

11/19/86
WON

approval
11/19/86
C. Williams

PERMIT

P 38062
A 28137

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~
461-9933

ELLICOTT CITY
DISTRICT 3rd
DATE 11/17/86

INDEXED

03-302113

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Triadelphia Farms ROAD 13272 Triadelphia Rd LOT 7A

NOW 13238 Hunt Ridge
Don Tomaek

PROPERTY OWNER _____

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 170 feet from the front lot line and 35 feet from the right side line as seen when facing the lot from the front lot line. The front lot line is the 817.75 ft. lot line on the western end of the lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

**BUILDING PERMIT SIGNED
AND RETURNED**

ok/gh

7-15-02-800 142899 - GARAGE

PLANS APPROVED BY Raymond Hodges DATE 3/07/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

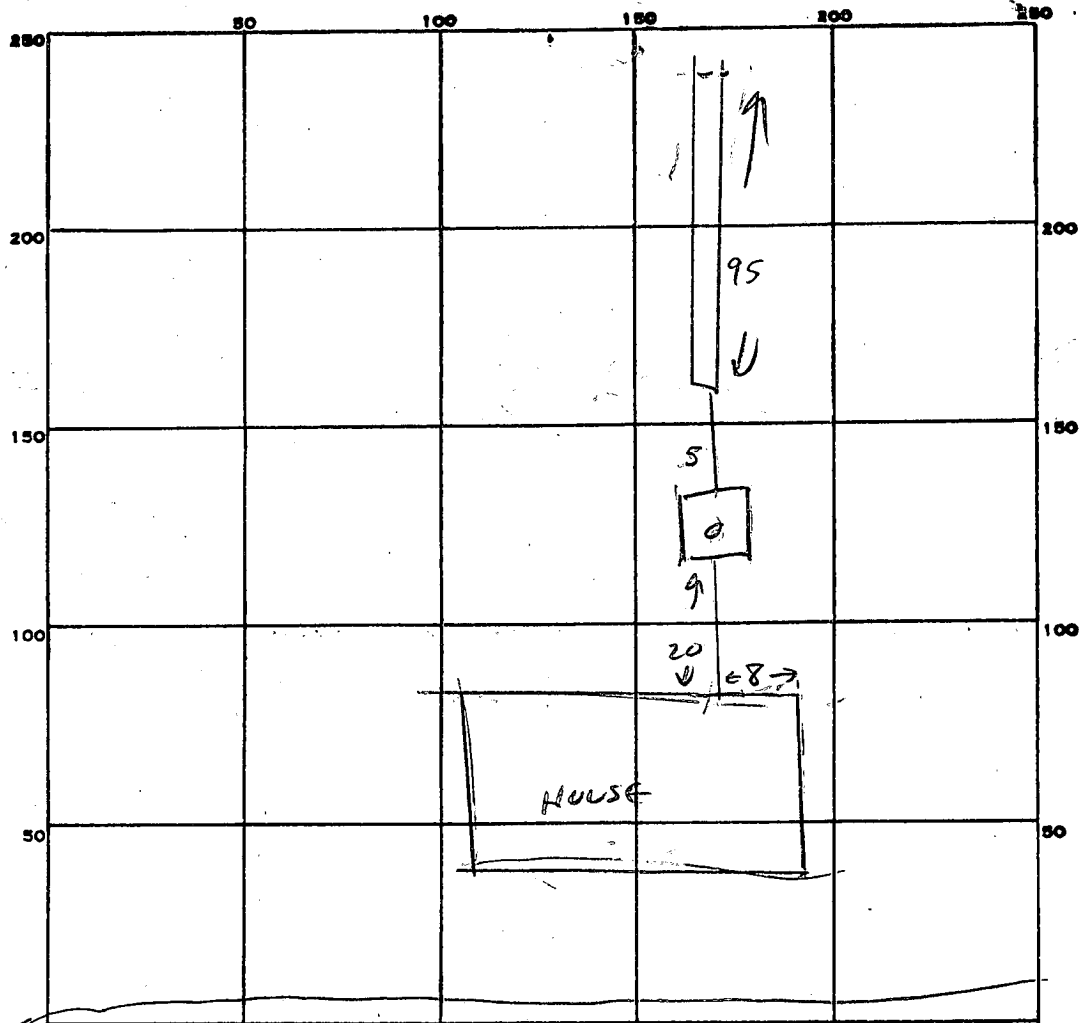
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

~~1-781-982-2320~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
28137



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TRIAD RD (HORSHOE)

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 95 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 475 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 475 SQ. FT.

