

12/4/96
10/30
12-6-96
SPTCCO. 2:30
12-31-96 WPI a.m.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57586

A 49482D

DISTRICT 4th

DATE 12-3-96

DATE SYSTEM APPROVED 12-6-96

INSPECTOR DKS

04-356977

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

Olen Ketterman IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144 Woodbine, MD 21797 PHONE (410) 442-1336

SUBDIVISION Warfields Grant, Sec. 11 LOT 5 ROAD 16017 Fields End Court

PROPERTY OWNER Ruth and Thomas Dziwulski

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at ~~5~~ 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 175 feet up the left (305.85') lot line and 10 feet off that same lot line as seen when facing the lot from Fields End Court. Run trenches on contour toward the right 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 12/30/96 DKS

PLANS APPROVED BY Amy McMillen/Mark Rifkin DATE 01/05/96

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)

**BUILDING PERMIT SIGNED
AND RETURNED**

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

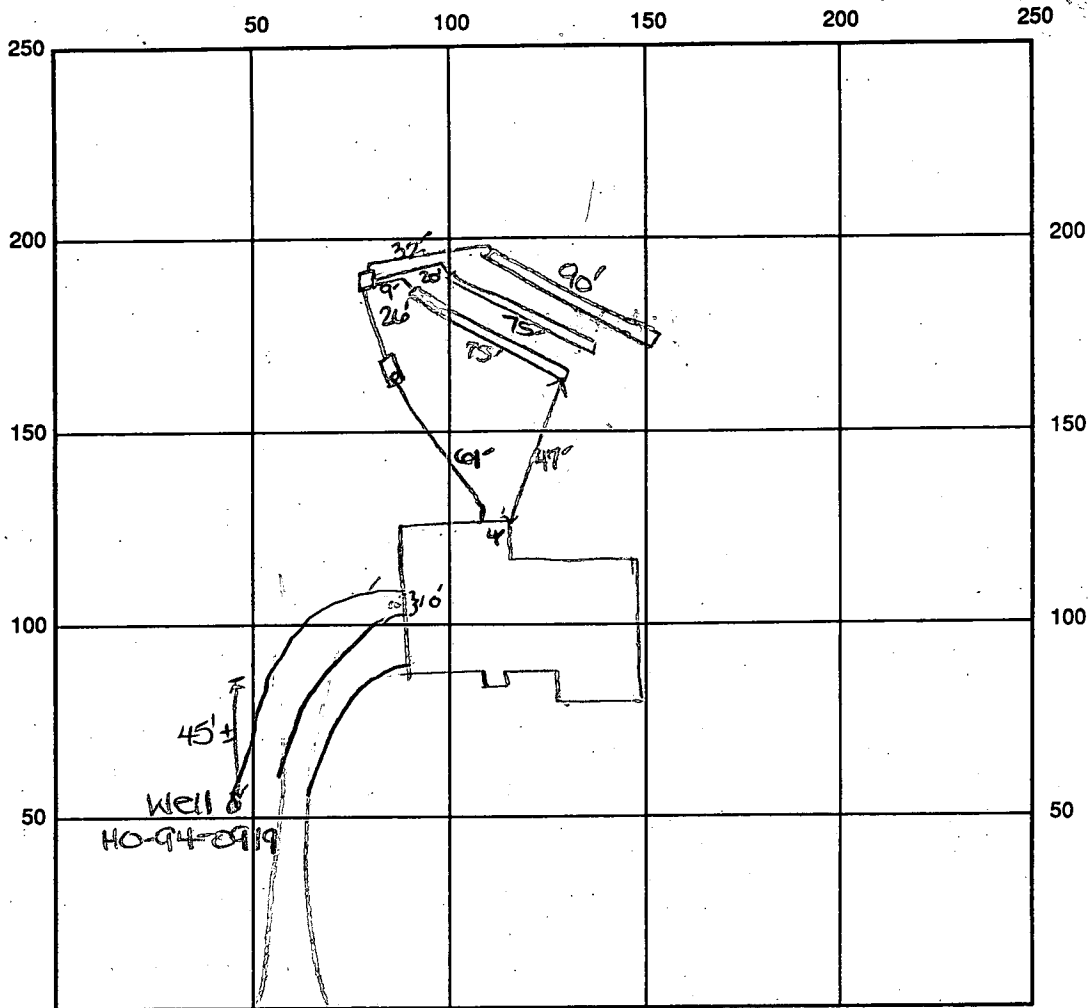
PERMIT VOID AFTER TWO YEARS

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 49482D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Fields End Court

