

12/9/98  
100-200C-0

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510180

A 49482-H

DISTRICT 4th

DATE 6-03-98

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

04-357094

DATE SYSTEM APPROVED 12/9/98

INSPECTOR DKS

INDEXED

Jack Fyock Septic Services IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Warfields Grant LOT 16 ROAD 16029 Fields End Court

PROPERTY OWNER Trinity Custom Homes, Inc.

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 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 240 feet up the right (328.95') lot line and 55 feet off that same lot line as seen when facing the lot from Fields End Court. Run 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 KM 10.1.98

PLANS APPROVED BY Amy McMillen/Glen Savage DATE 9-17-98

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

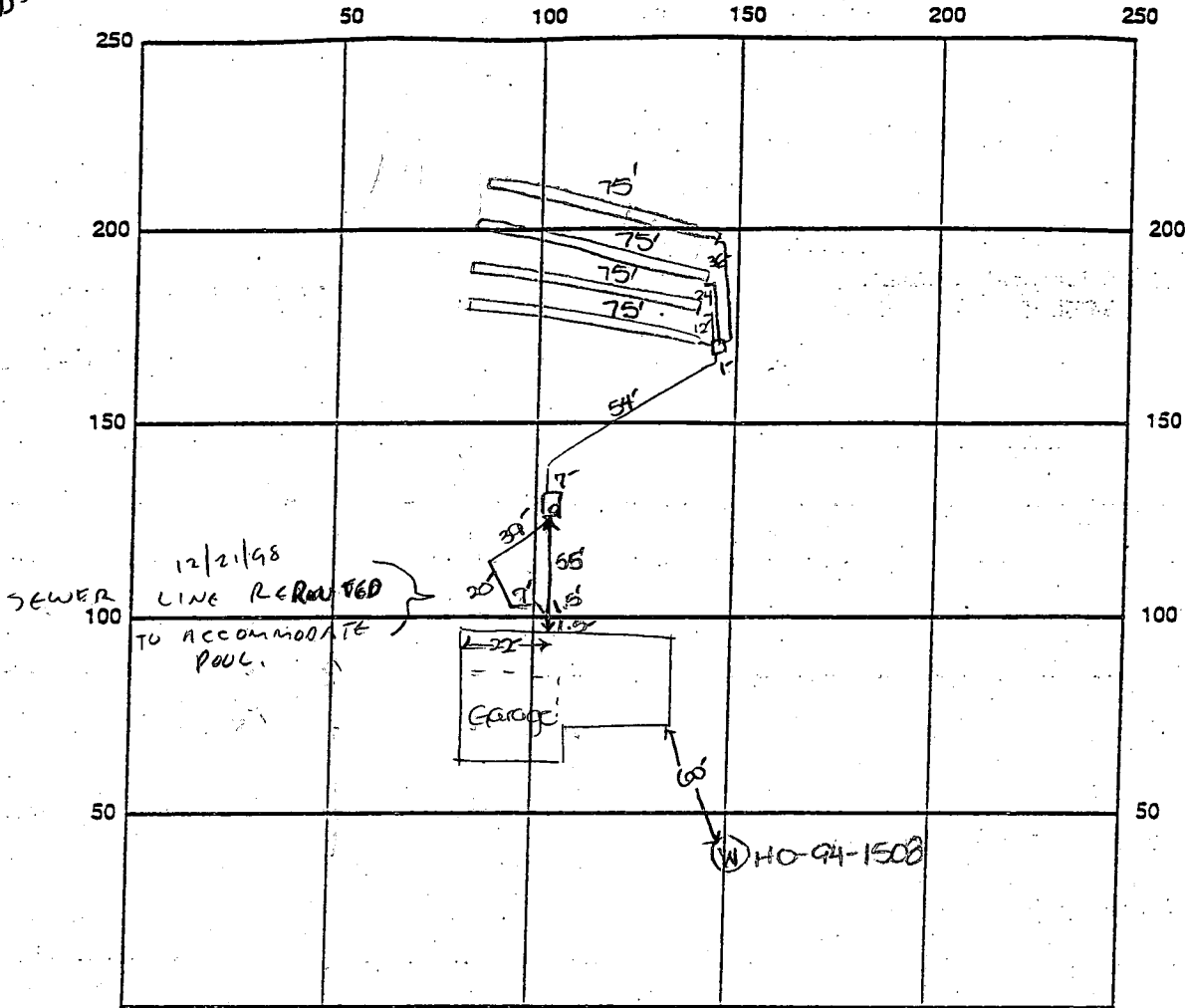
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49482-H

