

10/4/95
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50902

A REPAIR

DISTRICT _____

DATE 9-28-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-302180

DATE SYSTEM APPROVED 10/4/95

INSPECTOR M. Reikin

KME CONSTRUCTION, INC.

IS PERMITTED TO INSTALL 301- ALTER 301-

ADDRESS 26108 Mullinix Mill Rd., Mt. Airy, MD 21771

PHONE 301-253-5254 301-701-0635

SUBDIVISION Triadelphia Farms, II LOT 9B

ROAD 13293 Hunt Ridge Road pager

PROPERTY OWNER Charles & Lisa White

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC ~~SYSTEM~~ ^{TANK} TO BE MOVED. FOR B.P. 61996
Call for inspection when ground is opened so sanitarian can recommend repairs.

PLANS APPROVED BY _____ DATE _____

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

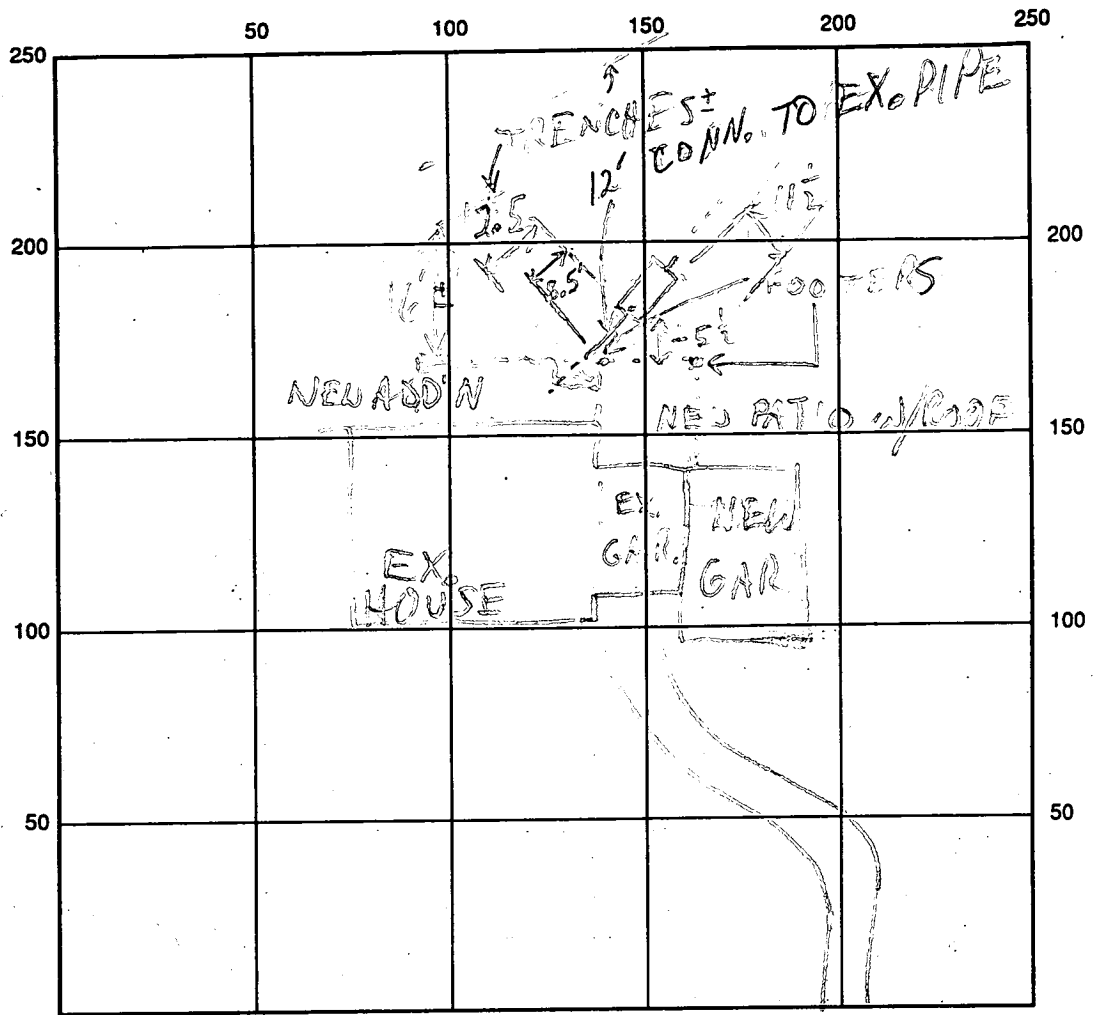
PERMIT VOID AFTER TWO YEARS

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 PVA 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 APPROVAL ON THIS PERMIT**