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 075 @ 90 → 240'
075 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12/4/96 OK to cover from house to d.b. call for
final inspection. (Trenches started, ~14' of each
installed). DKS

12/6/96 FINAL INSID- OK TO COVER ALL WORK. DKS/KAM

12/31/96 WPI NOT COMPLETE, OK TO COVER @ 4PM TODAY (TOMORROW IS
HOLIDAY). TRENCH IS DEEP, HOLE FOR PITLESS ADAPTER OK. JJ

DATE SYSTEM APPROVED 12/6/96 INSPECTOR Dennis K...

WPI 12/31/96 PITLESS ADAPTER OK, CASINO WIRE BEING INSTALLED, OK TO COVER. JJ

APPLICATION

PERCOLATION TESTING

A 49482 D
P _____

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

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 Ruth + Thomas Dziwulski
WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter

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

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

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

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 5

ROAD AND DESCRIPTION Daisy Road

TAX MAP 13 PARCEL # 128
SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Brms
(SINGLE FAMILY DWELLING OR COMMERCIAL)
BLDG. PERMIT SIGNED AND RETURNED 10/25/96
Serial # B1010977

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 _____

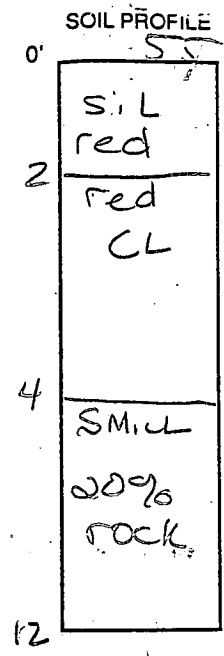
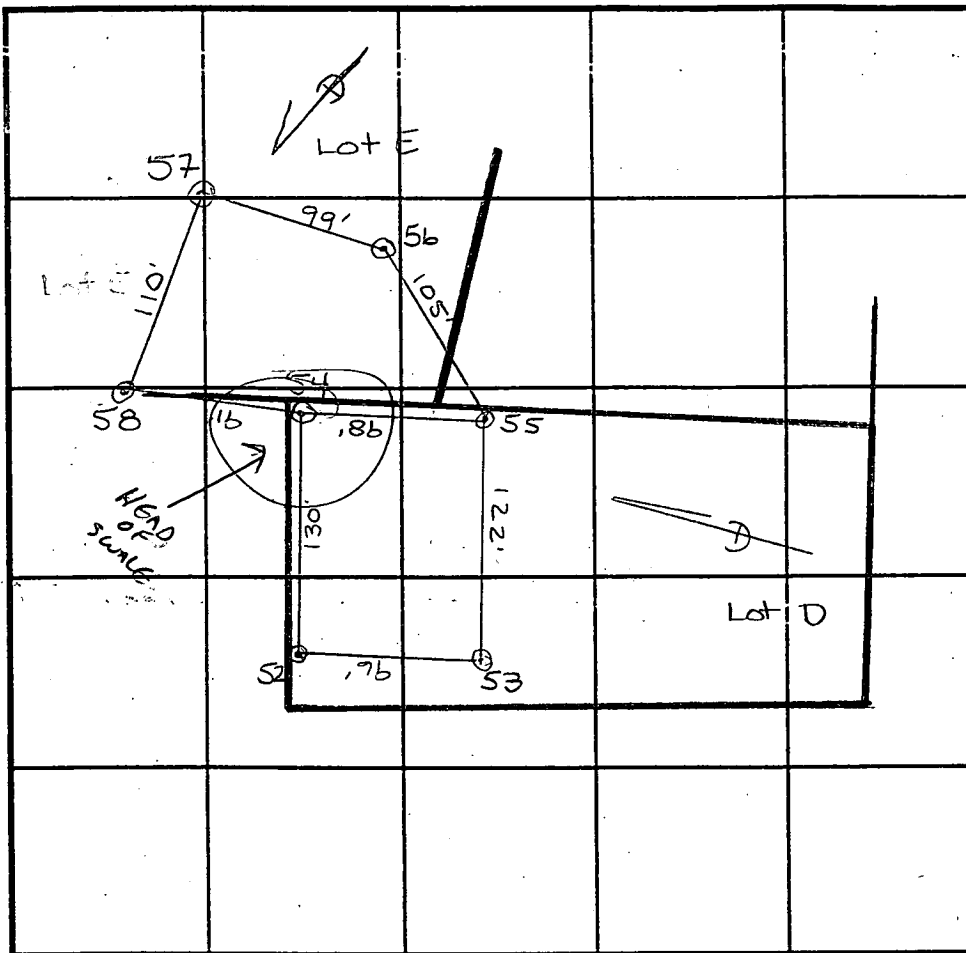
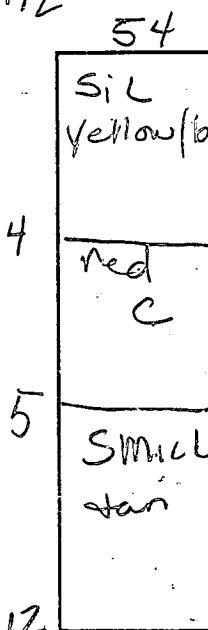
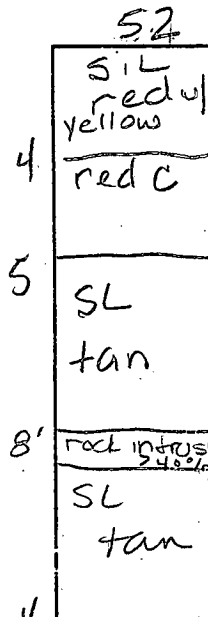
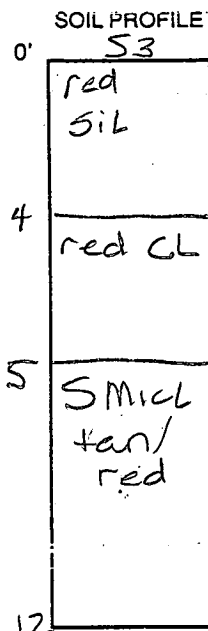
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

