

8/17/88 1:30
8/18/88 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42319

A 38467

DISTRICT 3rd

DATE 8/10/88

DATE SYSTEM APPROVED 8/18/88

INSPECTOR R/H

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-312526

Frall Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Triadelphia Woods ROAD 12613 Golden Oak Drive LOT 21

PROPERTY OWNER Potts Construction.

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 195 sq. ft. per bedroom with garbage disposal. 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 365 feet down the left (475') lot line and 30 feet
off the same lot line as seen when facing the lot from Golden Oak Drive. Run
trenches on contour toward the right lot line.

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

PLANS APPROVED BY Sid Abel DATE 10/27/87

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.

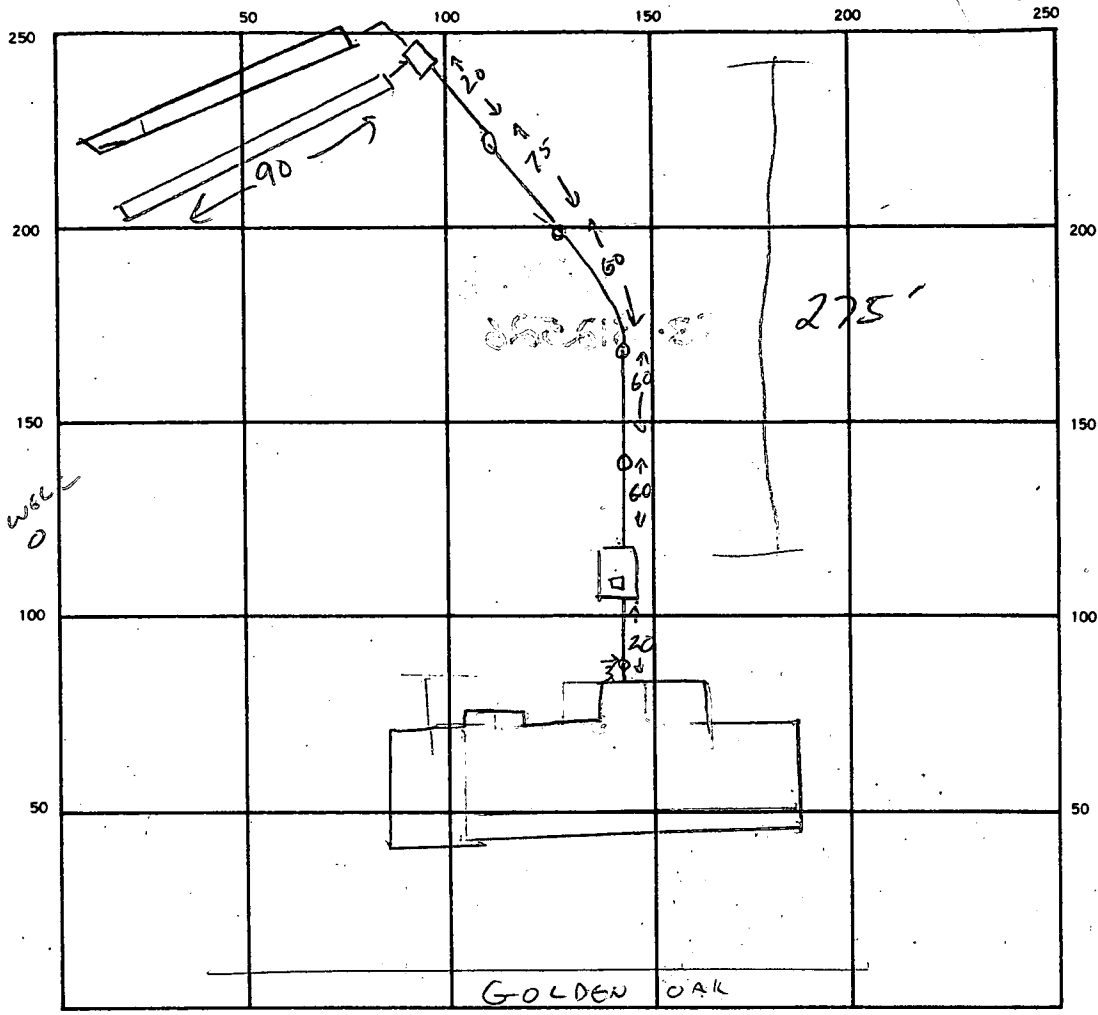
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
38467



198
4
780

SEPTIC TANK. LEVEL CLEANOUTS MANHOLES ON TANK, 5 INLINE (1 AT HOUSE)

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 90 1/2 FT. 1- TRENCH 90' AT TRUSTING

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 450 1/2 SQ. FT. 900 1/2 780

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/17/88 MANHOLE CLEANOUT ON TANK, GRADE TO BE CUT TO EXPOSE CLEANOUT.

