

House connected req'd.

12-23-88  
7/10/89 2M

SEPTIC SYSTEM TO BE INSTALLED PRIOR TO ISSUANCE OF BUILDING PERMIT

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 43057  
A 27899  
DISTRICT 3rd  
DATE 11/21/88  
DATE SYSTEM APPROVED 7/10/89  
INSPECTOR RH

INDEXED  
03-302 @ 326

Paul Schissler/South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Triadelphia Farms ROAD 13326 Triadelphia Road LOT 1C

PROPERTY OWNER \_\_\_\_\_  
13358 Hunt Ridge

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the rear (135') lot line and 30 feet from the left (566.92') lot line. Run trenches along contour toward left-rear corner of lot.

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

12/22/88 Adjust DOWN Hill Slightly to get 92' trenches in AREA. S. Abo

12/21/88 PT+G of well OK - P. Schissler given OK to install septic system. S. Abo

PLANS APPROVED BY C. Williams DATE 10/21/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

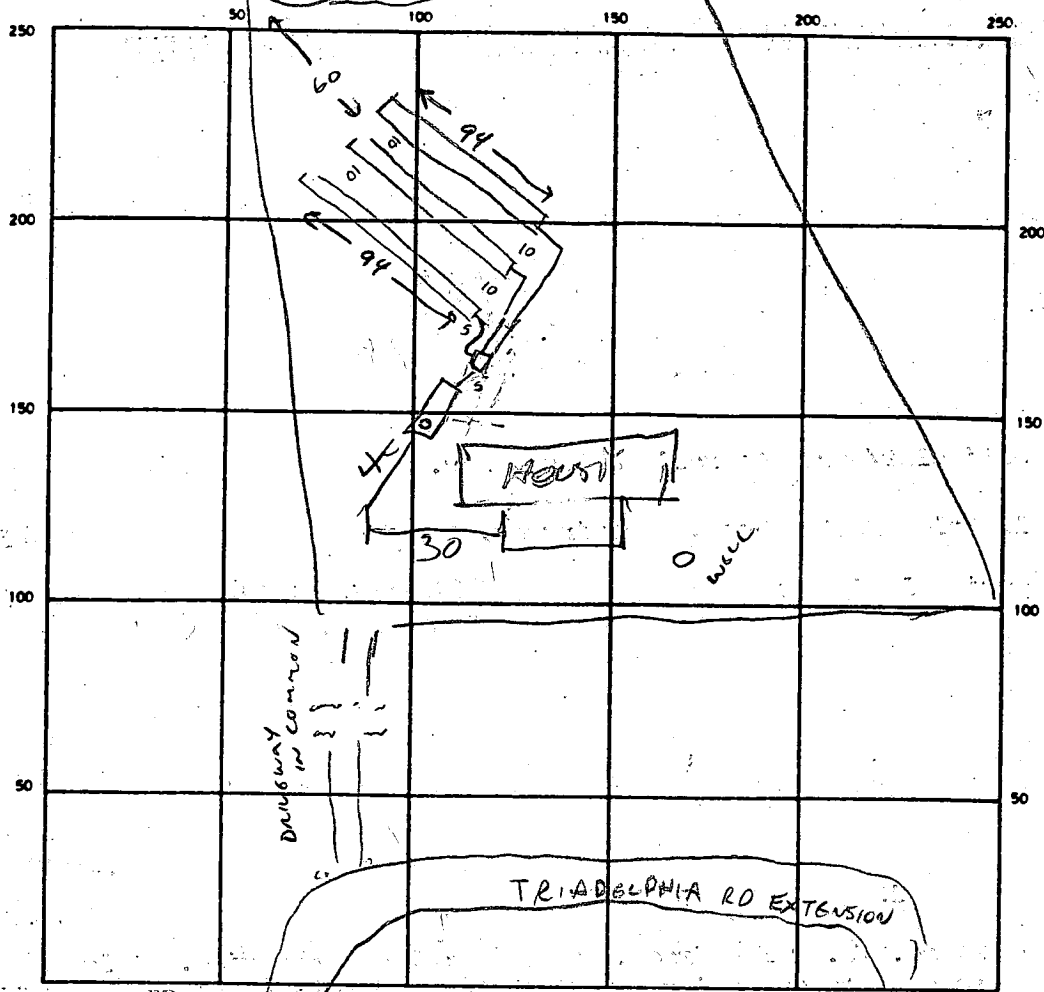
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A  
27899



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL  CLEANOUTS ST

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 282 FT.

NUMBER OF TRENCHES 3 - (94' EACH) ONE-SIDEWALL/BOTTOM AREA 846 SQ. FT.

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

ABSORBENT AREA 846 SQ. FT.

