

8/8/01
12:00
Layout
8/10/01 → pm - Septic Final
8/13/01 - pm
8/9/01
Co. Followup
12:00

03-312755
PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 515978-A
A 38478
ISSUE DATE 8-8-2001
APPROVAL DATE 8-13-01

INDEXED

Union Paving Company, Inc IS PERMITTED TO INSTALL X ALTER

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463

SUBDIVISION Triadelphia Woods LOT NUMBER 30 ADDRESS 12667 Golden Oak Drive

PROPERTY OWNER John Delronibus PROPERTY OWNER'S ADDRESS 11810 Bishops Content Rd Mitchellville, MD 20721

SEPTIC TANK CAPACITY 1500 GALLONS ** WATERTIGHT SEPTIC TANK REQUIRED **

PUMP CHAMBER CAPACITY 1500 GALLONS FOR FUTURE PUMPING

NUMBER OF BEDROOMS 5

**BUILDING PERMIT SIGNED
AND RETURNED 5-2-02
600135929-DECK**

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 205' from the rear (530') lot line and 100 feet from the right (775.73') lot line. Run (4) 75' trenches on contour toward driveway.

Keep trenches 7' edge to edge to conserve future septic area (10' center to center (for this job only))

PLANS APPROVED Mark Rifkin, R.S. OK SRK 12/26/00 DATE 12/13/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

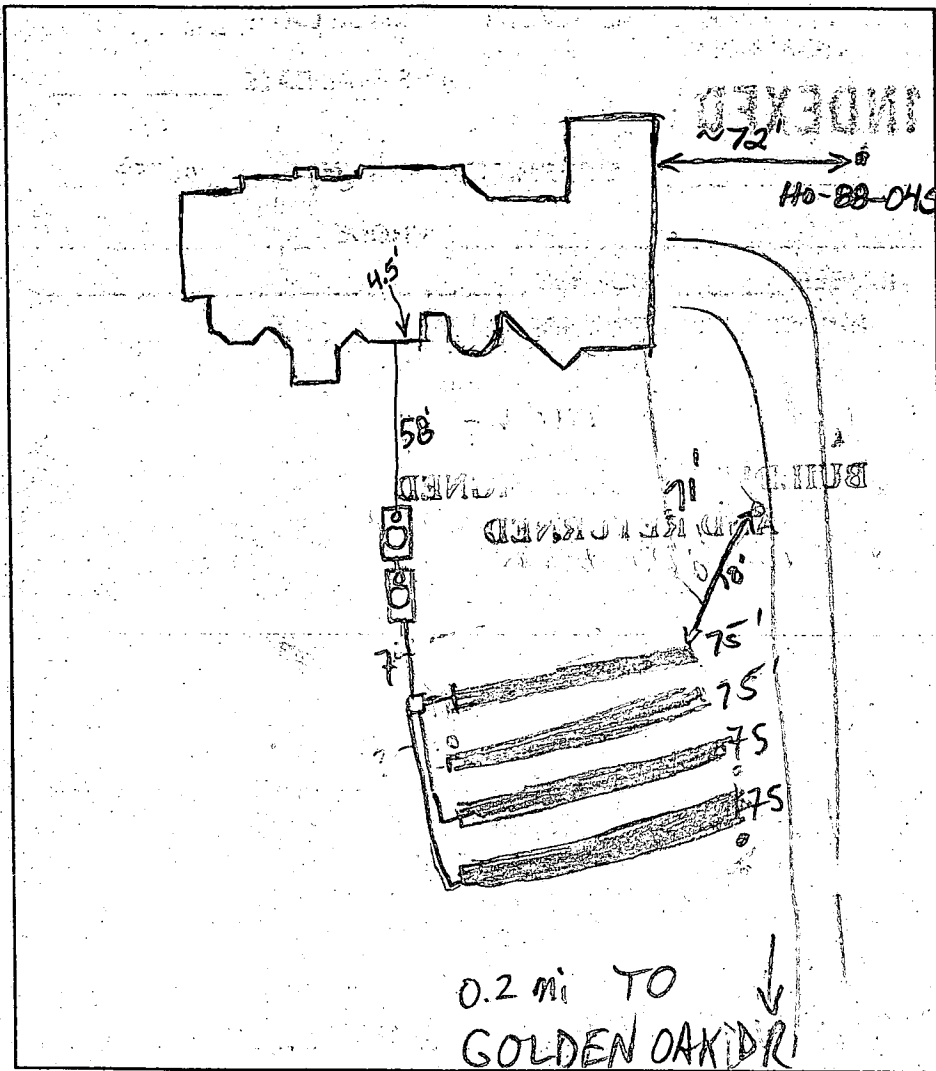
PERMITEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED
AND RETURNED 10-31-01
600132910-UG LPTANK