A P 50902



HUNT RIDGE RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX - OK CLEANOUTS EX - OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT. INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/4/95 S.T. ALREADY RELOCATED, SET, & CONNECTED
@ ARRIVAL: SEPTIC CONTRACTOR NOT PRESENT; K. ERSKINE
NOT SURE OF CW'S DEFINITION OF "10' TO ADDITION" AS
PER SIGNED DRAWING 6/23/95 SANITARIAN ACCEPTED
NEW S.T. LOCATION MR

DATE SYSTEM APPROVED 10/4/95 INSPECTOR M. Ripkin

Date and sign every entry. Have every possibly important entry witnessed. Submit an Invention Disclosure of anything possibly new and inventive.

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IBM Technical Notebook

9

Par: 13744: Triadelphia Rd Lot 9B

Charles White owner.

Request for health dept. approval of proposed family rm and screen porch as shown; BP application pending Tank and trench are as field locate by myself. Septic repair permit will be obtained to relocate tank to at least 10' from addition.

Repair trenches remain in service

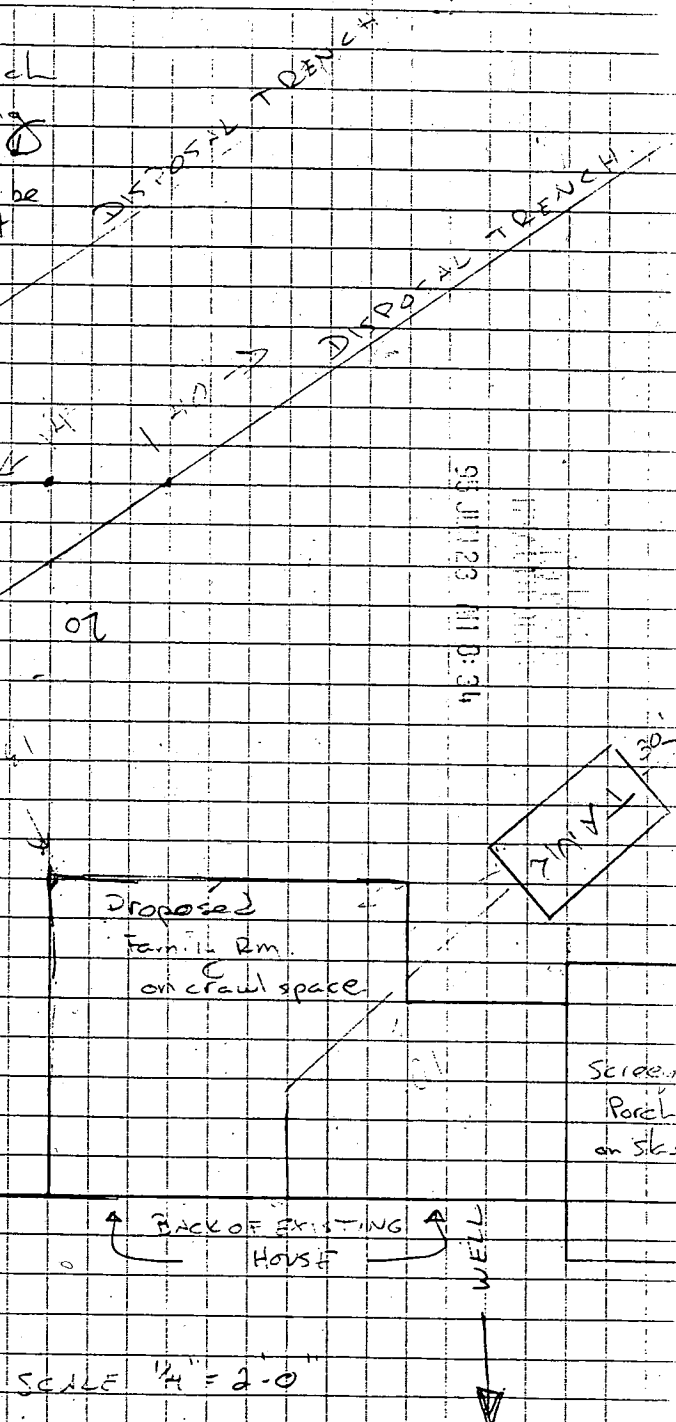
@ 3' separation to closest point of crawl space.