REMARKS 12/23/88 SYSTEM INSTALLED. HOUSE CONNECTION NEEDED FOR FINAL APPROVAL. CWILLIAMS

1/17/89 - HOUSE CONNECTION OK

DATE SYSTEM APPROVED 1/10/89 INSPECTOR B. Hodges

TRIADELPHIA FARMS LOT 1C

A 27899

SUBDIVISION:

TRIADELPHIA RD

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

SYSTEM TO BE INSTALLED TRENCHES

BEFORE BUILDING PERMIT

APPROVAL: 10/21/88 CWalker

210 sq. ft./bedroom

Trench to be 3 wide.

Inlet 2 1/2 feet below original grade.

Bottom maximum depth 4 feet below original grade.

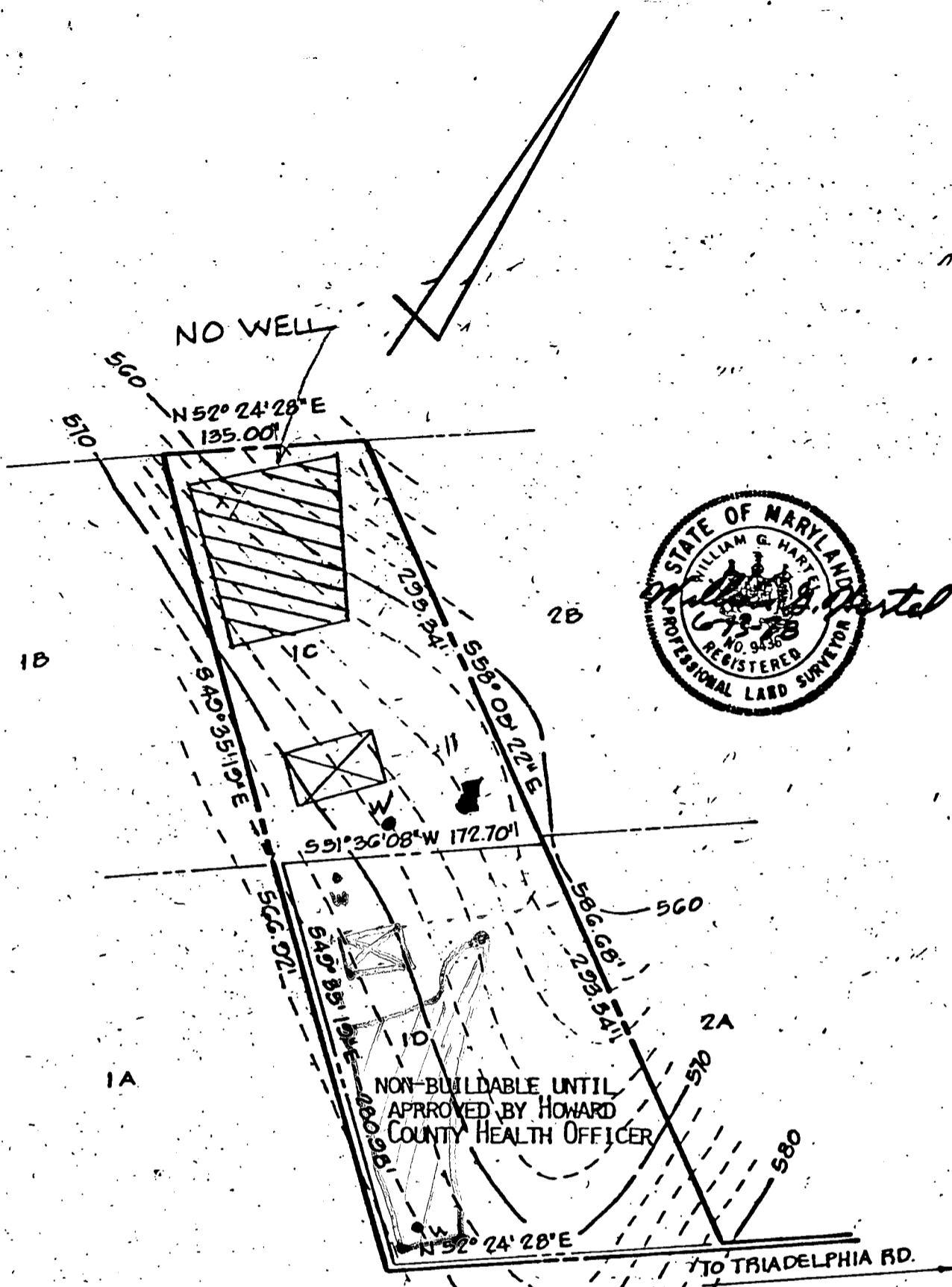
Effective area begins at 2 1/2 feet below original grade.

1 1/2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 165' FROM  
THE REAR (135') LOT LINE AND 30' FROM THE LEFT (566.92')  
LOT LINE RUN TRENCHES ALONG CONTOUR TOWARD  
LEFT-REAR CORNER OF LOT.

