

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 GOLDEN OAK DR

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK BAFFLE IN
 DRAIN FIELD/TILE FIELD. DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 070 @ 110 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0280 @ 440 SQ. FT.
 DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS 3/15/90 ADD 10' TO TRENCH ①, 38' TO TRENCH ②;
DB NOT IN CORRECT LOC, TRENCH ① TOO CLOSE TO WELL;
ALREADY GAVE OK TO CONTINUE BEFORE ERROR REALIZATION MR
3/16/90 MAINTAIN ① AT 80', DIG ② TO 100' + CONTINUE
3/23/90 OK TO COVER ALL, AFTER ADDING ANOTHER 17' ON
TRENCH ② MR.

DATE SYSTEM APPROVED 3/26/90 INSPECTOR M. Rifkin

TRIADDELPHIA WOODS
GOLDEN OAK DRIVE

A 38475

SUBDIVISION:

LOT NUMBER: 25

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 2' wide. 180 sq. ft./bedroom
 Inlet 3 1/2 feet below original grade. *4BR no garbage Disposal*
 Bottom maximum depth 7 1/2 feet below original grade.
 Effective area begins at 3 1/2 feet below original grade.
4 feet of stone below distribution pipe. **BUDG. PERMIT SIGNED AND RETURNED**

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM LOT CORNER COMMON TO LOTS 23, 24, AND 25, START FIRST TRENCH 270' DOWN THE LEFT LOT LINE (510') AND 260' OFF THIS SAME LOT LINE. RUN TRENCHES IN BOTH DIRECTIONS ALONG CONTOURS.

MR 2/13/89

APPLICATION

PERCOLATION TESTING

A 38475

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 Paluxent Land Co., Inc. Fred J. Weaver

ADDRESS 10320 Kethedrum Ct., E.C., Md. PHONE 531-5539
465-4679

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. LOT 25 Prelim. 226 6/89

ROAD AND DESCRIPTION Triadelphia Rd on right 1/2 mile
west of Carroll Mill Rd. "GOLDEN OAK DRIVE"
E.C., Md.

TAX MAP 02 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. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-11-87 PERC SATISFACTORY; HOLD FOR SUBDIVISION PERM + LOT LINE

