

11/16/88 3 PM
11/22/88

03-312496

WPI

11/18 P.C.O. ONLY
(LATE - P.M.) C.B. M.R.

PERMIT

P 43010

SEWAGE DISPOSAL SYSTEM

A 38405

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/16/88

DATE SYSTEM APPROVED 11/22/88

INSPECTOR MR & CBS

Residential Urban Systems, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 10840 Little Patuxent Parkway, Columbia, MD PHONE 997-7257

SUBDIVISION Triadelphia Woods ROAD 12601 Golden Oak Drive LOT 19

PROPERTY OWNER Residential Urban Systems, Inc.

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 - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 305 feet down the right (520.25') lot line and 75 feet off the same lot line as seen when facing the lot from Golden Oak Lane. Run trenches on contour toward the rear and right lot lines.

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

PLANS APPROVED BY Sid Abel DATE 10/26/87

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

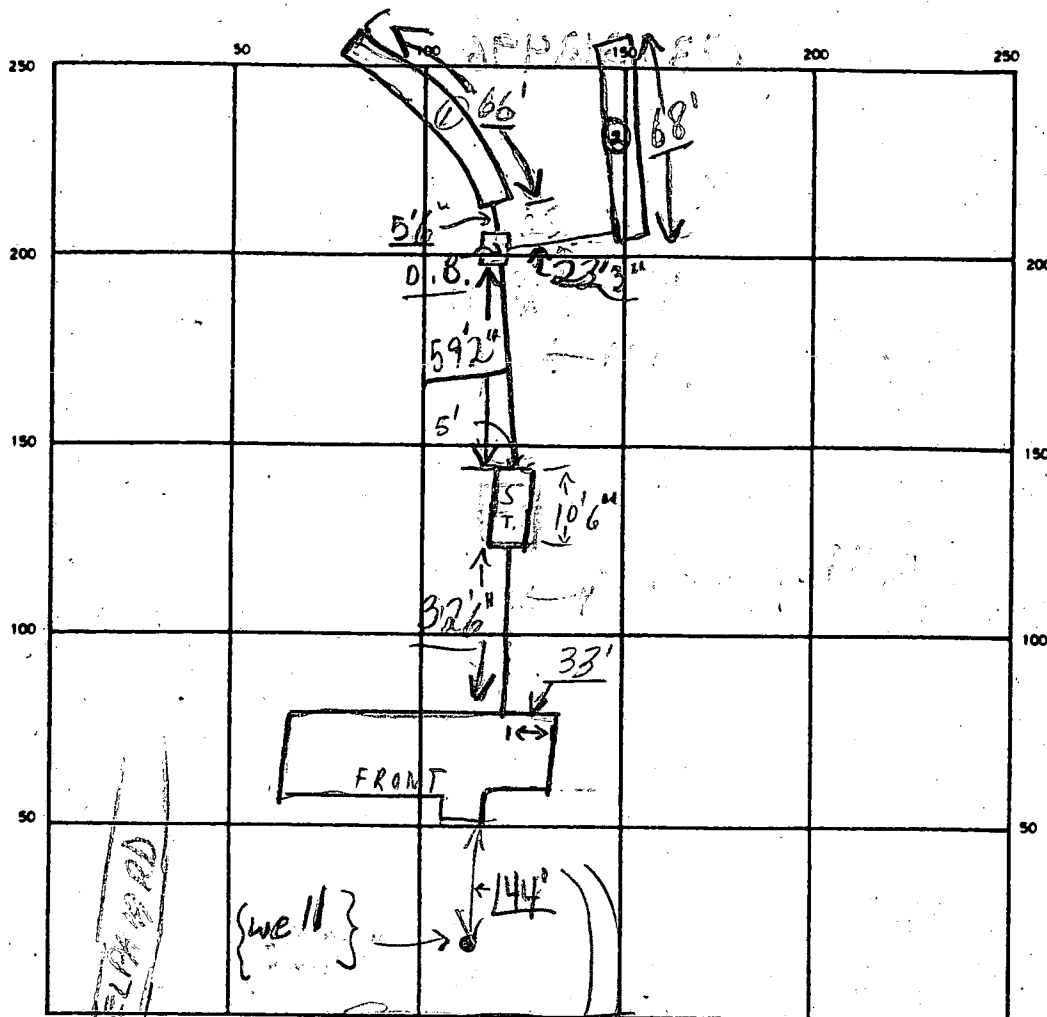
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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 38405



SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK 11/22

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 4', 2 3'

EFFECTIVE GRAVEL DEPTH 5+ FT. TOTAL LENGTH 66, 68 } 134 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 670 SQ. FT.

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

ABSORBENT AREA 670 SQ. FT.

REMARKS 11/18/88 ① Trenches not ready - machine failure; need to see all pipe from house to trench end; OK to put stone in trenches exc. last 3-5'. Partial sticker left on window near house pipe exit; partial ONLY c. box + M.R.

11/22/88 FINAL - OK TO COVER.

DATE SYSTEM APPROVED 11/22/88 INSPECTOR MR + CBS



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

June 4, 2002

John Goertler
12601 Golden Oak Drive
Ellicott City, MD 21042

RE: **Replacement Well Sampling**
Triadelphia Woods, Lot #19
12601 Golden Oak Drive
Well Permit #: HO-94-3335

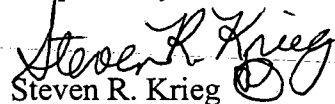
Dear Mr. Goertler:

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773, to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). Currently, there is no charge for this sampling.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640. Thank you for your attention to these important matters.

Respectfully,



Steven R. Krieg
Registered Environmental Sanitarian
Water and Sewerage Program

cc: Community Environmental Health Program
File

3/6/02
1-2000

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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: TRIA WOODS Lot #: 19 Well Tag #: HO-94-3335
Site Address: 12601 Golden Oak Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 3/6/02 SC

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 18" 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 0597 **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 **(13)** A38405 6K KG

ST/CO USE ONLY DATE RECEIVED: MM 04 DD 04 YY 02
 DATE WELL COMPLETED: MM 03 DD 01 YY 02
 Depth of Well: 22 480 26 (TO NEAREST FOOT)
 PERMIT NO. 479/02 FROM "PERMIT TO DRILL WELL" HO-94-3335

OWNER Goertler John
 STREET OR RFD 12601 Golden Oak Drive TOWN Ellicott City
 SUBDIVISION Triadelphia Woods SECTION _____ LOT 19

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	0	41	
Gray Micaceous Rock	41	480	✓

Dry well 600'
 Filled in with Cement + drilling materials-

GROUTING RECORD (yes no)
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS 15 NO. OF POUNDS 1410
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft. (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 46

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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

DEPTH: 480

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) _____
 from _____ to _____

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. MSD024
 DRILLERS SIGNATURE Joseph L. Mays
 (MUST MATCH SIGNATURE ON APPLICATION)

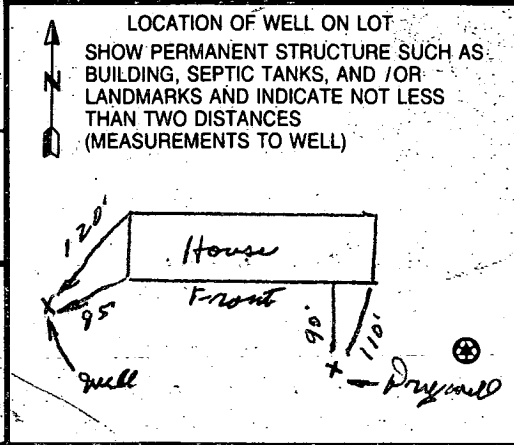
LIC. NO. M D

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 1
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 45 ft.
 WHEN PUMPING 295 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 or NO) 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above 49
 below _____
 LAND SURFACE 120 (nearest foot)



B 1 03798

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3335 fill in this form completely