REVISED 10/21/88 CWalker



- NOTES:
1. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
  2. PERCOLATION TEST HOLES HAVE BEEN FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT.

*Joseph S. Jones*  
 COUNTY HEALTH OFFICER 10-24-78

TITLE <b>PERCOLATION TEST PLAT</b>			
PROJECT <b>TRIADELPHIA FARMS - SEC. 2 - LOTS 1C &amp; 1D</b>			
LOCATION <b>3RD ELECTION DISTRICT</b>		<b>HOWARD CO., MD.</b>	
DATE: <b>JAN. 16, 1978</b>	DESIGN BY:	DRAWN BY: <b>J.J.B.</b>	CHECKED BY: <i>JAB</i>
SCALE: <b>1"=100'</b>	JOB NO.: <b>77228</b>	DRAWING NO.: <b>1 OF 1</b>	

**boender associates**

engineers  
 surveyors  
 planners

BALTIMORE 301-465-7777 • SALISBURY 301-749-1288

1 C & 1 D

# APPLICATION

A 27899

2/23/82  
11:00 A.M.

here at office

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

### 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: 465-5000, EXT. 356

3 B.R. without garbage grinder - 1000 gallon Septic tank  
4 B.R. 2000 g. grinder - 1250 gallon Septic tank  
DISTRICT 3rd  
DATE 4/17/78

Drain field system to contain 158 sq. ft. effective bottom area per bedroom. 1 inch inlet to be no deeper than 3 feet below original grade. Minimum depth of the bottom of the trenches to be 5 feet below original grade. Trenches must be 3 ft. wide and 5 ft. deep with 2 ft. of stone below distribution pipe. Place the first trench on level ground through the point that is 135 ft. from the rear (135.00 ft. long) lot line and 20 ft. from the left (566.92 ft. long) side line, as seen when facing the lot from Lot 10.

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 Dr. Richard Hemphill Robt Tufano (594-9907)

ADDRESS 9141 Baltimore National Pike, Ellicott City PHONE 465-1868/3007

#### PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms, Section II LOT NO. 12C

ROAD AND DESCRIPTION Triadelphia Road @ Walt-Ann Drive

SIZE OF LOT ? TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Annis M. Buhl

APPROVED BY Frank Skene FOR Drain field (trenches) DATE 2/18/82  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BOB PERMITS DIVISION  
AND RETURNED 12/23/82 CW

# 22846

# THIS IS NOT A PERMIT


INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

# 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: 465-5000, EXT. 356

A. \_\_\_\_\_  
P. \_\_\_\_\_  
DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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:

SUBDIVISION Tridelphia FARMS LOT NO. 1C

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

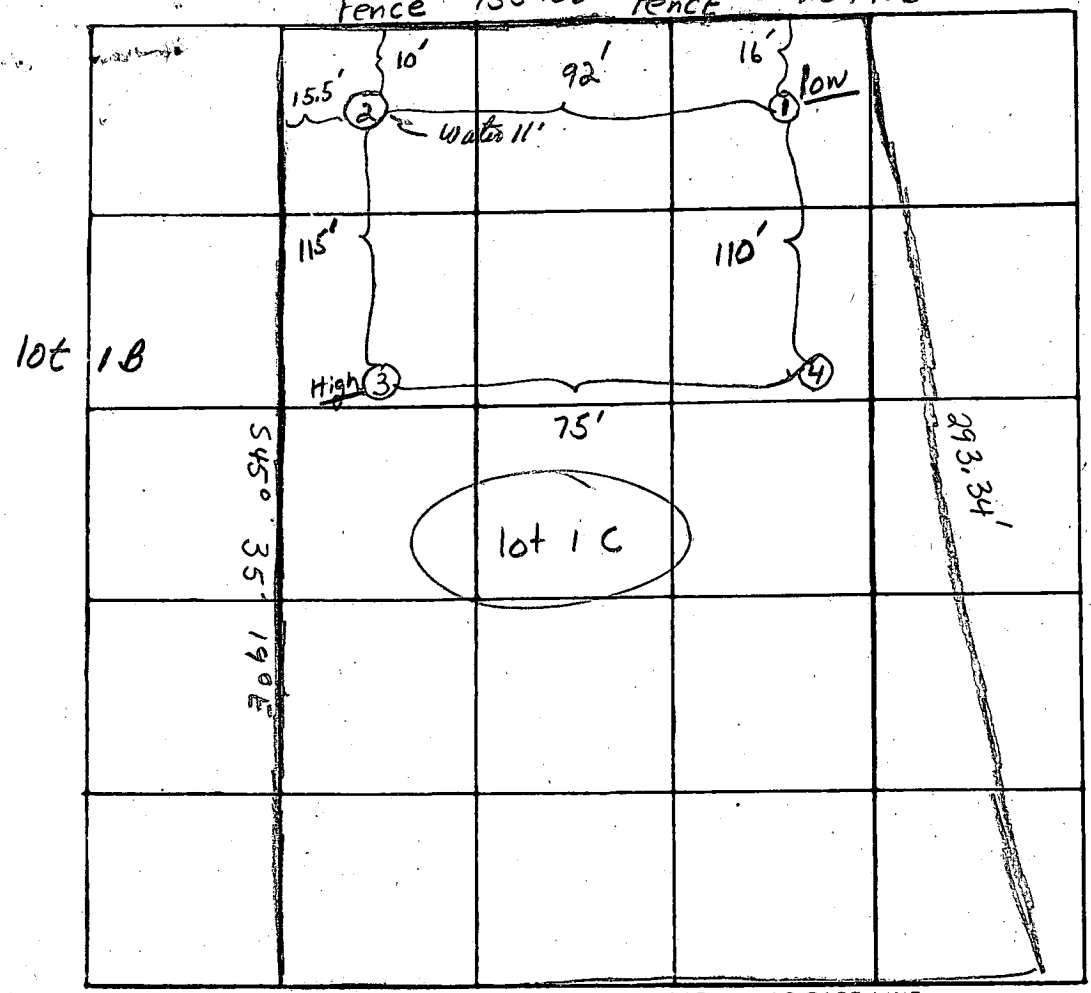
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

