

9/14/81 File APPROVED
P 31607 C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-291987

ELLICOTT CITY

DISTRICT 3rd

DATE 9/2/81

As far as possible

INDEX

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737

PHONE 988-9270

SUBDIVISION Triadelphia Farms II

13306 Hunt Ridge
13308 Triadelphia Road

ROAD _____ LOT 34D

PROPERTY OWNER Spero and Irene Karadimas

ADDRESS 15959 Dorset Road, Laurel, Maryland 20810

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 125 FT. FROM rear LOT LINE AND 25 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM the road.

The dry well will be constructed 13 ft. x 13 ft. square for a sidewall area of 664

sq. ft. [alt. app. 70 ft. trench @ 7 ft. slope 7.7. 9/14/81]

used c.b.d.

PLANS APPROVED BY James Stayer

DATE 3/31/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

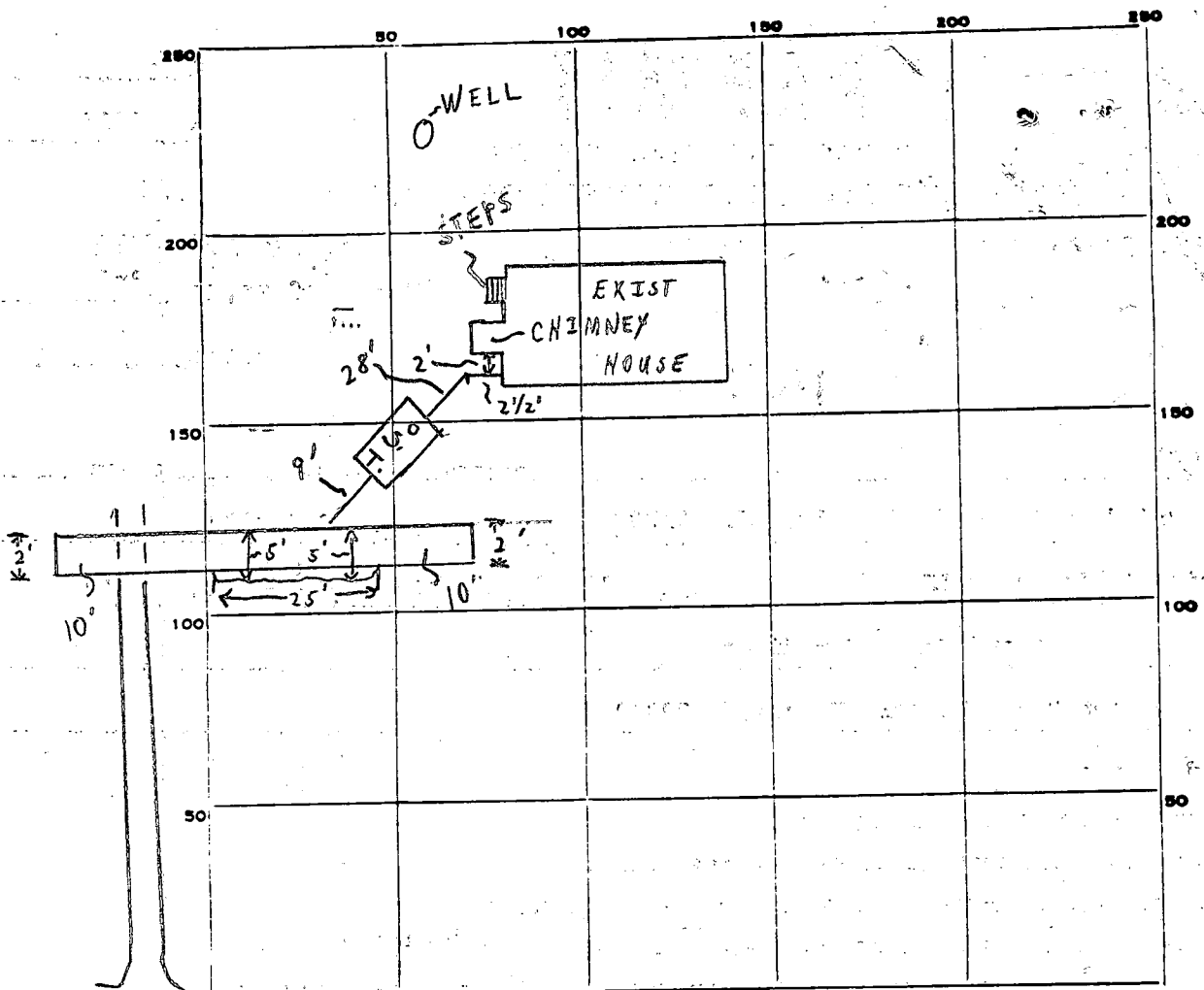
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

BLDG. PERMITS SIGNED
AND RETURNED 800123015
4/12/00 Family Room and Garage
Addition

A 28959

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
COMMON R/W

PERMIT CARD S.T.

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2⁺ FT.

GRAVEL DEPTH 7 1/2 AVG. IN. TOTAL LENGTH 70 FT. 490⁺

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 490⁺ SQ. FT.

REMARKS 9/14/81 OK FOR STONE IN TRENCH ONLY AND TO COVER FROM
HOUSE TO TANK. (2) SYSTEM - COMPLETE
C.B.D. C.B.D.

DATE SYSTEM APPROVED 9/14/81 INSPECTOR C. B. Steskes

APPLICATION

3D

28959
A 28949

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3rd

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

4/8/81
Needs retest
fee to be paid
per 3.7 / hr

DISTRICT 10/2/78
DATE _____

Drywell
inlet 3 ft. max. below orig. grade
total depth 90 ft. max. " " " "
125 # per bedroom @ min. of 375 # for systems

Lot re-tested
3/31/81

Start at point 85' from rear line & 55' from left side
(this point is also 100' diagonally from left rear corner)

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
ADDRESS c/o Boender Associates, Inc., Town & Country Prof. Bldg. NONE 465-7777

PROPERTY LOCATION: Triadelphia Farms, Section II
SUBDIVISION _____ LOT NO. 3-D
ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 1 acre TYPE BLDG. SFD 3 or 4
NUMBER OF BEDROOMS _____
IF NOT SINGLE RESIDENCE DESCRIBE NA

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

SIGNATURE OF APPLICANT 1st Jack Boender

APPROVED BY [Signature] FOR Drywell DATE 3/31/81
(KIND OF SYSTEM)