A49482D

COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/23/93	53	V12 6	10:18	10:19 ³⁰	10:19 ³⁰	10:21 ²⁰	2
		10	10:18 ³⁰	10:20	10:20	10:22 ³⁰	2 1/2
	52	V11 1/2 5 1/2	10:26	10:27 ³⁰	10:27 ³⁰	10:29 ³⁰	2
		8 1/2	10:25 ³⁰	10:29	10:29	10:34	5
	54	V12 6	10:37	10:41	10:41	10:46 ³⁰	4 1/2 (AF)
	55	V12 6	10:44	10:45 ³⁰	10:45 ³⁰	10:48	2 1/2
	HOLE 54 - IN POOR LANDSCAPE POSITION - HEAD OF SWALE						
	PUT HIGHER PORTION OF AREA AS PER ORIGINAL TEST PLAN (C)						

REMARKS TESTS 56, 57, 58 ARE FROM A49482E

TYPE OF SOIL GLENELG/CHESTER

TESTED BY Amy McMillen *Cjw* ALSO PRESENT Cissie/Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

C1 7821 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 49482 D

ST/CO USE ONLY DATE RECEIVED 092696

DATE WELL COMPLETED 092496

Depth of Well 2280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-97-0919

OWNER Warfields Grant Ltd. last name Fields first name END CT TOWN LISBON STREET OR RFD SUBDIVISION Warfields Grant SECTION II LOT 5

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-80), Blue Rock (80-280).

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 21. NO. OF POUNDS: 1974. GALLONS OF WATER: 126. DEPTH OF GROUT SEAL: 0 to 67 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inches. Total depth of main casing: 85 feet.

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

SCREEN RECORD. screen type or open hole: HO (OPEN HOLE). STEEL, BRASS BRONZE, PLASTIC, OPEN HOLE, OTHER.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y (YES), N (NO).

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...

TYPE: MWD/MSD/MGD 24. DRILLERS LIC. NO. 24.