N 52° 24' 28" E  
 Fence 135.00' Fence Back of lot



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 S 57° 36' 08" W 172.70'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/09	low 1 S	3 Ft.	2:48	2:49	2:49	2:51	2 min.	
	D	11 1/2 Ft.	2:48	2:53	2:53	3:02	9 min.	
	Visual 2 S	3 FE.	Top	3 FE	clay.			
	D	11 FE.	(water at 11 FE. Good Soil to 11 FE)					Sandy micaceous
	Visual Tested ② S	3 1/2 FE.	3:22	3:27	3:27	3:35	8 min.	
	D	7 FE.	3:21	3:26	3:26	3:33	7 min.	
	High 3 S	3 FE.	3:00	3:03	3:03	3:07	4 min.	
	D	12 FE.	3:00	3:04	3:04	3:15	11 min.	
	4 S	3 FE.	3:05	3:07 PM	3:07 PM	3:09 PM	2 min.	
	D	12 FE.	3:05	3:09 PM	3:09 PM	3:16 PM	7 min.	

REMARKS: Water encountered at Visual #2 at 11 FE.

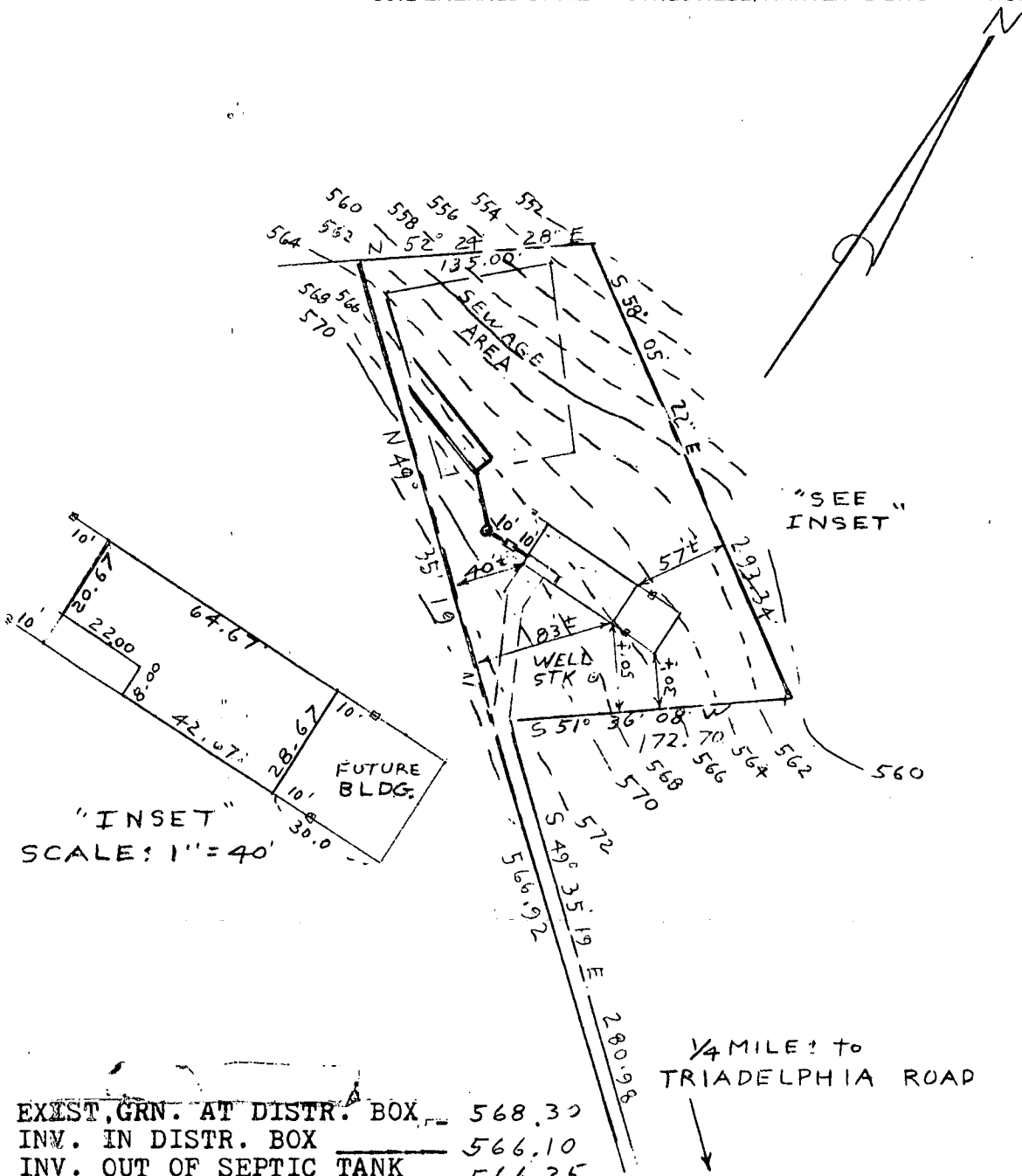
TYPE OF SOIL: Generally clay to 3 FE. Porous micaceous, Soil to 11 FE - 12 FE.