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

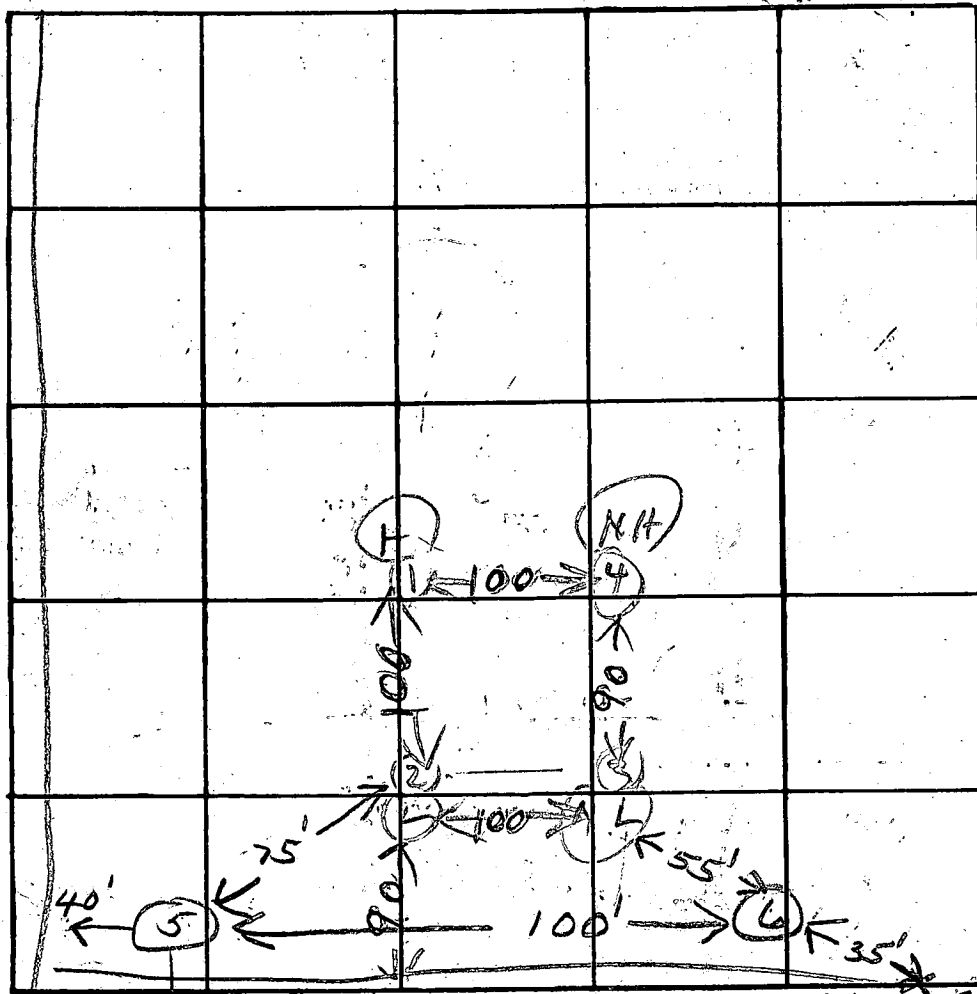
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/10/78 PERC OK HOLD FOR CERTIFIED WCC PLAN PAH