Lot 16  
WARFIELD'S GRANT  
1602.9 FIELDS END CT.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Field's End Court

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on sit.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 447.5 FT. → 300

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12-6-98 OK to install 100' HIGH TRENCH, MEASURE FROM LEFT SIDE LOT, START RIGHT END TO VERIFY SOILS

12/9/98 FINAL INSP - OK to cover all work. DCS \* (Owner may wish to move sit. for future pool)

12/9/98 WPI - well line, P.A. 4' below grade; well casing 1' above grade; 2 pc cap installed; PVC conduit pipe OK. OK to cover

DATE SYSTEM APPROVED 12/9/98 INSPECTOR T. J. A. K. S. DCS

12/21/98 Line rerouted to accommodate future pool

# APPLICATION

PERCOLATION TESTING

A 49482 N

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: WARFIELDS GRANT LTD. PARTNERSHIP *TRINITY Custom Homes*  
*to 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. 16

ROAD AND DESCRIPTION Daisy Road (16029 Field End Court)

**BLDG. PERMIT SIGNED  
AND RETURNED 9-17-98**  
*Serial # B0119015*

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 5 Broom  
(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 y. 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 \_\_\_\_\_

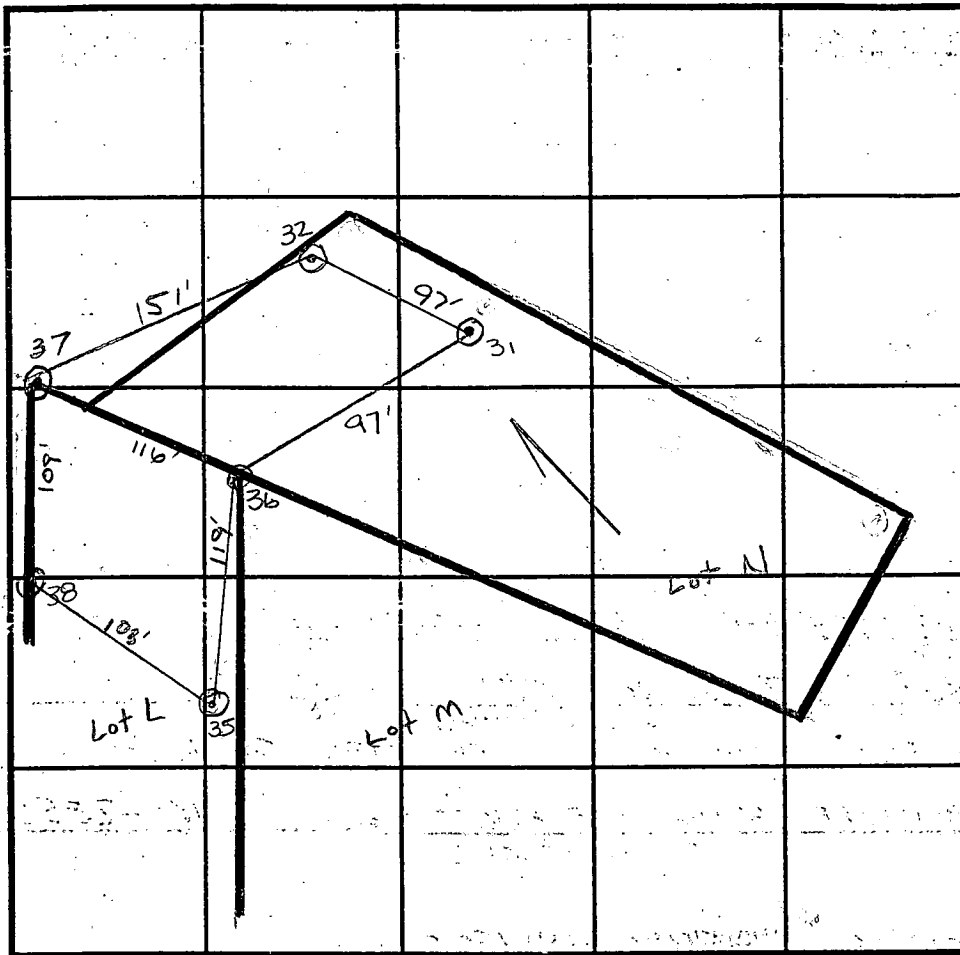
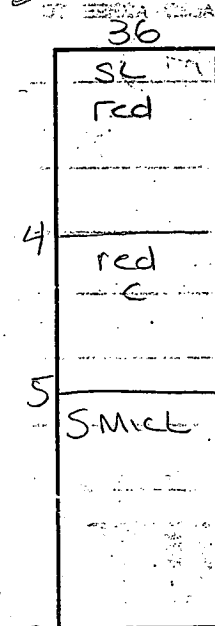
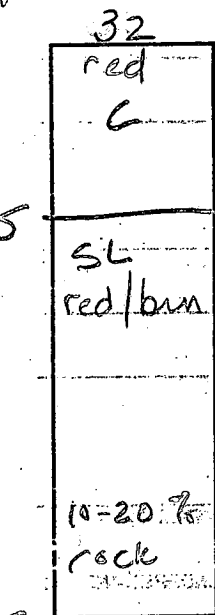
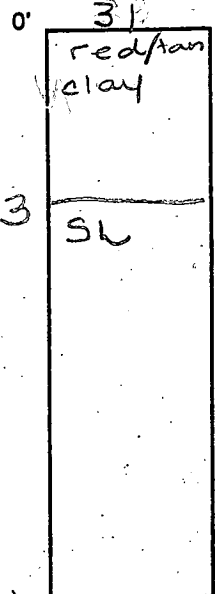
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