TESTED BY: Mark Borgoun (OMB) ALSO PRESENT: Boarders Men (Dennis Bush.)  
 Fyocks Men

# William E. Doyle

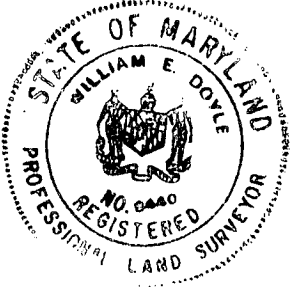
LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



EXIST. GRN. AT DISTR. BOX	568.30
INV. IN DISTR. BOX	566.10
INV. OUT OF SEPTIC TANK	566.25
INV. INTO SEPTIC TANK	566.65
INV. OUT OF DWELLING	566.80
FIRST FLOOR ELEV.	570.00
CELLAR ELEV.	561.00
WELL ELEV.	568.30
NO. OF BEDROOMS	4
ACREAGE	1.1 ACRES

PLOT PLAN  
 LOT 1 C TRIADELPHIA ROAD  
 TRIADELPHIA FARMS II  
 ELECTION DISTRICT 3  
 HOWARD COUNTY MARYLAND



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY  
 signed *William E. Doyle*

SCALE: 1" = 100  
 DRAWN: NOVEMBER 22, 1988

B 1 **7942** 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  
**H0-88-0335**  
 fill in this form completely

Date Received (APA) **11.21.88**  
 OWNER INFORMATION  
**DEREMIGIS** **AK**  
 Last Name Owner First Name  
**7365** **CLARK** **ST.**  
 Street or RFD  
**BALLIMORE** **MD** **21224**  
 Town State Zip

B 3 LOCATION OF WELL  
**H. WARD**  
 COUNTY  
**FRINNELEPHIA FILMS**  
 SUBDIVISION  
 SECTION **1E** LOT **1E**  
**ELNEELG**  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION  
**Joseph L. Wayne**  
 Driller's Name License No. **238**  
**Joseph L. Wayne Well Drilling**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Address  
**Joseph L. Wayne** **11/22/88**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Triadelphia Road**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **340** FT or MI **MI**

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

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

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A # 27899** COUNTY NO.  
 STATE SIGNATURE: INSERT S   
 DATE ISSUED **120188** x **Charles Bryan** CO SIGNATURE  
 EXP. DATE **6/01/89**  
 NORTH GRID **522000** EAST GRID **0805000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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  
 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 (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE  WRITE INITIALS IN BOX PERMIT No. **H0-88-0335**

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

C1 6677 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#27897**

DATE RECEIVED [ ] DATE WELL COMPLETED **12/2/88** Depth of Well **500** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0335**

OWNER **DEREMIGIS AL** last name **TRIA, ROAD** first name **TOWN GLENELG**  
 SUBDIVISION **TRIADELPHI FORM I SECTION** LOT **1C**

**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	
SAND stone	0	27	
Coarse mica rock	27	500	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **8** NO. OF POUNDS **752**  
 GALLONS OF WATER **45**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO  
 STEEL CONCRETE  
 PL  OT  
 PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main casing) (nearest inch) Total depth of main casing (nearest foot)  
 SF  4  33