BP SIGNED &
RETURNED 6/8/81
#46414

THIS IS NOT A PERMIT

3D



Holes 1-4
 $\bar{x} = 3$
 180 BR

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 40' DIRT RD

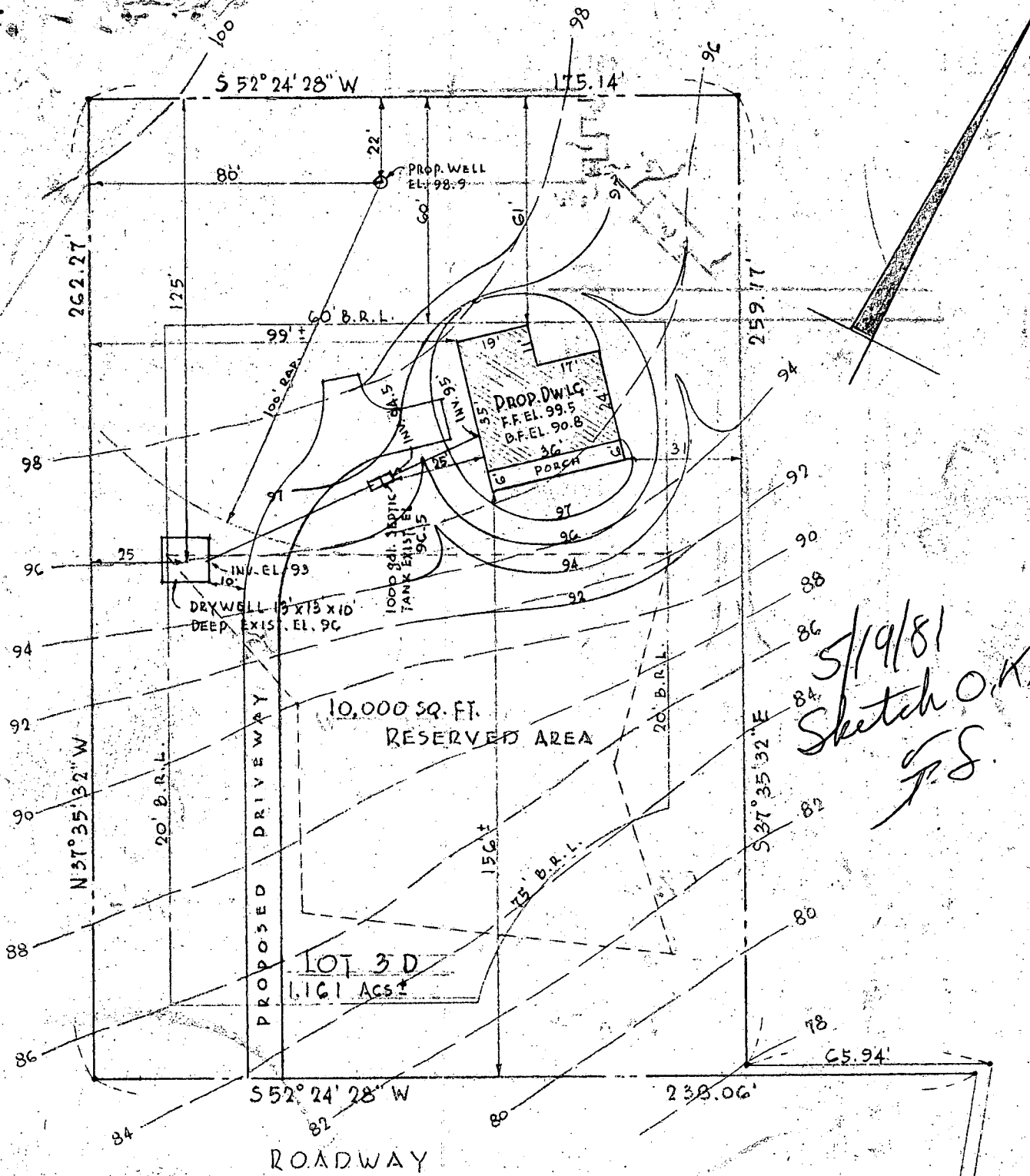
corner post

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|----------|----------|--------|-----------------------|-------|----------------|-------|------|--|
| | | | START | STOP | START | STOP | | |
| 10/10/78 | 1S | 3 | 139 | 140 | 140 | 141 | 1 | |
| 10/10/78 | 1D | 12 | 139 | 141 | 141 | 144 | 3 | |
| | 2S | 4 | 148 | 149 | 149 | 150 | 1 | |
| | 2D | 12 | 148 | 150 | 150 | 157 | 7 | |
| | 3S | 3 1/2 | 200 | 202 | 202 | 202 | 2 | |
| 10/10/78 | 3D | 13 | 200 | 203 | 203 | 207 | 4 | |
| | 4V | 11 1/2 | ALL SANDY | | | | | |
| 3/13/81 | 5S | 3 1/2 | 12:10 | 12:12 | 12:12 | 12:15 | 3 | |
| | 5M | 7 1/2 | 12:17 | 12:12 | 12:12 | 12:15 | 3 | |
| | 6S | 5 | 12:36 | 12:38 | 12:38 | 12:41 | 3 | |
| | 6M | 9 | 12:37 | 12:40 | 12:40 | 12:47 | 7 | |
| | 6V | 14 | -3' clay - sandy mica | | | | | |

REMARKS BACKHUE BROKE COULD NOT DIG 14 FT

TYPE OF SOIL SANDY

D. HASKINS
 D. BLAKE



5/19/81
 Sketch O.K.
 G.S.

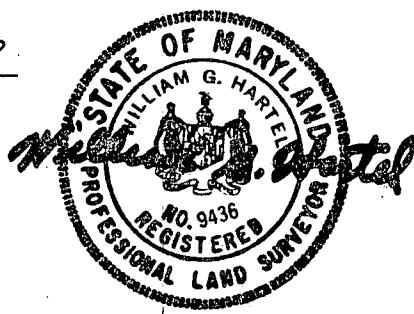
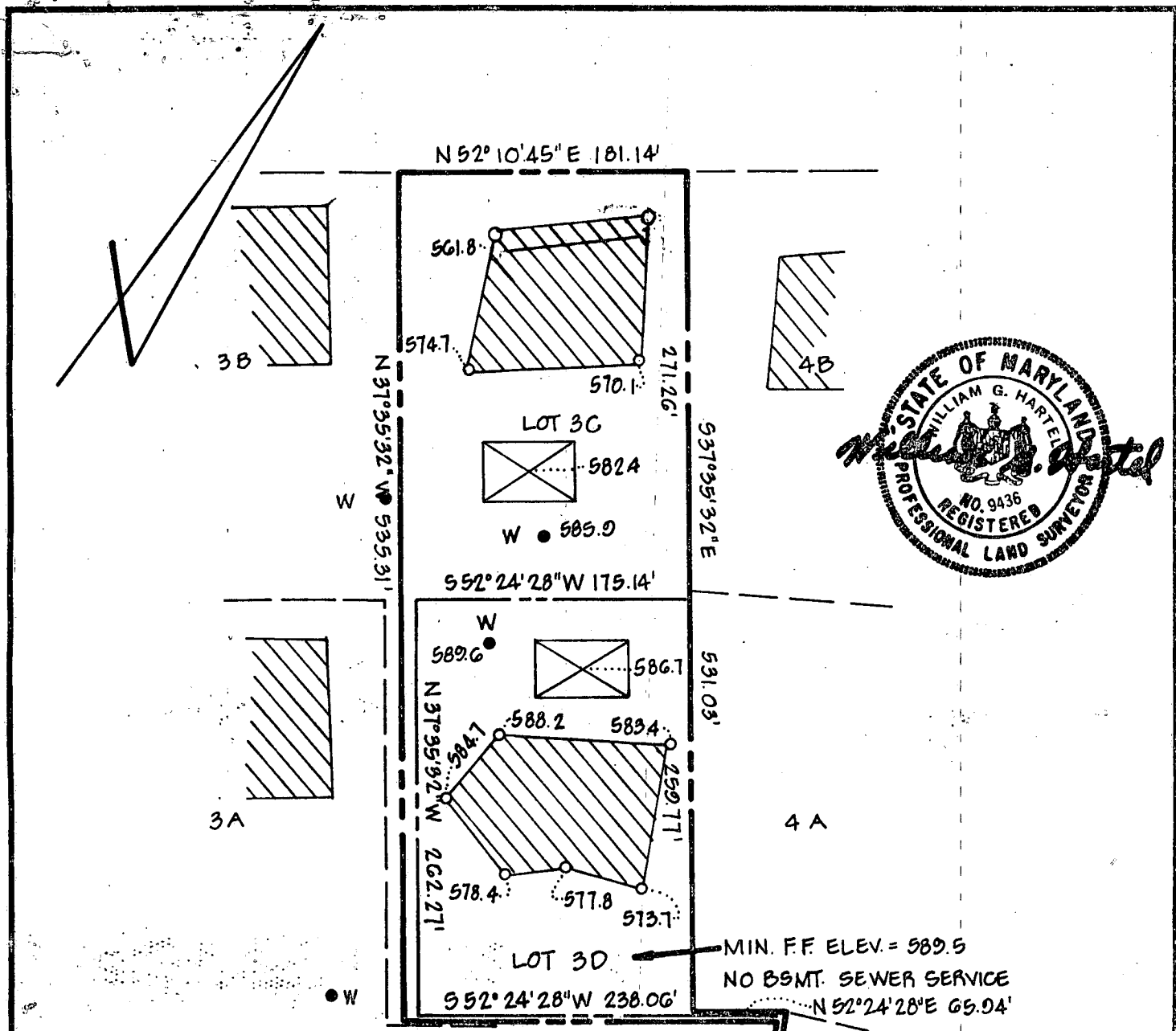
Plot Plan
 SCALE: 1" = 40'

PROPERTY OF
 MR. & MRS. SPERO KAVANIOS
 "TRIDELPHIA FARMS II"
 3RD ELECT. DIST., HOWARD CO., MD.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.
 SIGNED: *Gregory L. Wishno*

5/14/81
 5/5/81
 5/1/81
 4/28/81

BOOK 1045 PAGE 97



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.