REMARKS OK TO COVER ALL WORK. 11/19/86 C. W. L. C.

**BUILDING PERMITTED
AND RETURNED**

DATE SYSTEM APPROVED 11/19/86

INSPECTOR C. W. L. C.

APPLICATION

7A

A 28137

P _____

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

DISTRICT 3rd

DATE 6/2/78

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~~ DON & MELANIE TOMANEK 253-5348

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms III LOT NO. 7A

ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms
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 /s/ Dennis M. Rush

APPROVED BY Raymond Hodges FOR Daryl Nell + Dick DATE 3/7/83
(KIND OF SYSTEM)

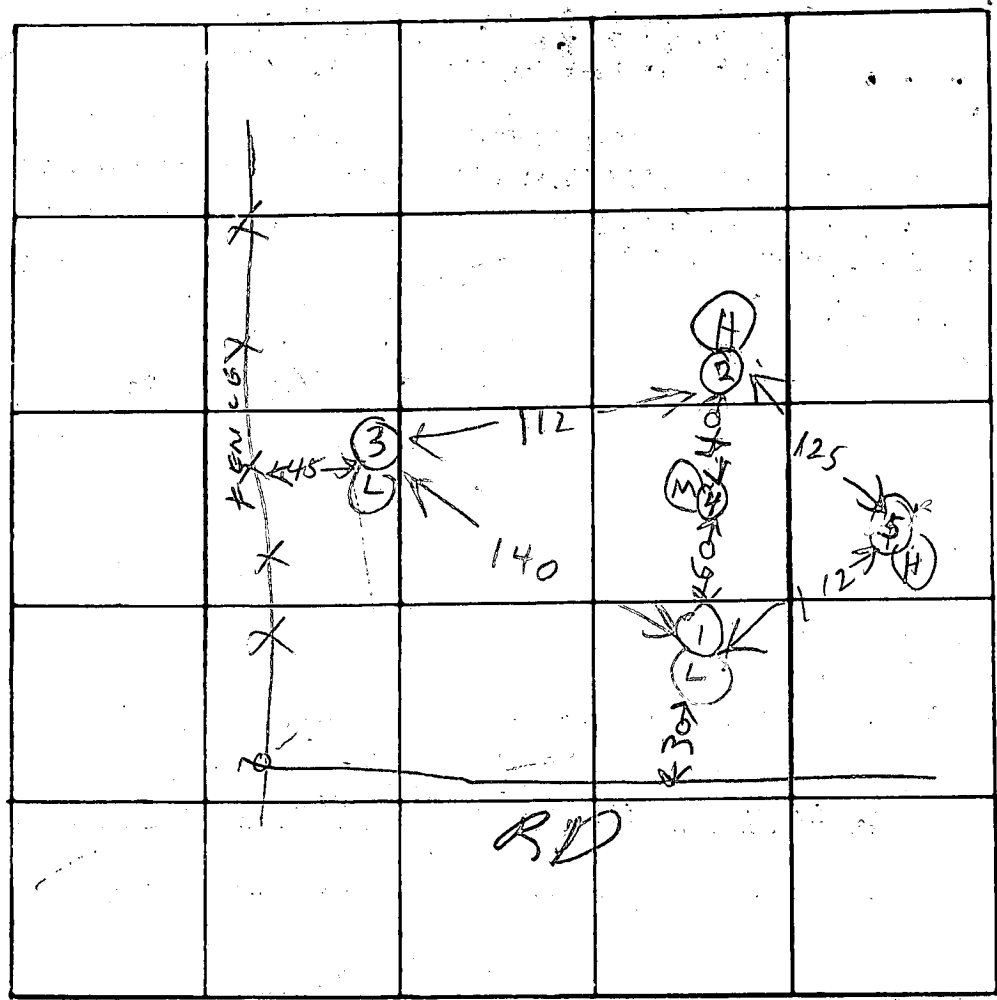
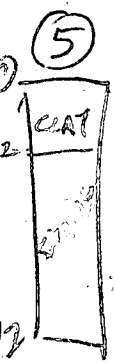
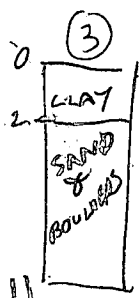
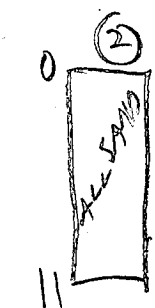
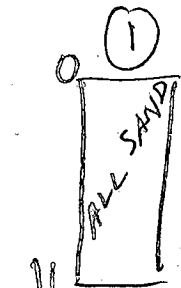
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/2/79 - HOLD FOR REVIEW WATER RH & MB
2/2/79 - Hold for Review Perc OK but need certified holes, house
site, well site, Field Run Topo. RH 3/7/83 -

