

LAYOUT 8/9/02 10:00 INSP 4 10/30/02 9-10 AM
 INSP 2 8/20/02 ASAP INSP 5 _____
 INSP 3 8/21/02 ASAP INSP 6 _____

ISSUE DATE: 8/9/02
 APPROVAL DATE: 10/30/02

**PERMIT
INDEXED**

P 517407
 A 33249

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

WTC Contractors IS PERMITTED TO INSTALL ALTER

ADDRESS: 3033 Salem Bottom Rd 21157 PHONE NUMBER: 410-875-2195
nextel 410-984-2659 PIN 22687
 SUBDIVISION: Warfield Estates LOT NUMBER: 41

ADDRESS: 14600 MacClintock Drive PROPERTY OWNER: Jerone kesko

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 180 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run two(2) 90' trenches on contour.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 7/17/02 (SO) DATE: 6/19/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

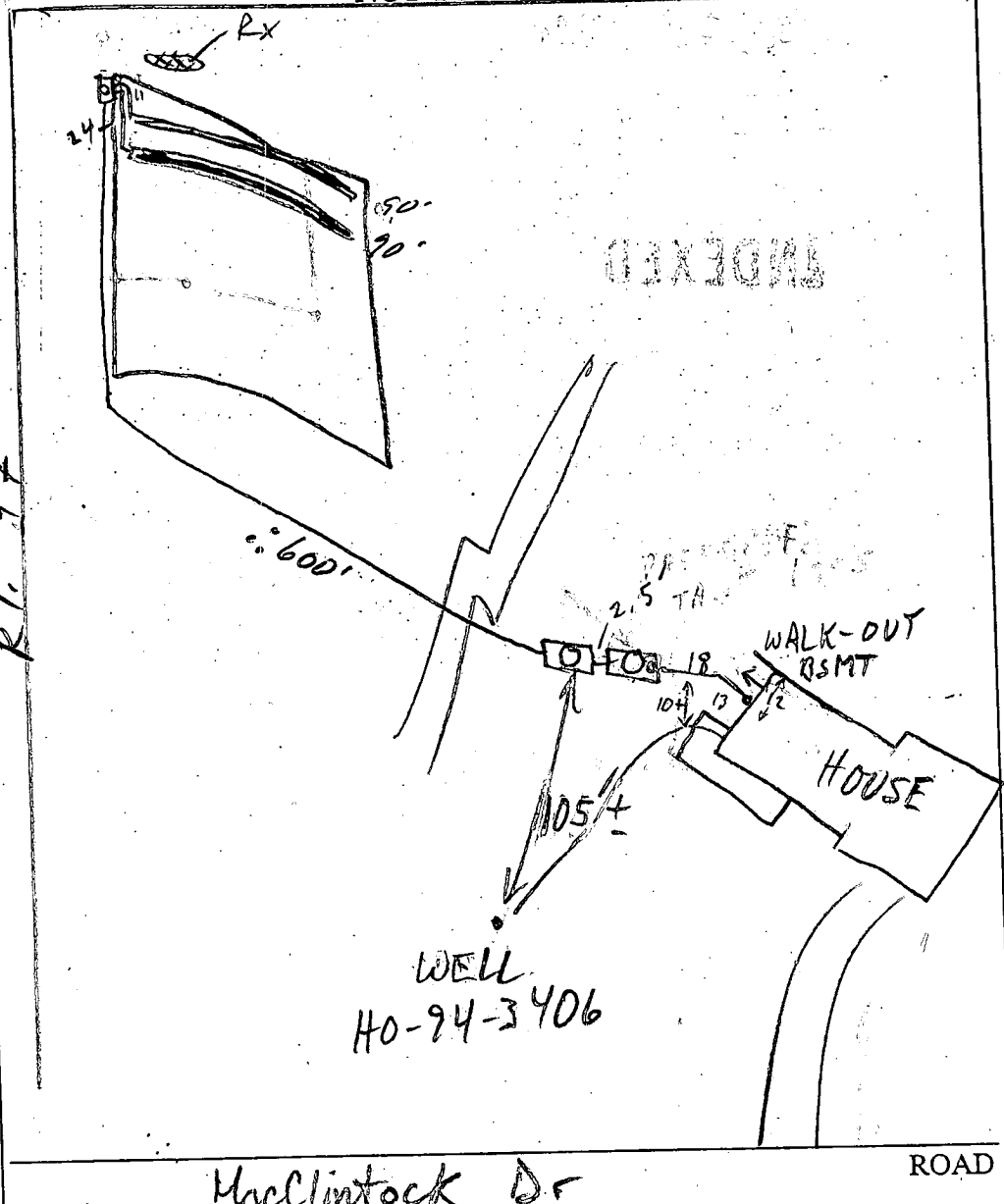
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED 8/1/02**

B00137709

A 33249

NOT TO SCALE BURNT WOODS RD



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'	8.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		180'
ABSORPTION AREA		720 $\frac{1}{4}$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <u>OK</u>	
CAPACITY	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	18-24"
BAFFLES	OK
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	CTR
6" PORT LOC	FRONT
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL <u>OK</u>	
CAPACITY	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	24"
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	CTR
6" PORT LOC	<input checked="" type="checkbox"/>
WATERTIGHT TEST	<input checked="" type="checkbox"/>