Removal of tank 6/23/95

AGREED
 SEPTIC REPAIR
 PERMIT TO BE
 OBTAINED PRIOR
 TO RECOMMENATION
 FOR BP APPROVAL.

6/23/95
 Char
 White

Please issue permit
 in my name
 Kim Construction, Inc.
 26108 Mullinix Mill Rd
 Mt. Airy, Md. 21771
 301-253-5054



95 JUN 23 11 03 AM

The above understood and witnessed by _____

Date _____

and by _____

Date _____

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

61996

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

13293 Hunt Ridge Rd
Ellicott City, MD 21043

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.
 Charles + Lisa White 410531-5912
 same as above

OCCUPANT'S NAME AND ADDRESS PHONE NO.
 same as above

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
 UN

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
 KME Construction, Inc. 301-253-5254
 2810F Mullinix Mill Rd
 Mt. Airy, MD 21771

EXISTING USE PROPOSED USE
 SFD Same with addition

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
 50000 37055

W/S CODE

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
 Remove part of 1 car garage and
 add 2 car garage with storage
 space in trusses.
 1 story family rm and a 18'6" x 19'
 covered porch

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES					
WATER	WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				<input checked="" type="checkbox"/>	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Ken Erskine SIGNATURE
 President KME TITLE
 9-25-95 DATE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
 SIDE YARD _____
 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
 TO SIDE BUILDING LINE _____
 DISTANCE IN FEET, REAR YD. REQUIRING SET _____
 BACK _____ (CORNER LOT ONLY) _____
 SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	9/25/95	<i>Ken Erskine</i>
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
 To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
 Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED _____ DATE _____

Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning
 Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.

~~7/22/84~~
~~Frank Skinner~~
~~7-22-84~~ 9 AM

7-22-84
approved
S. Abel

P 37358
A 27911

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~892-2330~~
461-9933

ELLICOTT CITY
DISTRICT 3rd
DATE 7/27/84

INDEXED

Paul Schissler - IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Triadelphia Farms II ROAD 13344 Triadelphia Road LOT 9B

PROPERTY OWNER Charles & Lisa White

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 - 209 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 30 feet from the 279.56 ft. long lot line and 115 feet from the 193.62 ft. long lot line. Proceed to dig the first trench on level ground no closer than 10 feet to the side line. Place the second trench parallel to the first trench and 12 feet down slope.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OIL/CW

PLANS APPROVED BY Frank Skinner DATE 5/31/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