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

Joseph E. Gilmour
 COUNTY HEALTH OFFICER DATE 8-20-79

THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

- NOTES:
- PERCOLATION TEST HOLES SHOWN HEREON AND INDICATED THUS (o) 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.

TO TRIADELPHIA RD.

| | | | |
|---|-------------------|------------------------|-----------------------|
| TITLE PERCOLATION TEST PLAT | | | |
| PROJECT LOTS 3C AND 3D TRIADELPHIA FARMS II | | | |
| LOCATION 3RD ELECTION DISTRICT | | HOWARD COUNTY, MD | |
| DATE: AUG., 1979 | DESIGN BY: | DRAWN BY: J.B. | CHECKED BY: W.G.H. |
| SCALE: 1" = 100' | JOB NO.: 77228 | DRAWING NO.: 1 OF 1 | |

boender associates

engineers
 surveyors
 planners

3C & 3D

Lot 3B

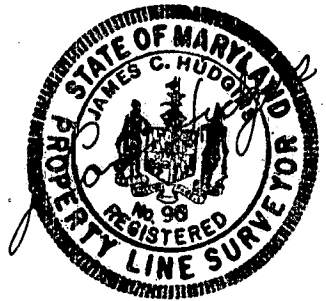
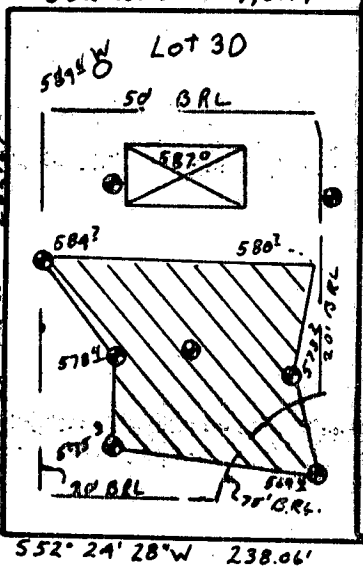
Lot 3C

Lot 4B

Lot 3A

Lot 4A

552° 24' 28" W 175.14'



//// This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

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.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Dr. Roger M. Boyd, M.D. Per: *P.F.W.* 4-10-81
 County Health Officer Date

PERCOLATION TEST PLAT
 LOT 30
 TRIADELPHIA FARMS II
 PROPERTY OF
 RICHARD M. HEMPHILL

3rd Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 3/31/81

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307

Date Received (WRA use only) _____ PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-3917**
 DATE WELL COMPLETED _____ Depth of Well **160** (TO NEAREST FOOT) _____

OWNER **KARADIMOS** last name **SPERO** first name
 STREET OR RFD **13308 TRIADDELPHIA RD.** TOWN **ELLCOTT CITY**
 SUBDIVISION **TRIADDELPHIA FARMS II** SECTION _____ LOT **3D**

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 | |
| SAND STONE | 10 | 30 | |
| MICA | 30 | 40 | |
| SAND STONE | 40 | 60 | <input checked="" type="checkbox"/> |
| MICA | 60 | 65 | |
| SAND STONE | 65 | 90 | <input checked="" type="checkbox"/> |
| MICA | 90 | 160 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **40**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **26** ft. (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST **6** **28**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS BRONZE OPEN HOLE
 PLASTIC OTHER

C2 (seq. no.)
 DEPTH (nearest ft.)
 EACH SCREEN
1 **NO** **26** **160**
2 _____
3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **F**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W Q _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 (seq. no.)
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **160**
 TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 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 below **2** (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 LEFT TO LINE 40' WELL 1' 800'

CIRCLE APPROPRIATE BOX
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE _____
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) _____

B 1 7245

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

40-73-3917

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

please print or type

fill in this form completely

DATE RECEIVED 5-4-81

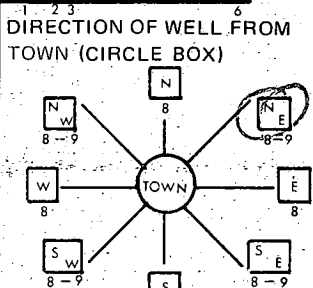
B 3 LOCATION OF WELL

COUNTY HOWARD
SUBDIVISION TRIADDELPHIA FARMS TL
SECTION D LOT 3
NEAREST TOWN Glenely
MILES FROM TOWN 1

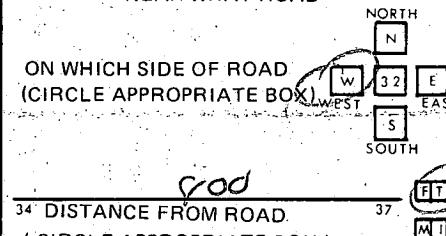
OWNER INFORMATION

KARADIMOS, SPERO
15959 DORSET RD.
LAUREL, MD 20810

B 4 DIRECTION OF WELL FROM TOWN



NEAR WHAT ROAD TRIADDELPHIA RD.