THIS IS NOT A PERMIT

7A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/11/79	1S	2	152	155	155	159	4
	1D	11	152	154	154	159	5
	2S	2	156	159	159	201	2
	2D	11	157	159	159	209	10
	3V	11	WATER 10 FT				
	3S	4	204	206	206	207	1
	4V	12	SANDY		DRY		
	3M	7 1/2	302	306	306	315	9
	5S	4	304	310	310	315	5
	5D	12	SEE SOIL PROFILE				

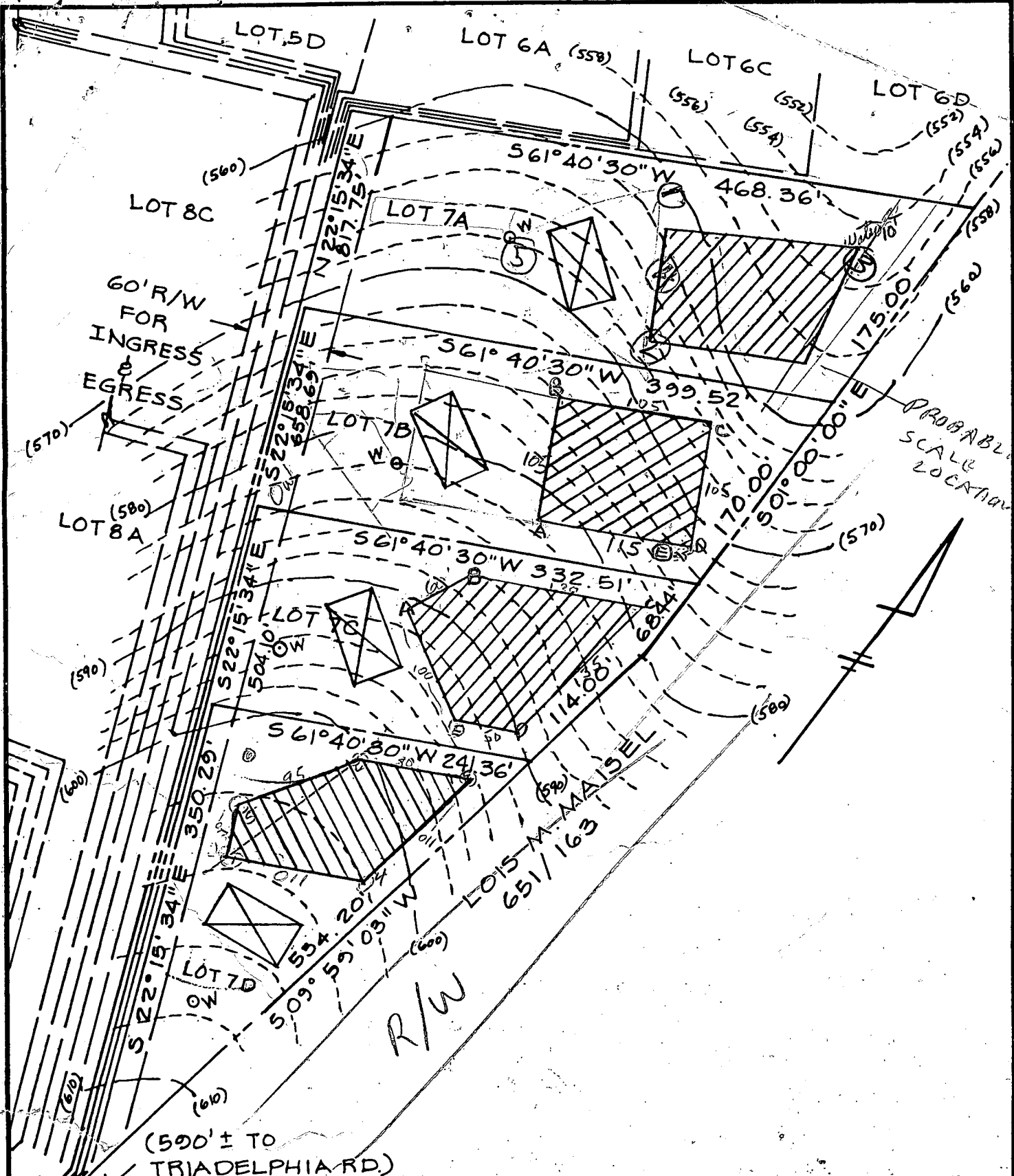
