

1/17/89
1/18/89 *initials*

G

PERMIT

P 43371

SEWAGE DISPOSAL SYSTEM

A 38485

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-312666

DATE 1/9/89

DATE SYSTEM APPROVED 1/18/89

INSPECTOR RH

Residential Urban Systems, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 10840 Little Patuxent Parkway, Suite 300, Columbia PHONE 997-7257

SUBDIVISION Triadelphia Woods ROAD 12646 Golden Oak Drive LOT 37

PROPERTY OWNER James Hagan

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

150
3
480

LOCATION - Place the first trench 310 feet across the front (459.95') lot line from the intersect of the 459.95 ft line and 90.00 foot line and 50 feet off the front lot line as seen when facing the lot from Golden Oak Drive. Run trenches on contour toward the left 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.

OK/SA

PLANS APPROVED BY Sid Abel DATE 6/20/88

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

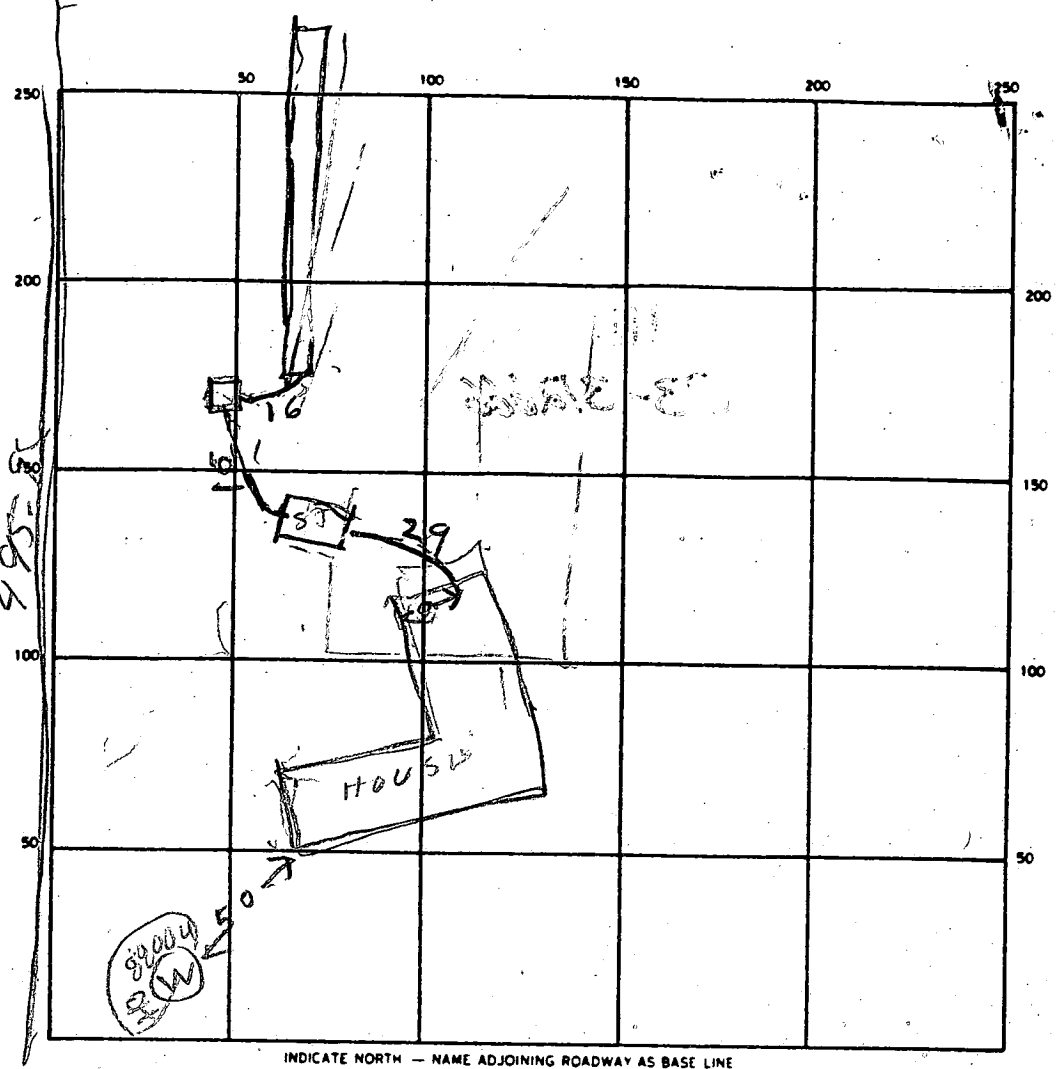
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

38485

GOLDEN OAK PR
 COMMON ACCESS DN



SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TILE FIELD DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 58.99 INSTALL / REQUIRED
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 495 SQ FT / 480
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 1/17/89 - LOCATION OK TRENCH STARTED
1/17/89 - TRENCH DUG & SOME STONE ADDED FINISH
JOB & CALL RHODGES
1/18/89 - JOB FINISHED

DATE SYSTEM APPROVED 1/18/89 INSPECTOR Raymond Rhodges

A 38485

SUBDIVISION: TRIADELPHIA WOODS

LOT NUMBER: 37

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
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

160 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 8 feet below original grade.
 Effective area begins at 3 feet below original grade.
5 feet of stone below distribution pipe.