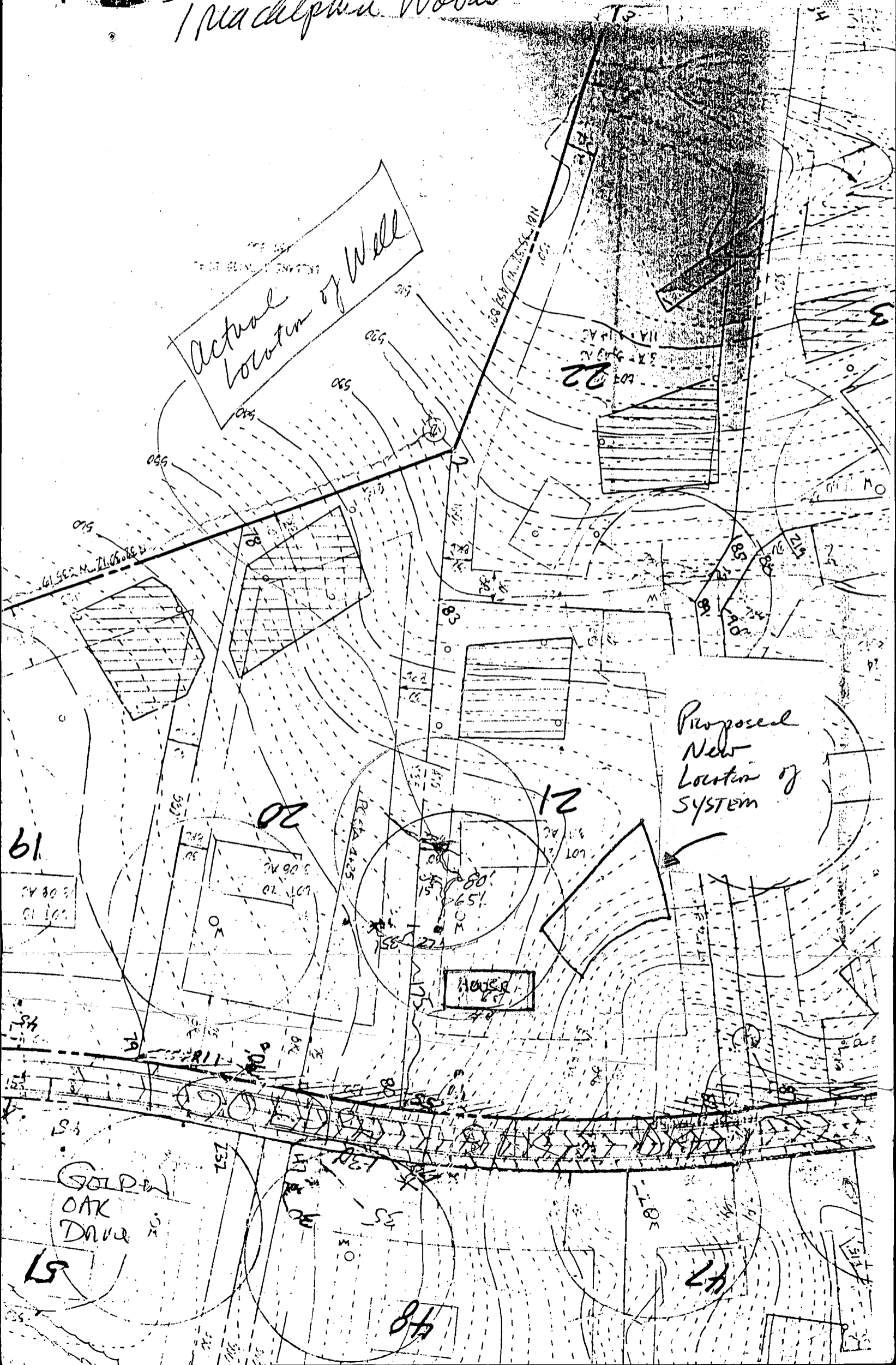
OK TO COVER HOUSE-TO-DIST. BOX, 1ST TRENCH OK TO ADD STONE. CW

8/18/88 OK TO ADD STONE TO SECOND TRENCH CW.

8/18/88 24MM STONE ADDED TO TRENCHES R/H

DATE SYSTEM APPROVED 8/18/88 INSPECTOR Raymond Hodge

Lot 21
Trudolph Woods



APPLICATION

PERCOLATION TESTING

A 38461

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 Woods~~ POTTS CONSTRUCT.

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Philadelphia Woods LOT NO. 37A 6/29 LOT 21 Prelim

ROAD AND DESCRIPTION Philadelphia Road on right 1/2 mile
West of Carroll Mill Road

TAX MAP 22 PARCEL # 528 12613 Golden Oak Dr.

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. Bennett
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