D'S S. ABY

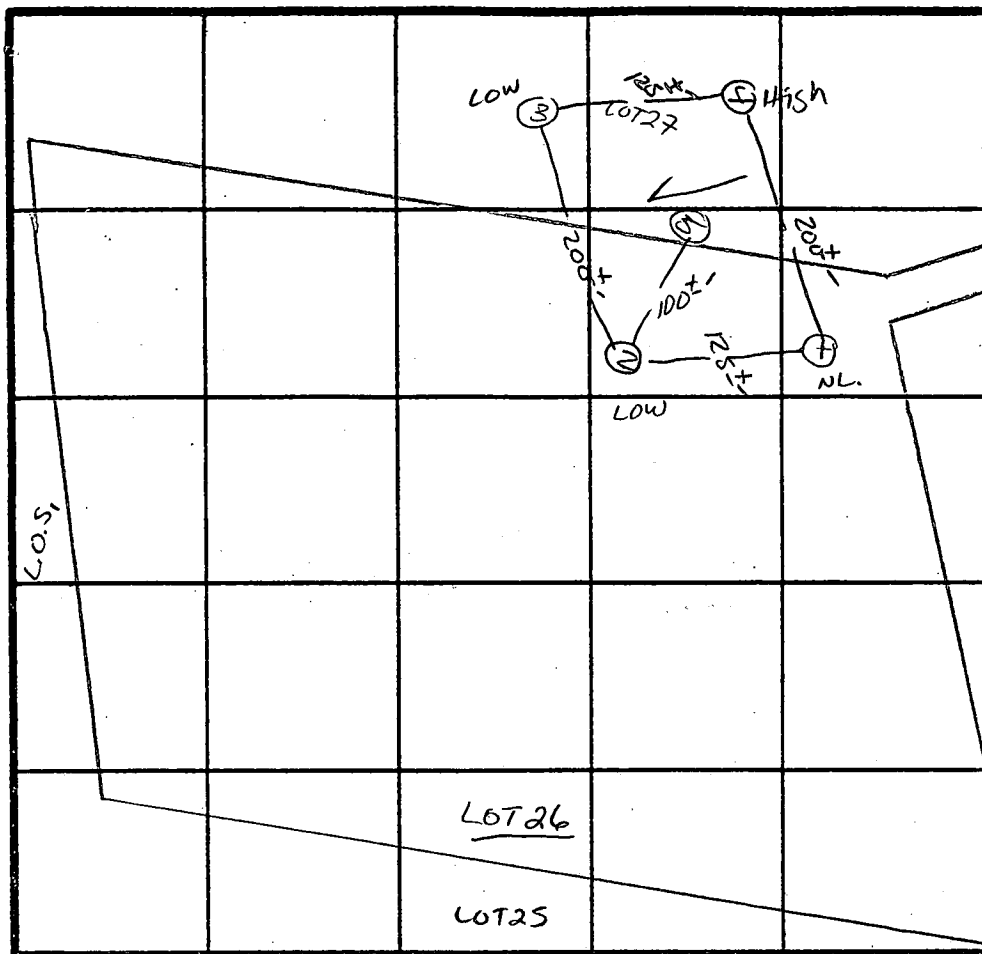
THIS IS NOT A PERMIT

④ ③
① ② ⑤
SOIL PROFILE

0
6"
3.5-
4.0
12-13'

A1-3
Yellow BR
Silt loam
9-12% clay
61% fine ss

Yellow BR
TO 17"
Silty SAND
LOAM
Highly
micaceous
25-30%



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/11/87	1V	12.5'	uniform soil below 4'				
	2S	4'	10:27	10:29	10:29	10:35	6 min
	2V	13'	uniform soil below 3.5'				
	3S	4'	10:42	10:43	10:43	10:45	2 min
	3V	12.5'	uniform soil below 3.5'				
	4S	4'	10:33	10:35	10:35	10:41	6 min
	4M	8.5'	10:32	10:34	10:34	10:37	3 min
	4V	13'	uniform soil below 4'				
	5V	12'	uniform soil below 4'				

REMARKS Holes DIFF THAN PLAT: Hole 3+4 TO BE COMMON HOLES LOT 26+27
Hole # 4 ORIGINAL PERC HOLE LOT 27

TYPE OF SOIL MAJOR

TESTED BY S. Abel

Neil, CRISS, Jim, RICHARD

ALSO PRESENT

3/29/90
4/16/90 LATE

FINAL
C.B.D.

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

40" ±
40" LINE

New Installation
Replacement

Receipt # 45201
Date _____

Name of Installer J. Jos. Gartland, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner C+J Homes, Inc.

Telephone 465-4679

Subdivision Triadelphia Woods Lot # 25

Well Tag # 40-88-0368

Site Address 12637 Golden Oak Dr.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 10E305422
- Capacity 10 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Howard
- Model # DT800
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? 75 PSI

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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: _____