- 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: PLACE THE FIRST TRENCH 310 FT ACROSS THE FRONT (459.95') LOT LINE FROM THE INTERSECT OF THE 459.95 FT LINE AND 90.00 FT LINE AND 50 FT OFF THE FRONT LOT LINE AS SEEN WHEN FACING THE LOT FROM GOLDEN OAK DR. ROW TRENCHES ON CONTOUR TOWARD THE LEFT LOT LINE.

6-20-88 SA

APPLICATION

PERCOLATION TESTING

A 38485

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 James Hagan

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. LOT 37 Prelim 18 35 6/29

ROAD AND DESCRIPTION Triadelphia Rd on right 1/2 mile

West of Carroll Mill Rd 12646 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.

Michael J. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-13-87 Conc. Satisfactory; hold for subdivision plat. S. Abner

BLDG. PERMIT SIGNED
AND RETURNED 8-3-88

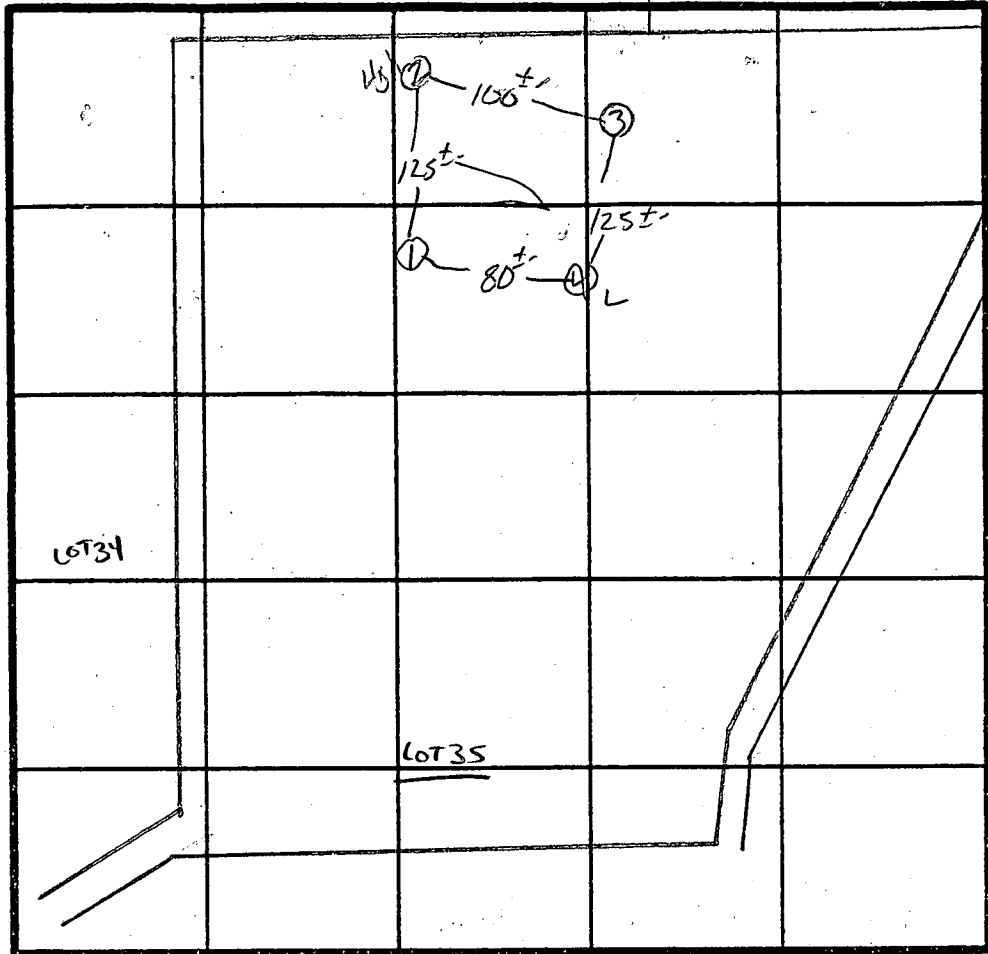
BP 20357
S. Abner

THIS IS NOT A PERMIT

① ② ③ ④

SOIL PROFILE

0"	A1-3
4"	Yellow BR Silt loam 9-12% CLAY <10% FRAGS
3"	Yellow BR TO TAN SILTY SAND LM. 25-30% FRAGS Highly micaceous
12-13"	