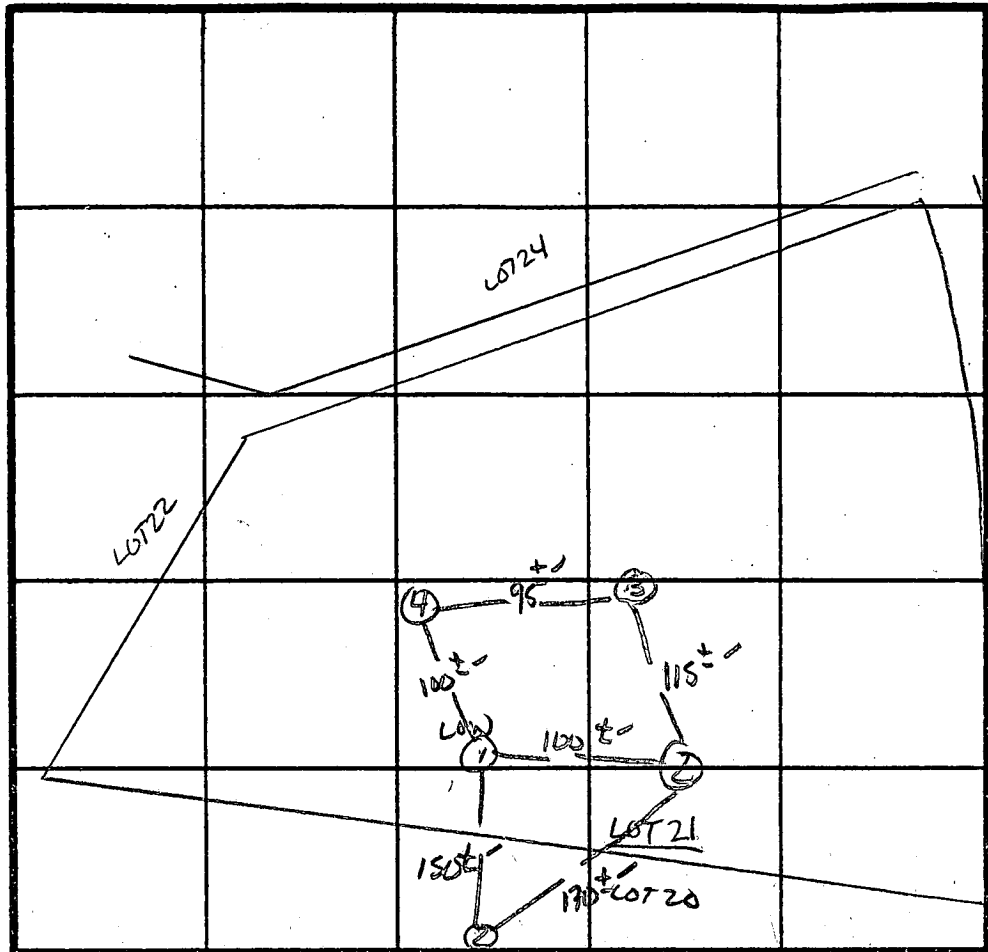
REASONS FOR REJECTION OR HOLDING 2-10-87 PERC SATISFACTORY; HOLD FOR SUBDIVISION PLAT. SSM

BLDG. PERMIT SIGNED
AND RETURNED 5-6-86
BP 17911
SAC

THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

0	A1-3
6.11	Yellow BR Silt loam 9-12% CLAY 10-15% FRAGS
3.5	Yellow BR/ Tan Brown Silty sand LOAM 25-30% FRAGS
12-13	



ROAD A
XPERC
4 MIN
160 #/BL
4" INLET
9" BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/14/87	1 V	4"	11:34	11:35	11:35	11:38	3 MIN	
		13"	UNIFORM soil below 3.5"					
	2 S	4"	11:41	11:43	11:43	11:46	3 MIN	
	2 M	9"	11:42	11:43	11:43	11:45	2 MIN	
	2 V	12.5"	UNIFORM soil below 3.5"					
	3 S	4"	11:47	11:50	11:50	11:55	5 MIN	
	3 V	12"	UNIFORM soil below 3.5"					
	4 S	4"	11:56	11:58	11:58	12:03	5 MIN	
	4 V	12.5"	UNIFORM soil below 4.0"					

REMARKS Holes diff than flat on hill ~ 50'

TYPE OF SOIL MANUK

TESTED BY S. Abel

ALSO PRESENT Jim, Richard, Rick, Jeff ARNDT

APPLICATION

PERCOLATION TESTING

A 41238

P _____

DISTRICT 3

DATE 3/11/88

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

CANCEL & HOLD
APPLICATION

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 Potts AND ASSOCIATES

ADDRESS 40 JIM ADAIR 7124 WINTER ROSE PATH COLUMBIA, MD 21045 PHONE (410) 730-6100 (410) 381-9423

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIADELPHIA Woods - Section 1 Area 1 LOT NO. 21 (GOLDEN OAK DRIVE)

ROAD AND DESCRIPTION OFF Triadelphia Road, opposite Blackberry Lane
ON GOLDEN OAK DRIVE

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.11 ACRES TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