A38478

03-81972

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	5
DEPTH OF STONE	2
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	300 FT ²
ABSORBENT AREA	900 FT ²
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA (FOR FUTURE)	
PUMP CHAMBER GALLONS	1500 TS
MANHOLE RISER	W/6"
ALARM	FOR FUTURE
PUMP PERFORMANCE TEST	"

PRE-CONSTRUCTION INSPECTION: 8/8/01 Bottom easement stakes aren't in right location. Surveyor to restake. O.K. to install tanks and

INSPECTION COMMENTS: distribution box. First tank maybe slightly deeper than 3'. (BB)

8/10/01 OK TO COVER (2) LOWEST TRENCHES AND ALL BUT END OF TRENCH IN PROGRESS. LEAVE DB OPEN (MR)

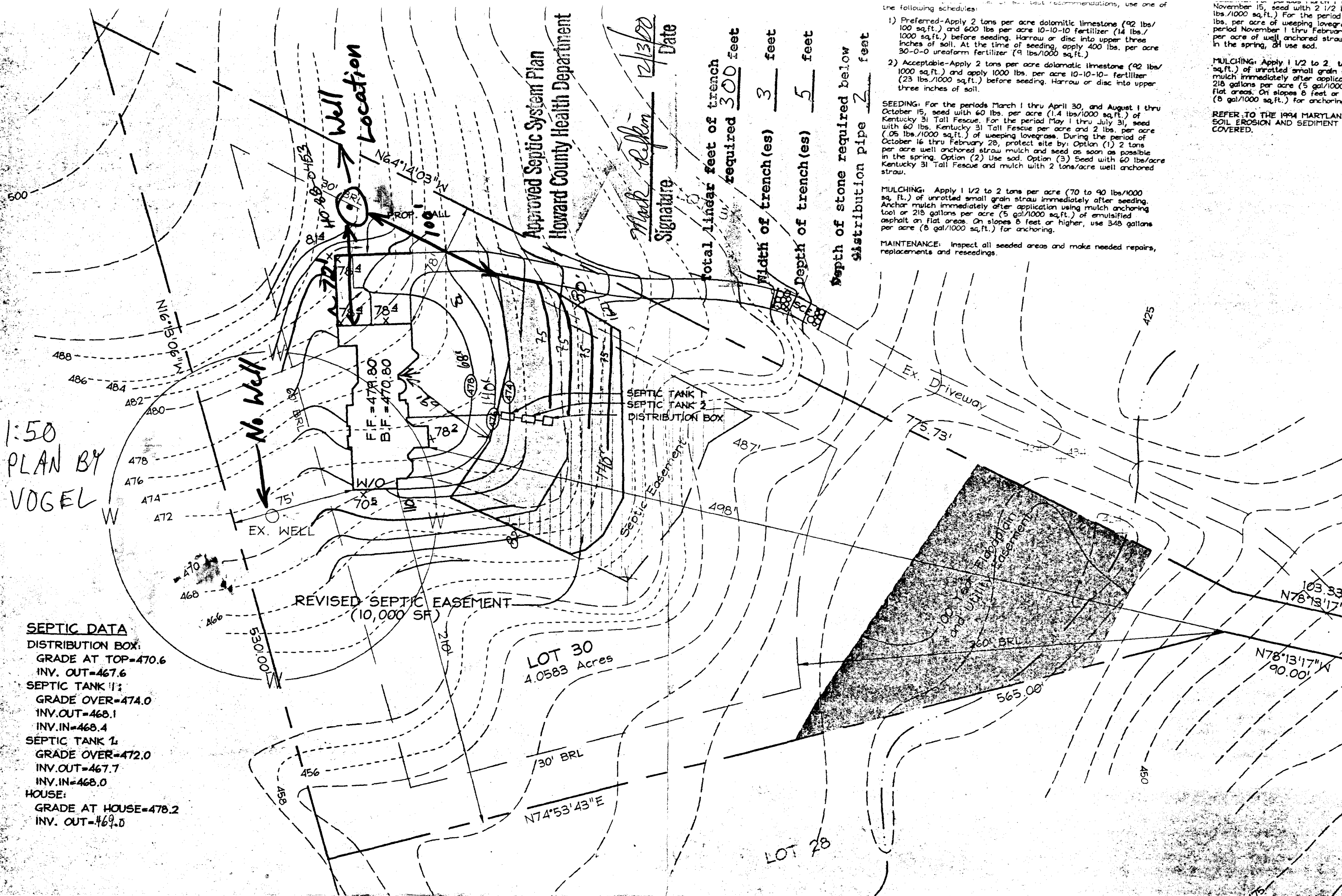
8/13/01 OK TO COVER REMAINING TRENCHES (KB/MR)