B 1 CONTINUED DRILLER INFORMATION

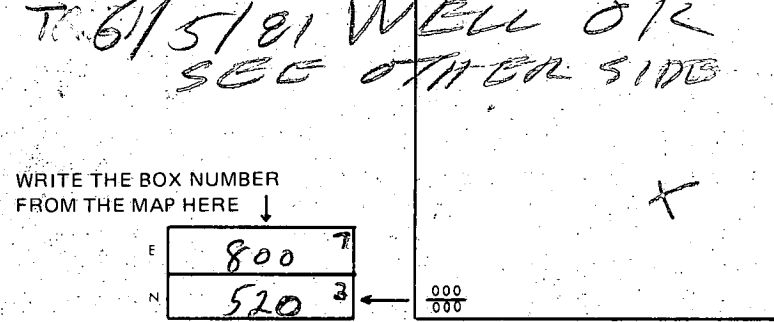
GEORGE F. EASTERDAY
DRILLER'S NAME
5/1/81 DATE

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)
[D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

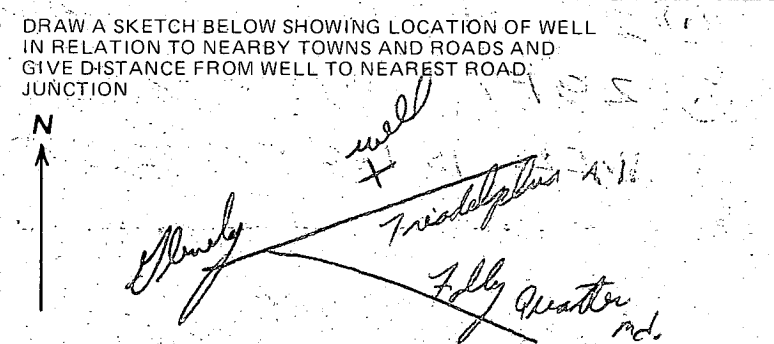
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX



APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
other



REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

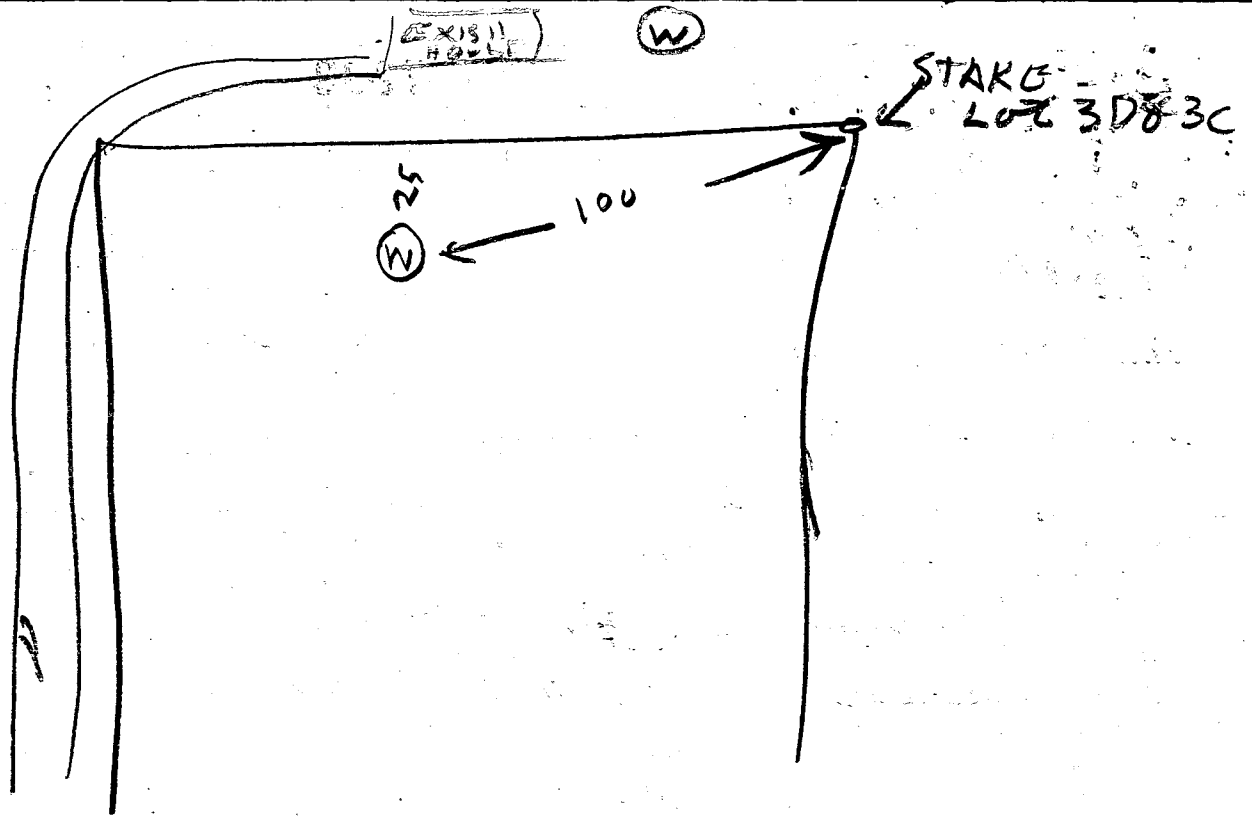
B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A28959 COUNTY NO.
Frank Skinner, Sanitarian STATE HEALTH SIGNATURE
5/1/81 DATE

Not to be filled in by driller (WRA USE ONLY)

APPROP. PERMIT NUMBER GAP
FORCE ES INITIALS IN BOX
CONDITIONS 40-73-3917

B 5 SPECIAL CONDITIONS (WRA USE ONLY)



- ① LOCATION OK PER PLANS
- ② 28 FT CASING 2 FT OUT OF GROUND
- ③ WELL IS 160 FT DEEP
- ④ 8 BAGS USED
- ⑤ WELL IS OK

6/5/21 RJ

C1 **7885** 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 28959**

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **05/26/73** Depth of Well: **365** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **MD-92-0775**

OWNER: **Wright** last name, **John** first name
 STREET OR RFD: **13306 Hunt Ridge** TOWN: **Clondara**
 SUBDIVISION: **TRIADELPHIA FARMS II** SECTION: [] LOT: **3D**

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 | |
| SANDstone | 0 | 63 | |
| GRANITE Rock | 63 | 365 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS: **17** NO. OF POUNDS: **1578**
 GALLONS OF WATER: **100**
 DEPTH OF GROUT SEAL (to nearest foot): from **0** ft. to **60** ft.