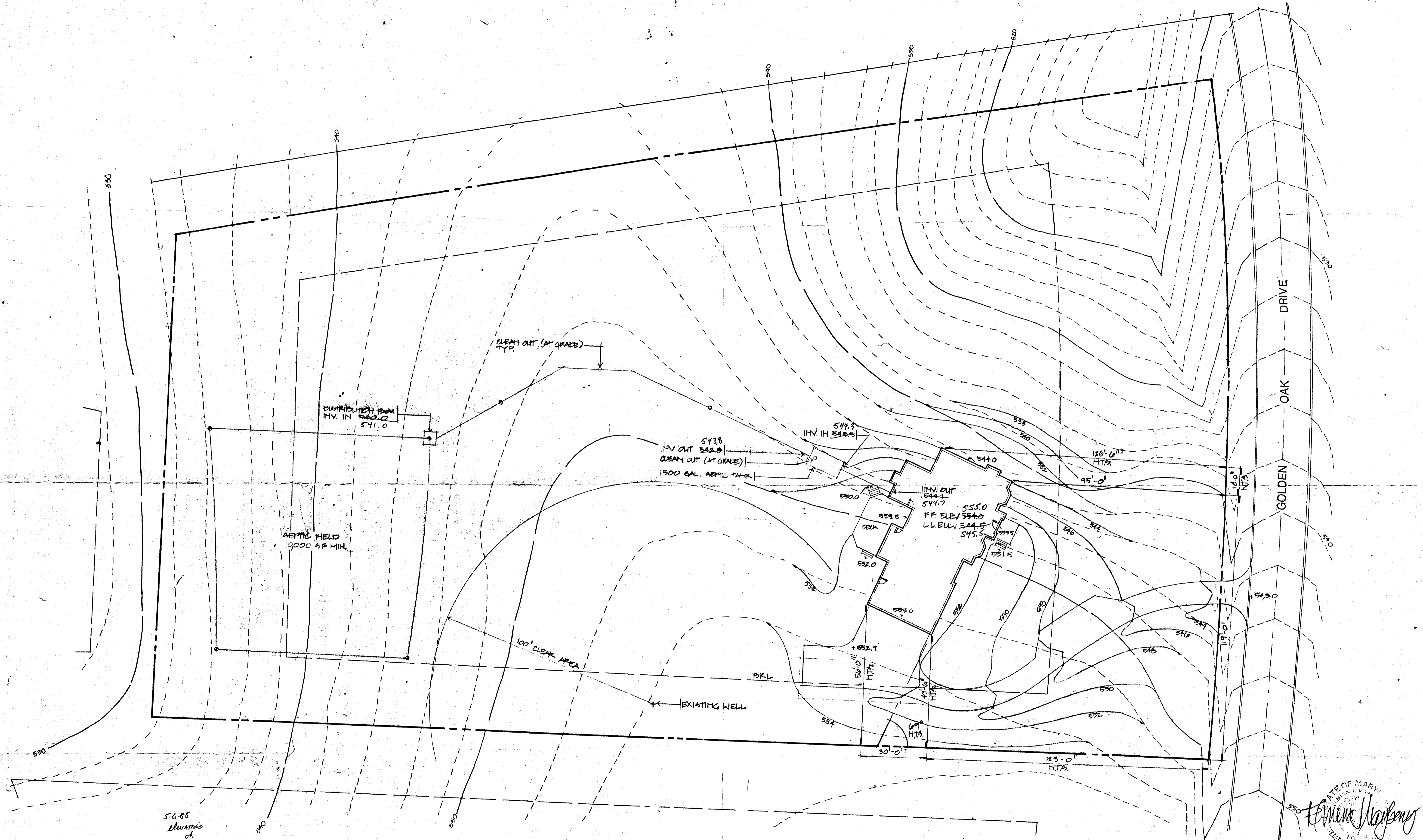
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



5-6-88
 LEWANN'S
 OR
 SA
 BLDG. PERMIT SIGNED
 AND RETURNED 5-6-88
 BA
 BP 17911

Changes per Jim Potts of Potts & Associates
 Christopher W. Bell

STATE OF MARYLAND
 PROFESSIONAL LANDSCAPE ARCHITECT
 Christopher W. Bell

SEPTIC AND GRADING PLAN

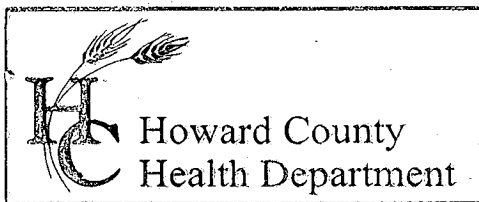
Triadelphia Woods LOT 21

Potts and Associates

0' 5' 10' 20' 40' 80' SCALE: 1"=20'0"

PROJECT NO. 122-87 DATE: 4-1-88

POTTS CONSTRUCTION CO., INC.
 6542 MINK HOLLOW ROAD
 HIGHLAND, MD 20777
 531-6080



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

Stuart Mitchell
12613 Golden Oaks Drive
Ellicott City, MD 21042

January 24, 2003

Resolved

RE: **Replacement Well Issues**
12613 Golden Oaks Drive
Well Permit # HO-94-3618

Dear Mr. Mitchell:

Our office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule a well line inspection and water sampling for the referenced replacement well once it is hooked up to your home(s) (required by the Maryland Well Construction Regulation COMAR 26.04.04). There is currently no charge for the well line inspection and water sampling.

It is preferred that the sample be collected by a certified health official 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.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan

Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

C1 14383 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A38467

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 405 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3618

OWNER Mitchell STREET OR RFD 12615 Golden Oak Drive TOWN Ellicott City SUBDIVISION Triadelphia Woods SECTION LOT 21

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include: Dirt, Soft Br. Mica Schist, Hard Br. Schist, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 2069

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter 6 Total depth 57

OTHER CASING (if used) diameter depth from to

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole

NUMBER OF UNSUCCESSFUL WELLS: 2 WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) 1 H O 57 55 405

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

CASING HEIGHT (+) above (N) below LAND SURFACE 2 (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MWD 296 Ronald Kyker DRILLERS SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman)

DIAMETER OF SCREEN (NEAREST INCH) 56 60 TELESCOPE CASING LOG INDICATOR OTHER DATA

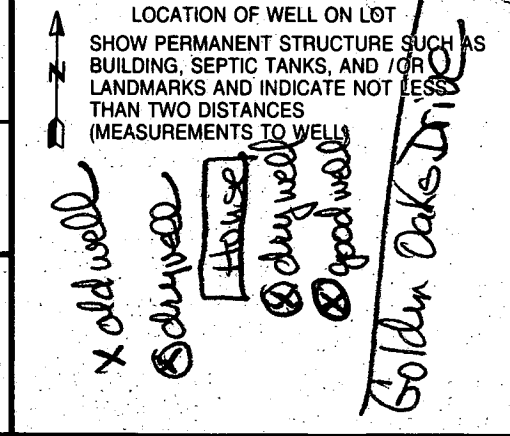
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 335 ft.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47