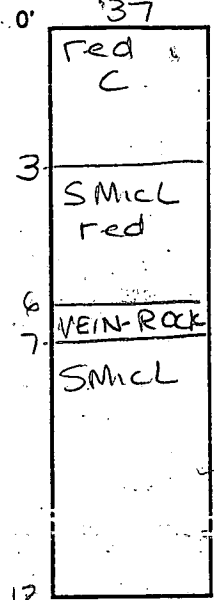
A49482N

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/19/93	31	<del>VII</del> 4 1/2	12:59 <sup>30</sup>	1:00 <sup>30</sup>	1:00 <sup>30</sup>	1:01	30 sec
		repair	1:01 <sup>20</sup>	1:02 <sup>20</sup>	1:02 <sup>20</sup>	1:04 <sup>10</sup>	2
		<del>8</del>	12:59 <sup>15</sup>	1:02 <sup>20</sup>	1:02 <sup>20</sup>	1:12 <sup>34</sup>	10
8/19/93	32	<del>VII</del> 6	1:15	1:16	1:16	1:18	2
8/19/93	36	<del>VII</del> 5	1:54	1:55	1:55	1:57	1 1/2
		repair	1:57	1:58	1:58	2:00	2
8/20/93	37	<del>VII</del> 5	10:34	10:36	10:36	10:38	2
		<del>9</del>	10:41	10:44	10:44	10:46	2