W516524 please print or type

Date Received (APA) 2/19/02

B 3 LOCATION OF WELL Howard

OWNER INFORMATION

Goertler John 12601 Golden Oak Dr. West Friendship Md 21794

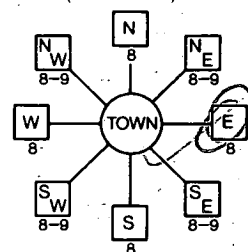
8 COUNTY Tradelphia Woods 23 SUBDIVISION 52 NEAREST TOWN Glenely

MILES FROM TOWN (enter 0 if in town) 1 1/2 M

DRILLER INFORMATION

Joseph E. Moyne MS D24 Driller's Name License No. Firm Name 5512 Ridge Rd. West Friendship Md. 21775 Address Joseph E. Moyne 2/19/2001 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12601 Golden Oak Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST 34 180 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: PARCEL 528

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)

- 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 A38405 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/19/02 Exp. Date 2/19/03

APPROXIMATE DEPTH OF WELL 400 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

GROUT 2/28/02 NO INSP X

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY Drive-POINT other

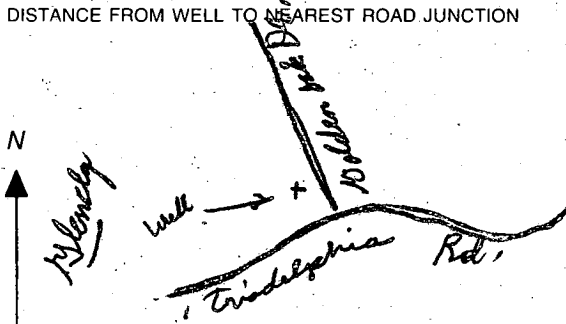
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8184 N 5226

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-81-2362

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)

APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-3335

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2/19/02
1:00

SITE INSPECTION SHEET

OWNER: John Goertler

DATE REQUESTED: 2/19/02

ADDRESS: 12601 Golden Oak Dr.
Triadelphia Woods - Lot 19

DRILLER/CONTRACTOR: Joe Mayne

WELL TAG NUMBER: H0-94-3335
(old H0-81-2362)