Date: 01/09/2003

County File No. _____

Review _____

RN

**FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST**

Maryland Well Permit No. HD-94-3618 Election District _____

Location of Property (road) 12613 Golden Oaks Drive

Subdivision Triadelphia Woods Lot 21 Block _____ Plat _____ Sec. _____

Well Driller Dana Kyker Jr. III Owner Stuart Mitchell

Depth of Well 405 feet

Distance of Measuring Point (M.P.) above ground 2 feet

Static Water Level (S.W.L.) below M.P. 51 feet

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12GPM

Total time 1 1/2 hr to reach pumping water level 352 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:15	51'	5 sec.		12
8:30	116'	5 sec.		12
8:45	177'	6 sec.		10
9:00	234'	6 sec.		10
9:15	285'	7 sec.		8.5
9:30	352'	30 sec.		2
9:45	351'	30 sec.		2
10:00	350'	30 sec.		2
10:15	349'	30 sec.		2
10:30	347'	30 sec.		2
10:45	345'	30 sec.		2
11:00	343'	30 sec.		2
11:15	341'	30 sec.		2
11:30	339'	30 sec.		2
11:45	338'	30 sec.		2
12:00	337'	30 sec.		2
12:15	336'	30 sec.		2
12:30	335'	30 sec.		2
12:45	335'	30 sec.		2
1:00	335'	30 sec.		2
1:15	335'	30 sec.		2
1:30	335'	30 sec.		2
1:45	335'	30 sec.		2

B 1 **6244**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
W518046 please type

STATE PERMIT NUMBER

HO-94-3618
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

MITCHELL **STUART**
15 Last Name Owner First Name 34

12613 GOLDEN OAKS DRIVE
36 Street or RFD 55

ELLICOTT CITY MD. 21042
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

RONALD KYKER **M W D 296**
Driller's Name 76 License No. 81

WESTMINSTER WELL DRILL, INC
Firm Name

P.O. BOX 861 WESTMINSTER MD. 21157
Address

Ronald Kyker **DEC 27 02**
Signature Date

B 3

LOCATION OF WELL

HOWARD
8 COUNTY 21

TRIADELPHIA WOODS
23 SUBDIVISION 42

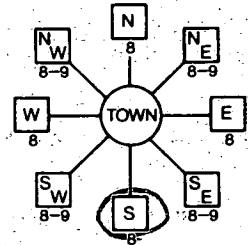
SECTION LOT
44 46 48 50

WEST FRIENDSHIP
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GOLDEN OAKS DRIVE
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

125
34 DISTANCE FROM ROAD 37
ENTER FT. OR MI 38 39

TAX MAP: 22 BLK: 6 PARCEL: 528

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 500 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 **A 38467**
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **01 02 03** *Kaee Noonan d/02/03* 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **527 000** EAST GRID **813 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

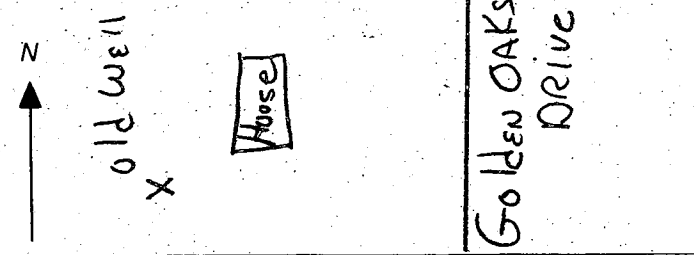
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE
E 810
N 5207

*1-9-03 8AM
3hr pump + ground
WELL
Well 405 deep
Casing 57.5'
Annular 56'
22 bags cement
SO*

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 _____
PERMIT No. **HO-94-3618**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

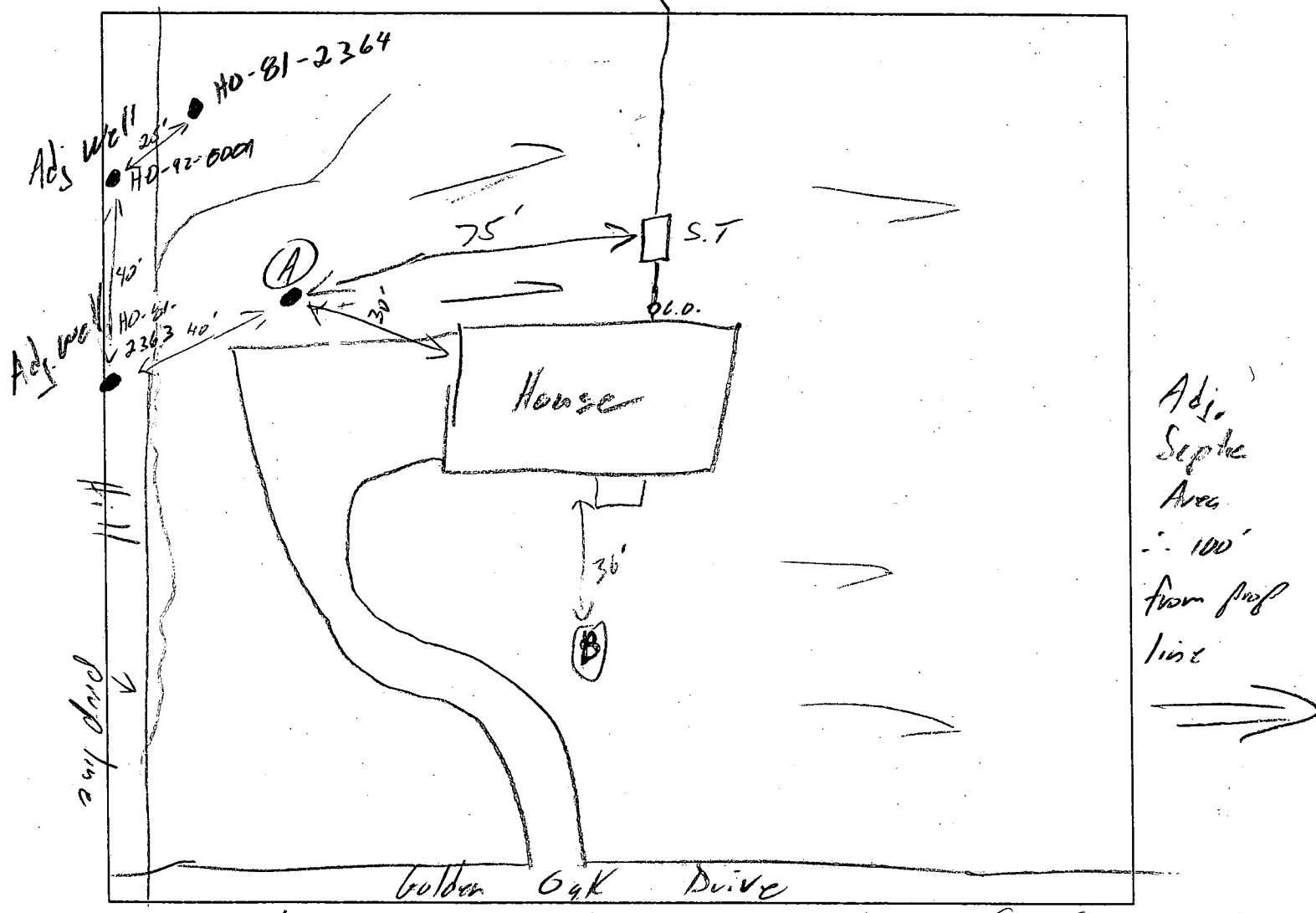
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

