

10/31/90
11/1/90 10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-312844

P 46395

A 38489

3rd

DISTRICT

DATE 9/25/90

DATE SYSTEM APPROVED 11/1/90

INSPECTOR RH

INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Triadelphia Woods ROAD 12627 Fawn Run Ct. LOT 42

PROPERTY OWNER Lee Hobson

ADDRESS _____

~~DO GARBAGE GRINDER USE INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER YES XXXXXXXXXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 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.

LOCATION - As seen from entrance at end of flagstem and starting from front left lot corner (at end of flagstem), place first trench 260' down left lot line and 155' off this same lot line. Trench site will be 285' from front left lot corner. Run trenches toward right lot line along contours.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or septic tank. OK RH 3/30/90

PLANS APPROVED BY Mark Rifkan cm DATE 03/22/90

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

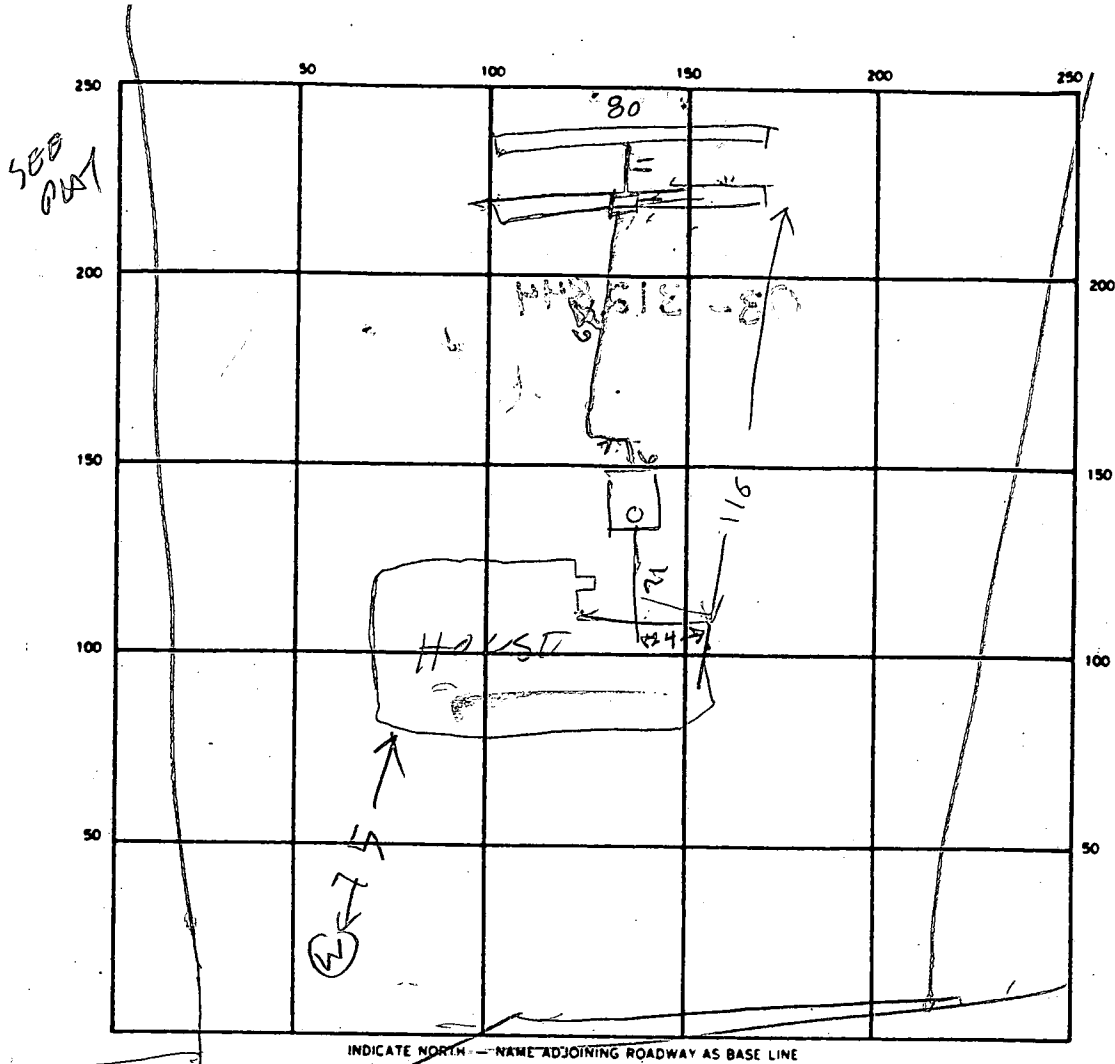
BLDG. PERMIT SIGNED AND RETURNED

9/13/90
Spid # 53209
Inlure Altavanna
Badmint

A38489

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5/5 FT. TOTAL LENGTH 76/80 FT 156