INSPECTOR Joedely R. DATE SYSTEM APPROVED 8-13-01

BUILDING PERMIT SIGNED AND RETURNED

1:50
PLAN BY
VOGEL

SEPTIC DATA
 DISTRIBUTION BOX:
 GRADE AT TOP=470.6
 INV. OUT=467.6
 SEPTIC TANK 1:
 GRADE OVER=474.0
 INV. OUT=468.1
 INV. IN=468.4
 SEPTIC TANK 2:
 GRADE OVER=472.0
 INV. OUT=467.7
 INV. IN=468.0
 HOUSE:
 GRADE AT HOUSE=478.2
 INV. OUT=469.0



Approved Septic System Plan
 Howard County Health Department

Mark Replem
 Signature
 12/3/00
 Date

total linear feet of trench required 300 feet
 width of trench(es) 3 feet
 depth of trench(es) 5 feet
 depth of stone required below distribution pipe 2 feet

- the following schedules:
- 1) Preferred-Apply 2 tons per acre dolomitic limestone (92 lbs./100 sq.ft.) and 600 lbs. per acre 10-10-10 fertilizer (14 lbs./1000 sq.ft.) before seeding. Harrow or disc into upper three inches of soil. At the time of seeding, apply 400 lbs. per acre 30-0-0 ureaform fertilizer (9 lbs./1000 sq.ft.)
 - 2) Acceptable-Apply 2 tons per acre dolomitic limestone (92 lbs./1000 sq.ft.) and apply 1000 lbs. per acre 10-10-10 fertilizer (23 lbs./1000 sq.ft.) before seeding. Harrow or disc into upper three inches of soil.

SEEDING: For the periods March 1 thru April 30, and August 1 thru October 15, seed with 60 lbs. per acre (1.4 lbs./1000 sq.ft.) of Kentucky 31 Tall Fescue. For the period May 1 thru July 31, seed with 60 lbs. Kentucky 31 Tall Fescue per acre and 2 lbs. per acre (.05 lbs./1000 sq.ft.) of weeping lovegrass. During the period of October 16 thru February 28, protect site by: Option (1) 2 tons per acre well anchored straw mulch and seed as soon as possible in the spring. Option (2) Use sod. Option (3) Seed with 60 lbs/acre Kentucky 31 Tall Fescue and mulch with 2 tons/acre well anchored straw.

MULCHING: Apply 1 1/2 to 2 tons per acre (70 to 90 lbs./1000 sq. ft.) of unrotted small grain straw immediately after seeding. Anchor mulch immediately after application using mulch anchoring tool or 218 gallons per acre (5 gal/1000 sq.ft.) of emulsified asphalt on flat areas. On slopes 6 feet or higher, use 348 gallons per acre (8 gal/1000 sq.ft.) for anchoring.

MAINTENANCE: Inspect all seeded areas and make needed repairs, replacements and reseeds.

November 15, seed with 2 1/2 bushels (28 lbs./1000 sq.ft.) of weeping lovegrass. For the period November 1 thru February 28, protect site by well anchored straw mulch in the spring, or use sod.
 MULCHING: Apply 1 1/2 to 2 tons (1400 to 2000 lbs./1000 sq.ft.) of unrotted small grain straw immediately after application. Anchor mulch immediately after application using mulch anchoring tool or 218 gallons per acre (5 gal/1000 sq.ft.) of emulsified asphalt on flat areas. On slopes 6 feet or higher, use 348 gallons per acre (8 gal/1000 sq.ft.) for anchoring.
 REFER TO THE 1994 MARYLAND SOIL EROSION AND SEDIMENT CONTROL MANUAL FOR FURTHER INFORMATION.

