

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-312534

DATE 9/13/89

DATE SYSTEM APPROVED 10/11/89

INSPECTOR M. R. Stein

INDEXED

P 44948
A 38468

10/16/87
10/11/89
+ 3.00
ASAP

~~C. C. Cissel~~ Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Triadelphia Woods ROAD 12619 Golden Oak Dr. LOT 22

PROPERTY OWNER Kembrido Associates, Inc.

ADDRESS Joseph + Mary Tomarchio

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet
Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original
grade. Effective area begins at 4 feet below original grade. 4 feet of stone
below distribution pipe. OK TO MAKE HIGHER 2 TRENCHES
LOCATION - Start the first trench 70 feet from the right (520') lot line and 120 feet
from the front (266') lot line. Run trenches along contour toward right side
of lot.

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

9 FT DEEP WITH 5 FT OF STONE PER RH 10/10/89

PLANS APPROVED BY C. Williams J. Thomas DATE 3/09/89

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

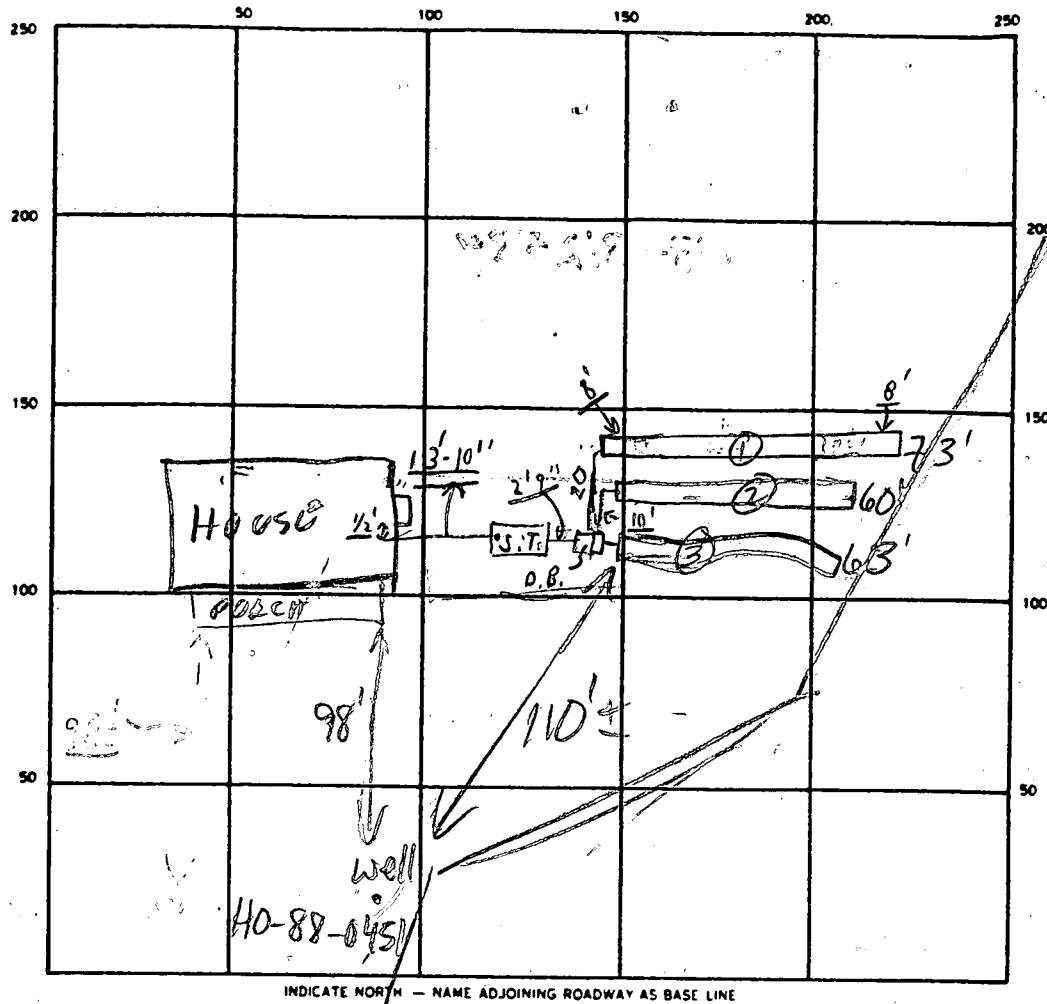
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION 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