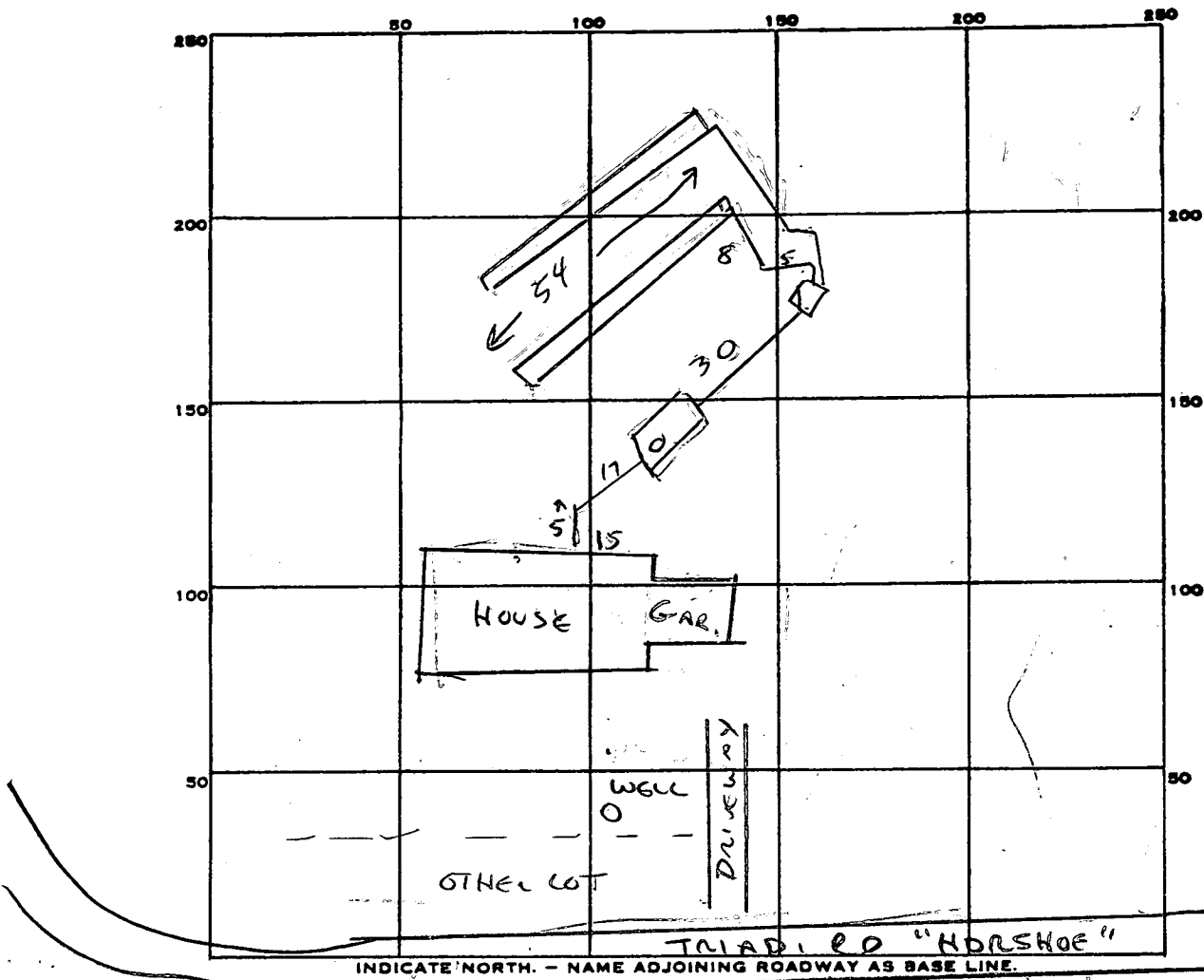
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A27911



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 108 FT.

NUMBER OF TRENCHES 2 (54+54) TOTAL BOTTOM AREA 648 ϕ

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 648 SQ. FT.

REMARKS OK TO FINISH TRENCHES AND ADD STONE. 7/22/86 CW.

DATE SYSTEM APPROVED 7-22-86

INSPECTOR S. Abel

DITCH &
DRY WELL

A 27 911

TRIDELPHIA FARMS II
LOT 9B

172 square foot sidewall area per bedroom. Dry well

inlet maximum to be 4 feet below original grade and dry

well bottom to be 1.0 feet below original grade. Place the dry well 120

feet from the FRONT lot line and 10 feet from the LEFT lot

line as seen when facing the lot from THE FRONT ~~road~~ LOT LINE

THE FRONT LOT LINE IS CONSIDERED TO BE

THE LOT LINE RUNNING N 37° 35' 32" W AND 193.62' LONG

ADD A DITCH OFF DRY WELL AFTER A 5 FT EARTH
BUFFER, DITCH IS TO BE 10 FT DEEP WITH INLET AT 4 1/2 FT
B.O.G. AND FILLED WITH 5 1/2 FT OF STONE RUN THE DITCH ON LEVEL GROUND

TOWARD PERC HOLE # 4 WHICH IS LOCATED 15 FT FROM THE FRONT
LOT LINE AND 15 FT FROM THE LEFT SIDE OF THE LOT AS
SEEN WHEN FACING THE LOT FROM THE FRONT LOT LINE

Copy to J. Cossentino 729 Franklin Cottonville

APPLICATION

A 27911

SEWAGE DISPOSAL TESTING

P. 