Date: 11/7/88

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

WELL TAG # NO 88-0368

BP# 27174
C&J HOMES INC
FRED WEAVER 465-4679

LOT 25
TRIADDELPHIA WOODS
3RD ELECTION DIST
BLOCK # 5
ZONE R

AVAILABILITY OF PUB WATER + SEWER
WATER YES — NO X
SEWER YES — NO X

INV. INTO TRENCH 499.8

INV. INTO DIST BOX 500.0
LOT 23

INV. OUT OF ST 502.6

INVERT TO SEPTIC TANK 502.8
EXIST ELEV. AT SEPTIC TANK 505.0

INVERT OUT OF HOUSE 503.0

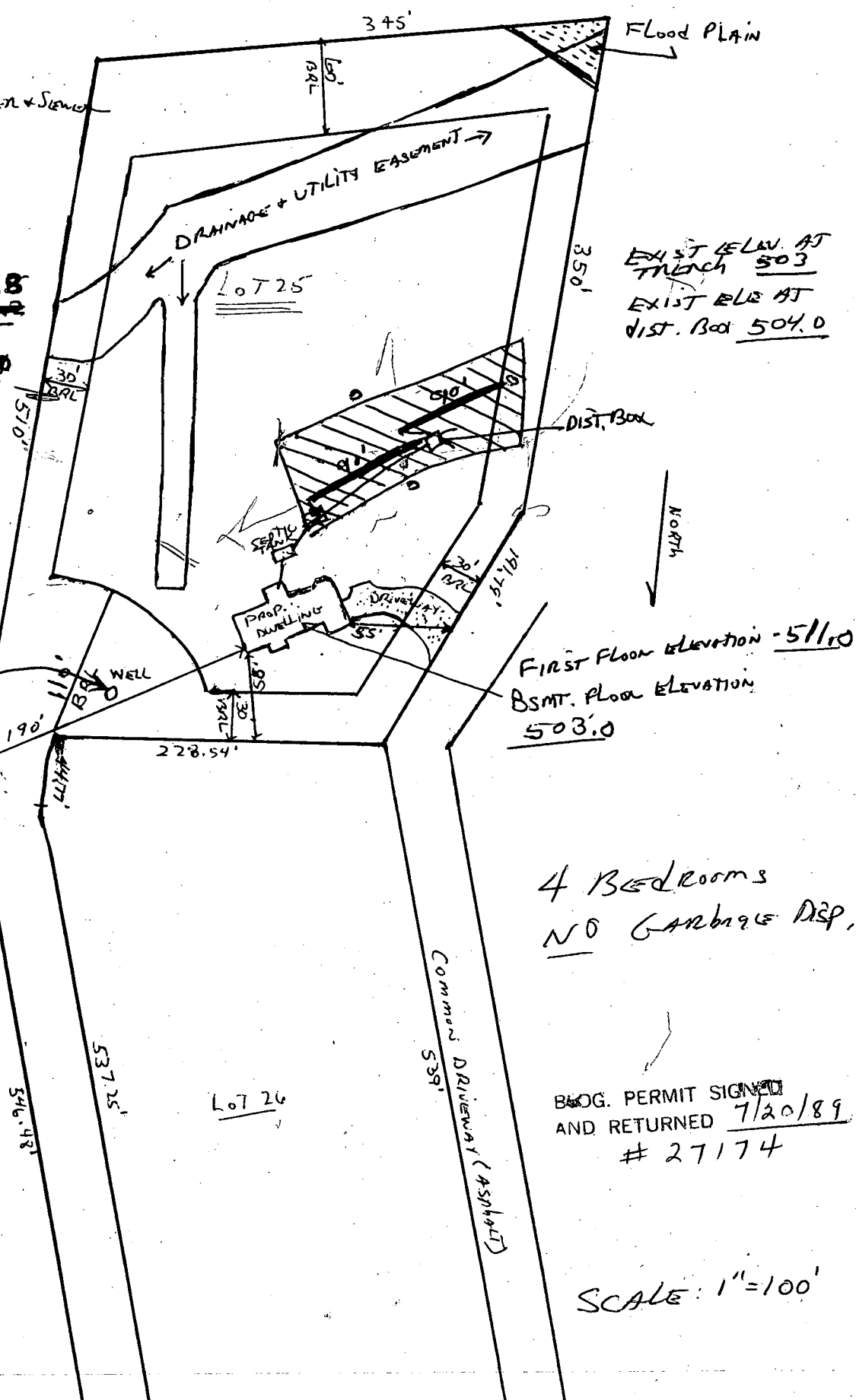
WELL ELEVATION 503.0

FIRST FLOOR ELEVATION - 511.0
BSMT. FLOOR ELEVATION 503.0

4 BEDROOMS
NO GARBAGE DISP.

BOG. PERMIT SIGNED
AND RETURNED 7/20/89
27174

SCALE: 1" = 100'



C1 6724 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# 38475

DATE Received
8 13

DATE WELL COMPLETED
01 15 98

Depth of Well
22 325 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
#0-88-0368

OWNER WEAVER FRED
STREET OR RD. GOLDEN OAK DR. first name TOWN GLENELG
SUBDIVISION TRT DELPNTA WOODS SECTION LOT 25

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 Stone	0	35	
Gray Mica rock	35	325	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
CEMENT NO. OF BAGS 9 NO. OF POUNDS 846
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE Nominal diameter (nearest inch) Total depth of main casing (nearest foot)
57 6 42

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

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

DEPTH (nearest ft.)
EACH SCREEN #0 40 325

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. 938

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

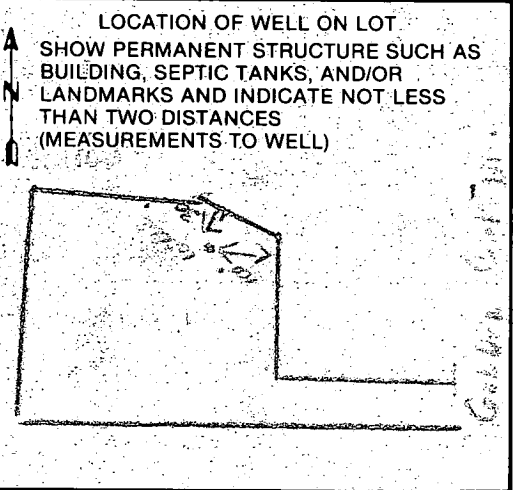
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
(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.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 27
WHEN PUMPING 255
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP 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: 29
CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) 50 51
 - below }