MacClintock Dr

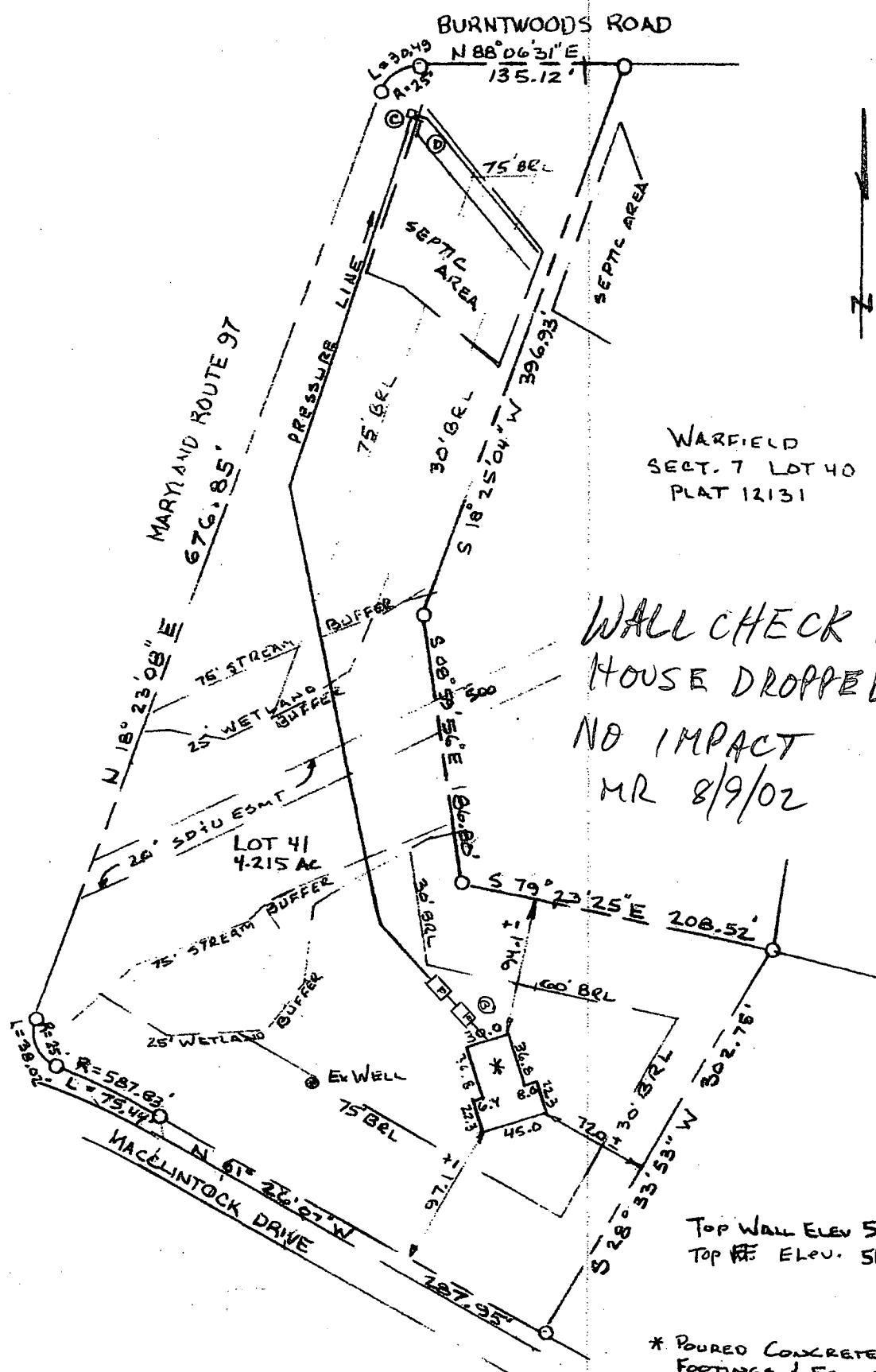
ROAD

8/9/02 SDA STAKED, DUE TO POTENTIAL FOR H₂O TABLE @ S.T. LOC, TANK HOLES TO BE PRE-CONSTRUCTION EVALUATED TO VERIFY NO MOTTLES/H₂O ABOVE 4 1/2 - 5'; IF OK TANKS TO BE INSTALLED IN LOC SHOWN, GAVE OK TO COVER PRESSURE LINE AS NEEDED; PORT TO BE INSTALLED @ D.B.; TRENCH @ BOTTOM TO BE EVAL BEFORE STONE, OK TO START MR

INSTALLATION 8/20/02 S.T. holes - moist soil @ 7 1/2. MAPPING - OK TO USE (MR) (KN)
 8/21/02 TRENCH OK TO STONE, DIG & INSTALL TRENCHES, LEAVE ENDS OPEN, OK TO COVER TANKS (MR) 8/23/02 OK to cover all work. Pump & Alarm test needed (SO) 10/30/02 Pump & Alarm tests OK (SO)

FINAL INSPECTOR [Signature]

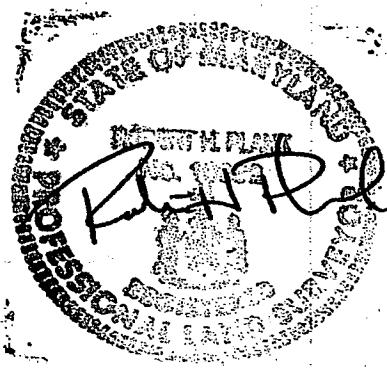
DATE OF APPROVAL 12/30/02
 BUILDING DEPARTMENT
 AND RETURNED



WALL CHECK OF HOUSE DROPPED 1" NO IMPACT MR 8/9/02

Top Wall Elev 518.2
Top FF Elev. 519.61

* POURED CONCRETE FOOTINGS & FOUNDATION ARE IN PLACE



WALL CHECK
LOT 41 SECTION 7
WARFIELD ESTATES
ELECTION DIST. # 4
HOWARD COUNTY, MD.
SCALE 1"=100' JULY, 2002

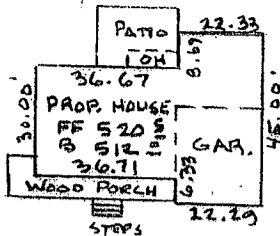
07-18-02

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT 12131	02SY 4701

NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296



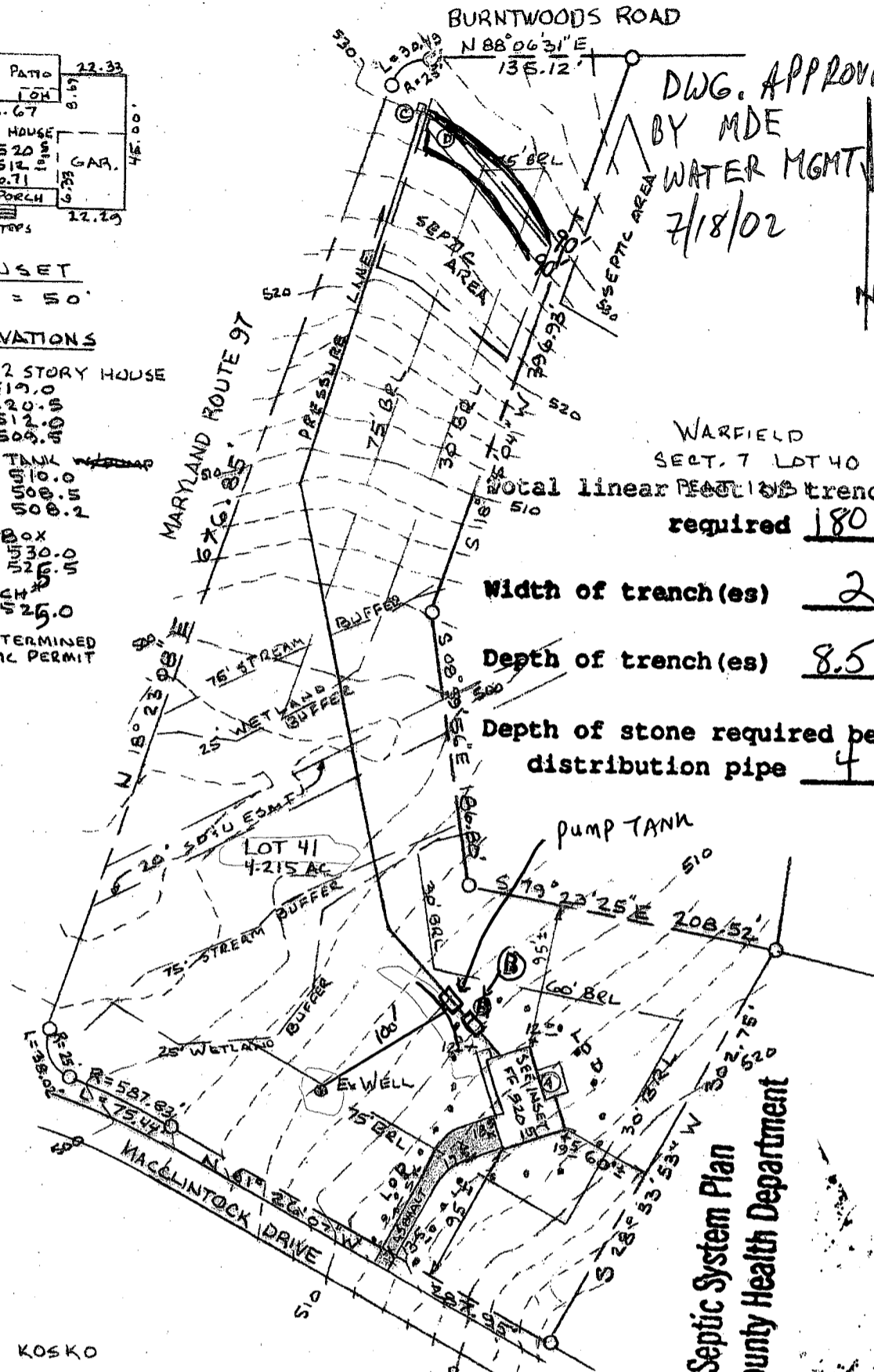
INSET
1" = 50'