REMARKS DEVRA TO CERTIFY HOLES

TYPE OF SOIL _____

TESTED BY R. HODGES

M. B. [unclear]

ALSO PRESENT: DENNY & REWER



PROBABLE SCALE LOCATION

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

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

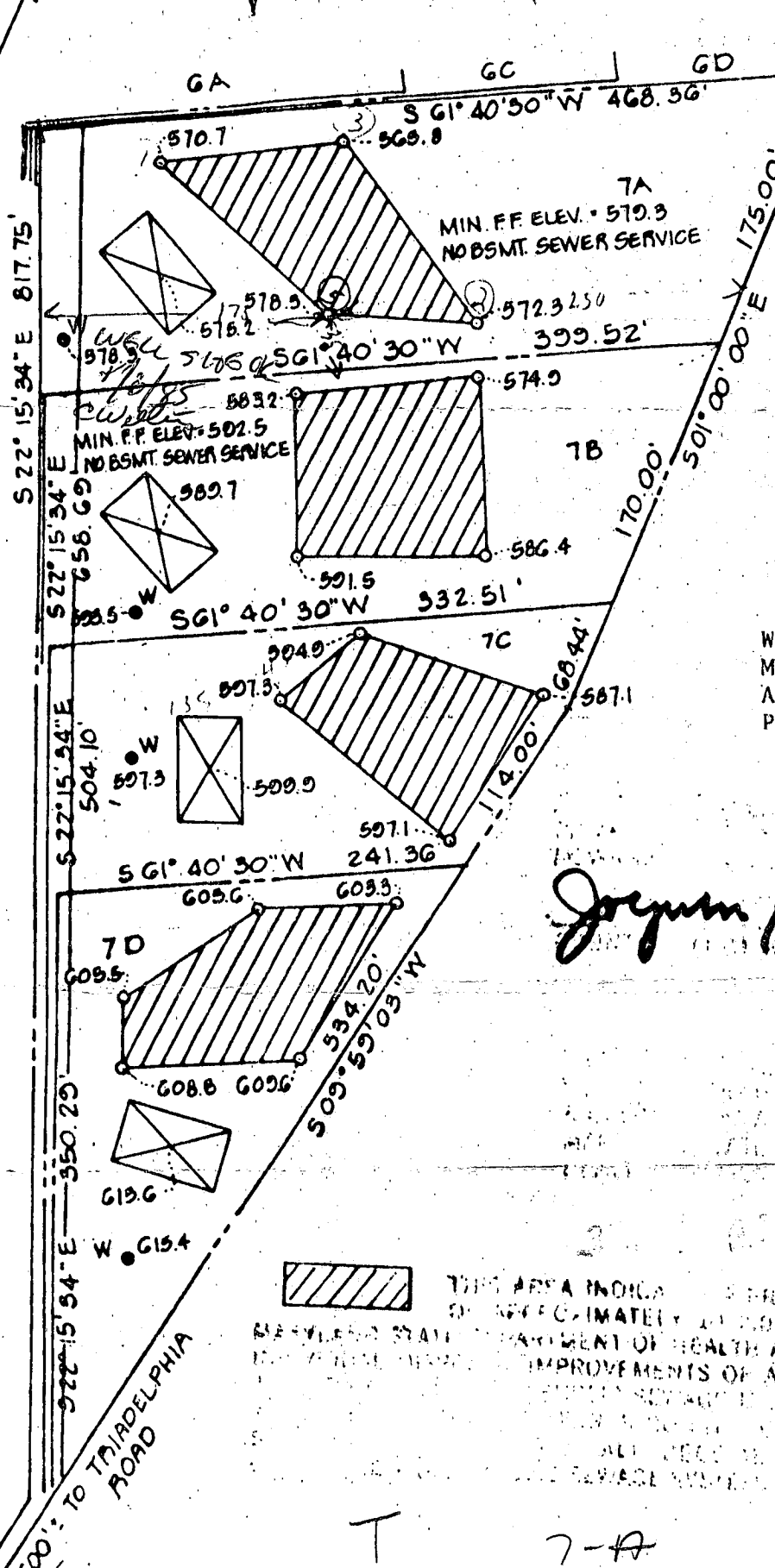
THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