REMARKS Tests 38 & 35 can be found in A49482 L

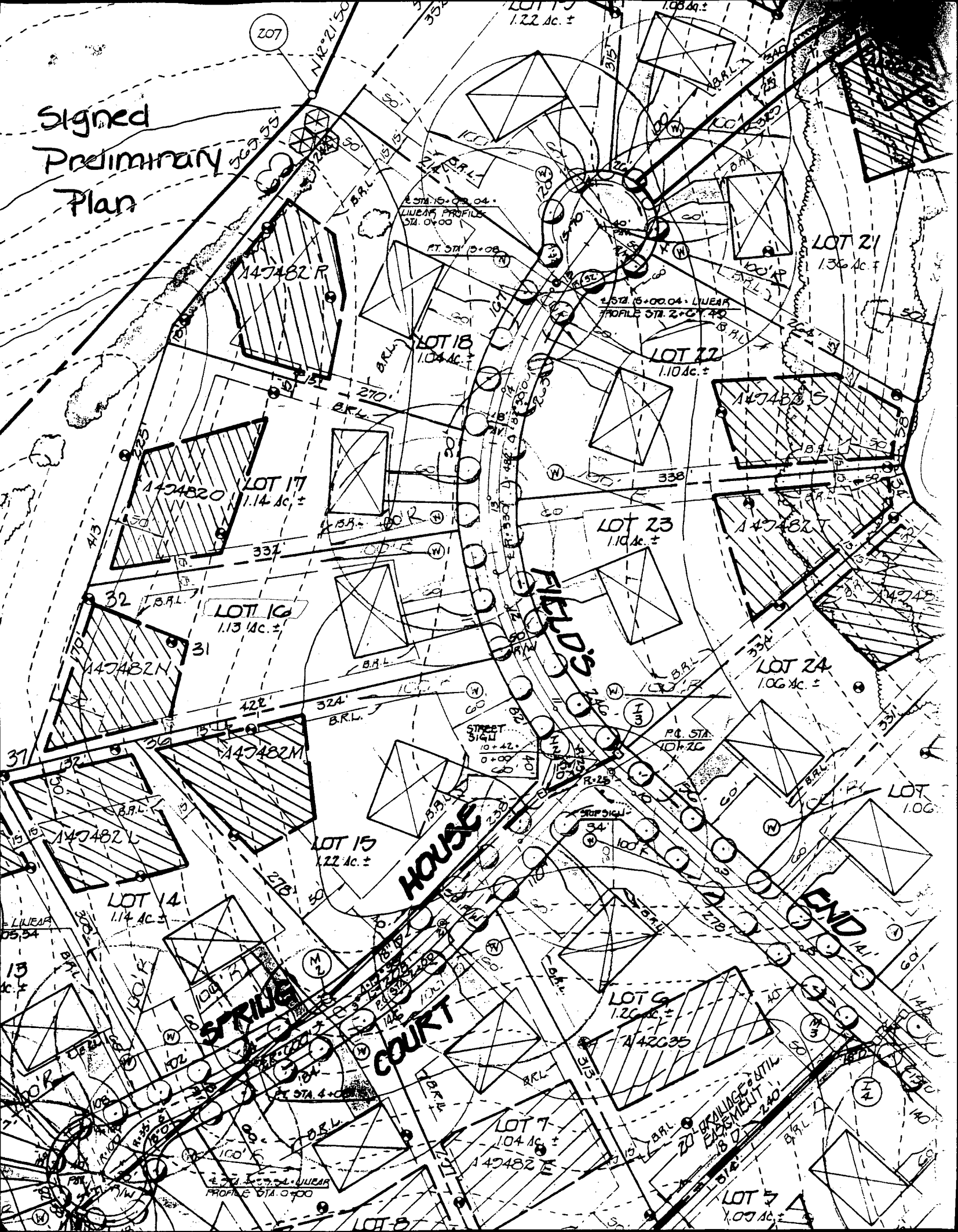
TYPE OF SOIL GLENELG

TESTED BY Amy McMillen ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

Signed  
Preliminary  
Plan



207

LOT 19  
1.22 Ac. ±

LOT 21  
1.36 Ac. ±

147482 R

LOT 18  
1.04 Ac. ±

LOT 22  
1.10 Ac. ±

1474820  
LOT 17  
1.14 Ac. ±

147482 S

LOT 23  
1.10 Ac. ±

147482 T

LOT 16  
1.13 Ac. ±

LOT 24  
1.06 Ac. ±

147482 N

147482 M

LOT 15  
1.22 Ac. ±

HOUSE

LOT 14  
1.14 Ac. ±

LOT 6  
1.20 Ac. ±

END

SPRING COURT

LOT 7  
1.04 Ac. ±

LOT 5  
1.09 Ac. ±

LOT 8

LINEAR PROFILE STA. 0+00

GRAVITAGE & UTIL. BASINMENT 18.2' x 24.0'



Total linear feet of trench required 300 feet

PART OF AGRICULTURAL PRESERVATION PARCEL A  
Width of trench (as) 3 feet

Depth of trench (as) 6 feet

Depth of stop required below distribution pipe 2 feet

N06°06'24"E 172.26'