PROPOSED ELEVATIONS

- (A) PROP. 4 BR - 2 STORY HOUSE
GAR. ELEV. 520.0
FF 520.5
BENT ELEV. 520.5
INV. ELEV. 500.5
- (B) PROP. SEPTIC TANK
EX GRD ELEV. 500.0
INV. ELEV. 500.5
- (C) PROP. DIST. BOX
EX GRD ELEV. 520.0
INV. ELEV. 525.0
- (D) PROP. TRENCH
INV. ELEV. 525.0

* LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

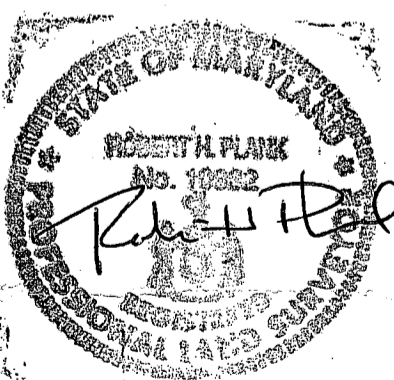
DWG. APPROVED BY MDE WATER MGMT 7/18/02



WARFIELD SECT. 7 LOT 40
Total linear feet of trench required 180 feet
Width of trench(es) 2 feet
Depth of trench(es) 8.5 feet
Depth of stone required below distribution pipe 4 feet

OWNER: JERRY KOSKO
BUILDER: JMG BUILDERS
P.O. BOX 1281
SYKESVILLE, MD 21784

- NOTES:
- SUBJECT TO NON TIDAL WETLANDS LETTER OF AUTHORIZATION
 - TOPOGRAPHY BASED ON SURVEYS BY MBTA INC. IN HI
 - PROVIDE SEDIMENT CONTROL MEASURES AS REQ'D.



05-31-02

Approved Septic System Plan
Howard County Health Department
PLAT PLAN

Signature: Steve Krieg
Date: 6/19/02

LOT 41 SECTION 7 WARFIELD ESTATES ELECTION DIST. # 4 HOWARD COUNTY, MD.
SCALE 1"=100' MAY, 2002

SHT 1 OF 2

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE	JOB NO.
PLAT 12131	02SY 4701

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gaske Plumbing & Heating, Inc. Telephone #: 410-521-8137
Address: P.O. Box 1247
Sykesville MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JOHN GASKE License# 3189

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: JEFFY KOSKO Telephone #: 465-5305
Subdivision: WARFIELD ESTATES Lot #: 41 Well Tag #: HO-94-3406
Site Address: 14600 MACCLINTOCK DRIVE

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GOIDS Make: HARVARD Two piece watertight cap: yes
Model #: 5605412 Model#: 0102 Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 5 1/2 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house House Connection
Type: Crest Line PVC sleeved to undisturbed soil at wall penetration: Sleeved under footer on virgin ground
PSI: 160 (160 psi min) Approximate length of sleeve: _____
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: John Gaske date: 7-22-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/21/02 MR
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 13" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14518 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A33249 6/4/02

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 23 02 Depth of Well 220' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 3406

OWNER Gaske MacClintock Dr JOHN last name first name STREET OR RFD TOWN Glenwood SUBDIVISION WARFIELD EST. SECTION 7 LOT 41

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 FROM TO check if water bearing. Sand 0 56 Gray Mica 56 220 v

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1642 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

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

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. MS D 021 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

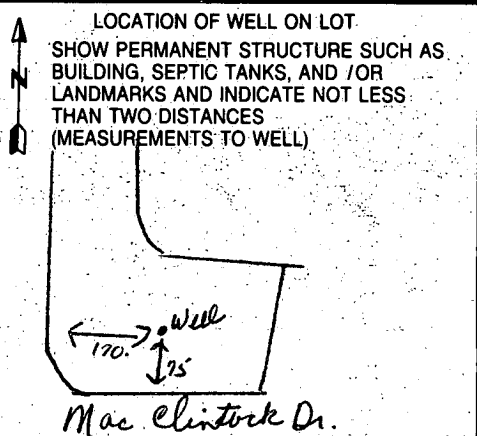
DEPTH (nearest ft.) 58 220. A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.): 5.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 132 ft. 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 INSTALLED PUMP (CIRCLE) (YES) (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 - below LAND SURFACE 2 (nearest foot)



B 1 7734

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3406

W51692 Please print or type

fill in this form completely

Date Received (APA)

04-11-2002

OWNER INFORMATION

Gaske John P.O. Box 1281 Sushesville Md 21784

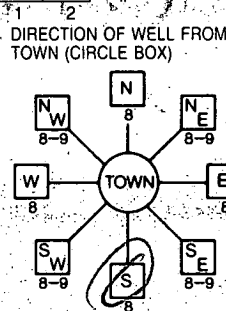
LOCATION OF WELL

Howard County Warfield East Section 7 Lot 41 Glenwood

DRILLER INFORMATION

Joseph L. Wayne M-S D Z 4 Joseph L. Wayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mac Clintock Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 30 FT

TAX MAP: 21 BLK: 4 PARCEL: 183

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING LIVESTOCK WATERING & AGRICULTURAL IRRIGATION INDUSTRIAL COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A33249 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/09/02 Mark Kellin 5/9/03

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL. PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

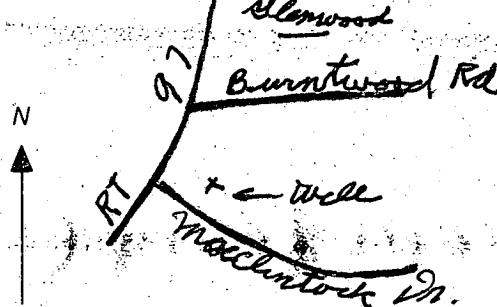
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7921 N 5227

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. HO-94-3406

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

PREVIOUS UNSUCCESSFUL TEST HISTORY
TEST PLANT PREVIEW OK - WET SEASON REQD.
WATCH WELL & SEPTIC
LOCATION ON
ADJACENT LOT 11
CW