TAX & PARCEL: 22-5-528-19

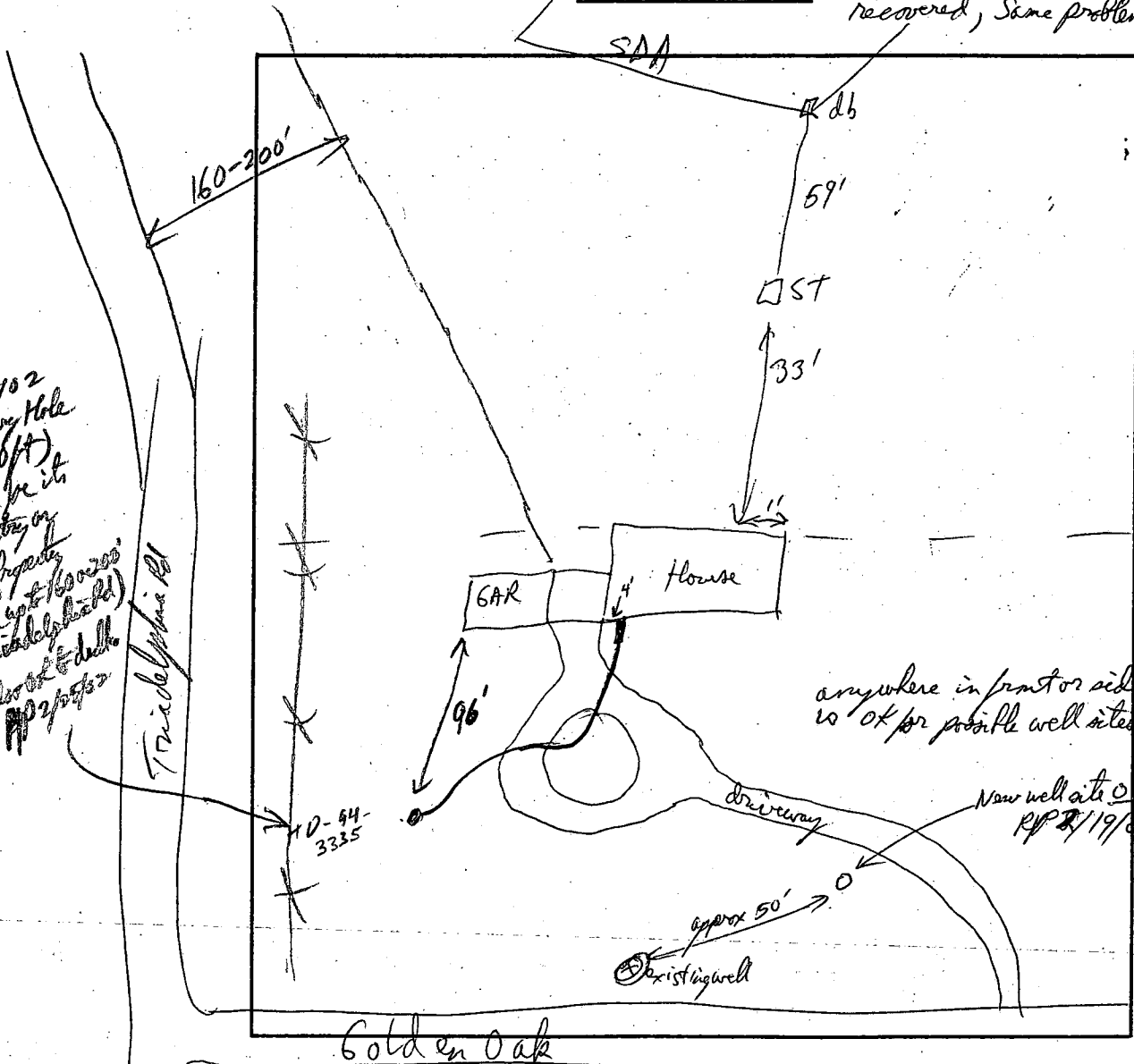
COUNTY: Howard A38405

PROPOSAL: Replacement Well

Well is completely Dry (well goes dry with use, but recharges)

LOCATION DIAGRAM

Had problem in 99 drought year but recovered, same problem this year.



COMMENTS: water yield is lower, well goes dry periodically, this year as in 1999.
Needs an extra well without well as standby. check standard - RPP

DATE: 2/19/02

INSPECTOR: RPP

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

A# 38405

New Installation X
 Replacement _____

Receipt # 43212
 Date 12/14/88

Name of Installer Cannon Water Systems, Inc

Telephone 876-6880

License number PI 074
 Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Reston Urban System Telephone 997-7257
 Subdivision TRIDEPHON Woods Lot # 19 Well tag # _____
 Site Address 12601 TRIDEPHON Rd

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

Motor
 1. Horsepower 3/4
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220 X

Pitless Adapter
 1. Make Harand
 2. Model # PT 800
 3. Depth 4'

Tank
 1. Capacity 10
 2. Pressure relief valve? Yes

Piping
 1. Type Plastic
 2. Size 1"
 3. NSF and/or BOCA Code approved Yes
 4. Depth of supply line 350'

Well data
 1. Depth 380 ft.
 2. Yield 1 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]
 Date: 12/1/88

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2362
 Location of property (road) Golden Oak Dr.
 Subdivision Philadelphia Woods Lot 19 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Maize Owner The Patuxent Land Co.