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/20/78

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 ~~Dr. Richard Hemphill~~ Charles & Lisa White
Claude & Sandra Cawood
9051 Balto. Nat'l Pike ADDRESS 902 Estow So. Apt 203 PHONE 776-5445
Laurel, Md 20707

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms, Section II LOT NO. 9B

ROAD AND DESCRIPTION # 13344
Triadelphia Road

SIZE OF LOT ? TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Dr. Richard Hemphill

APPROVED BY Raymond [Signature] FOR _____ DATE _____
(KIND OF SYSTEM) BLDG. PERMIT SIGNED

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM) AND RETURNED 4-7-86

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
B.P. 69477 1986

BLDG. PERMIT SIGNED
AND RETURNED 3/31/83
Serial # 54106

THIS IS NOT A PERMIT

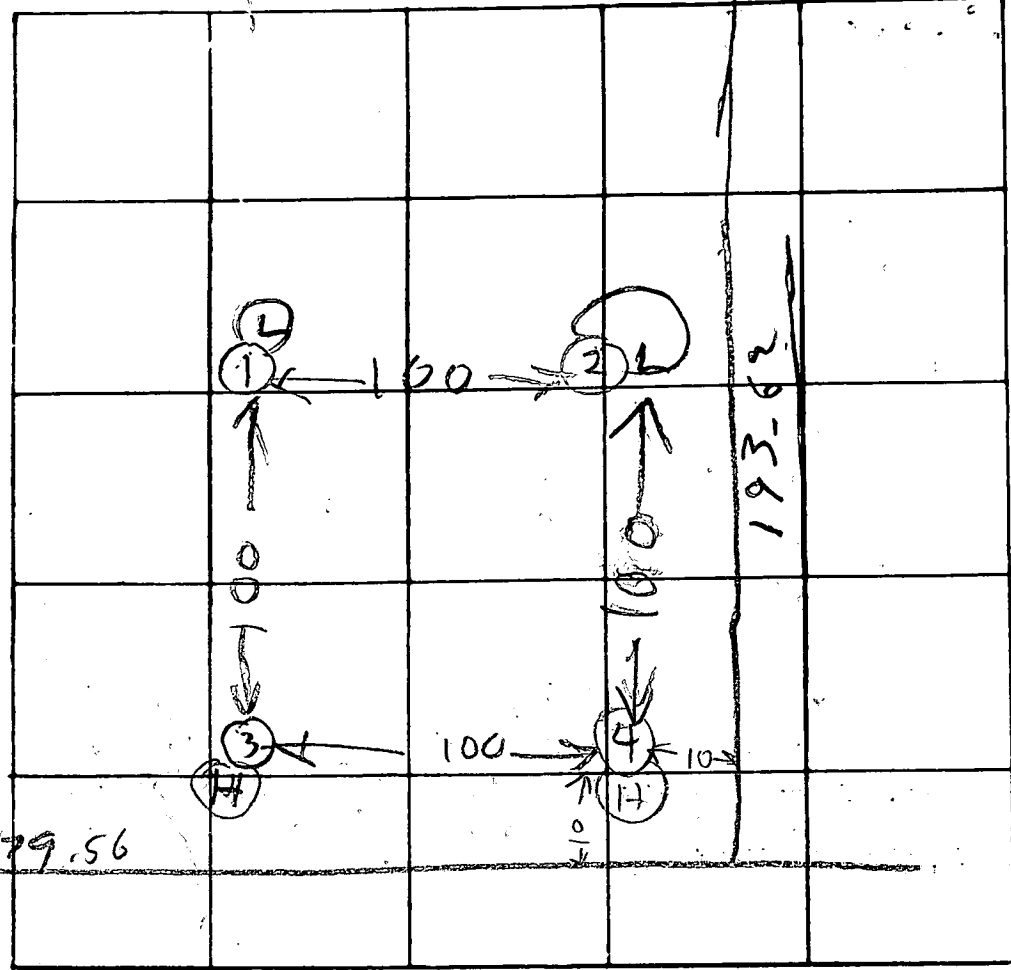
15
90

515-67

B/W

9B

199-62



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
5/11/78	1 S	5	1108	1122	1122	1148	23
5/11/78	1 D	12 1/2	1108	1128	1115	1127	11
	2 S	3	1117	1132	1118	1120	2
	2 D	14	1117	1129	1127	1142	15
	3 S	4	1132	1134	1134	1139	5
	3 D		1132	1148	1146	1209	22
5/11/78	4 V	14 1/2	TOP	3 FT	CLAY SLT		
			1307	11 1/2	SANDY		