DRILLERS SIGNATURE: [Signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 21. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

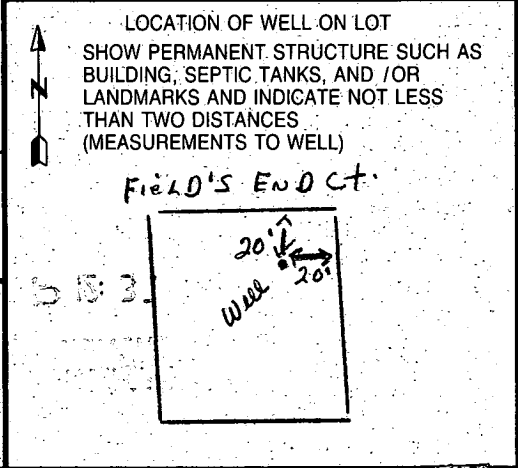
DEPTH (nearest ft.) HO 82 280. SLOT SIZE: 1, 2, 3. DIAMETER OF SCREEN: 56, 60.

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

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

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 120 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING: 43 ft. WHEN PUMPING: 92 ft. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP: YES (NO). TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon). PUMP HORSE POWER. PUMP COLUMN LENGTH (nearest ft.). CASING HEIGHT: + above, - below. LAND SURFACE: 3 (nearest foot).