OLD PERMIT SIGNED
AND RETURNED 4-16-98
Serial # 03111274
Inspector PHH

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
38468



SEPTIC TANK LEVEL OK 2000 GAL CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL (OK - Baffles in in)

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

EFFECTIVE GRAVEL DEPTH 4 5/8 FT. TOTAL LENGTH 73' 60' 63' 196 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 292 300 315 SQ. FT.

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

ABSORBENT AREA 908 SQ. FT.

REMARKS AM 10/10/89 TRENCH #1 STARTED TANK SET ← partial 10/10/89
P.M. OK TO COVER FROM HOUSE TO TANK AND TO 1' OF DIST. BOX; AND #1
TRENCH TO LAST 10' PARTIAL.
10/11/89 #1 OK TO COVER TRENCH #1, FIRST 50' OF #2 MR
10/11/89 #2 OK TO COVER ALL WORK MR

DATE SYSTEM APPROVED 10/11/89 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 38468

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.

424-7287

PROPERTY OWNER ~~Patuxent Land Co. Inc~~ KEMBUDA ASSOC INC

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

LOT 22 Prelim.

SUBDIVISION Triadelphia Woods LOT NO. 422 6/29

ROAD AND DESCRIPTION Triadelphia Rd on right 1/2 mile
West of Carroll Mill Rd. 12619 Golden OAK DR.