A 50533

P _____

DISTRICT _____

DATE 2/23/95

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

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 Mohamed Kamal and Guenneth EL Sawi

ADDRESS 6780 GREATNEWS LANE, Columbia PHONE 301-854-0474

AGENT OR PROSPECTIVE BUYER Owners WANT to sub Divide

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION WARFIELD ESTATES LOT NO. Parcel "A" P/O Lot 41
THIS PERC NOT USED

ROAD AND DESCRIPTION 14829 Burntwoods Road

Parcel is bounded by 97 (Georgia Ave), Burntwoods Rd, and McClintock

TAX MAP _____ PARCEL # PARCEL A (Section Seven)

SIZE OF LOT 7.3043 TYPE BLDG. Single Family Dwelling
(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. Guenneth El Sawi
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC SHOWS ROCK, SHALLOW H₂O MR 3/22/94

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 50533

COUNTY #

SOIL PROFILE

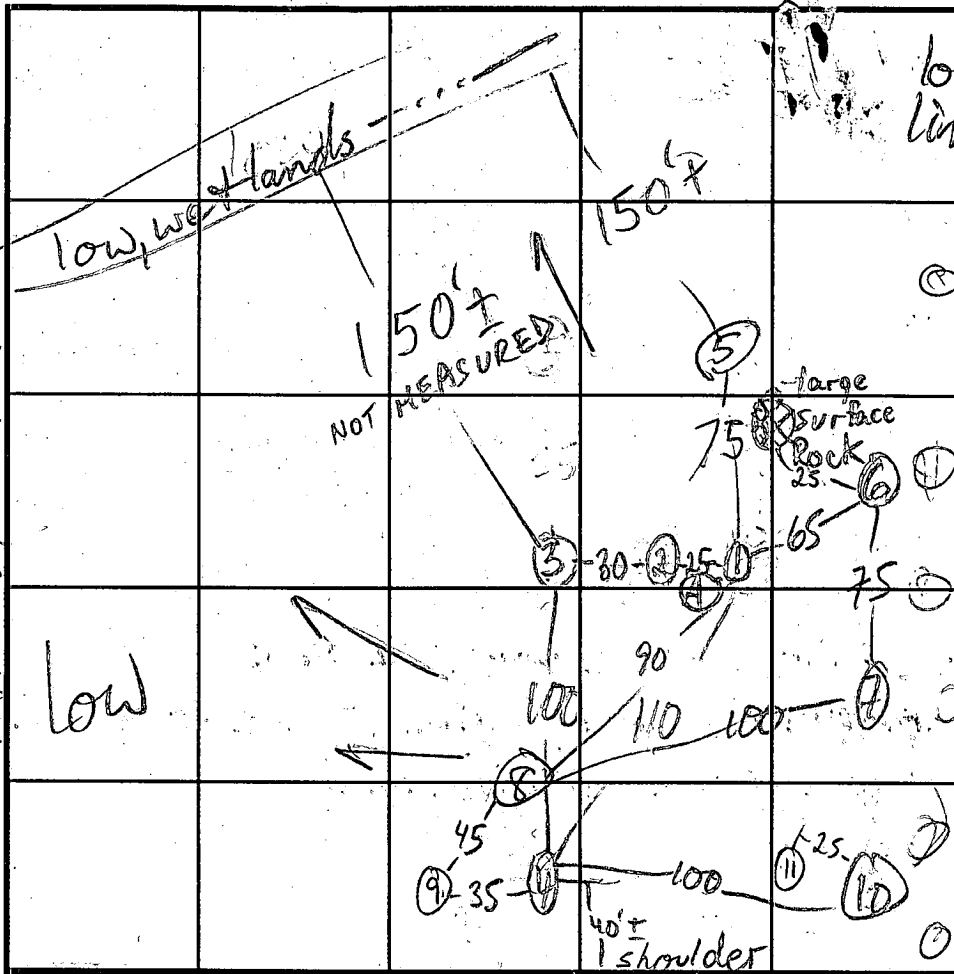
0' (3)
org clay
1 1/2'
pale gray (perched?) mottles w/ cave in
63"
pale gray rust org mottled si lm
8' 3"
WATER

(2)
brn org clay
↓

9 1/2'
black deposits
pale gray mottles
103"
WATER

(3)
brn org cl lm

4
brn silt + si lm
210% frags
9 1/2'
10'
WATER



SOIL PROFILE

(4)
brn org cl lm
4'
brn org sa si lm
410% frags

MacClintock Dr INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
3/6/95	3 V	8' 3"	H ₂ O @	8' MOTTLES	6' 3"		(FAIL)		
	2 V	10' 3"	H ₂ O	@ 10' 3"	MOTTLES	9 1/2"			
	1 S	4 1/2"	1:15	1:34	1:34	2:04	30		
	1 V	10"	H ₂ O @	9 1/2"					
	1 M	6 1/2"	12:57	1:01	1:01	1:10	9		
	4 S	5 1/2"	1:30	1:33	1:33	1:38	5		
	4 V	12"							
	5 V	10 1/2"	all clay wet, mottled @ 6"						(FAIL)
	SAND MOUND PRELIM	2 1/2"	2:50	3:02	3:02	3:19	17		

REMARKS _____
 TYPE OF SOIL baile (Ba), ch₂, ph₂ - Chester
 TESTED BY M. Ripkin ALSO PRESENT Fyock crew, Ms. ElSawi
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

3/6/95
12:00
3/16/95
CONT'D

PERCOLATION TESTING

PREVIOUS UNSUCCESSFUL TEST HISTORY -
TEST PLAN PREVIEW OK - NOT SEASON READ.
WATCH WELL & SEPTIC
LOCATION ON
ADJACENT LOT!!
(CW)

A 50533

P _____

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

DISTRICT _____

DATE 2/23/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Mohamed Kamal and Gwenneth El Sani

ADDRESS 6780 GREATNEWS LANE, Columbia PHONE 301-854-0474

AGENT OR PROSPECTIVE BUYER OWNERS WANT TO SUB DIVIDE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WARFIELD ESTATES LOT NO. PARCEL "A"

ROAD AND DESCRIPTION 14829 Burntwoods Road

Parcel is bounded by 97 (Georgina Ave), Burntwoods Rd., and McClintock

TAX MAP _____ PARCEL # PARCEL A (Section Seven)

SIZE OF LOT 7.3043 TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

A50533

COUNTY #

SOIL PROFILE

0' 6-9
 brn
 cl +
 cl lm
 4-4 1/2
 brn tan
 Si sa
 lm
 10% frags
 11 WATER
 IN 6 9

SOIL PROFILE

0' 10
 org
 clay
 3
 brn
 sa lm
 30-40% frags
 5
 HARD brn
 sa +
 Rock sa lm
 Shelf 20-30%
 frags
 9' 3"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STCP	START	STOP	
3/16/95	6 S	2' 6" 4' 9"	12:45 1:00	12:57 1:10	2' 1/4" REB 1:10	DIG 1:28	18
	6 V	11' 3"	H ₂ O	@ 11"			
	7 S	4' 2"	12:56	1:10	1:10	1:41	31
	7 V	11					
	8 S	4 1/2	1:36	1:41	1:41	1:52	11
	8 V	11' 4"	1:36	1:41	1:41		
	9 S	4 1/2	1:45	1:55	1:55	2:25 ±	30 ±
	9 V	11	H ₂ O	@ 11"			
	10 V	4 1/2	ROCK	REFUSAL			
	11 V	9' 3"					

