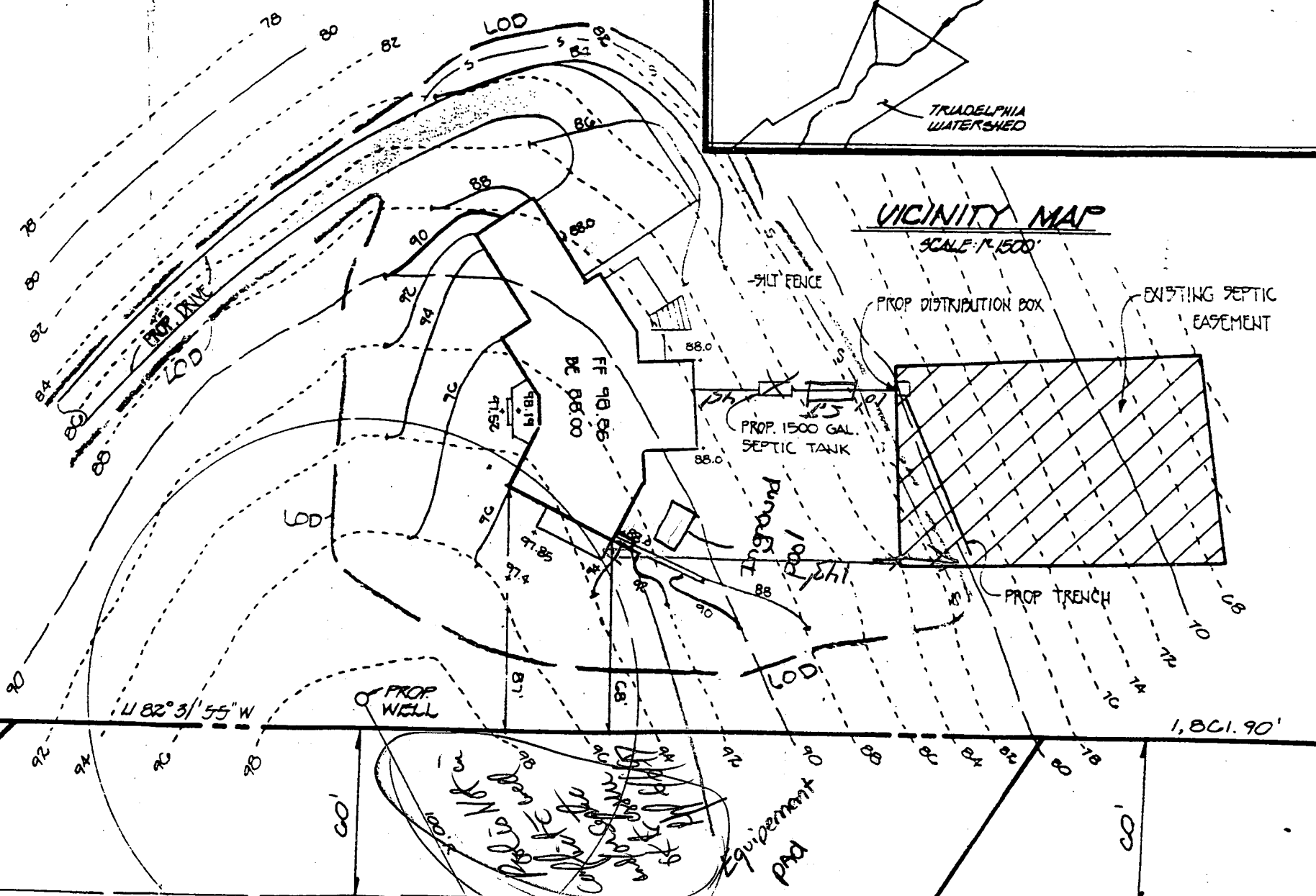
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **City**
2. **X**
3. WRITE THE BOX NUMBER FROM THE MAP HERE
790
510

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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM 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
N
Triadelphia Road
27 LEBS 55 611733
Dwell

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ GAP _____
FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0033**

SPECIAL CONDITIONS
Victor 576-1911 or Mark Reich 740-2100
COUNTY



VICINITY MAP
SCALE: 1" = 1500'