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

MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **66**

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

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

C2 DEPTH (nearest ft.): **40** **65** **365**
 SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN (NEAREST INCH): [] from [] to []

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 IDENT. NO. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert L. Thompson

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

GRAVEL PACK 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**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour): **6**
 PUMPING RATE (gal. per min. to nearest gal.): **26**
 METHOD USED TO MEASURE PUMPING RATE: **air**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **52** WHEN PUMPING: **260**
 TYPE OF PUMP USED (for test): **A** (air) **P** (piston) **T** (turbine) **C** (centrifugal) **R** (rotary) **O** (other) **J** (jet) **S** (submersible)

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES) **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) **-** (below) LAND SURFACE (nearest foot): **1**

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)



B 1 05297

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-92-0375 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

Date Received (APA)

052973

OWNER INFORMATION

ORIGHT M SOHW 13306 HUNT RIDGE ELLICOTT CITY MD 21043

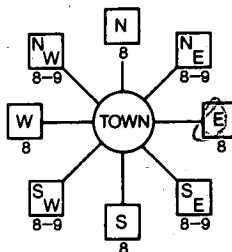
B 3

LOCATION OF WELL

HOWARD 8 COUNTY FRIENDELPHIA FARMS 23 SUBDIVISION SECTION 44 46 LOT 3 D GLENELG 52 NEAREST TOWN 3 MI MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13306 Hunt Ridge NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



260 DISTANCE FROM ROAD ENTER FT or 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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A28959 COUNTY NO.

STATE SIGNATURE DATE ISSUED

052973 Mark E. Rilkin 5/25/94

NORTH GRID 523000

EAST GRID 0806000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

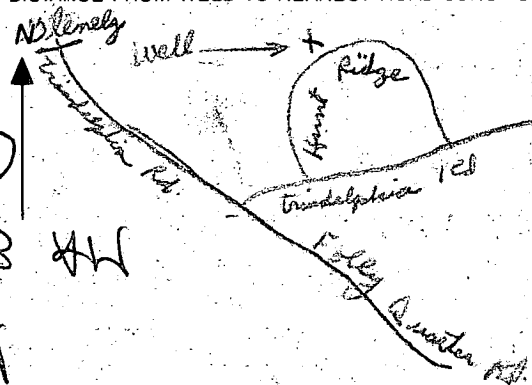
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

8086 5283

5/28/93 1:00 NO 66' CASING INSP 17 BAGS T/C W/ MAYBE 365' DEEP 5/26/93 60' OPEN well MP 1 1/2 GPM

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 (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-92-0375

SPECIAL CONDITIONS

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 # _____
 Date _____

Name of Installer Van Sant Plumbing & Heating

Telephone 915-6566

License Number 1467

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner John Wright

Telephone 854-3764

Subdivision _____ Lot # _____ Well Tag # _____

Site Address 13306 Hunt Ridge
 Ellicott City, MD 21042

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make Goulds
3. Model # 56505-422
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 _____

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220 1

Pitless Adapter

1. Make CAMPBELL-MARTINSON
2. Model # _____
3. Depth 42"

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: Stanford Van Sant

Date: 5.26.93

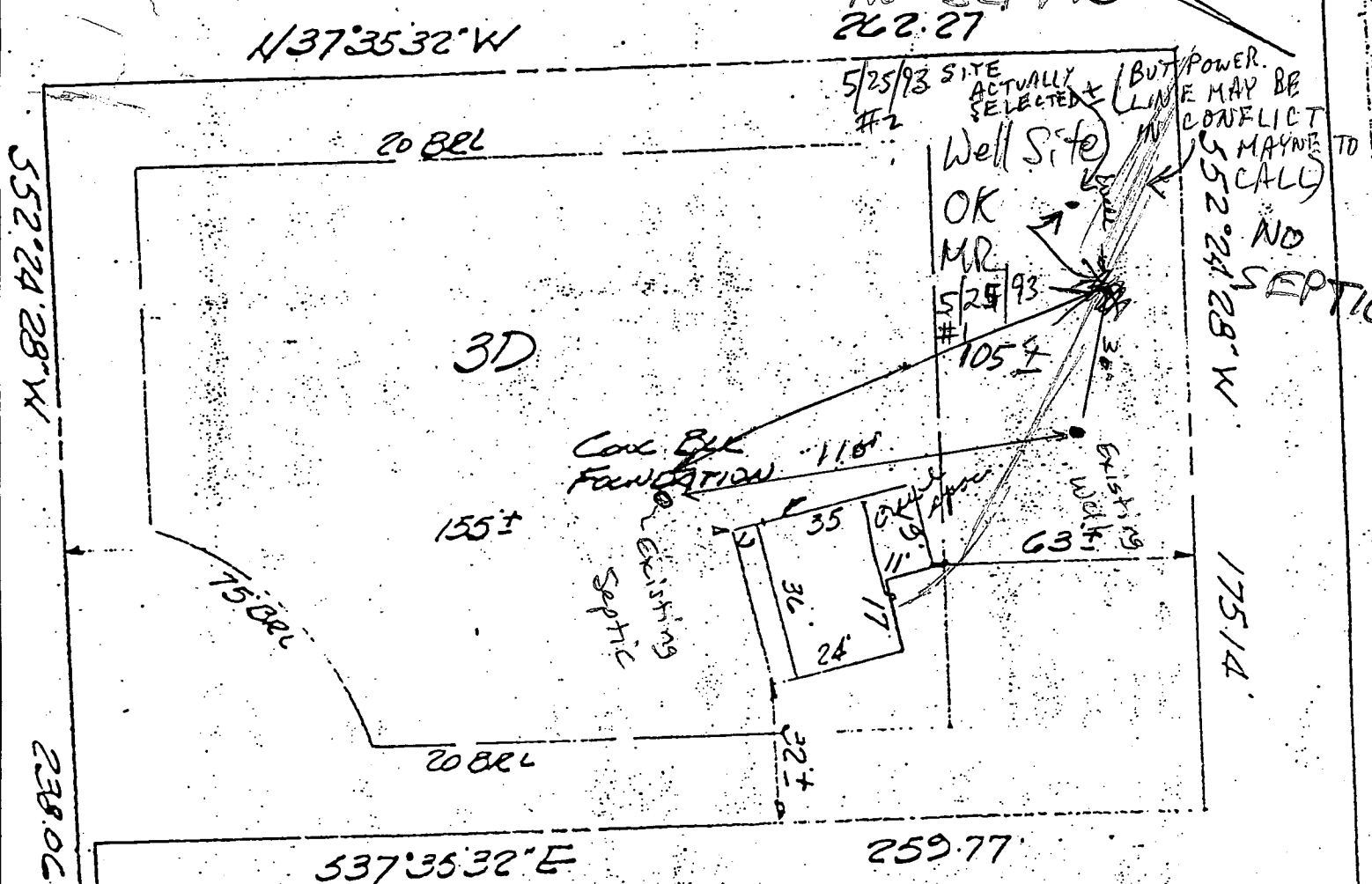
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215 5/27/93 OK WELL LINE
PRESSURE TANK FROM OLD
SYSTEM 0650 OLD WELL RE-PLACED

NORTH COURT STREET
ESTIMINSTER, MARYLAND 21157

(410) 848-2821
(410) 833-7918

NOTE: THIS PLAT CANNOT BE USED TO ESTABLISH PROPERTY LINES.