Building Address 12667 Golden Oak Dr
ELLICOTT CITY, MD. 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Treadwell
Section _____ Area 528 Lot 30
Tax Map 111 Parcel 22 Grid 5
Zoning R-1177 Map Coordinates 1007 Lot size _____

Property Owner's Name JOHN & ELIZABETH DELEONIS
Address 11810 BISHOPS CONTENT RD
City MITCHUMVILLE State MD Zip Code 20721
Home Phone (301) 277-8363 Work Phone 379-4892
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use WOOD LOT
Proposed Use NEW 2 STY FRAME SINGLE FAM HOME
Estimated Construction Cost \$ 120,000
Description of Work 5 B.R. 4 1/2 BA. 2 1/2 BATH
FINISHED BSM, 3 CAR ATTACHED GAR

Contractor Company GRIFFMORE GROUP LLC
Contact Person STEPHEN P. GRIFFIN
Address 4231 LINTHICUM RD
City DIARON State MD Zip Code 21037
License No. _____
Phone (410) 984-6900 Fax 531-8070

Occupant or Tenant JOHN & ELIZABETH DELEONIS
Contact Name STEPHEN P. GRIFFIN
Address 4231 LINTHICUM RD
City DIARON State MD Zip Code 21037
Phone (410) 984-6900 Fax 531-8070

Engineer or Architect Company VOGEL & ASSOC
Contact Person STEPHEN P. GRIFFIN
Address 3691 PARK AVE S-111
City ELLICOTT CITY State MD Zip Code 21042
Phone (410) 461-5828 Fax 465-3966

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>43</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>45</u> Depth <u>11.5</u> Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>41</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>45</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>5</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____ Manufactured Home _____	

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 THERETO; (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.

Applicant's Signature STEPHEN P. GRIFFIN
Title/Company Pres. THE GRIFFMORE GROUP

Print Name 10/17/2000
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 12/13/00 Mark Griffin
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
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 _____

PROPERTY ID# 45412
Filing fee \$ 25
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # 2955
Validation # 45412

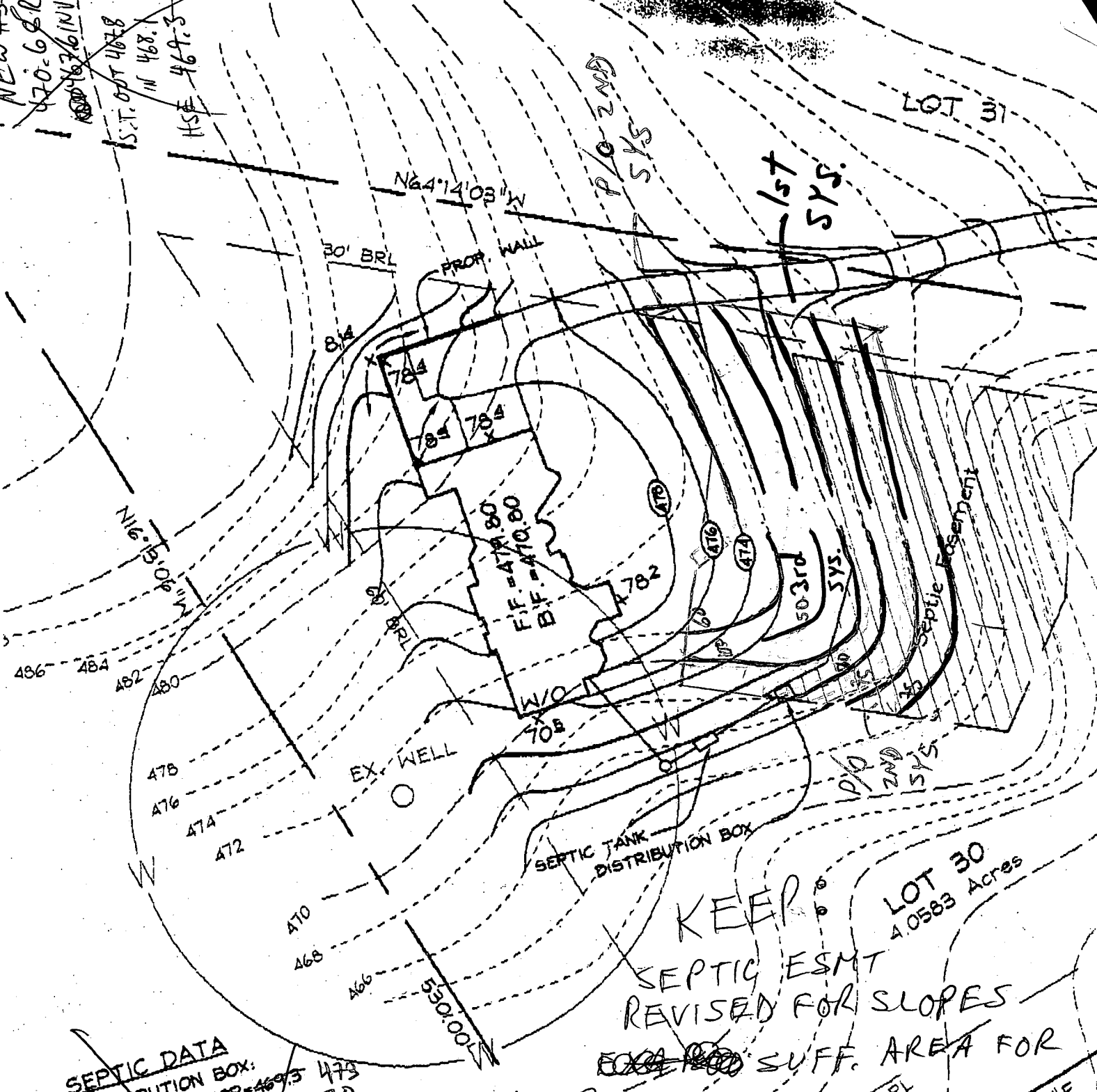
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by _____