12/27/02
2:00

SITE INSPECTION SHEET

OWNER: Mitchell PHONE #: (410)
ADDRESS: 12613 Golden Oak Dr CONTRACTOR: Kyker 826-1911
WELL TAG #: HO-94-3618
SUBDIVISION: Triadelphia Woods LOT: 21 COUNTY #: _____
PROPOSAL: Existing Well Has Low Yield, Request Replacement Well

LOCATION DIAGRAM



COMMENTS: 12/27/02 2 replacement site chosen - (A) & (B). Noted two dry well drilled when house was new. OK to drill (A) 75' from Septic Tank. Current well has no conn on back of house (D)
1/2/02 Two wells drilled, both dry, choose additional areas (D)

DATE: 12/27/02 INSPECTOR: [Signature]

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

FAXED
FEB 5 2003
BY: _____

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: RL Feezer Co, Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville, Md. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*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: Mr + Mrs. Stuart Mitchell Telephone #: 301-596-9606
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3618
Site Address: 12613 Golden Oak Drive
Ellicott City, Md. 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Starite Make: Campbell Two piece watertight cap:
Model #: SP4DOAH Model#: PAB00 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 405 (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

Piping to house **House Connection**
Type: 1" POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 1 (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: Robert L. Feezer date: 2/6/02

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

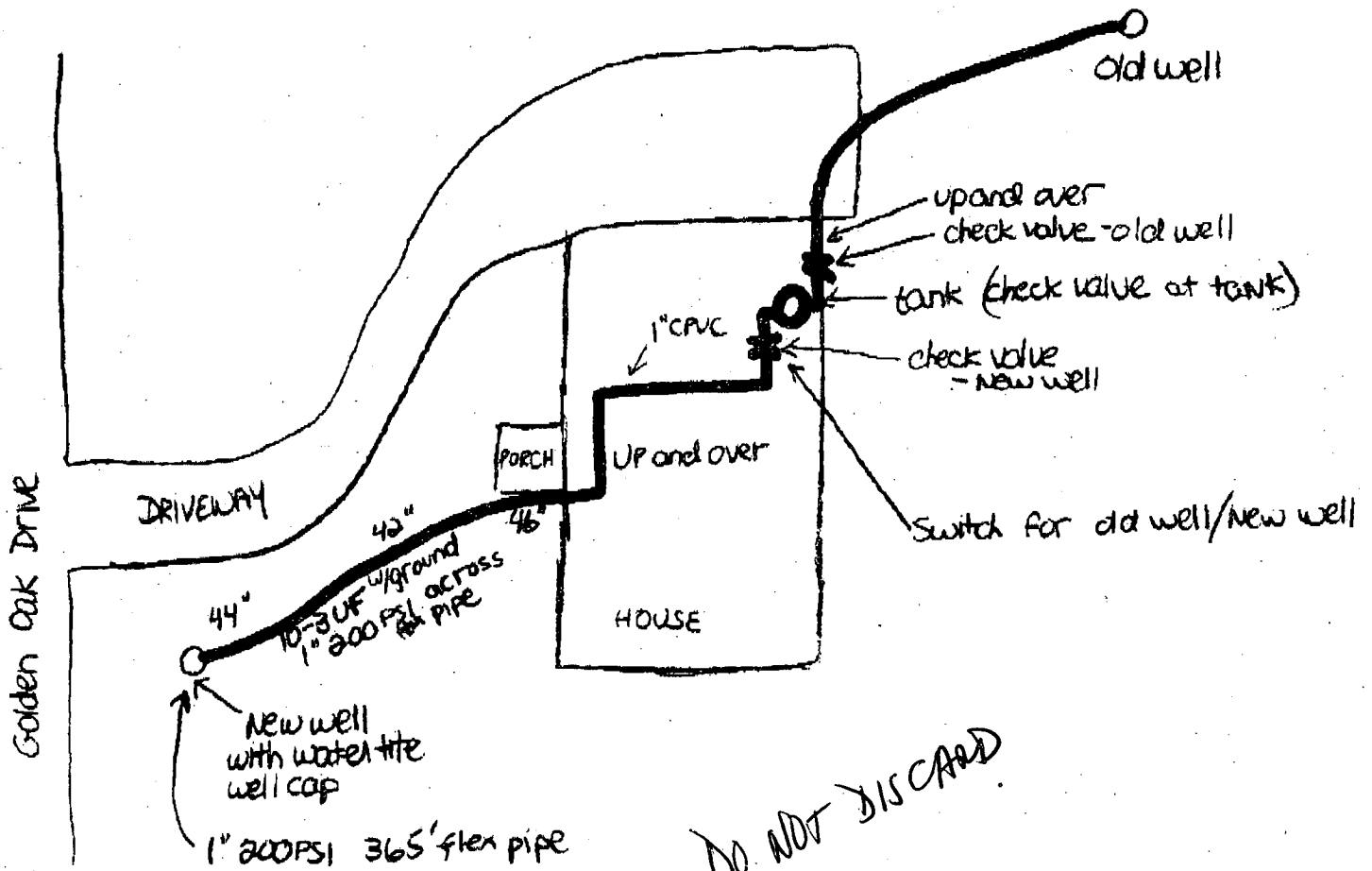
Date Insp. Requested: 2/7/03 Date Insp. Approved: 2/7/03 **SRK**
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside 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