Depth of well 385
 Distance of measuring point (M.P.) above ground 3'
 Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown
 Time pump started 7:30 Pumping rate 120gal.
 Total time 75min to reach pumping water level 230 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 time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	101	5		12
8:00	160	5		12
8:15	185	5		12
8:30	185	54		1.1
8:45	185	54		1.1
9:00	185	54		1.1
9:15	185	54		1.1
9:30	180	50		1.2
9:45	179	48		1.3
10:00	170	43		1.4
10:15	190	5	10/27/87 resumed drawdown	12 gpm
10:30	230	5	to get better demonstration	12 gpm
10:45	220	43		1.4
11:00	215	36	reservoir OK to resume test	1.6
11:15	205	31	after needed draw	1.9
11:30	205	31	blow reached	1.9
11:45	201	37		1.9
12:00	201	30		2
12:15	201	30		2
12:30	201	30	(OK)	2
12:45	201	30		2
1:00	201	30		2
1:15	201	30		2
1:30	201	30		2
1:45	201	30		2
2:00	201	30		2

over

	Water Level	Pumping rate	Gallons
2:15	201	30	2
2:30	201	30	2
2:45	201	30	2

STATIC 45

setting

1.5

170
45
125' reservoir

60 min / 90 gal
90 gal
180

4.5
625

12.5

187.5 vol gal

180 for yellow

367.5

RECEIVED
HOWARD COUNTY
HEALTH DEPT
APR 24 4 00 PM '87
HEALTH DEPT
HOWARD COUNTY

B 1 9339

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2362

fill in this form completely

Date Received

100187

OWNER INFORMATION

DAVID RENT LUMBER CO.

ROY ZOG

CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

HOWARD

TRIANDELPHIA WOODS

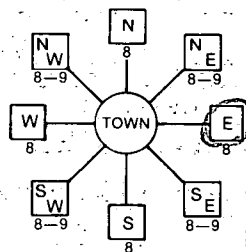
SECTION 19

GLENECK

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GOLDEN OAK DR. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 45 FT. 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)

- 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. 38465 COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 102687 Sidney Lal CO SIGNATURE EXP. DATE 04-25-88

NORTH GRID 526000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

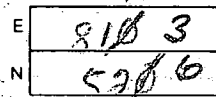
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

SOURCES OF DRILLING WATER

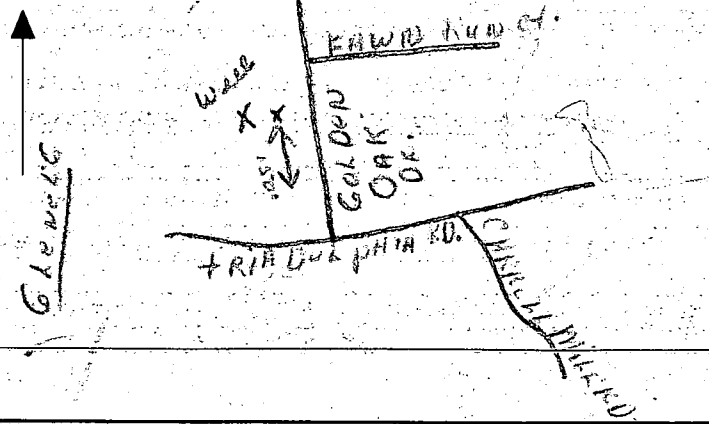
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