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

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

**C2**

EACH CASING	DEPTH (nearest ft.)	
	from	to
1	<b>H0</b>	<b>320</b>
2		
3		

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 10.17.13 "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. **938**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 [Signature]

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

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

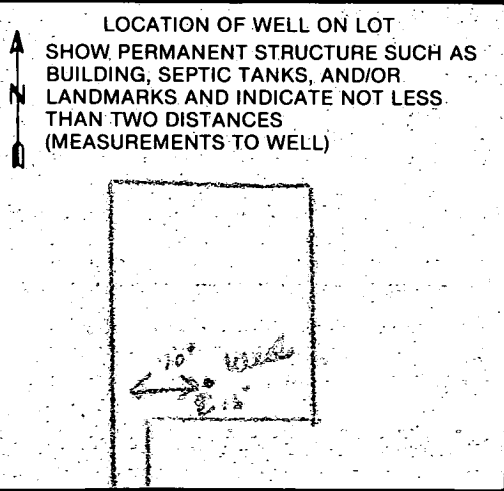
**OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
 T (E.R.O.S.) WQ  
 70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **206**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **20**  
 WHEN PUMPING **265**  
 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   
 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)   
 PUMP HORSE POWER   
 PUMP COLUMN LENGTH (nearest ft.)   
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below }  (nearest foot)



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-0335  
 Location of property (road) TRIADELPHIA ROAD  
 Subdivision TRIADELPHIA FARMS II Lot 1C Block - Plat - Sec. -  
 Well Driller J.L. MAYNE Owner DEREMIGIS, R.L.

Depth of well 500'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 20'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 15 G.P.M.  
 Total time 45 min. to reach pumping water level 263 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 1 time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	173	4	N/A	15 G.P.M.
8:00	265	5		12
8:15	263	22		2.6
8:30	263	22		2.6
8:45	263	22		2.6
9:00	263	22		2.6
9:15	263	22		2.6
9:30	263	22		2.6
9:45	263	22		2.6
10:00	263	22		2.6
10:15	263	22		2.6
10:30	262	22		2.6
10:45	262	22		2.6
11:00	262	22		2.6
11:15	262	22		2.6
11:30	262	22		2.6
11:45	262	22		2.6
12:00	262	22		2.6
12:15	262	22		2.6
12:30	262	22		2.6
12:45	262	22		2.6
1:00	262	22		2.6
1:15	262	22		2.6
1:30	262	22		2.6
HD-224:45	262	22		2.6
2:00	262	22		2.6

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 # 44661  
Date 6/28/89  
Name of Installer Wm. H. Smith JR. Telephone 879-7641  
License Number PI 58  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner AL DEREMEGIS Telephone \_\_\_\_\_  
Subdivision TRIDEIPHIA FAMS Lot # 1C Well Tag # HO - 88 - 0335  
Site Address 13326 TRIDEIPHIA RD.

Pump	Motor	Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <input checked="" type="checkbox"/>	1. Horsepower _____ 2. RPM _____ 3. Voltage _____ a. 110 _____ b. 220 _____	1. Make _____ 2. Model # _____ 3. Depth _____
2. Make _____		
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		
Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>500</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>2.6</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>20</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? <u>NO</u>

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: William H. Smith Jr.

Date: 6/28/89

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

7/19/89 - OK WPT STICKER APPLIED  
HD-215  
B. Hodger

Water Sample Request

First

PROPERTY OWNER Chris Construction

DATE OF REQUEST 08/29/89

TELEPHONE \_\_\_\_\_

NEW WELL NUMBER H0-88-0335

DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

NAME Trudolphus Hamm II Lot 1-C  
ADDRESS 13376 Trudolphus Court  
New Address 13358 7 Kind Ridge

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1/1/

SEPTIC SYSTEM:  Approved  Disapproved

DATE 07/10/89

CONDITION: \_\_\_\_\_

# 27899

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR Casell TIME 10:50 DATE 1/1/

BACTERIA 89-2701, pH 8.0, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, VOC Turbidity 21

CHEMICAL 89-2701, LEAD & COPPER -, NITRATES 0.5, PESTICIDE -

ACTION: B2 issued Aug 29, 1989  
\* 9/1/89 B2 C.M/C. B2

RESAMPLE COLLECTOR CASSELL TESTING, INC DATE 9/9/89

BACTERIA 89-2851, pH -, Free Cl<sup>-</sup> <0.1, Res. Cl<sup>-</sup> <0.1, TIME 10:10

CHEMICAL -, Other See above

ACTION: 12/29/89 send I.C.O.P. c.r.d 3/1/90 SEND FOLLOW UP LETTER C.R.D

RESAMPLE COLLECTOR MENUSTIK DATE 04/04/90

BACTERIA EYY-470, pH 6.64, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, TIME 9:22AM

ACTION: 4/10/90 send F.C.O.P. c.r.d

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

Howard County Health Department

To: Jim or Joe,

New Address - 13358 Hunt Ridge

Old Address - 13326 Triadelphia Rd.