ROBERT L. FEEZER CO., INC.

WATER SUPPLY & WATER CONDITIONING EQUIPMENT
8321 BARNETT AVENUE SYKESVILLE, MARYLAND 21784
(410) 781-4655 (410) 795-1405

Mr + Mrs. Stuart Mitchell
12613 Golden Oak Drive
Ellicott City, Md. 21042

301-596-9606



DO NOT DISCARD

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

Triadelphia Woods
Section One, Area One, Lot 21

The Patuxent Land Co.
(Name)

P.O. Box 208

Clarksville, Md. 21029-1325
(Address)

HO 81 2364

(OEP Well Permit Number)

(Date)

POTTS

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 # 42337
Date 8/15/88
Name of Installer MARINO P+H INC. Telephone 747-5615
License number M-3095
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Potts + Adair Home Bldg Telephone _____
Subdivision Triadelphia Woods Lot # 29 Well tag # HQ-81-2582
Site Address 12613 Golden Oak Drive
Ellicott City Md. 21043

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # TEH05412
4. Capacity 10 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 _____
3. Voltage 240
a. 110 _____
b. 220
Pitless Adapter
1. Make BRASS 1"
2. Model # 1"
3. Depth 42"

Tank
1. Capacity WX 302
2. Pressure relief valve? YES
Piping
1. Type 1" 60lb.
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"
Well data
1. Depth 200 ft.
2. Yield 10 GPM
3. Static water level 32' ft.
4. Will water supply be disinfected by installer? By Bldr.
8/18/88 OK TO COVER OUTSIDE WORK, R.H.

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: Joseph D. Marino
Date: 8-12-88

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

C1 1973 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-38467

DATE Received

DATE WELL COMPLETED 1/13/87

Depth of Well

185 (TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-81-2364

OWNER PARSONS LAND CO.

STREET OR RFD GOLDEN OAK RD. TOWN

SUBDIVISION TRIADOLPHIA WOODS SECTION LOT 21

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, 0-35, Carry these back 35-185, 2 Dry Wells 400, 400, Filled in with Cement + drilling materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 816 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE SI Nominal diameter top (main) casing (nearest inch) 60 Total depth of main casing (nearest foot) 40

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

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

DEPTH (nearest ft.) 185

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 40 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)

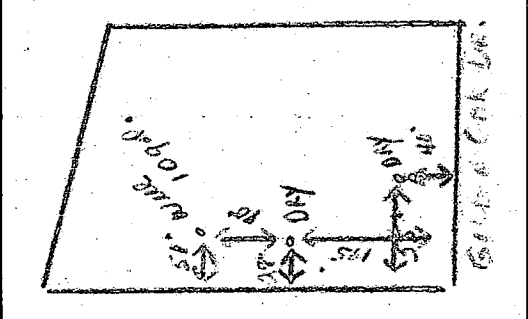
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 238 DRILLERS SIGNATURE 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

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 **9343** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type.

OEP PERMIT NUMBER
HO-81-2364
 fill in this form completely

Date Received **093088**
 OWNER INFORMATION
FRANKLIN T. HARRIS Last Name Owner First Name
CLARKSVILLE MD 21029 Street or RFD Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
PHILADELPHIA WOOD SUBDIVISION
 SECTION **21** LOT **21**
GLEBELE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
Joseph L. Maynor Driller's Name
Joseph L. Maynor Well Drilling Firm Name
5512 Millicent Rd. Mt. Airy 21771 Address
Joseph L. Maynor Signature **9/25/87** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **GOLDEN OAK DR.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **40** FT or MI **FA**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **520**

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-38467 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **102687** CO SIGNATURE **Sidney Webb** EXP. DATE **04-25-88**
 NORTH GRID **5260.0.0** EAST GRID **C813000**