N

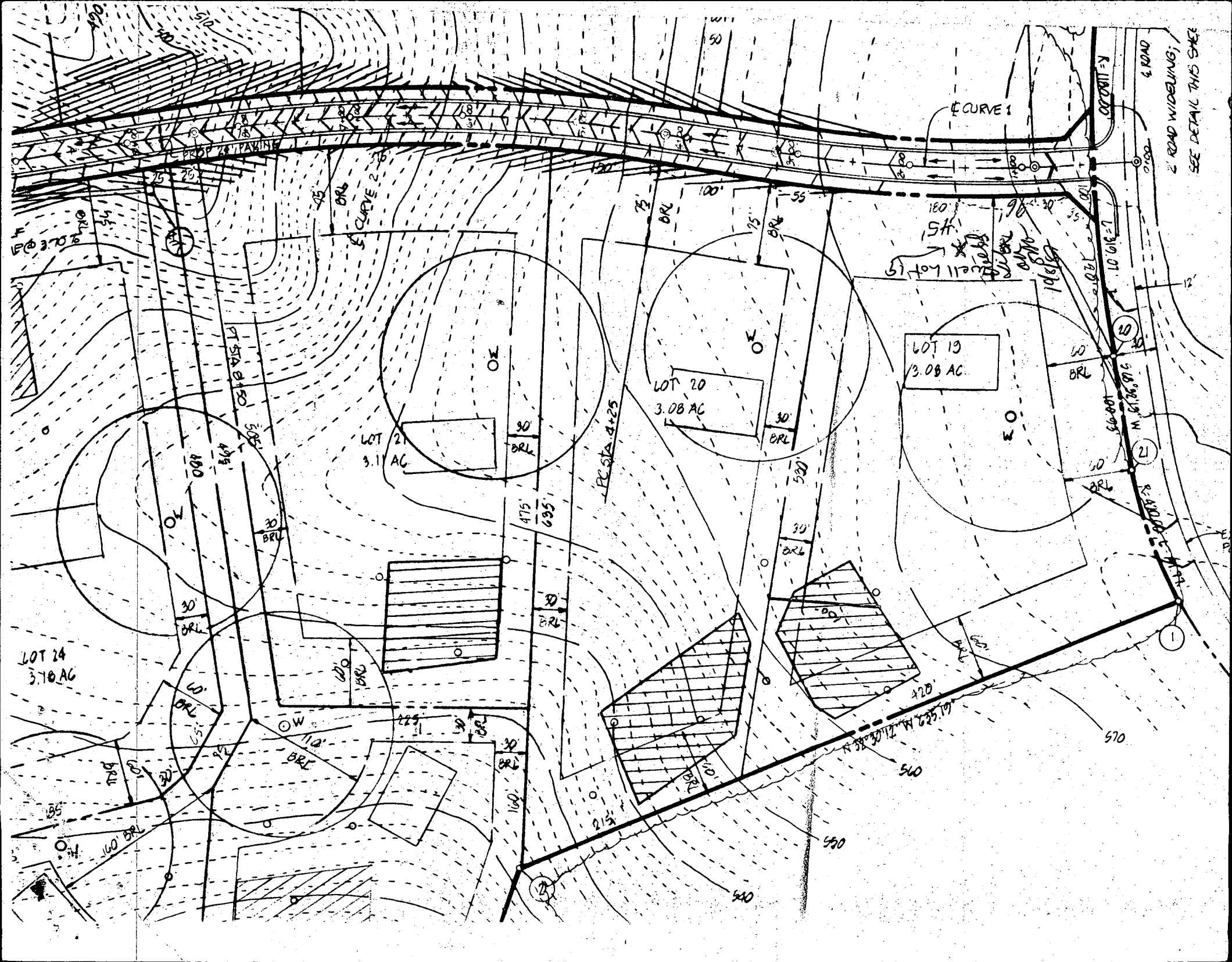


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-2362

SPECIAL CONDITIONS



APPLICATION

PERCOLATION TESTING

A 384/65

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 10/20/86

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 ~~Patuxent LAND COMPANY INC.~~ R.U.S.

ADDRESS PO BOX 208 CLARKSVILLE MD 21029 PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. X19 6/29 LOT 19 Prelim.

ROAD AND DESCRIPTION Triadelphia Road on right 1/2 mile west of Carroll Mill Road 12601 Golden Oak Dr.

TAX MAP 22 PARCEL # 529

SIZE OF LOT 3 + acres TYPE BLDG. _____ (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.

Richard J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-10-87 perc satisfactory, hold for subdivision plat, S. Allen