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 380/400 SQ FT 780

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/31/90^{AM} - LOCATION OK TRENCHES DUG & DUG. ADD STONE RH
10/31/90^{PM} STONE ADDED
11/1/90 - TANK HOOKED UP RH

DATE SYSTEM APPROVED 11/1/90 INSPECTOR R. Hodges

A 38489

SUBDIVISION: Triadelphia Woods

LOT NUMBER: 42

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	sq. ft./bedroom	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

180 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.

200
5
1000

- 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: AS SEEN FROM ENTRANCE AT END OF FLAGSTEM AND STARTING FROM FRONT LEFT LOT CORNER (AT END OF FLAGSTEM), PLACE FIRST TRENCH 260' DOWN LEFT LOT LINE AND 155' OFF THIS SAME LOT LINE. TRENCH SITE WILL BE 285' FROM FRONT LEFT LOT CORNER. RUN TRENCHES TOWARD RIGHT LOT LINE ALONG CONTOURS.

APPLICATION

PERCOLATION TESTING

A 38489

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~~
Lee + Sharon Hobson - (301) 377-2692

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. LOT 42 Prelim. 22 HO 6/29

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.

Michael Hemmelt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

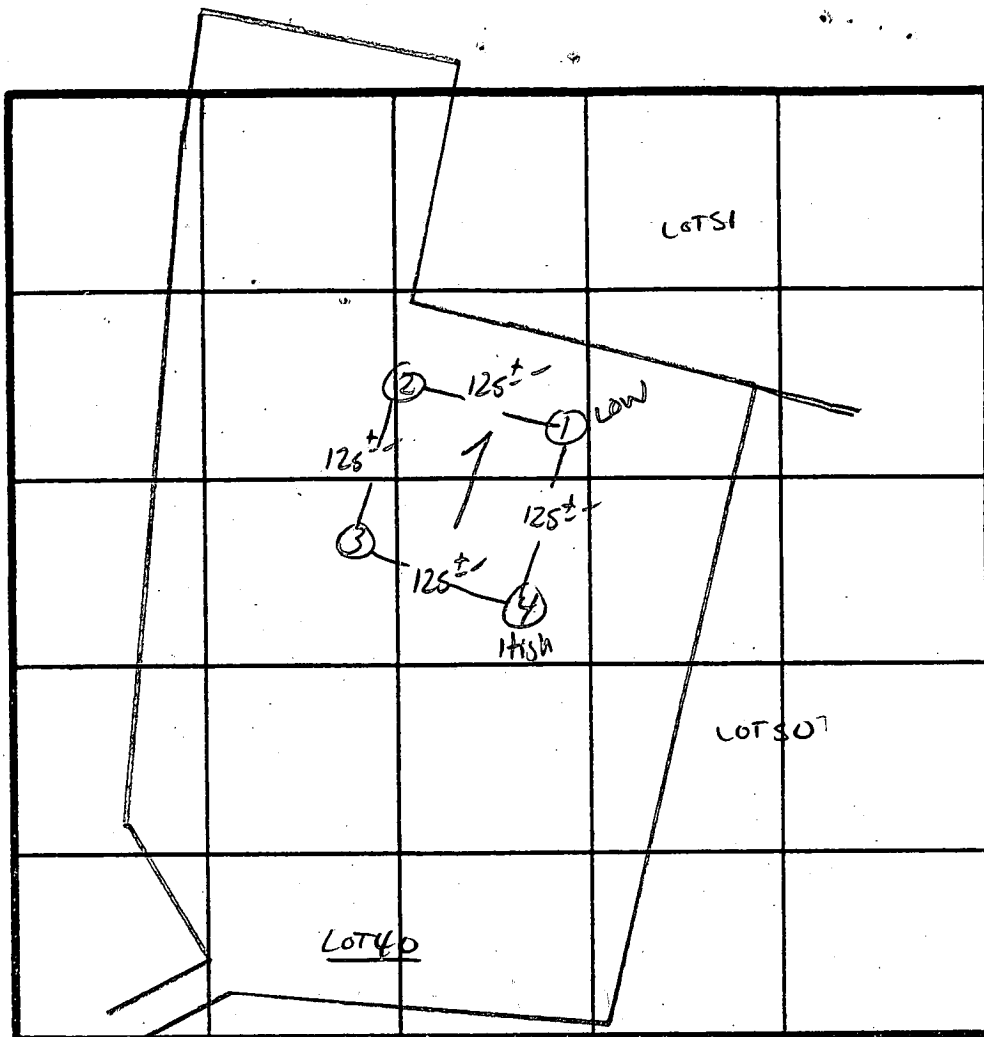
REASONS FOR REJECTION OR HOLDING 2-1787 Perc Satisfactory; Hold for subdivision plat. S. Actl