APPROXIMATE DEPTH OF WELL **260** FEET

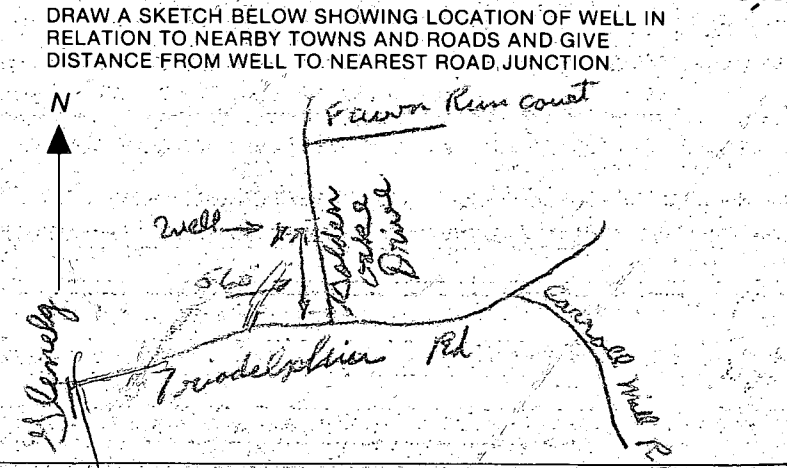
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

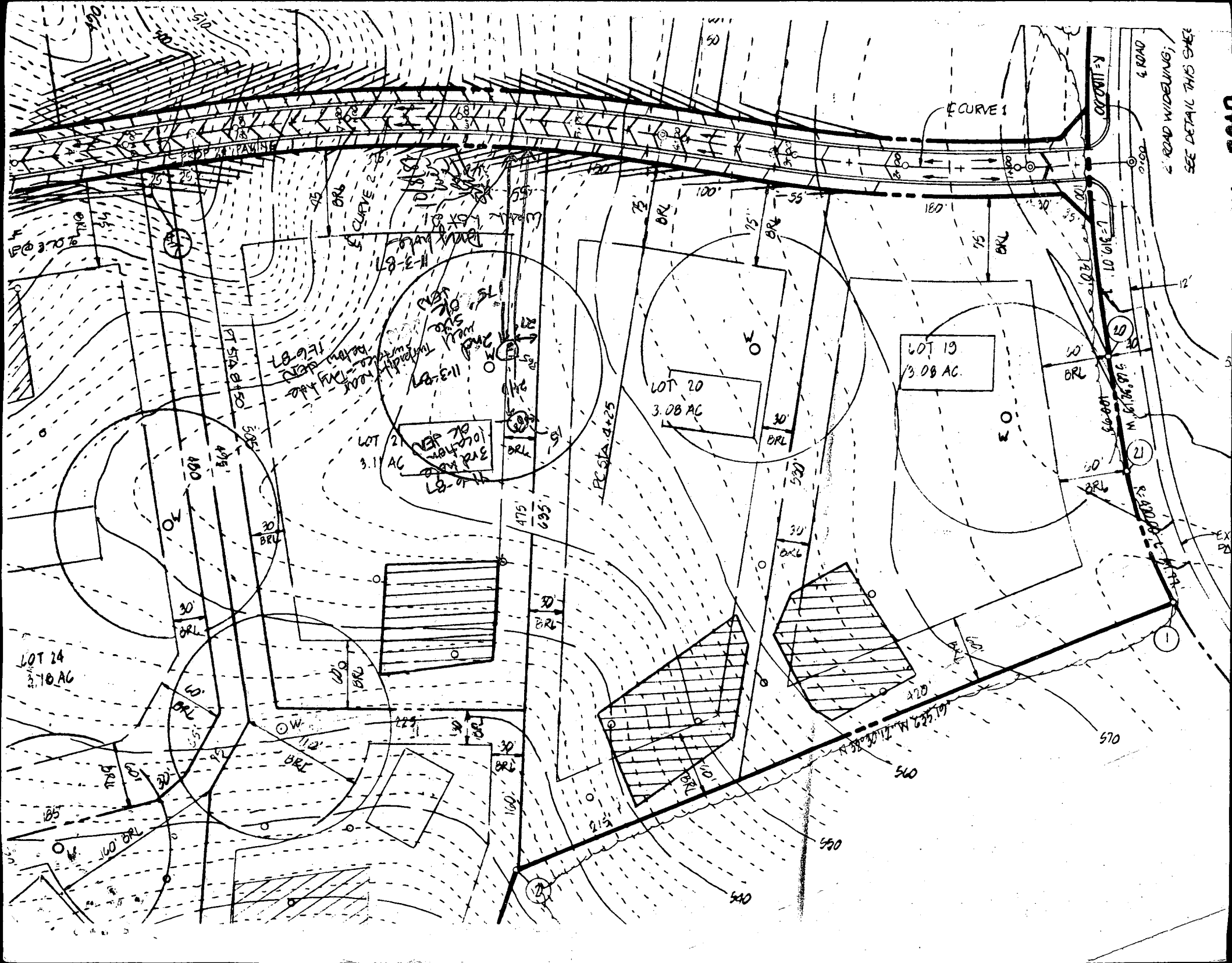
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 **5A** WRITE INITIALS IN BOX PERMIT No. **HO-81-2364**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **813**
 N **526**
 11/17/87 NOT GROUTED RH
 GROUT DELAYED TIL 11/21 UNABLE TO ACCESS SOONER DUE TO WET GROUND, NO INSP., DRILLER REPORTS 40' CASING 9 BAGS CEMENT 35' OPEN





SEE DETAIL THIS SHEET

CURVE 1

R-1110000

ROAD WIDENING

LOT 19
3.08 AC.

LOT 20
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LOT 2
3.11 AC

LOT 24
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