COUNTY HEALTH OFFICER _____ DATE _____

Triadel Phia

Folly Quarter

STATE OF MARYLAND
WILLIAM G. HART
REGISTERED
PROFESSIONAL LAND SURVEYOR
NO. 9436



NOTE:
PERCOLATION TEST HOLES SHOWN HEREON AND INDICATED THUS (P) HAVE BEEN FIELD LOCATED BY TRANSIT STADIA METHOD, BASED ON STAKE OUT OF PROPERTY CORNERS BY TRANSIT STADIA METHOD AT THE TIME OF TESTS. VERTICAL DATUM IS ASSUMED

WELL AND SEPTIC LOCATION MUST BE STAKED, APPROVED AND INSTALLED BEFORE ANY PERMITS ARE SIGNED.

WATER AND SEWER DEPARTMENT
Joeym Boyles 8-20-17
STATE

THIS AREA INDICATED BY HATCHING IS APPROXIMATELY 11,000 SQ. FT. OF LAND WHICH HAS BEEN DETERMINED BY THE STATE DEPARTMENT OF HEALTH AND ACCORDING TO THE REQUIREMENTS OF THE SEWERAGE AND SANITATION ACT OF 1901 TO BE SET ASIDE FOR THE IMPROVEMENTS OF ANY SEWERAGE SYSTEM WHICH MAY BE CONSTRUCTED IN THE FUTURE. ALL DEEDS TO THIS LAND MUST BE RECORDED WITH THE SEWERAGE DEPARTMENT.

T 7-A

TITLE PERCOLATION TEST PLAT			
PROJECT LOT 7A, 7B, 7C & 7D TRIADELPHIA FARMS II			
LOCATION 3RD ELECTION DISTRICT		HOWARD COUNTY, MD.	
DATE: JULY, 1979	DESIGN BY: -	DRAWN BY: W.H.N.	CHECKED BY: W.G.H.
SCALE: 1" = 100'	JOB NO.: 77228	DRAWING NO.: 1 OF 1	