County

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0368
 Location of property (road) GOLDEN OAK DRIVE
 Subdivision TRIADELPHIA WOODS Lot 25 Block Plat Sec.
 Well Driller J. L. MAYNE Owner F. WEAVER

Depth of well 325
 Distance of measuring point (M.P.) above ground 1 1/2'
 Static water level (S.W.L.) below M.P. 27

I. High rate pumping -- reservoir drawdown

Time pump started 11:15 Pumping rate 12 G.P.M.
 Total time 45 min. to reach pumping water level 254 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)
11:30	128	5 sec	N/A	12 G.P.M.
11:45	197	5		12
12:00	254	6		10
12:15	254	30		2
12:30	255	30		2
12:45	255	30		2
1:00	255	30		2
1:15	255	30		2
1:30	255	30		2
1:45	254	30		2
2:00	254	30		2
2:15	254	30		2
2:30	254	30		2
2:45	254	30		2
3:00	254	30		2
3:15	254	30		2
3:30	253	30		2
3:45	253	30		2
4:00	253	30		2
4:15	253	30		2
4:30	253	30		2
4:45	253	30		2
5:00	253	30		2
5:15	253	30		2

HD-2245:30 253 30 2
 5:45 253 30 2 over →

Water Level

6:00 253

Pumping rate

30

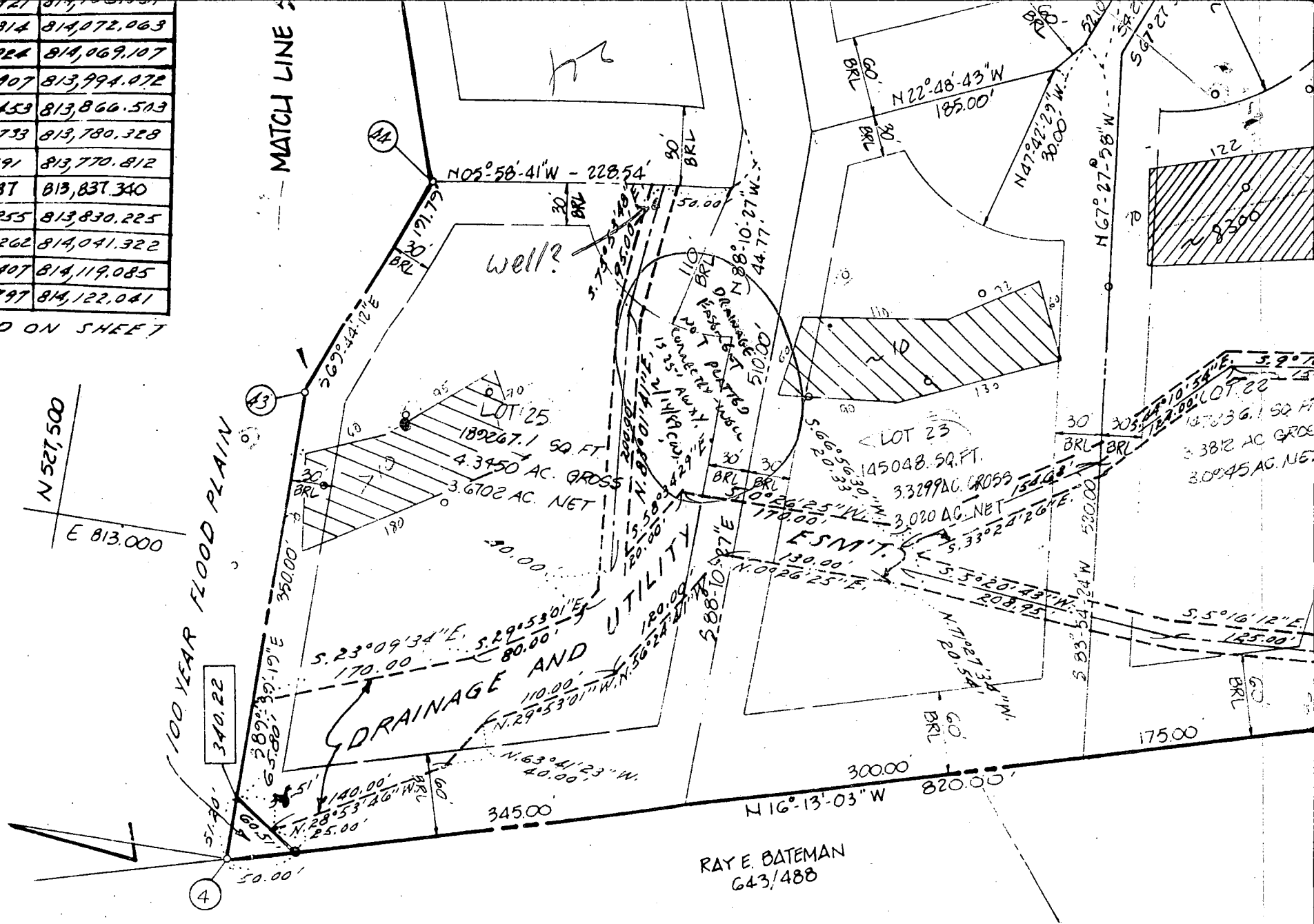
Gallons per minute

2

RECEIVED
JAN 7 10 43 AM '81
HOWARD
HEALTH

30	526,368.314	814,072.063
31	526,467.924	814,069.107
32	526,876.907	813,994.072
33	527,245.453	813,866.503
34	527,674.733	813,780.328
35	527,692.791	813,770.812
36	527,670.87	813,837.340
37	527,677.955	813,830.225
38	526,893.262	814,041.322
39	526,469.407	814,119.085
40	526,369.797	814,122.041

CONTINUED ON SHEET
3 OF 4.



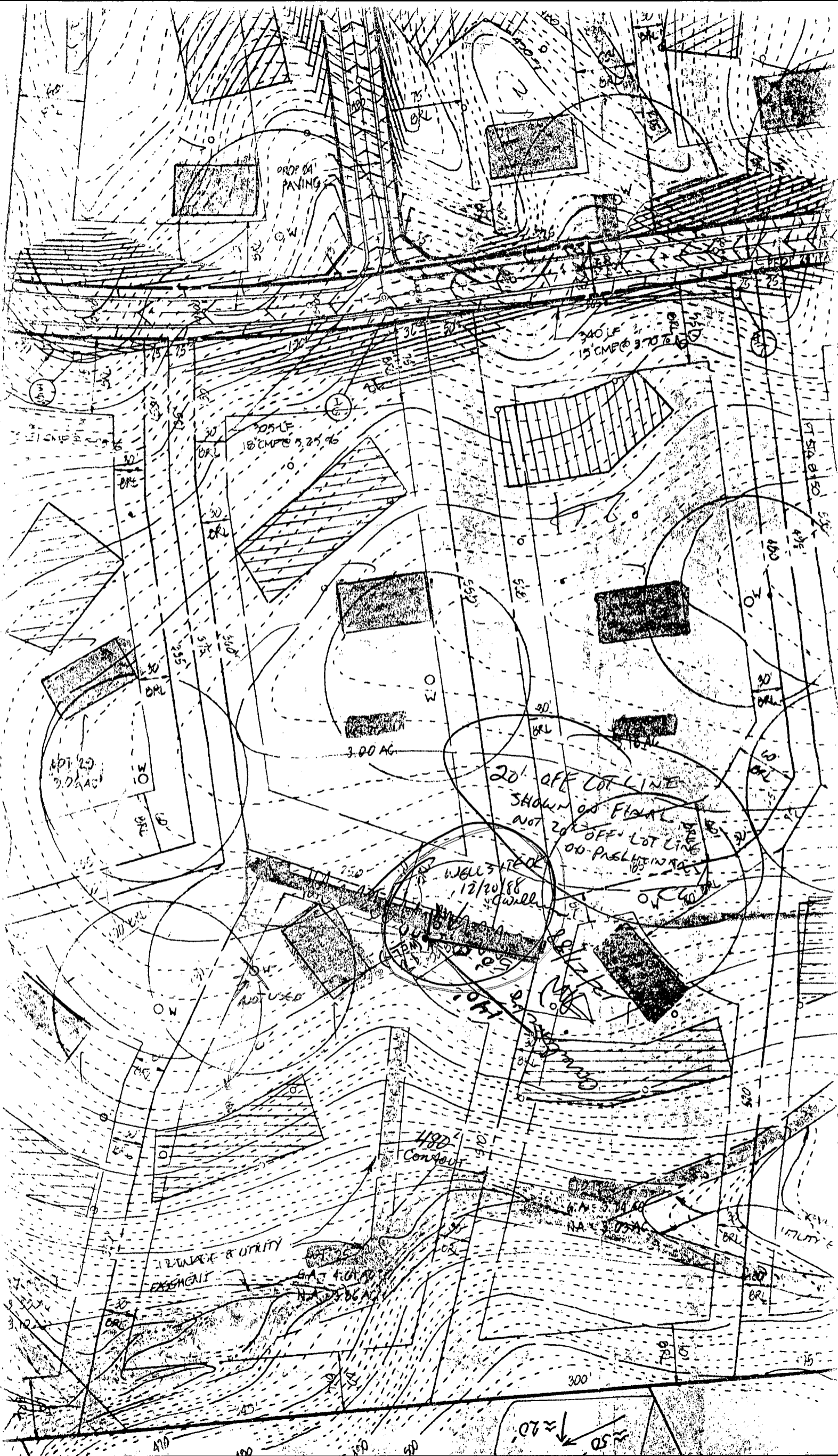
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