From: CM

Date: 04/03/90

HD-170

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 628-1950

DATE: 8/28/89

CERTIFICATE OF ANALYSIS

REQUESTER: Cher Chris Construction  
10517 York Road  
Cockeysville, Md. 21030

County Howard

Lab Number 89-2701

Attn: Patty Herbert

Sample iced  Y  N  
Residual Cl<sub>2</sub> <0.1 mg/L

ADDRESS SAMPLED: U&O: 13326 Tridelphia Road

STATION SAMPLED: Kitchen tap

DATE/TIME COLLECTED: 8/25/89 at 10:50 a.m.

CERTIFIED COLLECTOR: B. Peterson #86-261

SUBDIVISION NAME: Tridelphia Farm II

LOT NUMBER: 1-C

B. PERMIT NUMBER: 22846

WELL NUMBER: HO-88-0335

WELL OBSERVATION: Satisfactory

OWNER, TELE. NO.: Deremegis

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	<0.5	<u>Pass</u> / <del>Fail</del>	10 mg/L
Turbidity (NTU)	<1	<u>Pass</u> / <del>Fail</del>	10 NTU
pH (Unit)	8.0	<u>PASS</u>	(6.5 - 8.5)
Sand	Negative	<u>Pass</u> / <del>Fail</del>	
Coliform bacteria (MPN/100 mL)	>16 total coliforms(5 of 5 tubes +) <2.2 Fecal coliforms(0 of 5 tubes +)	<u>Pass</u> / <del>Fail</del>	<2.2 (0 tubes +)

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

"Ba"

*Sharon K. Cassell*

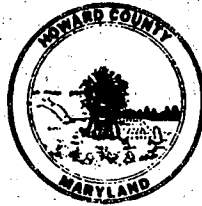
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115

\* MCL (Maximum Contamination Level)

cc: County Health Dept.  Y  N

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

August 29, 1989

Cher Chris Construction  
Attn: Patty Herbert  
10517 York Road  
Cockeysville, Maryland 21030

Re: Triadelphia Farm II - Lot 1-C  
13326 Triadelphia Road  
Well Permit No. HO-88-0335

To Whom It May Concern:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles Streaker, Sanitarian  
Water and Sewerage Program

CS:cm

Enclosure

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 628-1950

DATE: 9/4/89

CERTIFICATE OF ANALYSIS

REQUESTER: Cher Chris Construction  
10517 York Road  
Cockeysville, Md. 21030

County Howard

Lab Number 89-2775

Attn: Patty Herbert

Sample iced  Y  N  
Residual Cl<sub>2</sub> <0.1 mg/L

ADDRESS SAMPLED: U&O: 13326 Triadelphia Road

STATION SAMPLED: Kitchen tap

DATE/TIME COLLECTED: 9/1/89 at 11:45 a.m.

CERTIFIED COLLECTOR: R. Moon #86-150

SUBDIVISION NAME: Triadelphia Farm II

LOT NUMBER: 1-C

B. PERMIT NUMBER: 22846

WELL NUMBER: HO 88-0335

WELL OBSERVATION: Satisfactory

OWNER, TELE. NO.: Deremigis

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	*	Pass/Fail	10 mg/L
Turbidity (NTU)	*	Pass/Fail	10 NTU
pH (Unit)	*		(6.5 - 8.5)
Sand	*	Pass/Fail	
Coliform bacteria (MPN/100 mL)	5.1 total coliforms (2 of 5 tubes +) <2.2 fecal coliforms (0 of 5 tubes +)	Pass/Fail	<2.2 (0 tubes +)

\* Not Requested

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

"0.2"

*Sharon K. Cassell*  
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115

\* MCL (Maximum Contamination Level)

cc: County Health Dept.  Y  N

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

September 8, 1989

Cher Chris Construction  
Attn: Patty Herbert  
10517 York Road  
Cockeysville, Maryland 21030

Re: Resample - 09/01/89  
Re: Triadelphia Farm II - Lot 1-C  
13326 Triadelphia Road  
Well Permit No. HO-88-0335

Dear Ms. Herbert:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles Streaker, Sanitarian  
Water and Sewerage Program

CS:cm

Enclosure

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 628-1950

DATE: 9/11/89

CERTIFICATE OF ANALYSIS

REQUESTER: Cher Chris Construction  
10517 York Road  
Cockeysville, Md. 21030

County Howard  
Lab Number 89-2861

Sample iced  Y  N  
Residual Cl<sub>2</sub> < 0.1 mg/L

ADDRESS SAMPLED: U&O: <sup>gkc</sup> 13326 Triadelphia Road  
STATION SAMPLED: Powder room tap  
DATE/TIME COLLECTED: 9/9/89 at 10:10 a.m.  
CERTIFIED COLLECTOR: S. Cassell #084  
SUBDIVISION NAME: Triadelphia Farm II  
LOT NUMBER: 1-C  
B. PERMIT NUMBER: 22846  
WELL NUMBER: HO-88-0335  
WELL OBSERVATION: Satisfactory  
OWNER, TELE. NO.: Deremegis