BLDG. PERMIT SIGNED
AND RETURNED 5-6-88

BP18362
SA

THIS IS NOT A PERMIT

② ③ ④
SOIL PROFILE

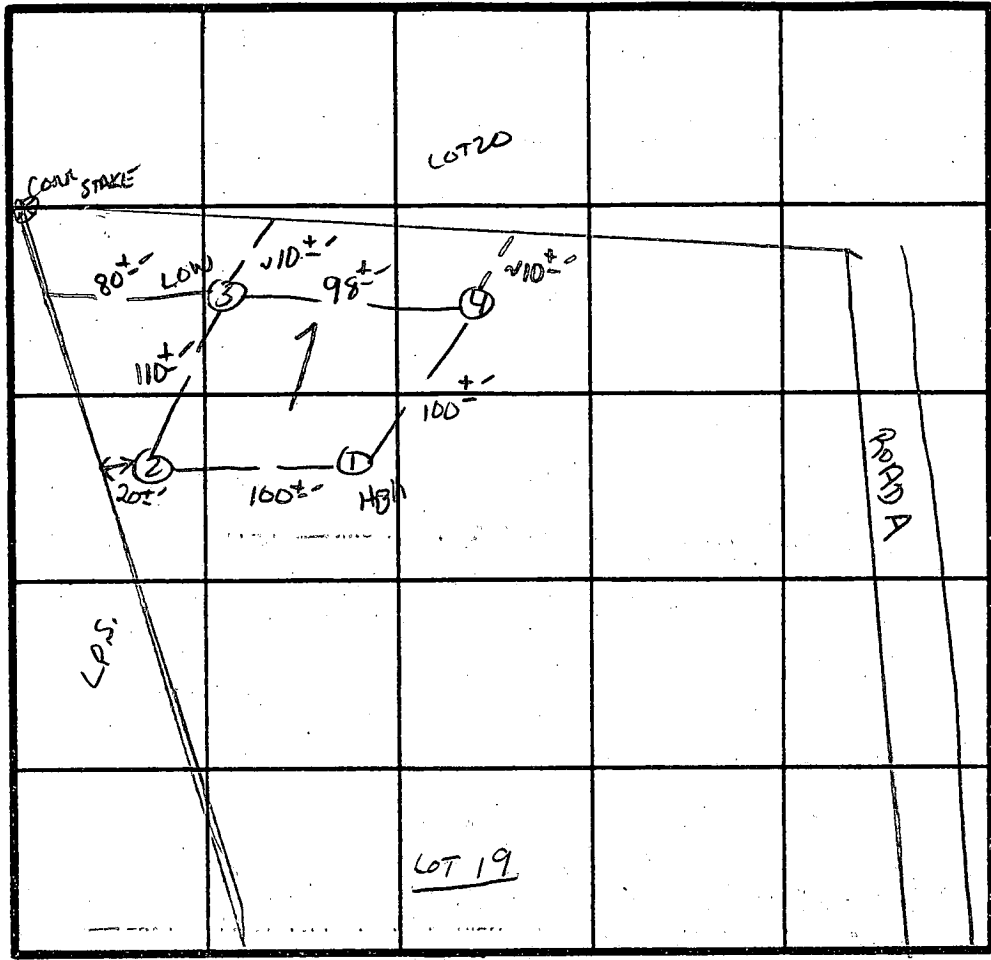
6"	A1-3 Yellow BR Silt Loam 9-12% CLAY 10-15% FRAGS
3.5-4'	TAN/BROWN Silty SAND Loam Highly micaceous w/ 25-30% FRAGS

12-13

①

6"	A1-3 Yellow RED Silt Loam 12-15% CLAY 10% FRAGS
4'	Yellow BR Silt Loam 15-20% FRAGS Highly micaceous

12"



3+4 CONSIDERED
ON LINE HOLES
LOT 19+20

X PERC
3min
100#/BR
4" INLET
9" BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/87	1 S	4.5'	10:51	10:52	10:52	10:54	2min
		9'	10:51	10:52	10:52	10:54	2min
	1 V	12'	Uniform Soil below 4'				
	2 S	5'	10:56	10:57	10:57	10:59	2min
	2 V	12'	Uniform Soil below 3.5'				
	3 S	4.5'	11:05	11:06	11:06	11:08	2min
	3 V	13'	Uniform soil below 3.5'				
	4 S	4.5'	11:09	11:11	11:11	11:15	4min
	4 V	12'	Uniform Soil below 4'				

REMARKS HOLES DIFF THAN PLAT

TYPE OF SOIL MANOR LOAM

TESTED BY S. Abel

ALSO PRESENT R. Demit / Jim Anwar