TAX MAP 22 PARCEL # 528

SIZE OF LOT 3+ Acre 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 &

lot line d's s. held

BUDG. PERMIT: SIGNED
AND RETURNED 12-4-89
BP 24690 84

THIS IS NOT A PERMIT

SOIL PROFILE

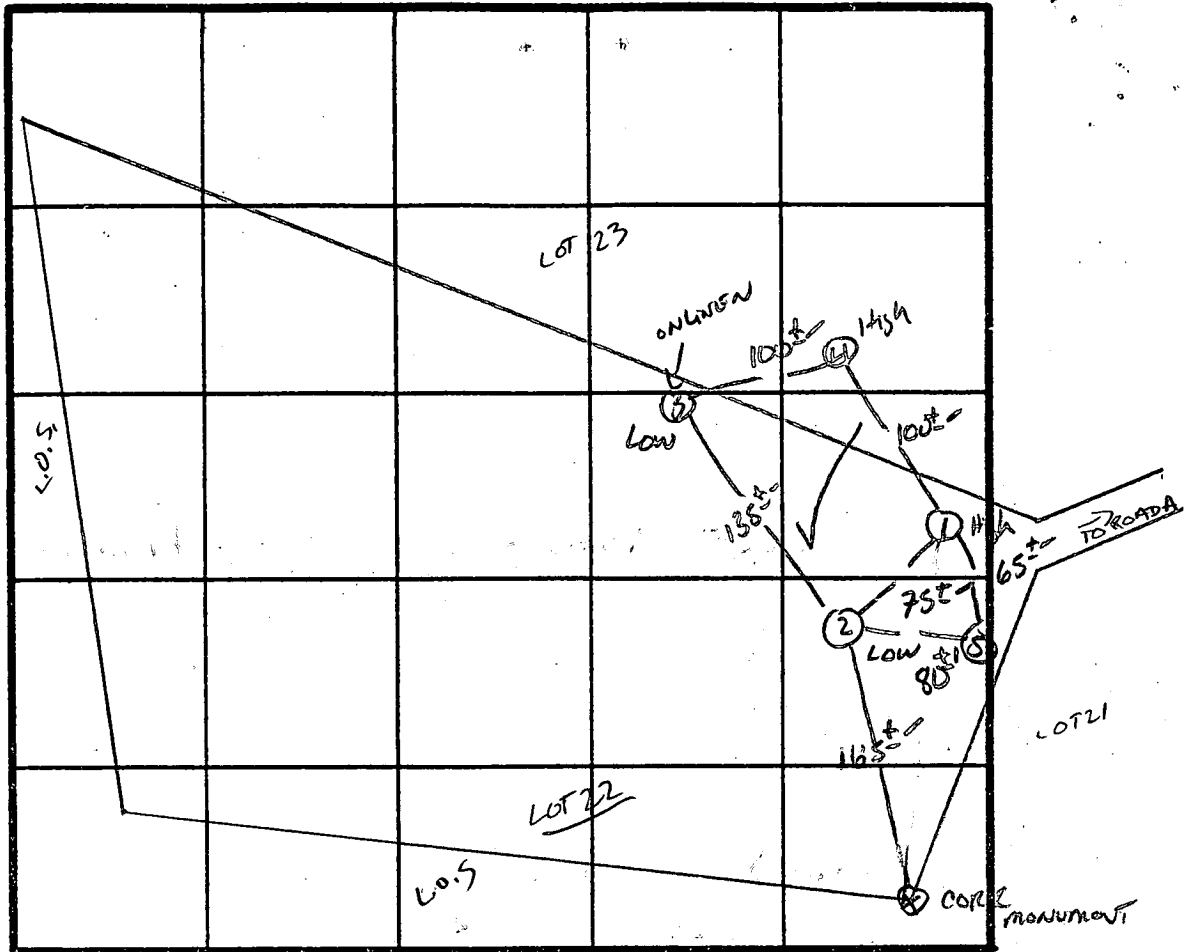
⑤
① ② ③ ④

4" 12-13"

41-3

Yellow BR
Silt loam
9-12% clay
15-20%
FRAGS

4 Yellow BR
Silt loam
20-25%
FRAGS
Highly
micaceous



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/87	1 S V	4.5" 12.0"	12:19	12:30	12:30	12:51	21 min
	2 S V	4.0" 13.0"	12:26	12:28	12:28	12:34	6 min
	3 S V	4.5" 12.5"	12:56	12:57	12:52	12:59	2 min
	4 S M	4" 8"	1:09	1:10	1:10	1:13	3 min
	4 V	8"	1:08	1:09	1:09	1:11	2 min
	4 V	12"	UNIFORM	Soil Below 4"			
	5 V	12.5"	UNIFORM	soil below 4"			

X PERC
7 min
170%
INLET 4"
BOTTOM 8"

REMARKS HOLES DIFF THAN PLAT & CROSSES LOT LINE TO 23 WILL NEED LINE ADJUST.