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a:\permit.fm Rev. 10/15/98

NEW #S
470-6 BR
467-6 BR
S.T. OUT 467.8
HSE 469.5

LOT 31



SEPTIC DATA

DISTRIBUTION BOX:
 GRADE AT TOP = 469.3
 INV. OUT = 466.3
 SEPTIC TANK:
 GRADE OVER = 466.5
 INV. OUT = 466.3
 INV. IN = 467.1
 HOUSE:
 GRADE AT HOUSE = 475.5
 INV. OUT = 468.2

WELL FIELD LOC?
 MOVE D.B.
 2-S.T. OR LOSE ABSM

KEEP
 SEPTIC ESMT
 REVISED FOR SLOPES
 EXACTLY SUFF. AREA FOR
 3 SYSTEMS

(MR)

12/13/00

T/C/M 12/5/00
 to Vogel

LOT 30
 4.0583 Acres

N74°53'43\"/>

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

300127017

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: United Plumbing Telephone #: 410-995-6525
 Address: 955 Green Lane Suite 5
Columbia MD 21046

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): Lauren B. Kette License# 3479

*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: City of Prince George's Telephone #: 301-410-5311-5105
 Subdivision: T. Delphia Woods Lot #: 30 Well Tag #: HO-88-0453
 Site Address: 12607 Golden Oak Dr.
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Jacuzzi</u>	Make: <u>American Cowboy</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Sandhead 3/4HP</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>16"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>120</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 be use</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (.60 psi min)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>6</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: [Signature] date: 4/28/02

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

Date Insp. Requested: 8/27/01 Date Insp. Approved: SRK 5/17/02

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 2265 SEQUENCE NO. (DENV USE ONLY)
 1-2-3 6
 (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 A38478

DATE Received [] [] [] [] [] [] [] [] DATE WELL COMPLETED 04/18/97 Depth of Well 110 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0453

OWNER SPINDLER HENRY last name first name
 STREET OR RFD Golden Oak Dr TOWN Greenbelt
 SUBDIVISION 72nd Delmar Wood SECTION 10 LOT 30

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	
<u>SANDSTONE</u>	<u>0</u>	<u>22</u>	
<u>GRAY MICH</u>	<u>22</u>	<u>110</u>	
<u>Rock</u>			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 9 NO. OF POUNDS 196
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 110

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
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 110 11 15 17 21
 2
 3
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from to

A 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.