APPROVED: HOWARD COUNTY OFFICE _____

OWNER'S STATEMENT

We, PATUXENT LAND COMPANY, owners of the property and described hereon, hereby adopt this plan of subdivision, and in consideration of approval of this final plat by the Office of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns, 1) the right to lay, construct and maintain sewers, drains, water pipes and



PROP 84 PAVING

305 LF
18 CMPE @ 5.25%

340 LF
15 CMPE @ 3.70%

3.00 AC

20' OFF LOT LINE
SHOWN ON FINAL
NOT 20' OFF LOT LINE
ON PRELIMINARY

WELL SITED
12/20/88
Cowell

1190
Conduit

WATER & UTILITY
EXHENT

1190
Conduit

50' ≈ 10'

B 1 **7950** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

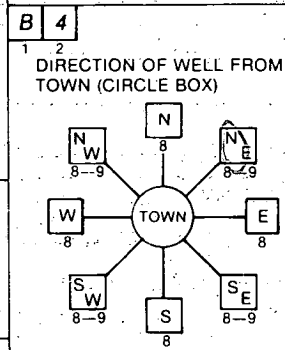
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0368
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **12/2/88**
WEAVER **FRED**
 Last Name Owner First Name
10320 KEEF LEBURN CT
 Street or RFD
ELLENDALE CITY MD 21113
 Town State Zip

B 3 **LOCATION OF WELL**
HOWARD COUNTY
FRIBURN WOODS SUBDIVISION
 SECTION **25** LOT **25**
OLENELE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
Joseph R. Wayne Driller's Name License No. **238**
Joseph R. Wayne Well Drilling Firm Name
5512 Ridge Rd. No. Arroyo, Md. 21771 Address
Joseph R. Wayne Signature **12/19/88** Date



Golden oak Drive NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **600** FEET
 ENTER FT or MI **FF**

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# 38475** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **12/28/88** CO SIGNATURE **Creighton** EXP. DATE **5/28/89**
 NORTH GRID **527000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **300** FEET

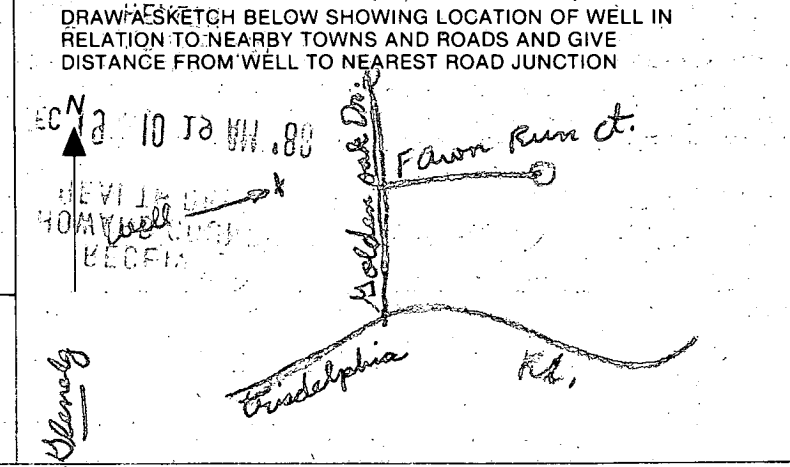
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CD** INITIALS IN BOX PERMIT No. **40-88-0368**

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
810
520



SPECIAL CONDITIONS _____
 COUNTY _____