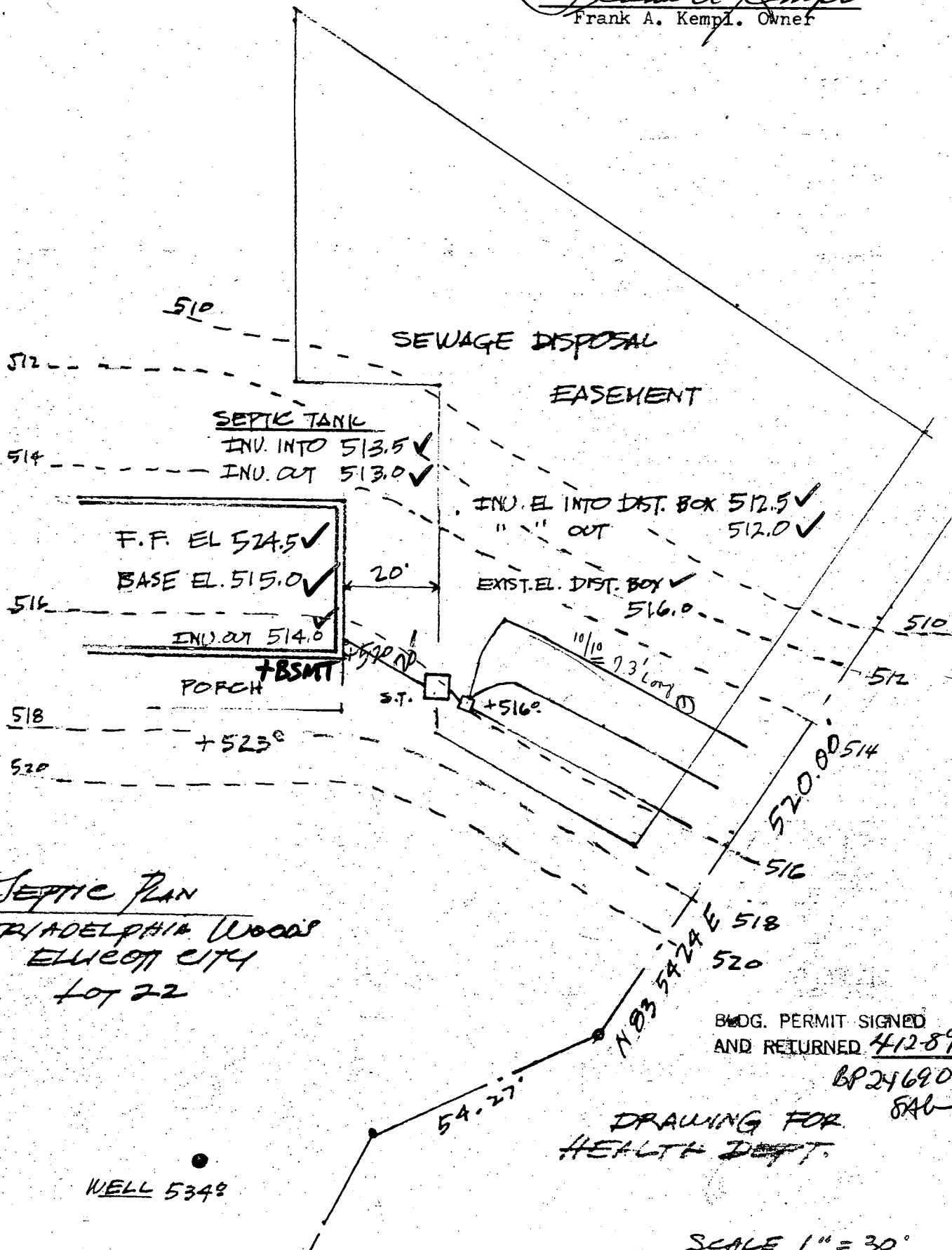
TYPE OF SOIL MANOR

TESTED BY S. Abel

ALSO PRESENT Neil, Jim, RICHARD RICK

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

Frank A. Kempf
Frank A. Kempf, Owner



SEPTIC PLAN
TRIADELPHIA WOODS
ELWOOD CITY
LOT 22

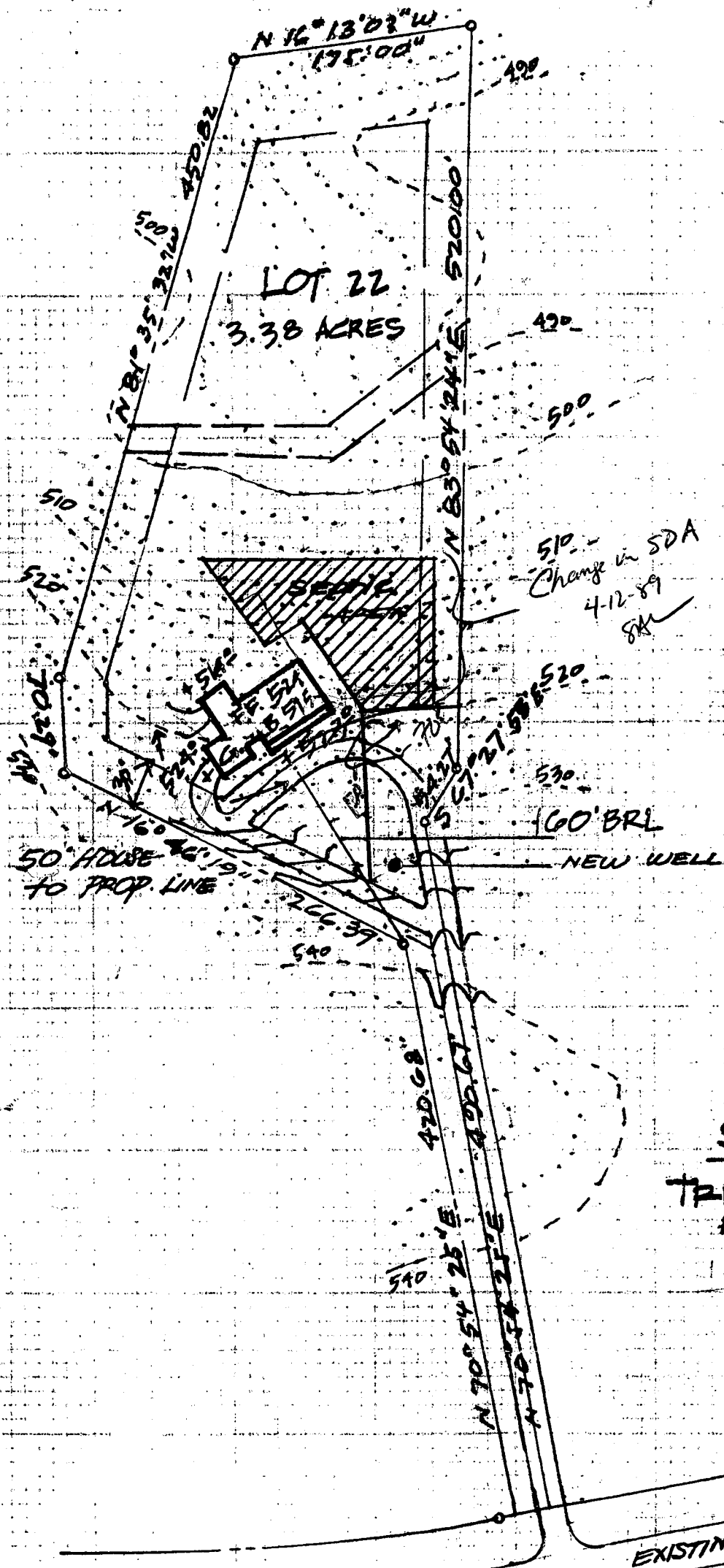
BUDG. PERMIT SIGNED
AND RETURNED 4-12-89

BP24690
SAB

DRAWING FOR
HEALTH DEPT.

SCALE 1" = 30'

Health Dept



SITE PLAN
TRIADDELPHIA WOODS
ELLCOTT CITY.
LOT 22

KEMBRIDO ASSOCIATES
 1731 REDGATE FARMS CT.
 ROCKVILLE 20850
 SCALE 1" = 100'

B 1 **5907** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

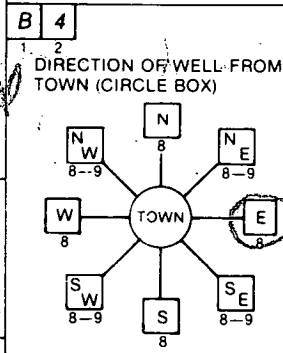
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0451
 fill in this form completely

Date Received (APA) **012489**
 OWNER INFORMATION
KOMAR **AD** **AGS** **OC** **147** **CS**
 Last Name Owner First Name
1731 **Redgate Farms Ct**
 Street or RFD
ROCKVILLE **MD** **20850**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
TAINDELPHIA WOODS SUBDIVISION
 SECTION **44** LOT **22**
CIENELEIGH NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
FRANK DeLph Driller's Name
455 License No. 80
FRANK DeLph Well Drilling Inc Firm Name
18234 Pennington Rd Mt Airy MD Address
Frank DeLph Signature **2/22/89** Date



TRT DeLph NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A38468** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **030989** **Craig Williams** 9/9/89
 NORTH GRID **813000** EAST GRID **0526000**

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)

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

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 _____

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 **66** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0451**

SPECIAL CONDITIONS
424-7287 - KEMP, FRANK

GROUT NOT OBSERVED
 X well
 5 BAGS
 24 FT. CASING
 19 FT OPEN
 2 FT CASING A.C.
 VTAG OK MR 3/20/89
 FRidelphia Rd

C1 2257 SEQUENCE NO. (DENY 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 A38468