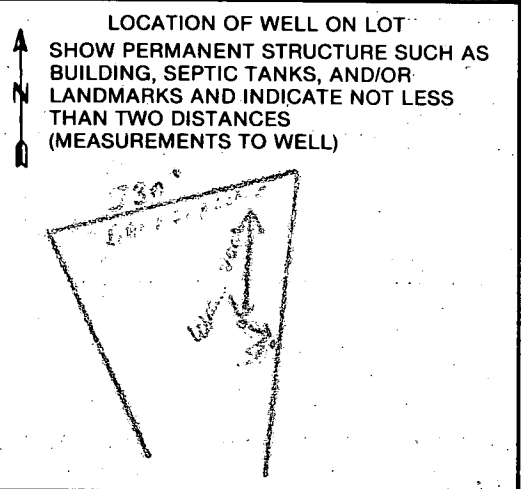
DRILLERS IDENT. NO. 338
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 15
 METHOD USED TO MEASURE PUMPING RATE Flow
 WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 40
 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 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) [] [] [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE 3 (nearest foot)



B 1 **2276** 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-88-0453
 fill in this form completely

Date Received (APA) **022789**
 OWNER INFORMATION
 SPINDLER A HENRY
 11418 ANARGAS DOWNS
 COLUMBIA MD 21004

B 3 LOCATION OF WELL
 HOWARD
 TRIADDELPHIA WOODS
 SECTION 44 46 LOT 30
 GLEBE 26
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
 Joseph L. Wayne
 238
 Joseph L. Wayne Well Drilling
 5512 Ridge Rd. Mt. Airy, Md 21771
 2/25/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 Golden oak Drive
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **1150** FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD A38478
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **030989**
 NORTH GRID **528000** EAST GRID **0812000**

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)

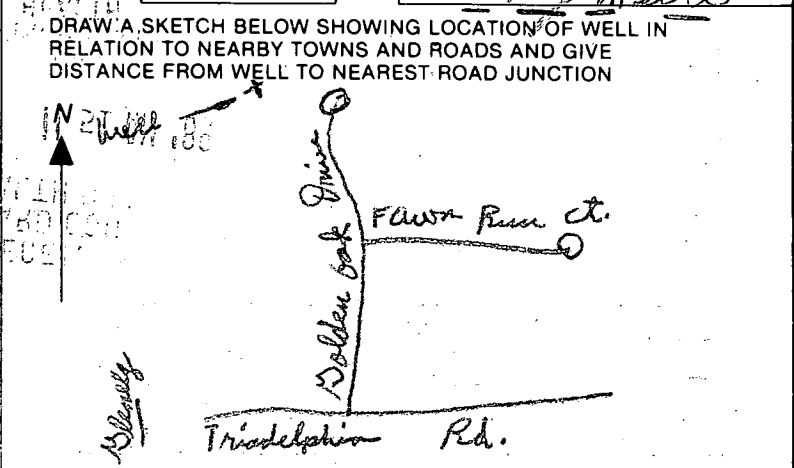
APPROXIMATE DEPTH OF WELL **309** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810 2
 N 520 8
 Well drilled 4-18-89 No. 1
 cost 2300 12:00
 9' Bags of cement
 29' Well casing
 24' Well gravel
 3' Casing above ground.
 C.B.D.
 ✓ Tax on site

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 **CC** WRITE INITIALS IN BOX PERMIT No. **HO-88-0453**

SPECIAL CONDITIONS
 COUNTY

APPLICATION

PERCOLATION TESTING

A 38478

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 Co., Inc.

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Tri Adelpphia Woods LOT NO. 429 ^{LOT 30 Prelim} 6/69

ROAD AND DESCRIPTION Triadelphia Rd. on right 1/2 mile
west of Carroll Mill Rd.