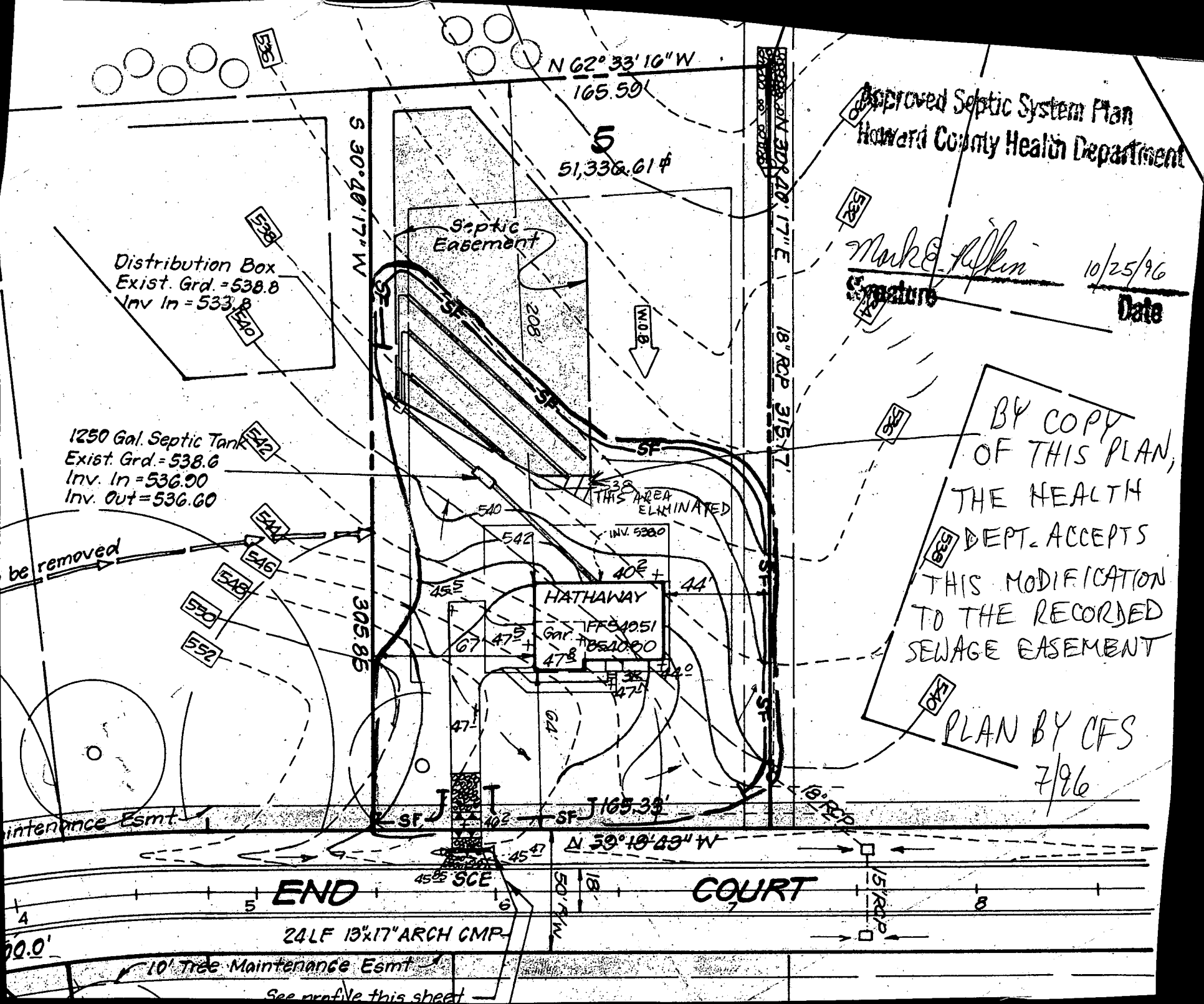


Approved Septic System Plan
Howard County Health Department

Mark E. Allkin
Signature
10/25/96
Date

BY COPY
OF THIS PLAN,
THE HEALTH
DEPT. ACCEPTS
THIS MODIFICATION
TO THE RECORDED
SEWAGE EASEMENT

PLAN BY CFS
7/96



Distribution Box
Exist. Grd. = 538.8
Inv In = 533.8

1250 Gal. Septic Tank
Exist. Grd. = 538.6
Inv. In = 536.90
Inv. Out = 536.60

Septic Easement

HATHAWAY
Gar. 7FF51051
Gar. 7B51000

END

COURT

24LF 13x17" ARCH CMP

10' Tree Maintenance Esmt

See profile this sheet



LOT 15
1.22 Ac. ±

HOUSE

END COURT

LOT 12
1.08 Ac. ±

A42633

A42632

LOT 11
1.09 Ac. ±

LOT 10
1.22 Ac. ±

LOT 9
1.26 Ac. ±

A42635

LOT 8
1.04 Ac. ±

A42482 E

LOT 5
1.09 Ac. ±

A42482 D

LOT 8
1.01 Ac. ±

A42482 E

LOT 4
1.07 Ac. ±

A42578

LOT 3
1.11 Ac. ±

A42482 C

LOT 2
1.10 Ac. ±

A42482 B

LOT 1
1.32 Ac. ±

A42482 A

SIGNED
Preliminary
Plan

RIP-RAP
CHANNEL

COURT

P.C. STA. 24

P.T. STA.
5+37

13/98

Building Address <u>4985 DARTON DRIVE</u> <u>COLUMBIA MD 21045</u>	Property Owner's Name <u>Brian Smuck</u> Address <u>4985 DARTON DRIVE</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>600601</u> Subdivision <u>DARTON</u> Section <u>5</u> Area _____ Lot <u>76</u> Tax Map <u>30</u> Parcel <u>285</u> Grid <u>D4/1320</u> Zoning <u>R20</u> Map Coordinates <u>112E</u> Lot size _____	Home Phone <u>410-777-5181</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>David A. Lomax</u> <u>6503R BELTARA ROAD</u> <u>BARTIMORE, MD 21206</u> Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>