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Fyock, Mc El Somri

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

6/14/95
10:00
~~10:00~~

APPLICATION

PERCOLATION TESTING

A 33249

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 MR. MOHAMED KAMAL & MRS. GWYNNETH EL SAWI

ADDRESS 6780 GREAT NEWS LANE PHONE (301) 854-0474
COLUMBIA, MARYLAND 21044

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WARFIELD ESTATES, SECT. 7 LOT NO. PARCEL "A" (NEW LOT)

ROAD AND DESCRIPTION CORNER OF BURNTWOODS ROAD, MD
ROUTE 97, & MACCLINTOCK ROAD TO THE EAST

TAX MAP 21 PARCEL # 183

SIZE OF LOT 3.058 ACRES; LOT 41 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. Stephanie Demalik
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK HOLD FOR PLAT MR 6/19/95

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' (1)(2)(3)
org pink (5)

sa cl

1m

5-5 1/2

tan
brn
sa mica
loam
5-10% frags

13

org
sa
cl 1m

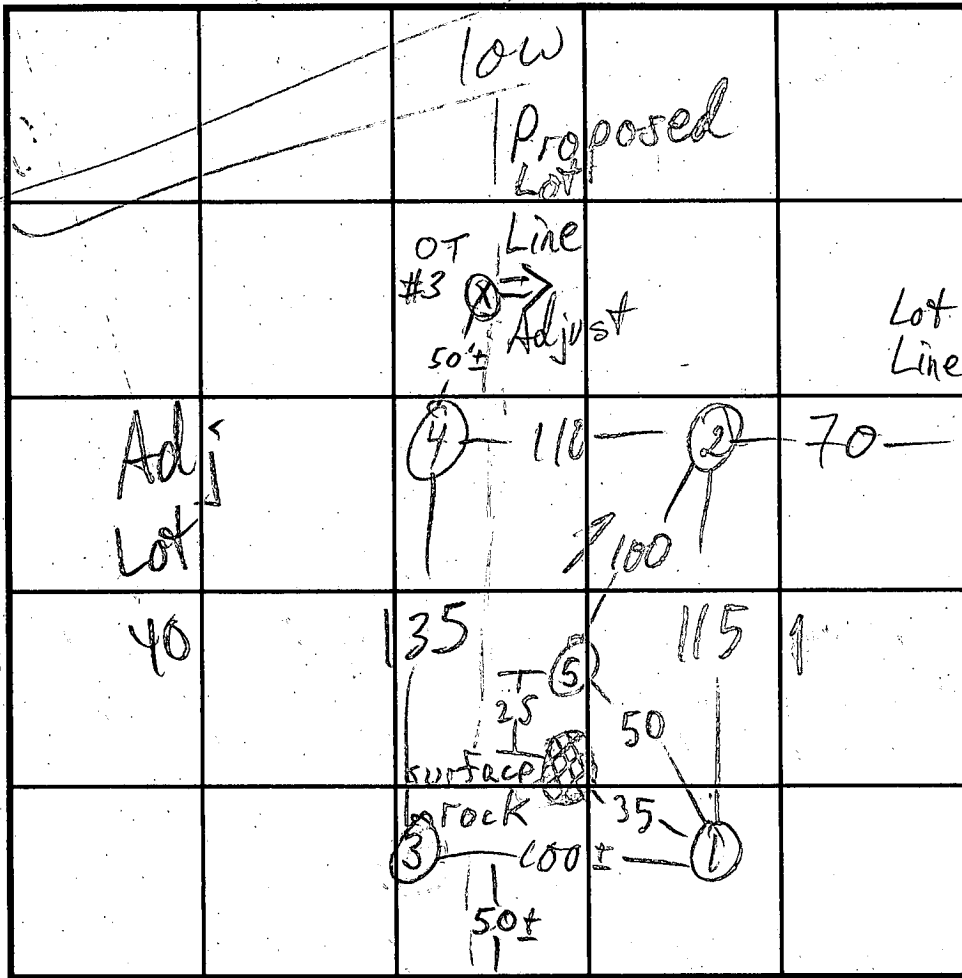
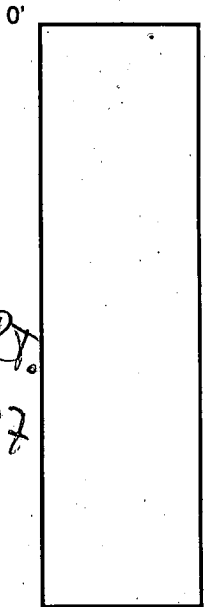
3 1/2
4

tan
sa mica
loam
5%
frags

9 1/2
11 1/2

25-30%
blocky frags

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BURNTWOODS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/14/95	1 S	5	10:16	10:25	2 1/4"			
		6	10:32	10:34	10:34	11:36	2	
	1 V	13						
	2 S	5	10:19	10:32	10:32	11:02	1 1/2"	
		6	11:06	11:08	11:08	11:17	9	
	2 V	12' 9"						
	5 V	1 1/2	OK					
	4 S	4 1/2	11:19	11:20	11:20	11:22	2 EST	
	4 V	1 1/2						
	3 S	6-6 1/2	12:46	12:47	12:47	12:49	2	
	3 V	13						
3/88 or 11/83	OT3 V	7-14	1-3 1/2' clay, then loam/sa 1m (13 min @ 3 1/2')					

REMARKS LOT LINE ADJ. NEEDED TO AVOID RX, GET OK ON ADJ. LOT

TYPE OF SOIL

TESTED BY M. Ripkin ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1, 2, 4, 5, OT3 1 1/2 TRENCH WIDTH 2

INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 8 1/2 SQ. FT./BEDROOM 180

PRELIMINARY

APPLICATION

10/24/83
 9:30 p.m.
 11/4/83
 NO SHOW
 RIT
 11/16 & 11/17/83
 9:30

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES
 P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: 992-2330

A 33249

P _____

DISTRICT 4th

DATE 10/20/83

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 (?)