COG. PERMIT SIGNED
AND RETURNED 3/21/90
Serial # 31525
SFD -

THIS IS NOT A PERMIT

U2004
SOIL PROFILE

0	A1-3
4"	Yellow Br Silt loam Gr 12% or less Cl 10% Fr 15%
3'	Yellow Br Silt loam Highly micaceous 20-30% Fr 15%
12"	



X PERC
3 MIN
180 #/BR
INLET 3'
BOTTOM 8'
4 perms
re: Hobson

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO Philadelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1 S	2.5	10:52	10:53	10:53	10:58	5 MIN
	1 M	7.5	10:52	10:54	10:53	10:55	2 MIN
	1 V	12.5	UNIFORM	Soil below 30"			
	2 S	3.5	11:16	11:17	11:17	11:21	4 MIN
	2 V	12.0	UNIFORM	Soil below 30"			
	3 V	12.0	UNIFORM	Soil below 30"			
	4 S	3'	11:08	11:09	11:09	11:11	2 MIN
	4 M	7.5	11:10	11:11	11:11	11:14	3 MIN
	4 V	12'	UNIFORM	Soil below 30"			

REMARKS Holes Diff than Plat; See Plat. / Hole #4 LOT Line Holes

TYPE OF SOIL MANDK

TESTED BY S. M. M. ALSO PRESENT Reiman, Neil, Kenney

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
Replacement

Receipt # 46547
Date July 18, 1990

Name of Installer Robert A. Thurman

Telephone 554-6202

License Number 17380

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr + Mrs. Hobson

Telephone _____

Subdivision Philadelphia Woods Lot # 42

Well Tag # HD-88-0225

Site Address 12627 Fawn Run Ct

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

2. Make JACO 721

3. Model # _____

4. Capacity 9 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

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type 1" polyethylene
- Size 1/2"
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

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 A. Thurman

Date: July 18, 1990

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

B 1 **7870** 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

40-88-0225
fill in this form completely

Date Received (APA)
120388
OWNER INFORMATION
HOBSON Last Name
PAUL First Name
210 HAPPY ME ROAD Street or RFD
BALTIMORE Town
MD 21212 State Zip

B 3 **LOCATION OF WELL**
HOWARD COUNTY
11100 LYNDA WOODS SUBDIVISION
SECTION **44** LOT **42**
1 DEER NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Joseph L. ... Driller's Name
738 License No. 80
Joseph L. ... Firm Name
5512 KING RD. MT. AIRY 21771 Address
Joseph L. ... Signature
1/31/88 Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
NE (circled)
NEAR WHAT ROAD
FAUN TURT
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
E (circled)
DISTANCE FROM ROAD
300 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# 38489 COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **10 05 88**
CO SIGNATURE **Abel** EXP. DATE **01/01/89**
NORTH GRID **527000** EAST GRID **0814000**