Lot 3D TRIDELPHIA FARMS II
 DIST. 3, HOWARD CO. MD
 KARADIMOS LOT

ACCESS STRIP

CERTIFICATION:

I hereby certify that the location of the improvements on the above described property are correctly shown and that unless otherwise indicated, there are no encroachments.

Reg. Professional Land Surveyor 5481

John Wright
 301-565-8917



Scale: 1"=40' Date: 7/24/31

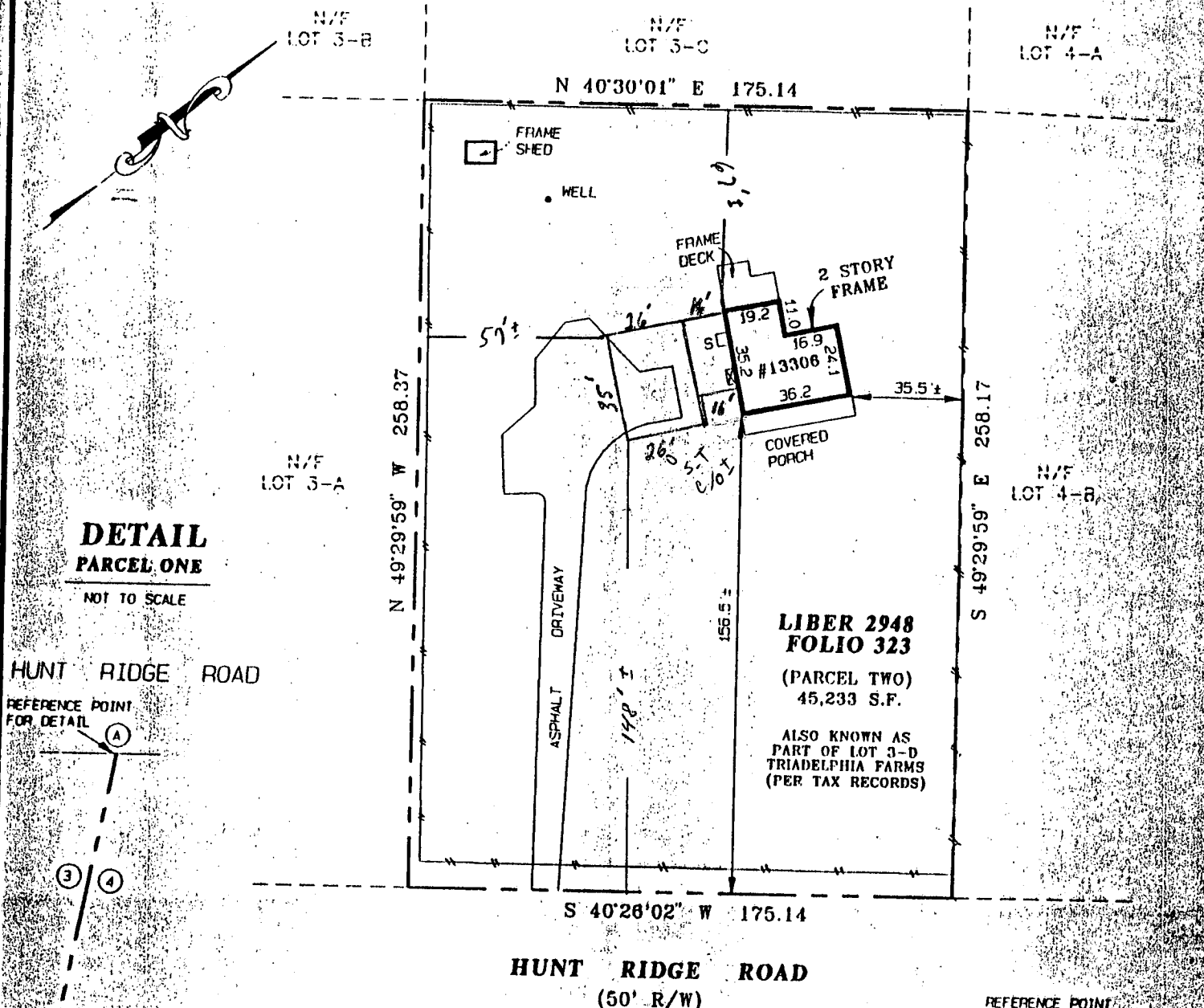
CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with a contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

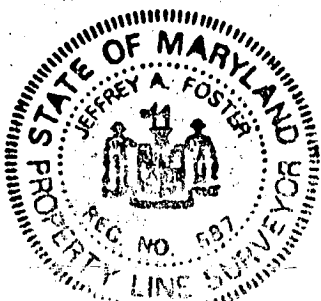
Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 1.5 feet.

Flood Zone "C" per H.U.D. Flood Panel No. 240044-0021B.

Total Area = 1.096 AC± per tax records.



| LINE DATA | |
|------------|--|
| 1 | N 34°10'01" W 320.59 |
| 2 | S 61°22'33" W 474.34 |
| 3 | N 38°37'27" W 408.76 |
| 4 | S 38°37'27" E 407.09 |
| 5 | N 61°22'33" E 474.51 |
| 6 | S 34°10'01" E 315.11 |
| CURVE DATA | |
| A | A=2.93 R=849.72 Ch=N 41°33'20" E 2.53 |
| B | A=814 R=206.92 Ch=S 16°20'30" E 8.14 |



LOCATION DRAWING
13306 HUNT RIDGE ROAD
J.M. & S.I. WRIGHT PROPERTY
PARCELS ONE & TWO AS DESCRIBED IN
LIBER 2948 FOLIO 323
HOWARD COUNTY, MARYLAND

| SURVEYOR'S CERTIFICATE | | REFERENCES | | SNIDER & ASSOCIATES SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS | |
|--|------|-------------------|-----------|---|---|
| THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION. | | PLAT BK. | | | 2 Professional Drive, Suite 216 Gaithersburg, Maryland 20879 301/948-5100, Fax 301/948-1286 |
| | | PLAT NO. | | | |
| LIBER | 2948 | DATE OF LOCATIONS | SCALE: | 1" = 50' | |
| FOLIO | 323 | WALL CHECK: | DRAWN BY: | M.A.S. | |
| MARYLAND PROPERTY LINE SURVEYOR REG. NO. 597 | | HSE. LOC.: | JOB NO.: | 98-3408 | |