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

New 4/

SUBDIVISION Warfield Estates LOT NO. Parcel A - 1

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 7.3043 acres (to be subdivided) TYPE BLDG. 3 or 4 bedrooms
 (NUMBER OF BEDROOMS)

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. /s/ Judy Ketterman
 (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

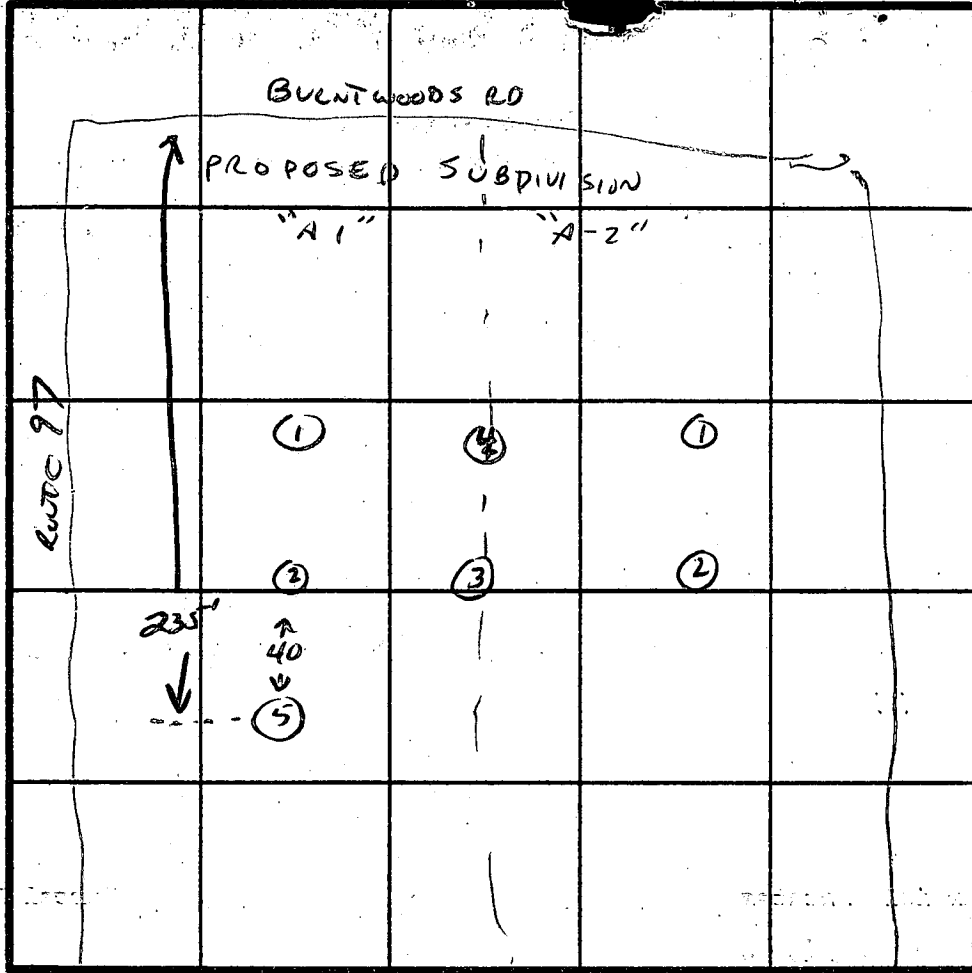
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS WET SEASON TEST OK DATE 2-27-84

REASONS FOR REJECTION OR HOLDING: CERTIFIED PLAT REQUIRED. CWILLIAMS

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1-4 TESTED	OK	11-16-53	BY Rtb	SEE OTHER PAGE		
	"5"	FORTY	FT DOWNHILL OF THIS "2" ON PROPOSED LOT "A1"				
		14'	DRY SAND				

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Wilson ALSO PRESENT KOTTERMB

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33249

P _____

DISTRICT 4th

DATE 10/20/83

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 (?)

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

New 4/

SUBDIVISION Warfield Estates LOT NO. Parcel A - //

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 7.3043 acres (to be subdivided) TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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. /s/ Judy Ketterman

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

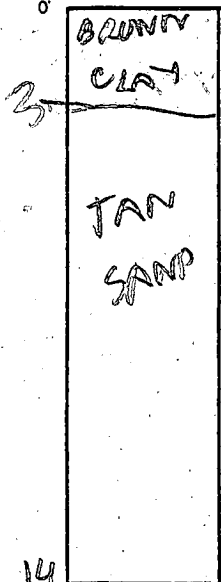
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

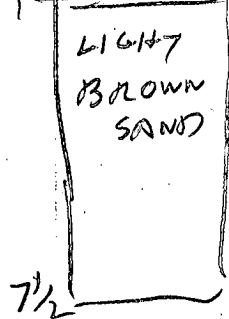
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

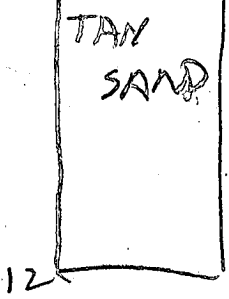
②
SOIL PROFILE



③
BROWN CLAY

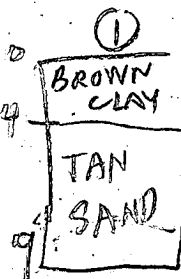


④
BROWN CLAY



$\bar{X} = 8 \text{ min}$
Inlet 3 ft
Bottom 8 ft
210 sq ft / bdrm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



ON LINE
HOLE BETWEEN
A1 & A2

ON LINE
HOLE
BETWEEN A1 & A2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/16/83	1S	4	145	201	201	213	12
	1V	9	LOOKS	OK			
11/16/83	2S	3 1/2	149	150	150	153	3
	2V	14	LOOKS	OK			
11/11	3S	3 1/2	155	159	159	212	
	3V	7 1/2	LOOKS	OK			
11/11	4S	3	204	206	206	210	4
	4V	12	LOOKS	OK			