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	*	<del>Pass/Fail</del>	10 mg/L
Turbidity (NTU)	*	<del>Pass/Fail</del>	10 NTU
pH (Unit)	*		(6.5 - 8.5)
Sand	*	<del>Pass/Fail</del>	
Coliform bacteria (MPN/100 mL)	<2.2 (0 of 5 tubes +)	<u>Pass/Fail</u>	<2.2 (0 tubes +)

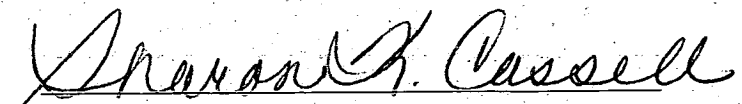
\* Not requested

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe for drinking purposes.

Seen 12/27/89 C.R.D

\* MCL (Maximum Contamination Level)

cc: County Health Dept.  Y  N

  
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
December 27, 1989

*Reply to:*  
Charles Streaker, Sanitarian  
461-9933 or 461-9934

Cher Chris Construction  
10517 York Road  
Cockeysville, Maryland 21030

Attn: Patty Herbert

Re: Triadelphia Farm II - Lot 1C  
13326 Triadelphia Road  
Well Permit No. HO-88-0335

Dear Ms. Herbert:

This is to advise you that the septic system was installed, inspected and approved on July 10, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0335. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

December 21, 1988  
Date Well Approved

September 9, 1989  
Date of Water Sample

*Charles Streaker*  
Approving Authority  
Charles Streaker, Sanitarian  
Water and Sewerage Program

CBS:em



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
March 1, 1990

*Reply to:*  
Charles Streaker, Sanitarian  
461-9933 or 461-9934

Occupant  
13326 Triadelphia Road  
Ellicott City, Maryland 21043

RE: Triadelphia Farm II - Lot 1C  
13326 Triadelphia Road  
Well Permit #HO-88-0335

Dear Occupant:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 461-9933 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well of water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority...".

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 461-9933 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

Charles Streaker, Sanitarian  
Water and Sewerage Program

CS:cm

**STATE OF MARYLAND**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**Laboratories Administration**

201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehseu Joseph, Ph.D., Director

016622

Lab. No \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**  
**Field Record**

<b>SAMPLE TYPE:</b>	Source <u>CHER CHRS CONSTRUCTION</u>
Community <input type="checkbox"/>	Location: <u>13358 HUNT RIDGE (BATHROOM TAP)</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>9:22</u> <input type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector # <u>B9-122</u> Bottle No. <u>EYY-470</u>
Special <input type="checkbox"/>	Collector Name <u>MENUSTIK</u> County <u>HOWARD</u>

13  
County

      
Plant No.

      
Sampling Station

040490  
Date Collected

pH 6.6+ Res. Cl: Free 0.0 Total 0.0 Card No.     

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.			
Gas, 24 hours	-	-	-	-
Gas, 48 hours	-	-	-	-

ml. of Sample	10ml.			
Coliforms †	-	-	-	-
Fecal Coliforms ‡	-	-	-	-

No. of Pos.	0
-------------	---

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =     

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.     

- \*\* using m Endo-Agar LES at 35°C incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour: 4 APR 90 13 56

Recd.

4 APR 90 13 56 PC  
Exam

Exam

6 APR 90 14 07  
Rept.

**Laboratory**

- |           |                                     |            |                          |
|-----------|-------------------------------------|------------|--------------------------|
| Annapolis | <input type="checkbox"/>            | Cumberland | <input type="checkbox"/> |
| Cambridge | <input type="checkbox"/>            | Frederick  | <input type="checkbox"/> |
| Central   | <input checked="" type="checkbox"/> | Salisbury  | <input type="checkbox"/> |
| Cheverly  | <input type="checkbox"/>            |            |                          |

Remarks \_\_\_\_\_

Bacteriologist Coan



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

April 10, 1990

*Reply to:*

Charles Streaker, Sanitarian  
461-9933 or 461-9934

Occupant  
13326 Triadelphia Road  
Ellicott City, Maryland 21043

Re: Triadelphia Farm II - Lot 1C  
13326 Triadelphia Road  
Well Permit No. HO-88-0335

Dear Occupant:

This is to advise you that the septic system was installed, inspected and approved on July 10, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

### FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0335.

April 4, 1990  
Date of Final Sampling

April 10, 1990  
Date of Acceptance

*Charles Streaker*

Charles Streaker, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
September 9, 1989  
April 4, 1990

CS:cm