Per 4 min
160 & 1 BR
INLET 3"
BOTTOM 8"

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	
2/13/87	1V	12" UNIFORM soil below 3"					
	2 ^S	3"	11:07	11:09	11:09	11:14	5 min
	2 ^M	7.5"	11:07	11:08	11:08	11:11	3 min
	2V	12.5 UNIFORM soil below 3"					
	3 ^S	3"	11:10	11:12	11:12	11:15	3 min
	3V	13" UNIFORM soil below 3"					
	4 ^S	3.5"	11:13	11:15	11:15	11:20	5 min
	4V	12.5" UNIFORM soil below 3"					

REMARKS Holes Diff than PLAT slightly

TYPE OF SOIL M AND R

TESTED BY S. Abel ALSO PRESENT Jeff Neel, Richard

EH-12-1079

N 85° 04' 06" E 989.00'

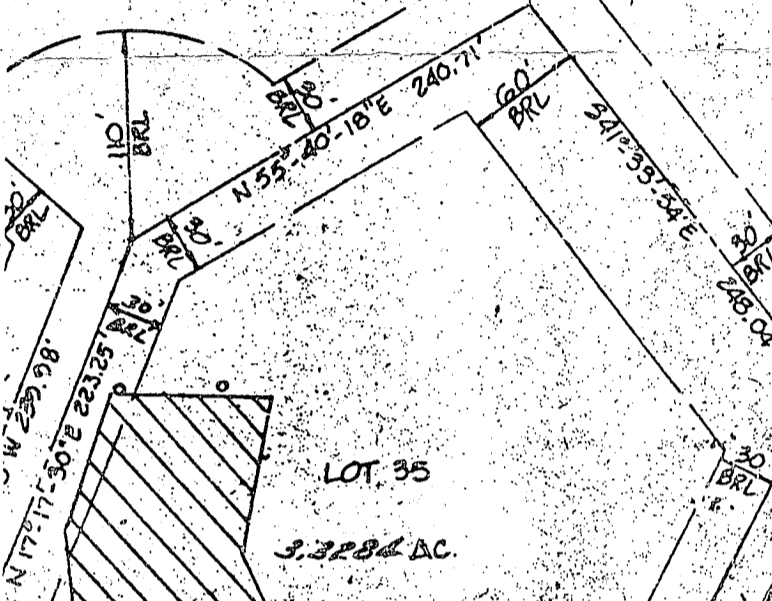
ONE HUNDRED (100)-Y
FLOODPLAIN & UTILITY E
RECORDED AS PLAT 67
N 528,500

LOT 34
3.5045 AC. GROSS

LOT 36
3.5297 AC. GROSS

LOT 39

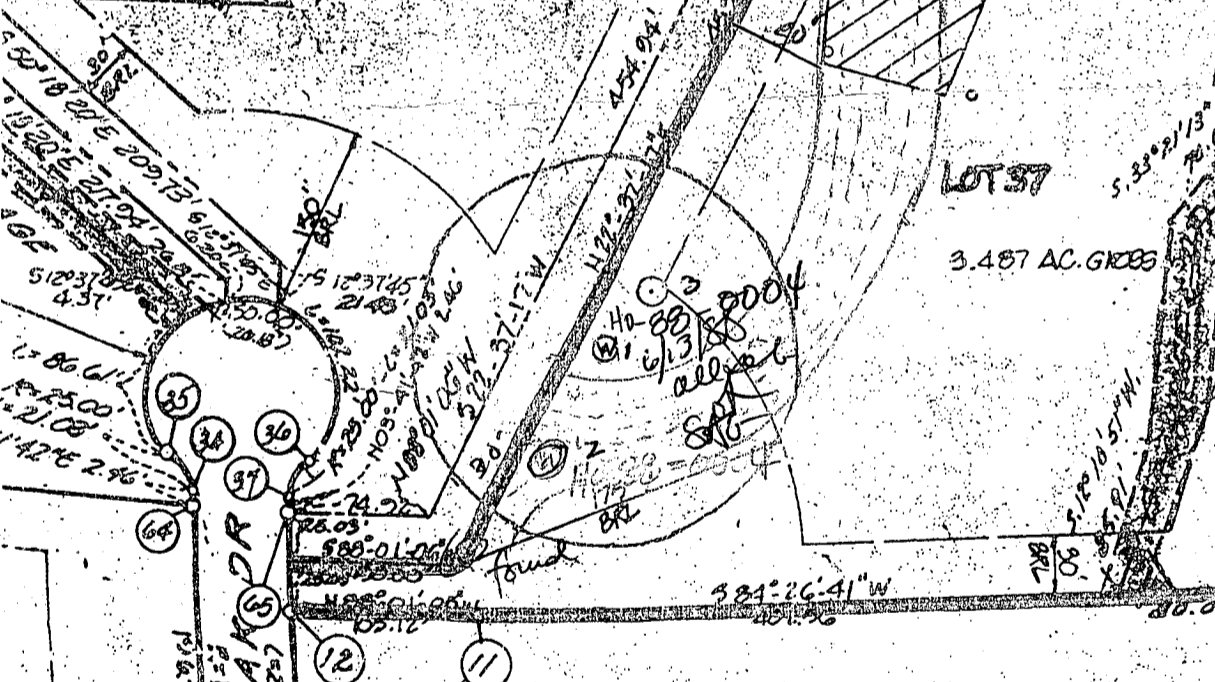
SECTION 1, AREA 2
PLAT



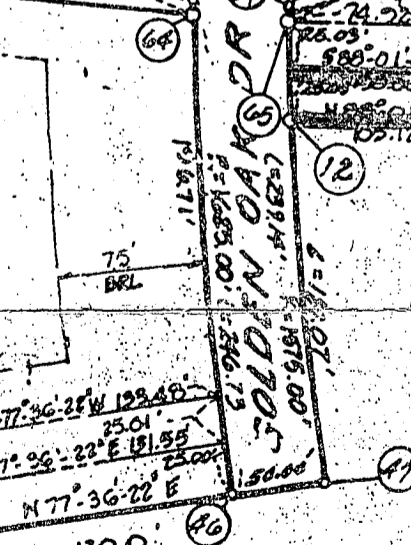
LOT 35
3.3284 AC.

LOT 37
3.487 AC. GROSS

SECTION 1, AREA 2
PLAT



SECTION 1, AREA 2
PLAT



1527,500
C 814,500

OWNER
PATUXENT LAND COMPANY
13690 NICHOLS DRIVE
CLARKSVILLE, MARYLA

MEYOR'S CERTIFICATE

RECORDED AS PLAT 7737 ON 4-05-88 AMONG THE LAND RECORDS OF HOWARD CO

Hagen

465-3402

(10)

792-5854

C1 9662 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 **A 38485**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **06 24 88** Depth of Well **365** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-2004**

OWNER **HAGEN** last name **TANKS** first name
 STREET OR RFD **Golden Oak Drive** TOWN **Glenn**
 SUBDIVISION **TRINDELPHIA WOODS** SECTION **1** LOT **37**

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	
<i>Sand</i>	0	36	
<i>Grny Mica sh</i>	36	365	

OR

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 **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **1** ft. to **33** ft.