20150

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-4800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER:
B0023015

Building Address 13306 Hunt Ridge Drive
Ellicott City
Stateny, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision TRIA Farms #
Section N/A Area N/A Lot 3-D
Tax Map 22 Parcel 254 Grid 9
Zoning RR-V Map Coordinates 9R9 Lot size _____

Property Owner's Name Jared Bouma
Address 13306 Hunt Ridge Drive
City Stateny, Ellicott City MD State MD Zip Code 21042
Home Phone (410) 531-1561 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Log + ~~etc~~ Keep
Phone _____ Fax _____

Existing Use SFO
Proposed Use SFO w/ attached garage
Estimated Construction Cost \$ 40,000
Description of Work Construct 1-story FR addition
with 3-car attached garage. Reside existing house

Contractor Company _____
Contact Person OWNER
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Jared Bouma
Contact Name Jared Bouma
Address 13306 Hunt Ridge Drive
Ellicott City, MD State MD Zip Code 21042
Phone (410) 531-1561 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | _____ State Certified Modular _____ Manufactured Home |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | |

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 THERE TO; (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.

Jared C Bouma
Applicant's Signature
Owner
Title/Company

Jared C Bouma
Print Name
3-21-00
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL |
|-----------------------|----------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>9/12/00</u> | <u>Brian Baker</u> |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START: 2000 MR 22 AM 8:29
ONE STOP SHOP:

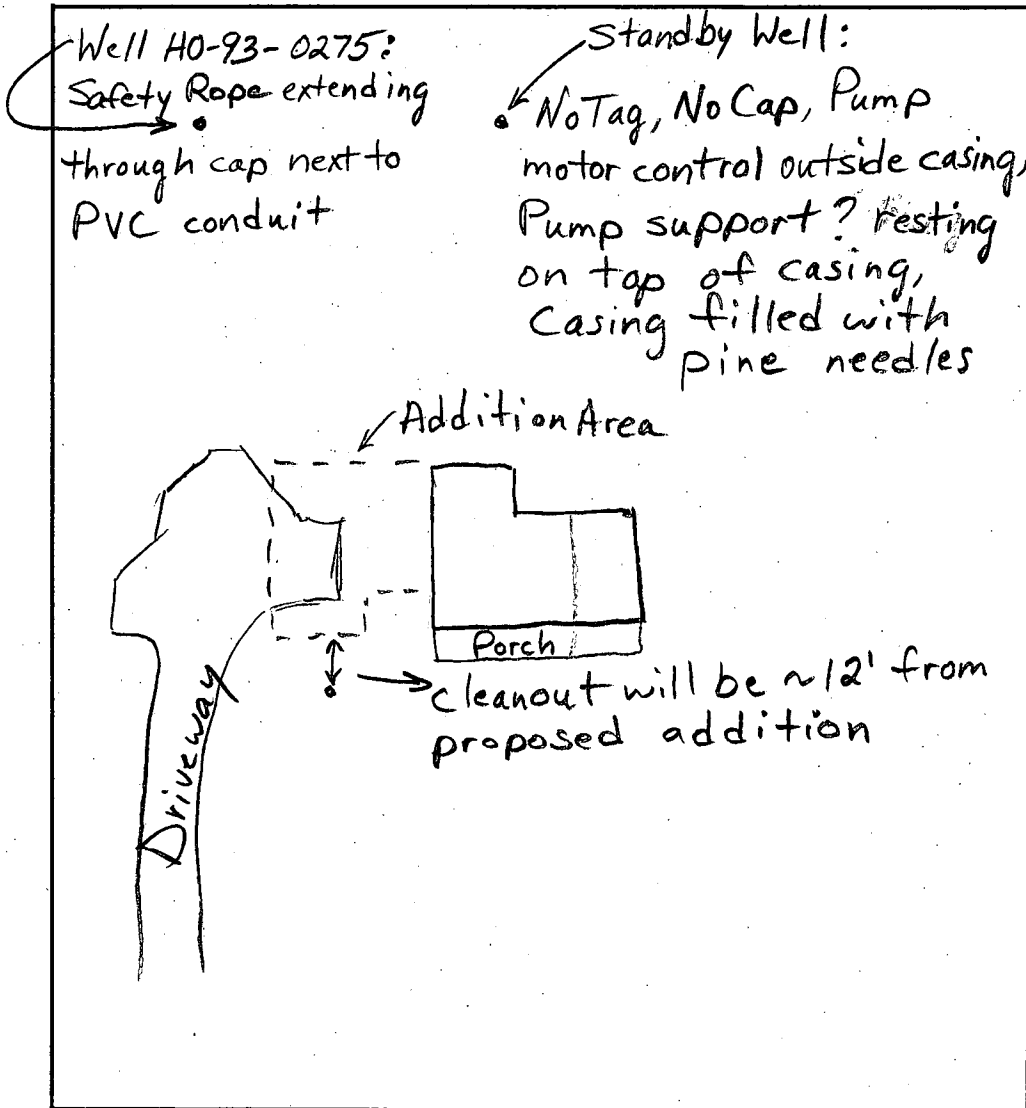
| PROPERTY ID# | PROPERTY ID# |
|------------------|----------------|
| 45418 | |
| Filing fee | \$ <u>25</u> |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Balance due | \$ _____ |
| Check | # <u>8956</u> |
| Validation | # <u>28472</u> |

DPZ SETBACK INFORMATION
Front: 50' MIN
Rear: 30' MIN
Side: 10' MIN
Side St.: N/A
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____ Accepted by [Signature]

SITE INSPECTION SHEET

OWNER: Jared Bouma DATE REQUESTED: 4/10/00
ADDRESS: 13306 Hunt Ridge DRILLER/CONTRACTOR: _____
TAX & PARCEL: _____ WELL TAG NUMBER: _____
PROPOSAL: B. P. 00123015 - Family Room + Garage Addition COUNTY: _____

LOCATION DIAGRAM



COMMENTS: Septic system shows no sign of failure.

4/11/00 Jared Bouma called and said that standby well has been capped. Issued B.P. (BB)

DATE: 4/10/00 not sealed! INSPECTOR: B Baker