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 _____

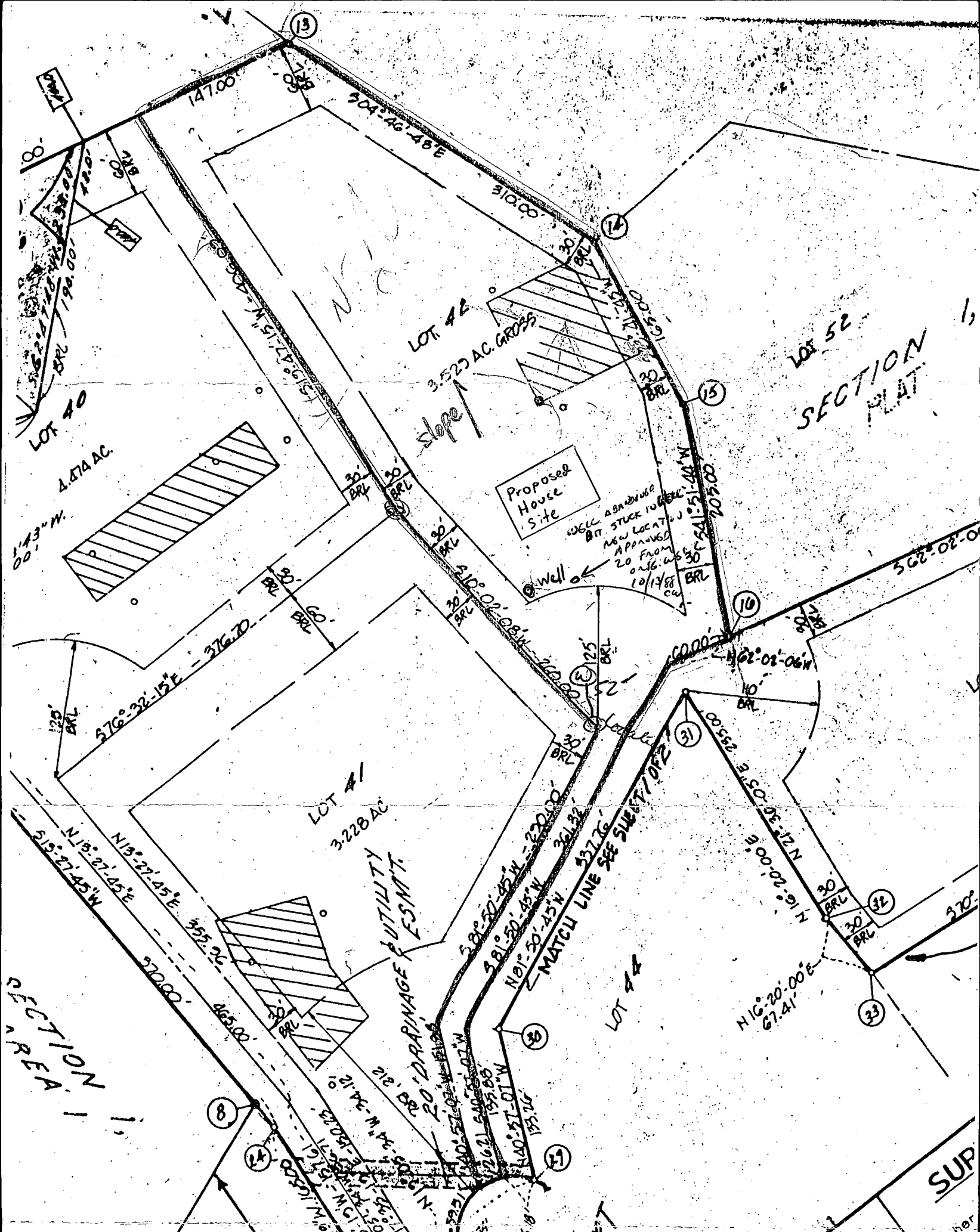
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE:
818
526

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) _____

DRAW A SKETCH BELOW, SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.
10/17/88 9:30
47' casing
40' open
9' Bag
Dry hole 3 BAGS
Location OK
SAE
1-30 BH 88
Call ...

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____
FORCE WRITE INITIALS IN BOX **PERMIT No. 40-88-0225**

SPECIAL CONDITIONS



SECTION
PLAT

SECTION
AREA

approximate easement area for ingress
and egress for lot numbers 41, 42, 43,
44, 45, 52, 53.

Property Line of Lot #42 Triadelphia Woods

Lee + Sharon Hobson
210 Hopkins Road
Baltimore, Md 21212
301 377-2692

shown
the
muni
and other
and the
public use,
is applica
option to
lots and/or roads
3) the right
specific purpose of
rights-of-way.

C1 0548 SEQUENCE NO. (DENV 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)

COUNTY NUMBER A# 30489

DATE RECEIVED

DATE WELL COMPLETED 10/7/88

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0225

OWNER HOBSON S. & L., STREET OR RFD FAWN RUN COURT TOWN C. LENELEG SUBDIVISION TRIADELPHIA WOODS SECTION LOT 42

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, GRAY MICH ROCK, DRY WELL 280', Filled in with cement + drilling materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) 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 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below (S, T, L, O, P, C, J, S) MAIN CASING TYPE (S, T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 47

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

SCREEN RECORD screen type or open hole insert appropriate code below (S, B, H, P, L, O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 305. SLOTS SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

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

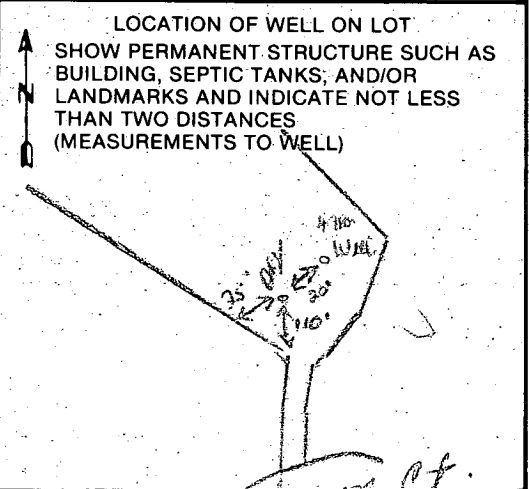
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 235