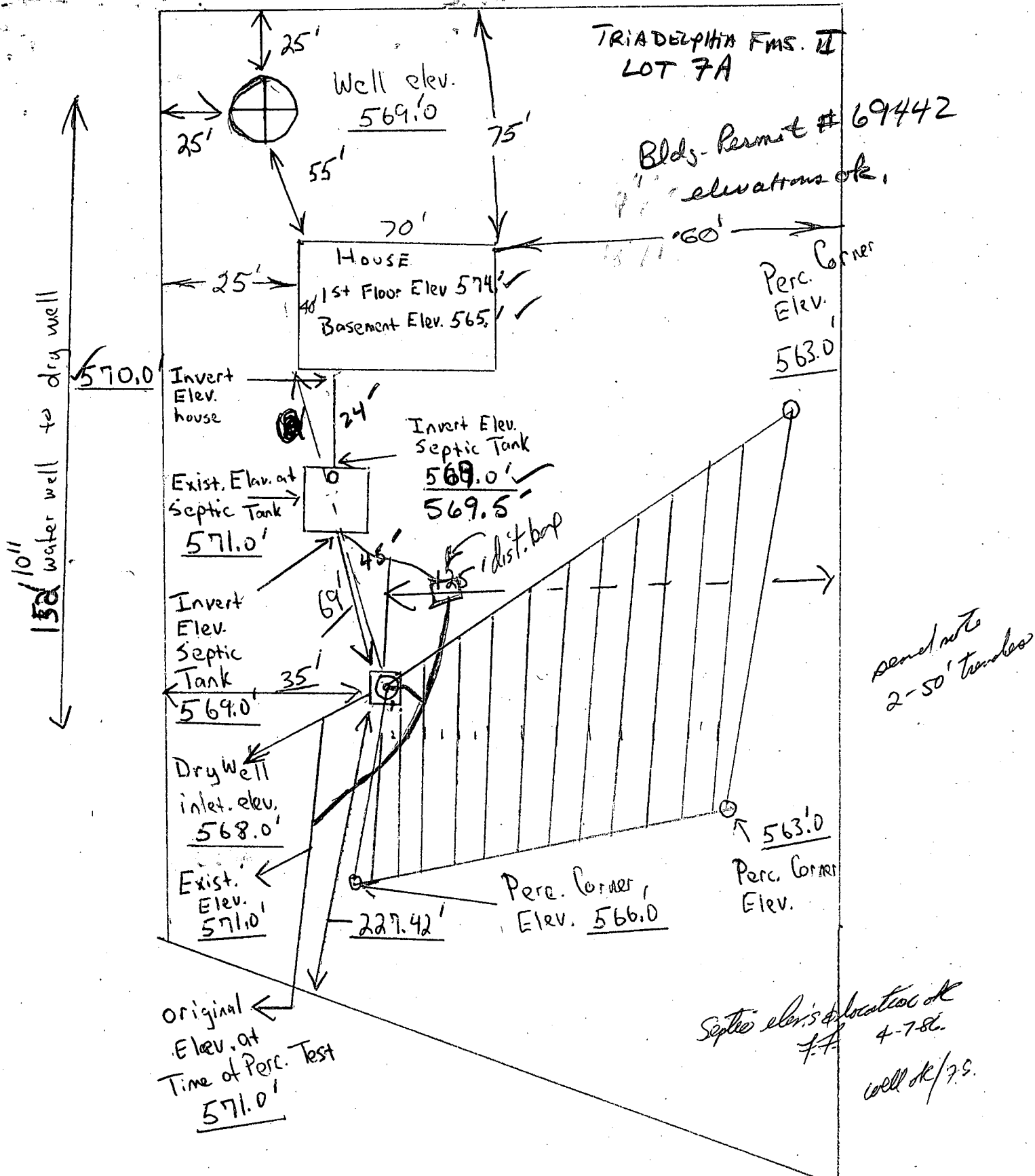
boender associates

465 7777

BALTIMORE 301-451-7777 • SALISBURY 301-749-1286

engineers
surveyors
planners

7 ABCD



penet note
2-50' trenches

Septic elev's & locations ok
F.F. 4-7-86
well ok/7.9.

I certify the above measurements and elevations are actual and correct for this property.

Signed: D.R. Sommarek

B 1 **7833** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

40-81-0833
fill in this form completely

Date Received **12/7/85** **9:30 AM**

OWNER INFORMATION

TOMANEK DONALD TR.
Last Name Owner First Name

3927 BLACKBURN LN
Street or RFD

BURTONSVILLE MD 20866
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

TRIADELPHIA FARMS II SUBDIVISION

SECTION **44** LOT **7A**

SIENELB NEAREST TOWN

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

DRILLER INFORMATION

DANIEL EASTERN License No. **41**

FRANKLIN EASTERN, INC. Firm Name

9265 BROWN Church Rd. Mt. Airy, Md. 21771 Address

Daniel Eastern Signature **12/12/85** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TRIADELPHIA Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1000 DISTANCE FROM ROAD