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. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

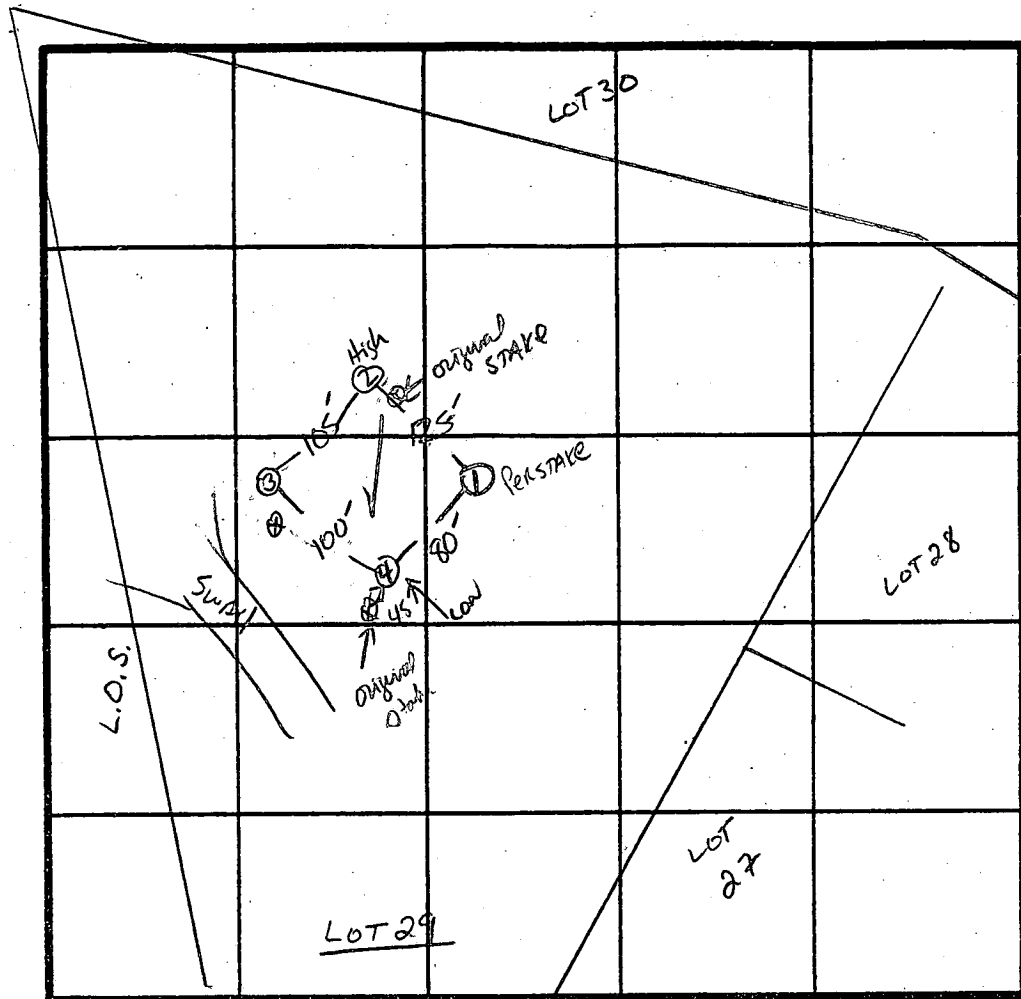
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC SATISFACTORY; HOLD FOR SUBDIVISION PLAT. S. Abel

THIS IS NOT A PERMIT

① SOIL PROFILE

0	A1-3
6"	Yellow BR Silt loam 9-12% clay 10-15% FRAGS
3'	Yellow BR SANDY SILT LOAM 20-25% FRAGS Highly MICACEOUS
12-13'	



\bar{X} Perc 4 min
 180 ϕ BR
 INLET 3"
 BOTTOM 4.5"

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	
2/11/87	1 S	3'	1:41	1:42	1:42	1:45	3 min
	1 V	12'	UNIFORM soil below		2.3'		
	2 S	3'	2:01	2:03	2:03	2:07	4 min
	2 M	7'	1:59	2:00	2:00	2:02	2 min
	2 V	13'	UNIFORM soil below		3'		
	3 V	12'	UNIFORM soil below		3'		
	4 S	3.5'	2:18	2:20	2:20	2:25	5 min
	4 V	13'	UNIFORM soil below		3.5'		