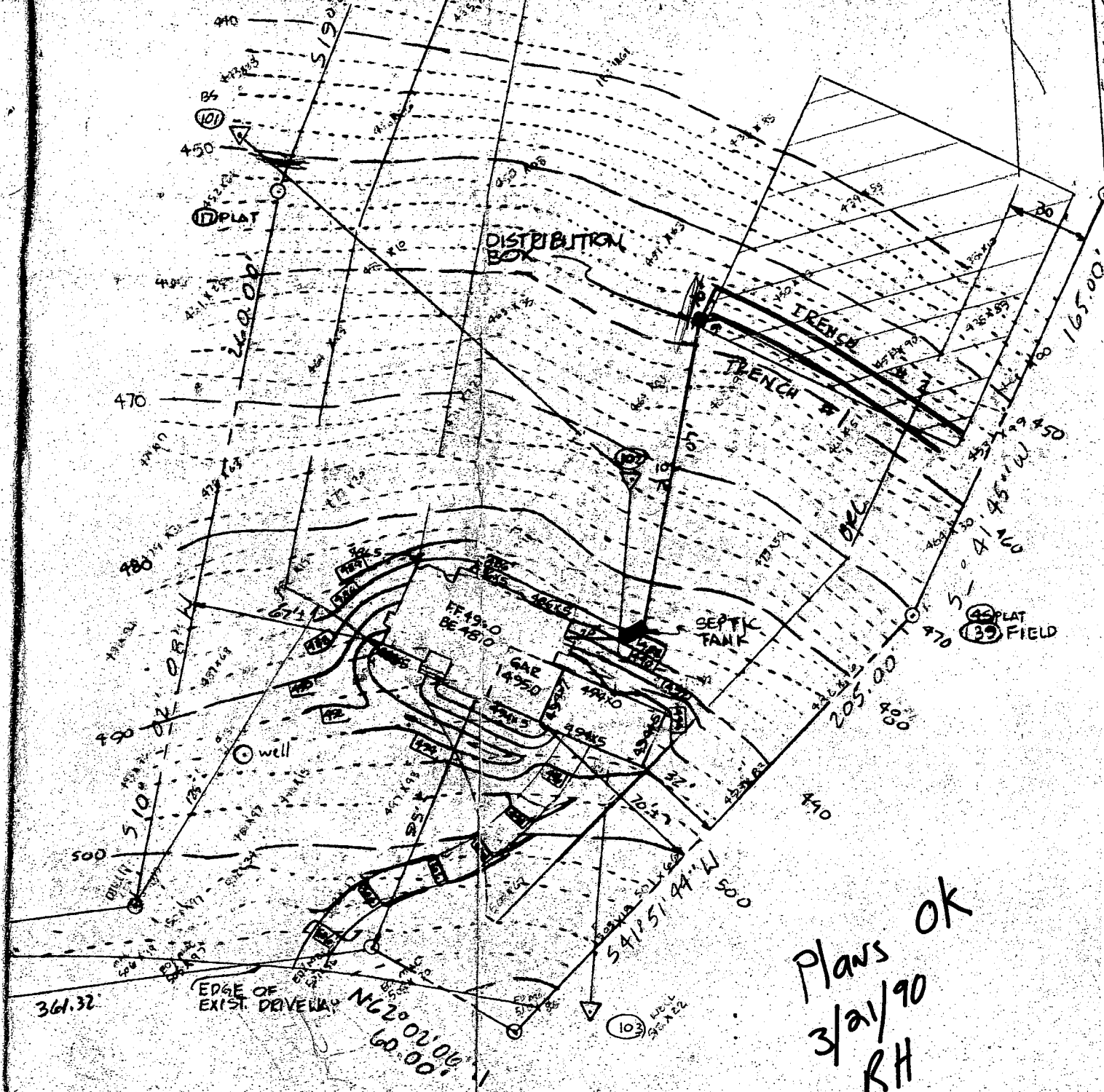
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ LOG INDICATOR OTHER DATA



DRILLER Health



Plans OK
 3/21/90
 RH

afg

OWNER: LEE HOBSON
 210 HOPKINS RD.
 BALTIMORE, MD. 21212
 301-377-2692

700

100
 20
 4

149