DATE RECEIVED

DATE WELL COMPLETED 3/28/89

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-88-0458

OWNER KEMBRIDGE ASSOCIATES STREET OR RFD last name GOLDEN OAK DR first name TOWN GLENELB SUBDIVISION TRIADAPLINA WOODS SECTION LOT 22

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. Rows include Top Soil, shale, MIKA, Sandstone, MIKA, Sandstone, MIKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 36 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 18 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter. Total depth CASING top (main casing of main casing TYPE (nearest inch) (nearest foot) PL 60 61 63 64 66 70

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

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

DEPTH (nearest ft.) EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

CIRCLE APPROPRIATE LETTER 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. 453

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

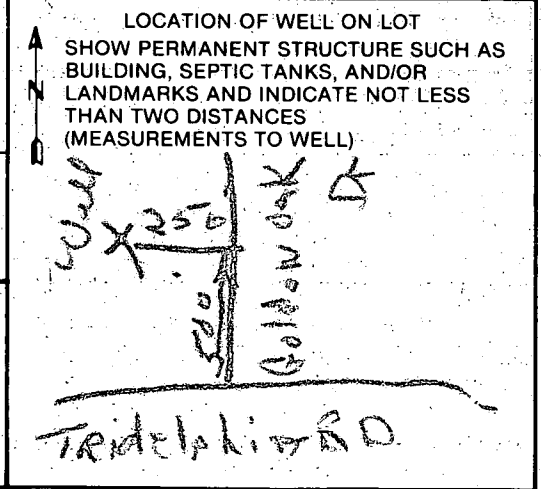
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE T.M.K.T WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 165 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 (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (nearest foot)



COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0451
 Location of property (road) Golden Oak Dr
 Subdivision Tridelphia Woods Lot 22 Block Plat Sec
 Well Driller FRANK DELPH Owner Ken Brido Associates

Depth of well 325' ft
 Distance of measuring point (M.P.) above ground 1 ft
 Static water level (S.W.L.) below M.P. 35' ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 106 P.M
 Total time 1 hr to reach pumping water level 265 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	265'	60 sec	N/A	1
8:45	265'	"		1
9:00	265'	"		1
9:15	265'	"		1
9:30	265'	60 sec		1
9:45	265'	"		1
10:00	265'	"		1
10:15	265'	"		1
10:30	265'	"		1
10:45	265'	60 sec		1
11:00	265'	"		1
11:15	265'	"		1
11:30	265'	"		1
11:45	265'	"		1
12:00	265'	60 sec		1
12:15	265'	"		1
12:30	265'	"		1
12:45	265'	"		1
1:00	265'	"		1
1:15	265'	60 sec		1
1:30	265'	"		1
1:45	265'	"		1
2:00	265'	"		1
2:15	265'	60 sec		1
2:30	265'	60 sec		1

21 PT PL 18' open 6' Bore

10/11/89

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 # 44794
Date 7/27/87

Name of Installer Andrew Poth

Telephone 531-3311

License number 4450

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Kiembidor Assoc. II Telephone 424-7287

Subdivision Triadelphia Woods Lot # 22 Well tag # HO-88-0451

Site Address 1219 Golden Oak Dr. Rd
Ellicott City, Md 21117

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet <input checked="" type="checkbox"/>	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Grundfos</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <input checked="" type="checkbox"/>		

Tank

1. Capacity 100 gal.

2. Pressure relief valve? Yes

10/11/89 PTA. NOT IN MR

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

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).