Existing Use <u>SFD w/DECK</u> Proposed Use <u>SFD w/SCREEN ROOM ON DECK</u> Estimated Construction Cost \$ <u>9000</u> Description of Work <u>Construct 12x14x4</u> <u>shed style screen room on rear</u> <u>of SFD</u>	Contractor Company <u>AMERICAN DECK CARE</u> Contact Person <u>David A. Lomax</u> Address <u>6503R BELTARA ROAD</u> City <u>BARTIMORE</u> State <u>MD</u> Zip Code <u>21206</u> License No. <u>25565</u> Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>
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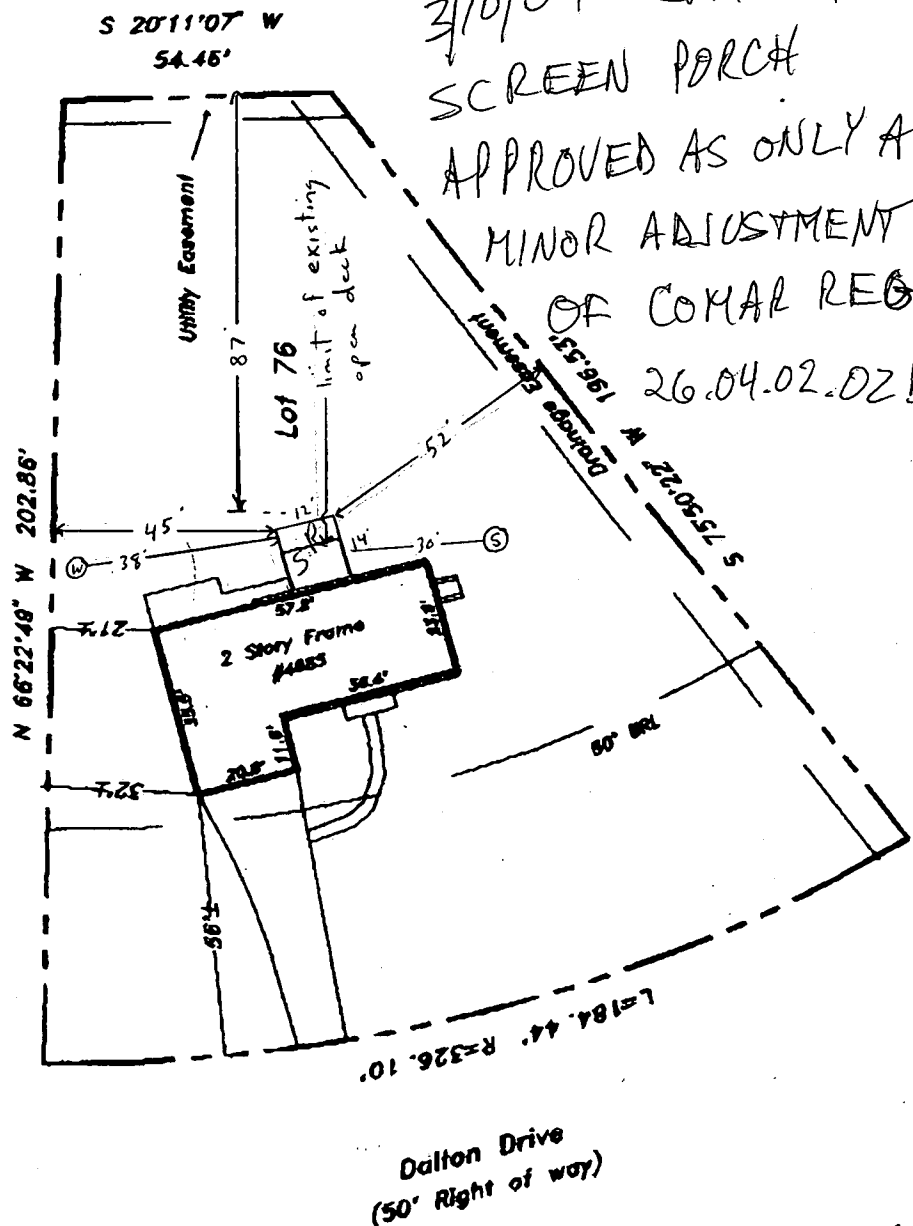
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: <u>Deck on Post</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>David A. Lomax</u> Applicant's Signature <u>David A. Lomax</u> Title/Company <u>MD 3/10/04</u>	<u>David A. Lomax</u> Print Name <u>3/10/04</u> Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -
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NOTES:
 1) S.P.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 2) Building line area or Flood Zone information is subject to the interpretation of the originator.
 3) NTT, Inc. does not certify to whether or not proposed improvements or encroachments are correct.
 4) Property markers not found, or guaranteed by this location.
 5) Searched distances accuracy.

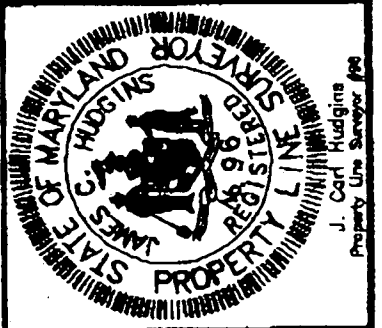


MR NO RECORDS OF EX. WELL OR 3/10/04 SEPTIC SYSTEM, SCREEN PORCH APPROVED AS ONLY A MINOR ADJUSTMENT OF COMAR REGS 26.04.02.02D

LOCATION DRAWING
 4985 Dalton Drive
 Dalton
 6th election district
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315













Scale: 1" = 40'
 Date: October 6, 2003
 Field by: JLM
 Drawn by: JLM
 Drawing # 2281Dm