ENTER FT or MI **FT**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **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 28137 COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED _____

010385 CO SIGNATURE **CWILLIAMS** EXP. DATE **7/3/85**

NORTH GRID **523000** EAST GRID **0806000**

APPROXIMATE DEPTH OF WELL **200** 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 _____

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

800 6
500 3

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

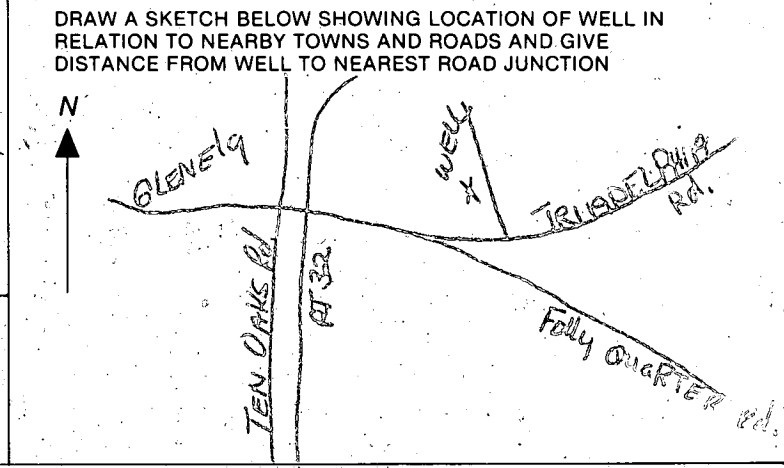
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 _____

FORCE **02** WRITE INITIALS IN BOX PERMIT No. **40-81-0833**

SPECIAL CONDITIONS

C1 **3031** SEQUENCE NO. (OEP 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 28137**

DATE Received
 DATE WELL COMPLETED **01/18/85** Depth of Well **200** (TO NEAREST FOOT)
 FROM "PERMIT TO DRILL WELL" **HO-81-0833**

OWNER **TOMMYER DAVID** first name
 STREET OR RFD **TRIADELPHIA RD** TOWN **GLENELG**
 SUBDIVISION **TRIADELPHIA FARMS** SECTION **II** LOT **7A**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top soil	0	2	
Shaley	2	10	
Brown slate	10	45	
Flint	45	55	
Mica	55	80	
Sand stone	80	82	✓
Mica	82	85	
Sand stone	85	87	✓
Mica	87	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **2000**
 GALLONS OF WATER **105**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **74** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO
 STEEL CONCRETE
PL OT
 PLASTIC OTHER

MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
S1 6 78

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
HO 76 200

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. **41**
 DRILLERS SIGNATURE **Daniel Eastaday**
 (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Sellers
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **56 60**
 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) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **22**
 WHEN PUMPING **123**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**
 PUMP HORSE POWER **37 41**
 PUMP COLUMN LENGTH (nearest ft.) **43 47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot) **2**
- below }

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)
 30' well
 1000'
 Triadelphia RD.

anigome

12/5/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner DONALD TOMENEK Telephone _____
Subdivision TRIDELPHIA FARMS Lot # 7A Well tag # HO-91-0833
Site Address 13 272 TRIDELPHIA RD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

12/5/86 OK RH

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: _____

Date: _____

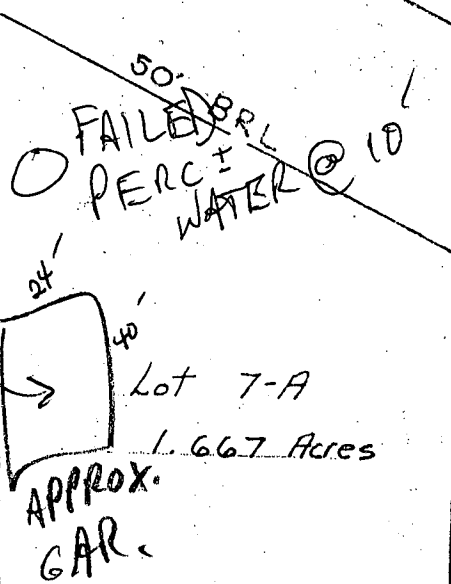
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