16  
47,583.29 SF

SEPTIC EASEMENT

S04°07'54"N  
15' BRL

N71°51'11"E  
15' BRL

1250 Gal. Sd. In. Inv. Out Sd. In. Inv.

Distribution Box  
Ex. Grd. 530.8  
Inv. 542.8

Approved Septic System Plan  
Howard County Health Department  
000114015

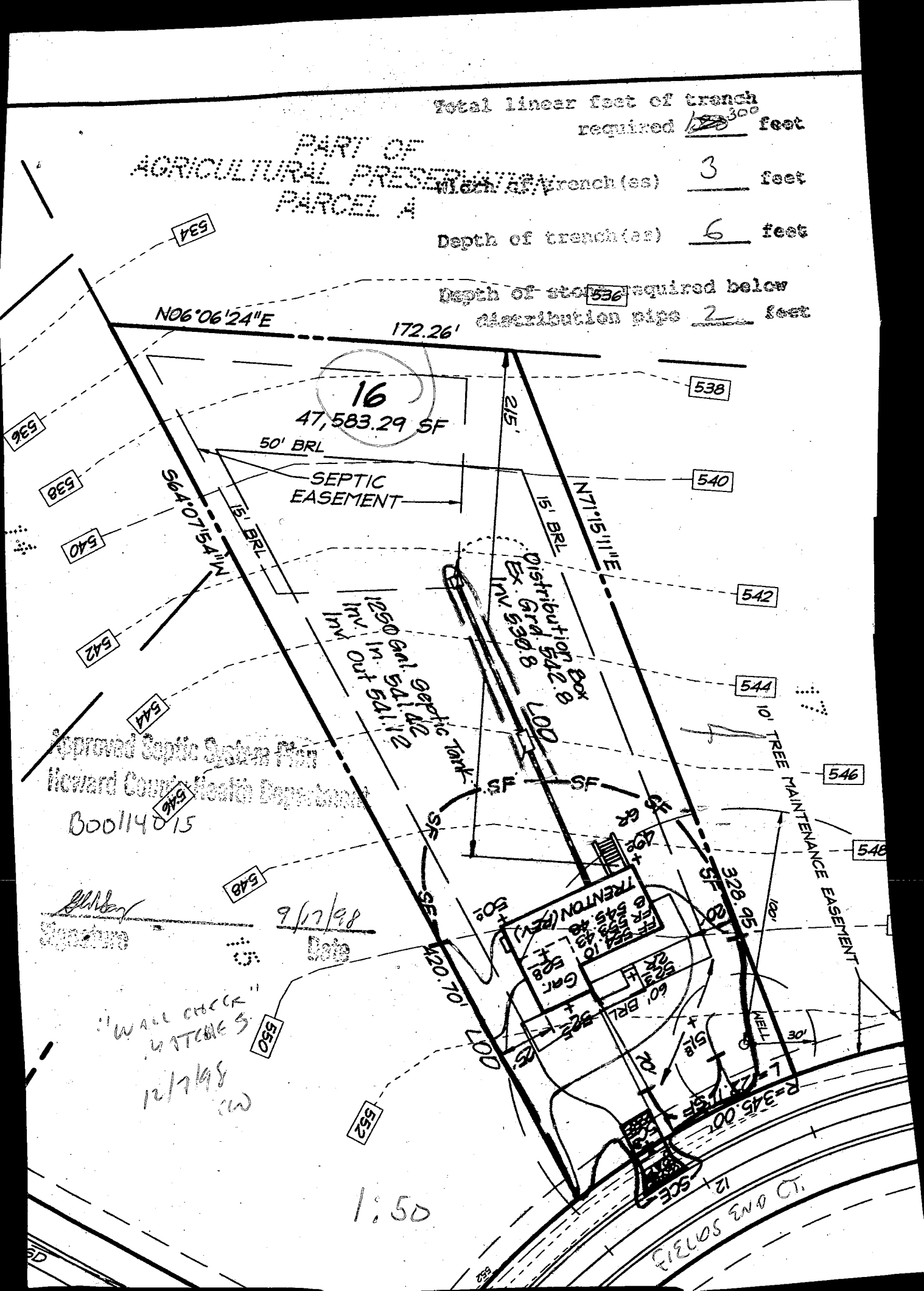
Signature  
Date

9/17/98

Wall check  
12/7/98

1:50

FIELD END CT.



HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-N 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 S.K. Plumbing & Heating Inc Telephone 410-775-0822  
 License Number 12285  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber Yes  
 Name of Property Owner Trinity Homes Telephone 410-313-8722  
 Subdivision Verfords Grant Lot # 16 Well Tag # 110 - 99 - 1508  
 Site Address 16029 Fields East Ct. Woodbine MD 21797

Pump  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible Yes  
 2. Make Jaguzzi  
 3. Model # 7B54712-S2  
 4. Capacity 7 GPM  
 5. Pump exceeds well capacity Yes \_\_\_\_\_ No X  
 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X  
 7. What methods are used to protect the pump and electrical wiring from vibrations?  
 Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other X Shave

Tank  
 1. Capacity Well-x-tank 250  
 2. Pressure relief valve? Yes

Piping  
 1. Type P.E.  
 2. Size 1"  
 3. NSF and/or BOCA Code approved Yes  
 4. Depth of supply line 42"

Well data  
 1. Depth 205 ft.  
 2. Yield 8 GPM  
 3. Static water level 35' ft.  
 4. Will water supply be disinfected by installer? Yes

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: [Signature]  
 Date: 2-25-99

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

C1 05052 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-49482-4

ST/CO USE ONLY DATE RECEIVED 10-12-98

DATE WELL COMPLETED 06 04 98

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1508

OWNER TBI HOMES INC last name first name STREET OR RFD 2212 DEVON DR TOWN DAISY SUBDIVISION WAREFIELD'S GRANT SECTION 12 LOT 16

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 150 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

cases types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 76

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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 LIC. NO. 1 MS D116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MS D117

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 74 205

Table with columns: E, A, C, H, S, R, E, N and rows for casing height measurements.

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

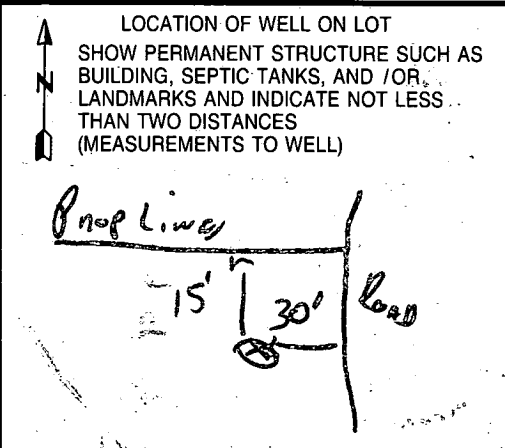
C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 80 PUMPING RATE (MEASURE PUMPING RATE) Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 105 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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 (-) 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)



EMERGENCY/TEMP NO. IF ANY

B 1 **8772** 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  
**40-94-1508**  
fill in this form completely

Date Received (APA) **03/3/98**

OWNER INFORMATION

**TBI HOMES INC**  
Last Name Owner First Name

**6212 DEVOM DR**  
Street or RFD

**COLUMBIA MD 21044**  
Town State Zip

B 3 LOCATION OF WELL

**HOWARD** COUNTY

**WARFIELD'S GRANT** SUBDIVISION

SECTION **2** LOT **16**

**DAISY** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

**Ralph MAYNE** (MSD) MGD/MWD

Driller's Name **Ralph MAYNE (Well Drilling)** License No. **116**

Firm Name **9120 Brown Church Rd, Mt Airy**

Address **Ralph Mayne** Date **3/28/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **FIELDS END CT.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **30** FT OR MI

TAX MAP: **13** BLK. PARCEL **128**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **599**

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

**A 49482-H** COUNTY NO.

STATE SIGNATURE **[Signature]** DATE ISSUED **4/2/99**

CO SIGNATURE **[Signature]** EXP. DATE

NORTH GRID **530000** EAST GRID **780000**

APPROXIMATE DEPTH OF WELL **1150** 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

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 **G A P**

FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **40-94-1508**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**780**  
**530**