REMARKS _____

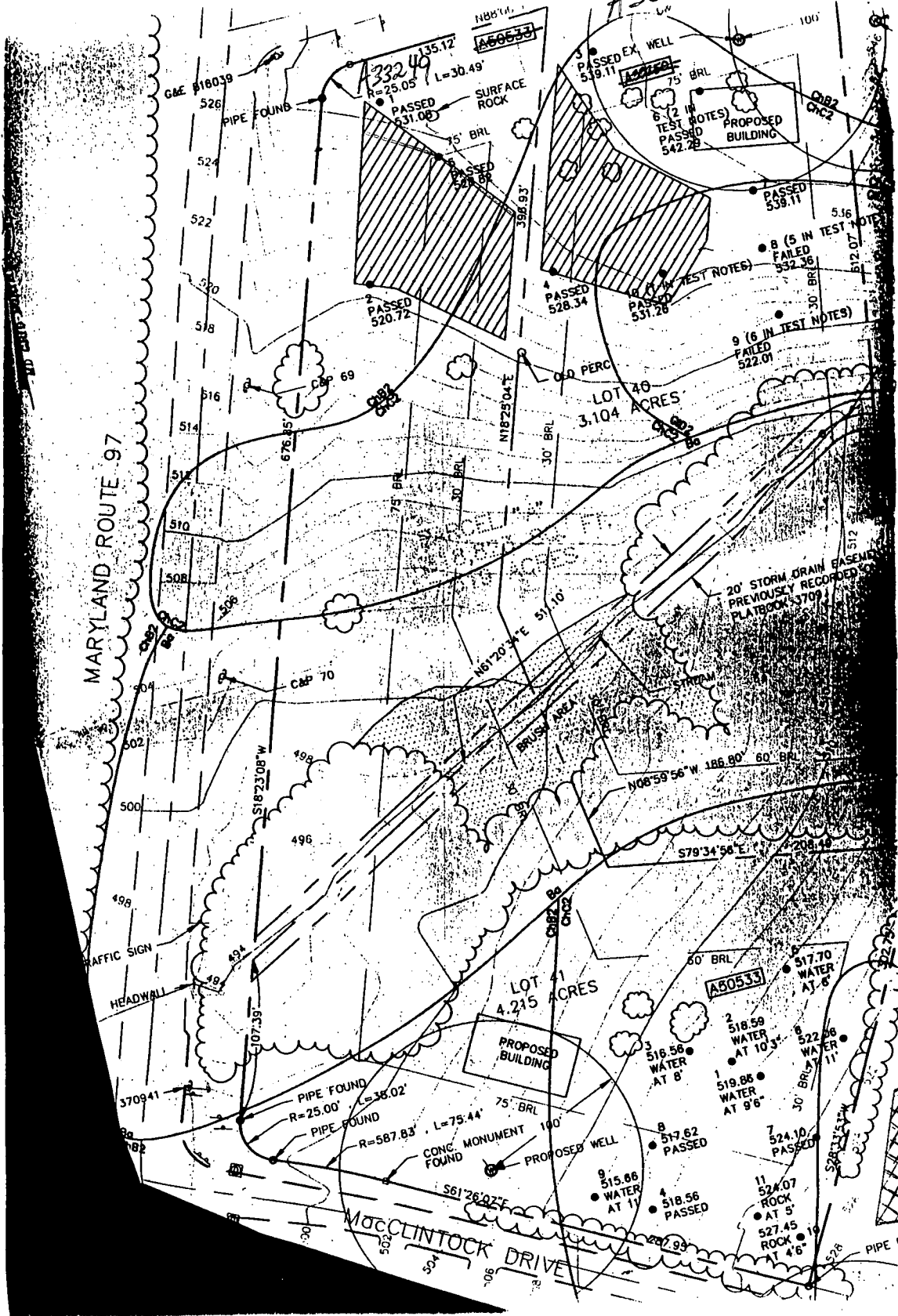
TYPE OF SOIL _____

TESTED BY B. HADGES ALSO PRESENT O. KETTERMAN

EH-12-1079

Burnt Woods Rd

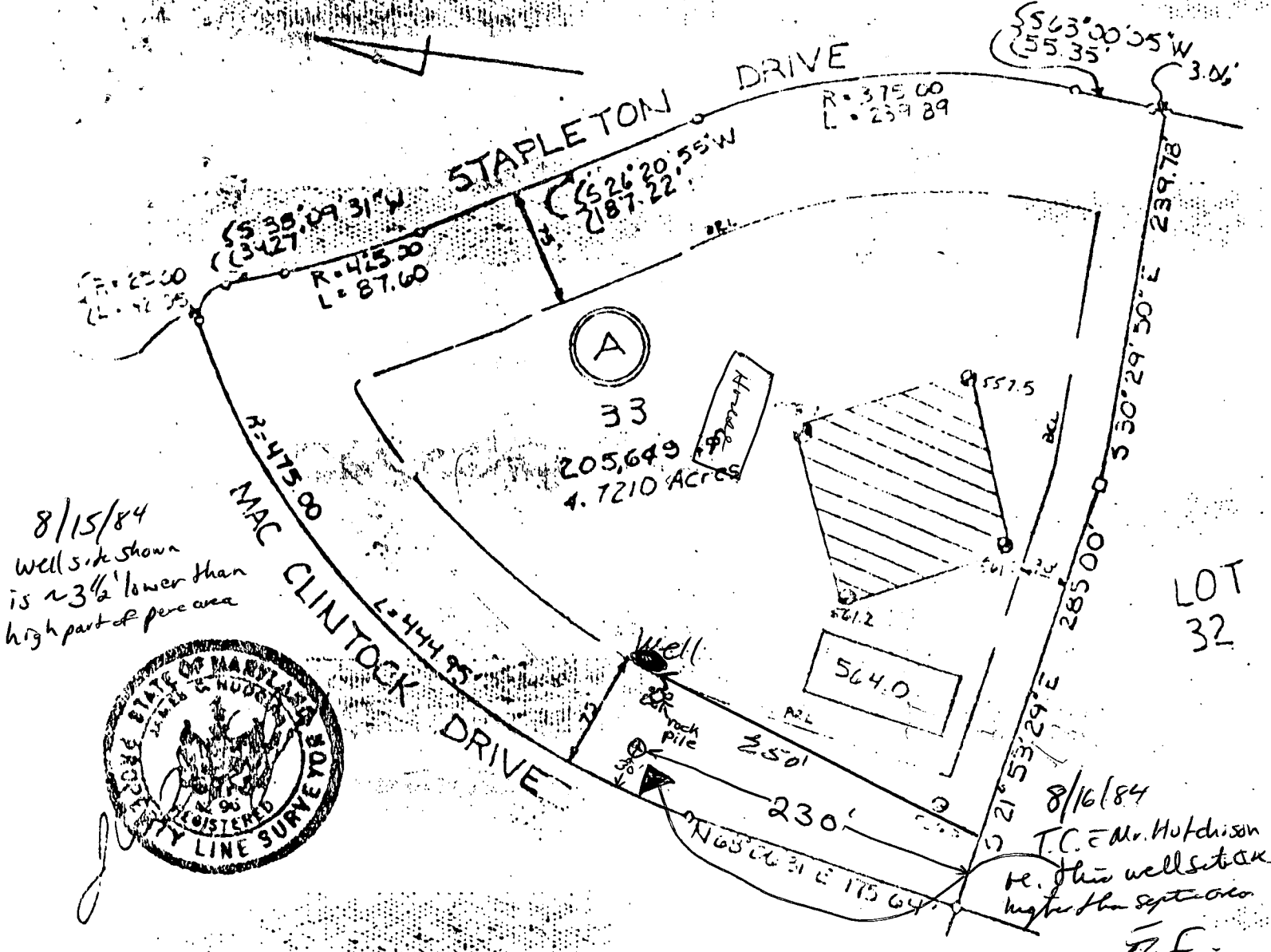
A50533



Copy
Signed
Perc
Cert

1:100

2 ex. septic areas
within 130' of
MacClintock Dr



PERCOLATION TEST PLAT

LOT A 33

SECTION SEVEN

WARFIELD ESTATES

4th Election District
Howard County, Maryland
Scale 1"=100'
Date 12/4/83

NTT Associates
101 Sterrett Place
Columbia, MD 21044
301-307-7300

This area designates a private sewage easement of _____ feet as required by the Maryland State Department of Health for the installation of a private sewage disposal system. Improvements in this area are restricted until public sewage disposal is available. These easements shall become null and void upon completion of a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the easement. Recordation of a modified sewage easement shall be necessary.

All test holes shown hereon have been field located and _____.

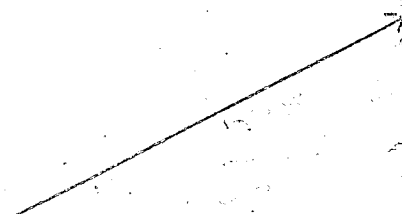
This work was done in accordance with the minimum standards with and without the approval of the Maryland State Department of Health and the County Health Officer.

All other areas and water wells for adjoining lots have been shown as pertinent.