 (enter 0 if from surface)

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

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

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

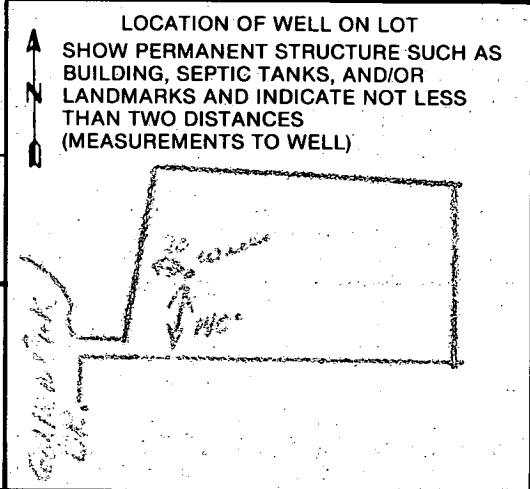
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **97** **365**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from to

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33**
 WHEN PUMPING **96**
 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 } LAND SURFACE (nearest foot) **3**
- below }



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

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

3/3/89

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

New Installation X Receipt # 43679
Replacement _____ Date 2/28/89
Name of Installer J. Joseph Gartland, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner James C. Hagen Telephone 465-3402
Subdivision Triadelphia Woods Lot # 37 Well Tag # 40-88-0004
Site Address 12646 Golden Oak Dr.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make Harvard
a. Deep well jet _____ 2. RPM _____ 2. Model # PT-800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible X a. 110 _____
2. Make Goulds b. 220 X
3. Model # 5ES07412
4. Capacity 5 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 _____ Other _____

Tank Piping Well data
1. Capacity 42 gal. 1. Type Plastic 1. Depth 365 ft.
2. Pressure relief valve? 75psi 2. Size 1" 2. Yield 5 GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level 33 ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____

33 ft Pitless AT 38", well line AT 30", All wires in, no pump installed See

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: Feb. 28, 1989

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