See

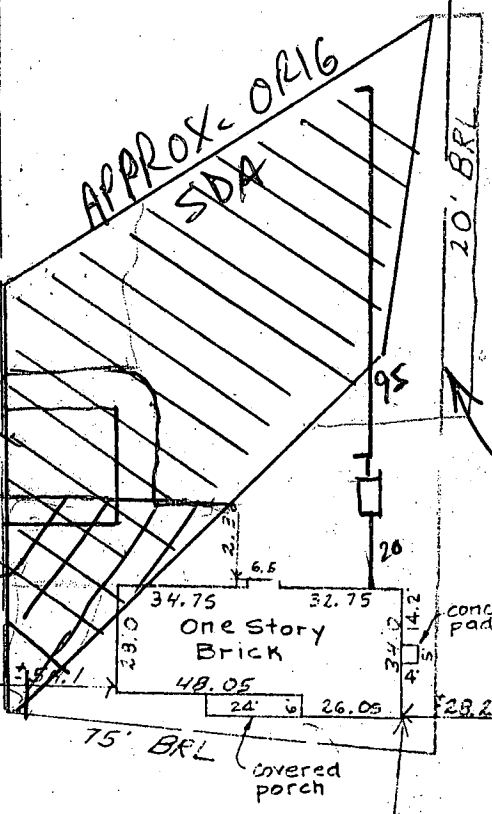
MR 12/24/02
w/OWNERS

OWNER'S
REVISED
GARAGE
PROPOSAL
OK

S 01 00
175' 00 E

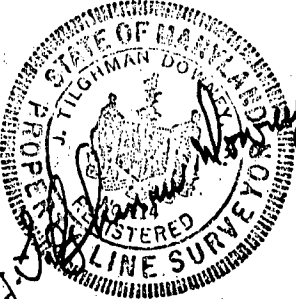


OWNER'S GARAGE
PROPOSAL NOT POSSIBLE
w/o PERC WET SEASON



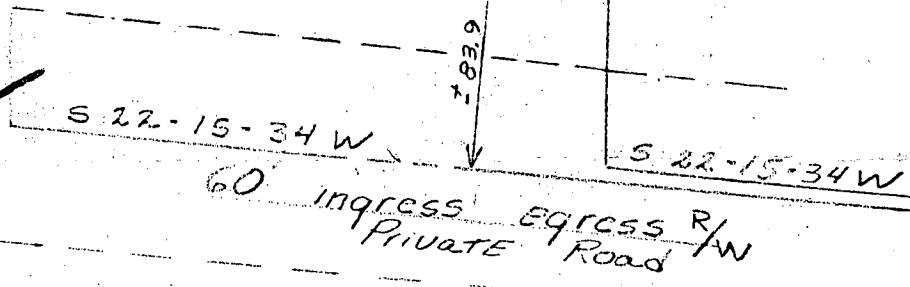
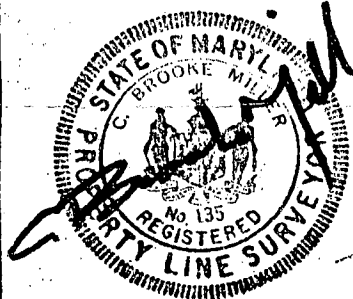
S 61 40 30 W 399.52

THIS AREA
TO BE
ADDED TO
SDA @ TIME
OF GARAGE
BP



THIS
SDA
AREA,
LOST
@ HOUSE
CONSTR.

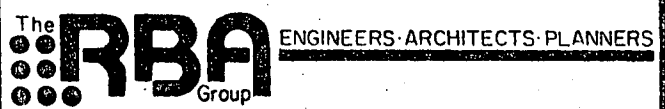
Recertified
Feb. 20, 1987



Tomanek
13238 Hunt Ridge EC 21042 410-489-7629

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey & that unless otherwise shown, there are no encroachments.

5 Election District Howard County, Md.
Scale: 1" = 50' Date: 6-12, 1988



5485 HARPER'S FARM ROAD
SUITE 200
COLUMBIA, MARYLAND 21044