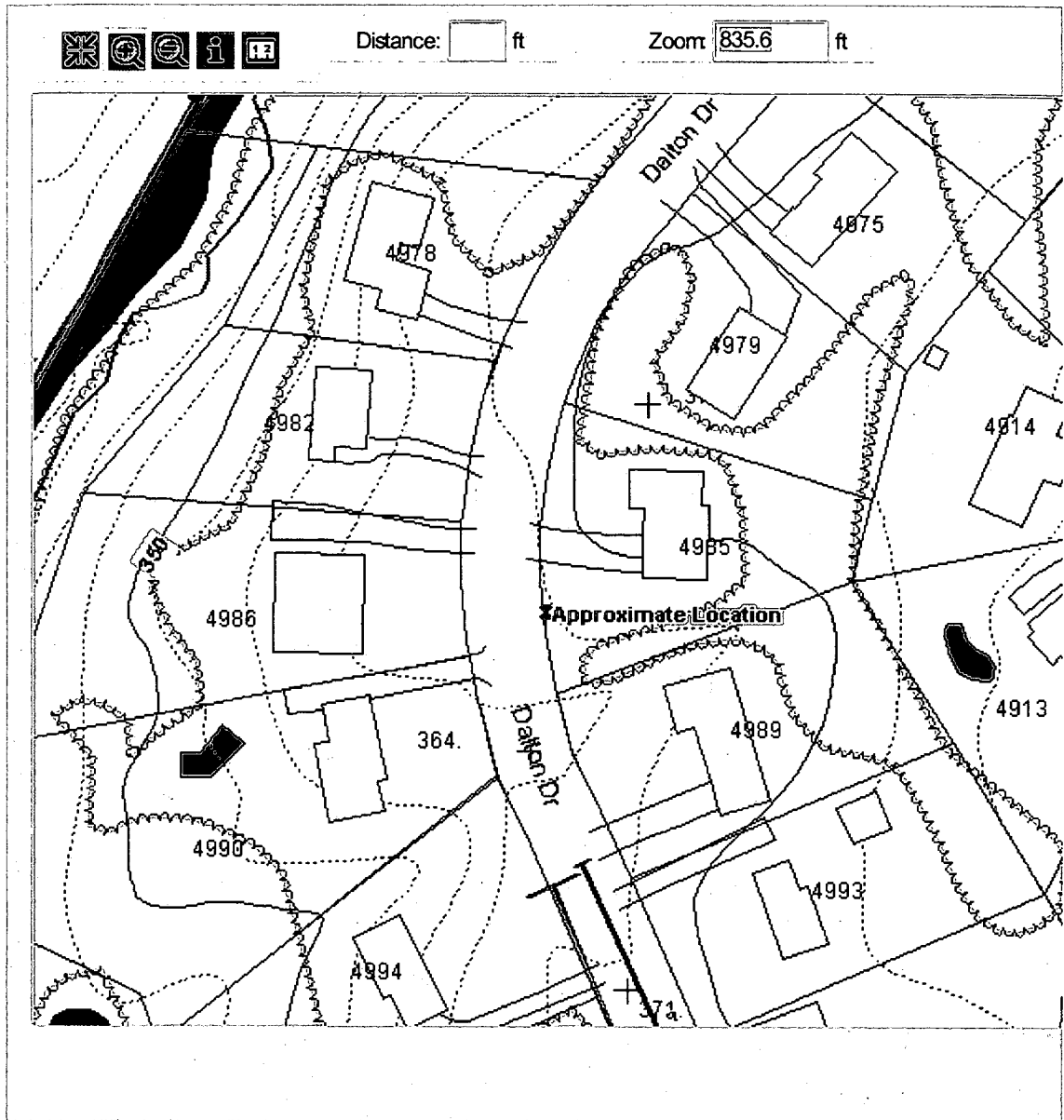


This is to certify that I have surveyed the property shown hereon, being known as Lot 76, 4985 Dalton Drive recorded in the Land Records of Howard County, Maryland in Plat Bk. Liber 4320 Folio 283 for the purpose of locating the improvements thereon.

This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes. This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 240044-0028 B Effective date: December 4, 1988

- Help Me 
- Map Reset 
- Zoom Fit 
- Find Location 
- Remove Pin 
- Layer Control 
- Image Control 
- Theme Map 
- Local Print 
- Print Layout 
- Email Map 
- Map Exit 



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising There are no oral agreements or warranties relating to this sale and/or use of this map.

Wednesday, March 10 2004 | 2:42:47 PM | @863

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

3/10/04 No outstanding well or septic issues. No ↑ in bedrooms. BP001466930K

Proposed
ADDITION OKAY - FINISHED BASEMENT

KN