For Private Water and Private Sewage Systems

Joseph S. [Signature] 3-12-84
Date

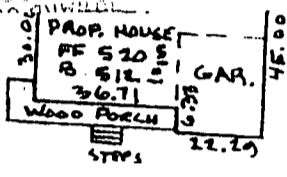
2102



MIKE HUTCHISON
15506 PLAIN DR
LAUREL MD.

H-301-776-1813
W-703 ~~507~~ 2057
573-

2002 JUL 29 PM 11:25:55

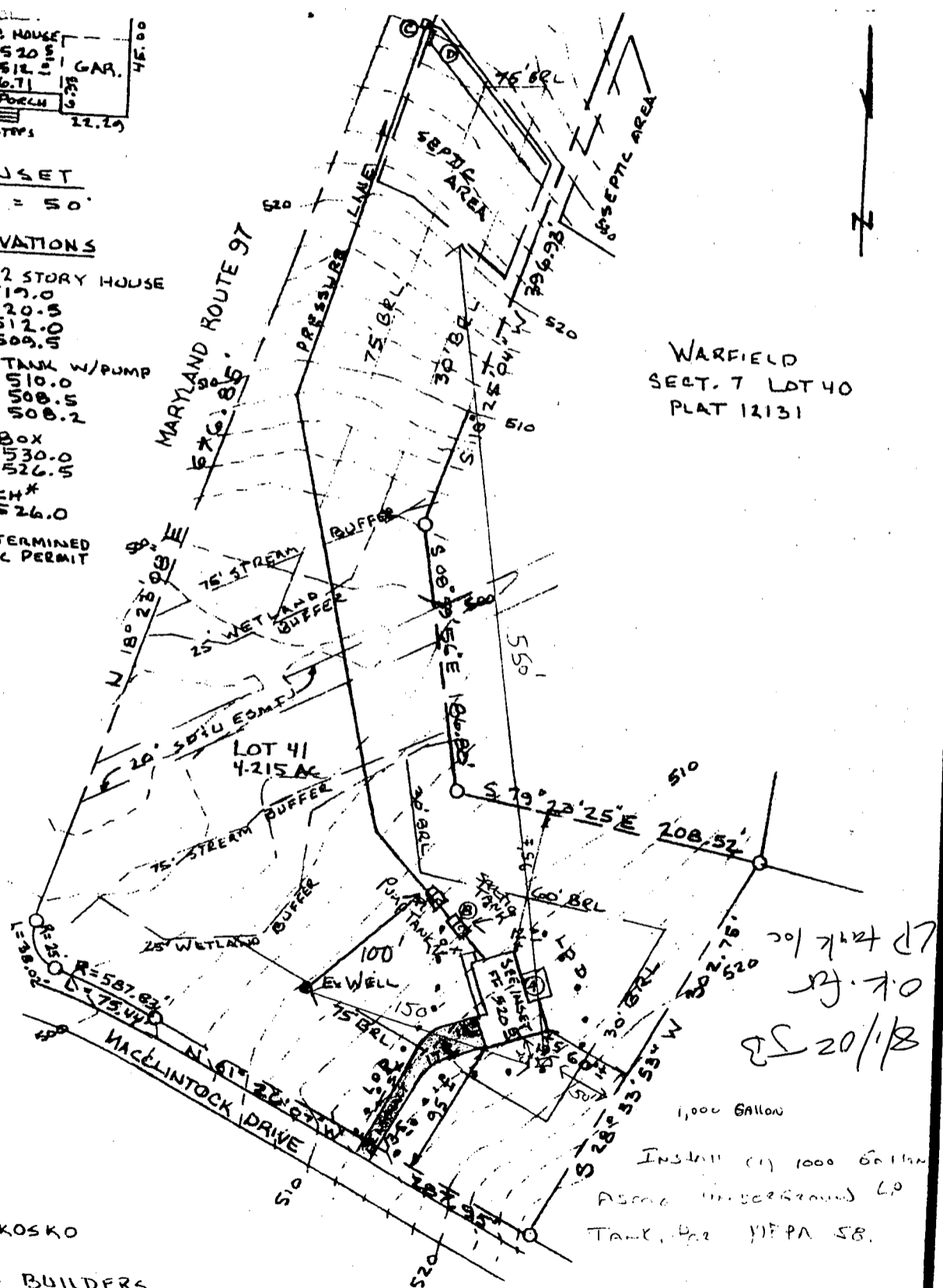


INSET
1" = 50'

PROPOSED ELEVATIONS

- (A) PROP. 4 BR - 2 STORY HOUSE
GAR. ELEV. 519.0
FF ELEV. 520.5
BSMT ELEV. 512.0
INV. ELEV. 509.5
- (B) PROP. SEPTIC TANK W/PUMP
EX GRD ELEV. 510.0
INV IN. 508.5
INV OUT. 508.2
- (C) PROP. DIST. BOX
EX GRD ELEV. 530.0
INV ELEV. 526.5
- (D) PROP. TRENCH*
INV. ELEV. 526.0

* LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

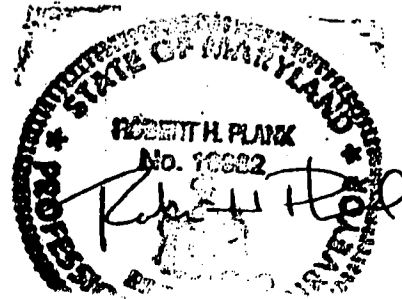


WARFIELD
SECT. 7 LOT 40
PLAT 12131

OK for
8/10/02 JS

1,000 Gallon
INSTALL (1) 1000 Gallon
PUMP UNDERGROUND LP
TANK PER NIEPA 58.

OWNER: JERRY KOSKO
BUILDER: JMG BUILDERS
P.O. BOX 1281
SYKESVILLE, MD 21784



PLOT PLAN
LOT 41 SECTION 7
WARFIELD ESTATES
ELECTION DIST. # 4
HOWARD COUNTY, MD.
SCALE 1"=100' MAY 2002

- NOTES:
- SUBJECT TO NON-TIDAL WETLANDS LETTER OF AUTHORIZATION
 - TOPOGRAPHY BASED ON SURVEYS BY MBIA INC. INHI
 - PROVIDE...

- call cont - JAB

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00137709
---	---	--

Building Address 14600 MacClinton Dr
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision WAZFIELD ESTATE

Section 7 Area _____ Lot 41

Tax Map 21 Parcel 183 Grid 183

Zoning RDED Map Coordinates 907 Lot size _____

Property Owner's Name Kosko, Jerome

Address 4902 Clearwater Dr

City Ellicott City State MD Zip Code 21043

Home Phone _____ Work Phone 410-465-53

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same with Tank

Estimated Construction Cost \$ 2300.00

Description of Work Install (1) 1000 Gallon AWC
UG. LP Tank, Per NFPA 58

Contractor Company Amazigas

Contact Person Tom McLaughlin

Address 10077 Baltimore Nat'l Pike

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-465-0800 Fax _____

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 _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Thomas R. McLaughlin
 Applicant's Signature
Isr / Amazigas

Thomas R. McLaughlin
 Print Name
7-26-02

Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	<u>54998</u>
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>3/1/02</u>	<u>JLM</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>537144</u>
				Validation # <u>54435</u>

Accepted by J

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SIA

Forms/PERMIT.FRM Rev: 5/17/00