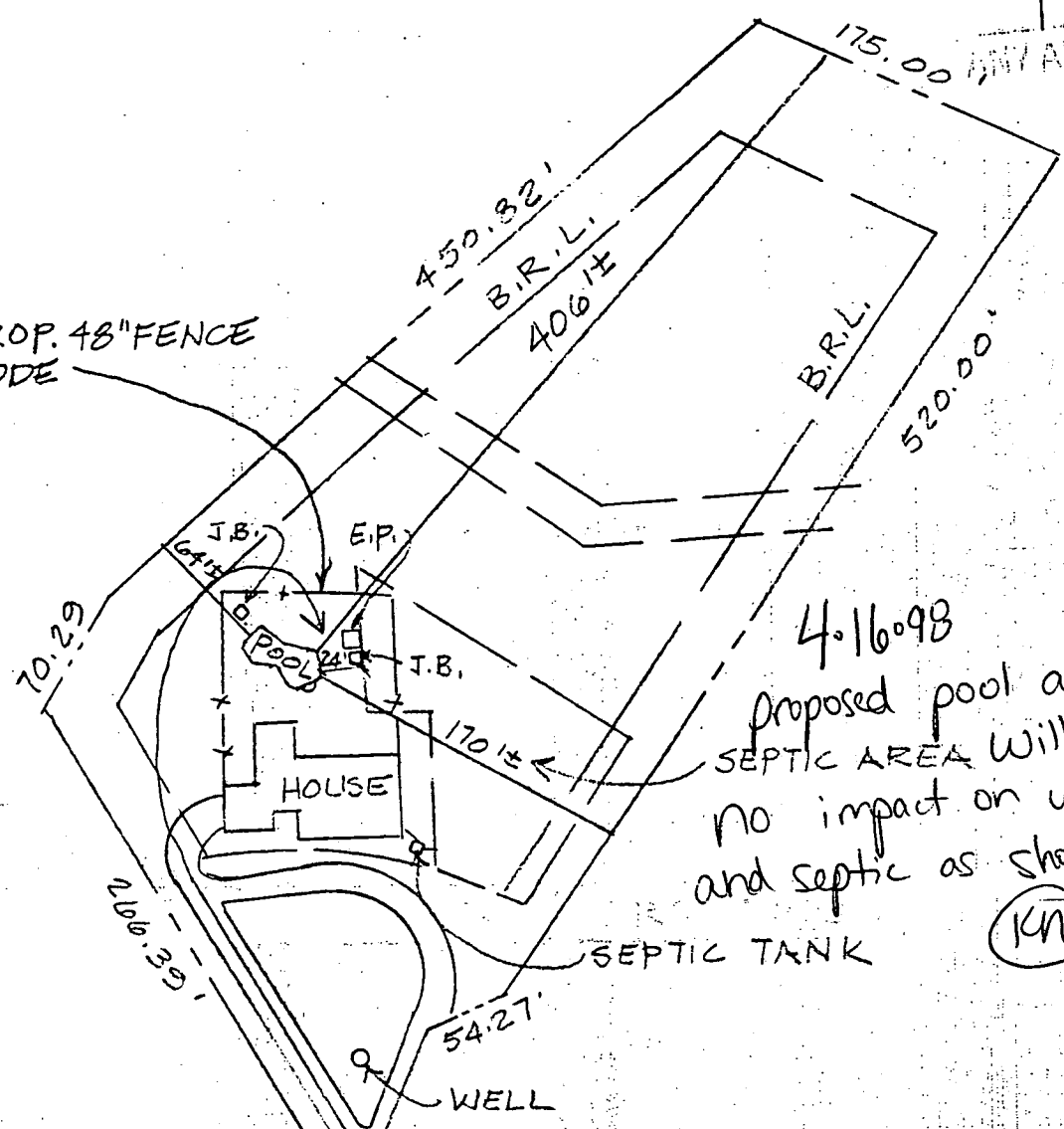
All information given above is true to the best of my knowledge.

Signature of Applicant: Robert J. Appleton
Date: 7/20/89

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

HOURS OF
ANY ADDITIONAL H

PROP. 48" FENCE
CODE



450.82'
B.R.L.
406'H

B.R.L.

520.00'

70.29'

206.39'

54.27'

WELL

170'H

HOUSE

POOL

J.B.

E.P.

J.B.

SEPTIC TANK

4.16⁰⁹⁸

Proposed pool and deck
SEPTIC AREA will have
no impact on well
and septic as shown

(KNO)

LOT 22
3.38 ACRES

GOLDEN OAK DRIVE

SCALE: 1"=100'

1/9