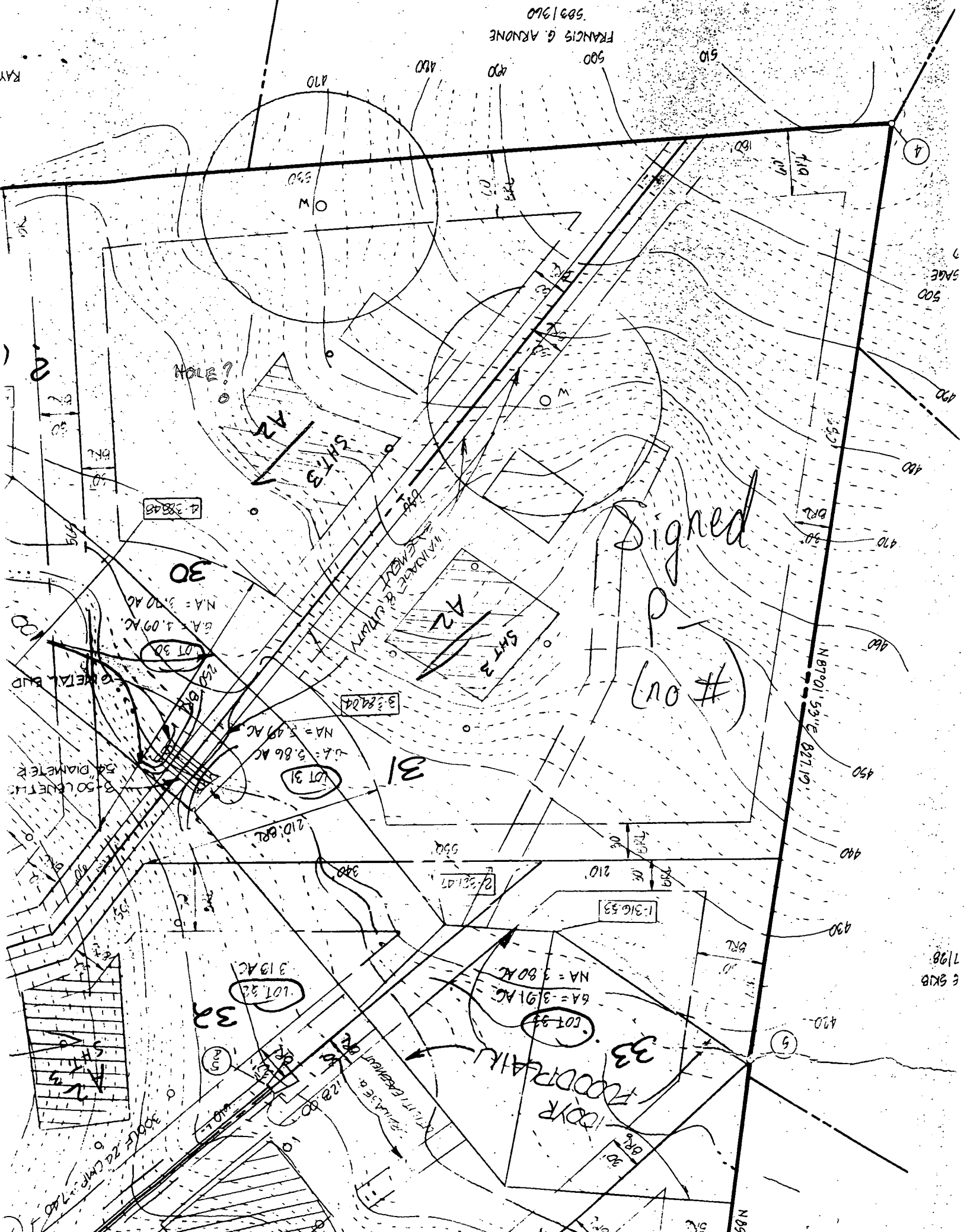
REMARKS Holes slightly diff than RAT / Shallow Syst. only

TYPE OF SOIL MANOR

TESTED BY S. Abel ALSO PRESENT RICHARD, Neil; CRIS

FRANCIS G. ARNONE
5831360

RAY



SIGNED
#01

500
500
500

7/98
E SKIB

N 87° 01' 53" E 827.19'

N 85° 22'

Install (1) 1000 Gallon ASME U.G. LP Tank, Pce. NFPA 58

1" = 50' : Scale

Well Does not exist here

10/31/01
proposed propane tank location
OKSRU

80132910

SEPTIC DATA
DISTRIBUTION BOX
GRADE AT TOP = 464.3
INV. OUT = 466.3

SEPTIC TANK
GRADE AT TOP = 460.0
INV. OUT = 462.0

LOT 30
1.0583 AC