REMARKS _____

TYPE OF SOIL _____

TESTED BY BIT _____ ALSO PRESENT: _____

FYOCOR CO
P. RUSH

9B

B 1 **11868** SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

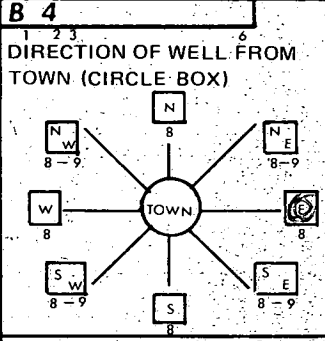
WRA PERMIT NUMBER
H0-73-4027
fill in this form completely

please print or type

DATE RECEIVED **10/7/81**
8 (WRA USE ONLY) 13
OWNER INFORMATION
COSSENTINO JOHN J. III
LAST NAME OWNER FIRST NAME
4040 JAY-FM. CIRCLE
STREET OR RFD
ELLICOTT CITY MD 21043
TOWN STATE ZIP

B 3 LOCATION OF WELL
1 2 3 COUNTY **HOWARD**
8 SUBDIVISION **TRIDELPHIA FARMS** 21
23 SECTION **2** 44 LOT **9 B** 42
NEAREST TOWN **GLENELG** 50
MILES FROM TOWN (enter 0 if in town) **2** 73 **MI** 76 77 78

B 1 CONTINUED DRILLER INFORMATION
HOWARD DILLON 209
DRILLER'S NAME 77 LICENSE NO. 80
Howard Dillon 10/6/81
SIGNATURE DATE



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
TRIDELPHIA
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
800
34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37 **MI** 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX. **11/27/81**
35' casing
30' openhole
1 1/2' above grade
Location O.K.
19 bags of cement used
O.K. J.S.

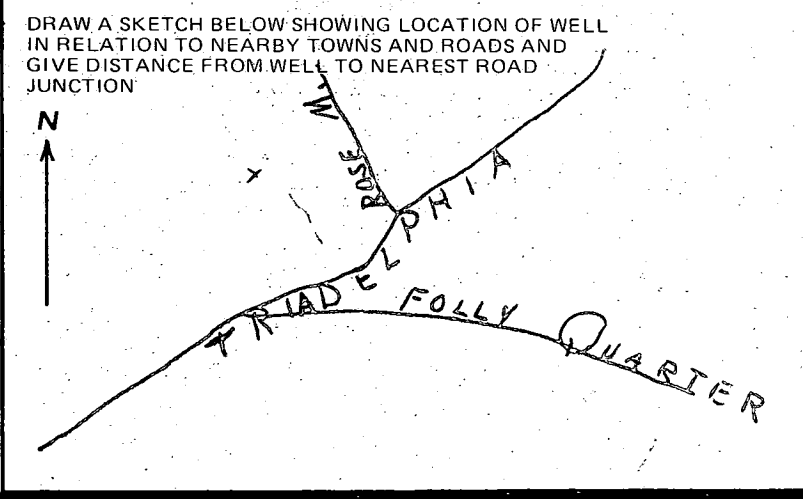
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **250** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
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 DEEPM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (WRA USE ONLY)
APPROX. PERMIT NUMBER **GAP**
WRITE INITIALS CONDITIONS **H0-73-4027**
FORCE **FS** IN BOX



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A27911** COUNTY NO.
EHA SIGNATURE **Grand Shuman** STATE HEALTH CIRCLE BOX **S**
MO DAY YR **10 16 81** CO SIGNATURE **10/16/81** DATE
NORTH **528** EAST **0806** ELEV. (FT.) _____
GRID 50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

788-8022

Date Received (OEP use only) _____ DATE WELL COMPLETED **111281** Depth of Well **365** (TO NEAREST FOOT)
 PERMIT NO. FROM PERMIT TO DRILL WELL **MC-73-A027**

OWNER **Cossentino** **John J. III**
 last name first name
 STREET OR RFD **Triadelphia Rd.** TOWN **Glenela**
 SUBDIVISION **Triadelphia Farms** SECTION **2** LOT **9B**

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	
Mica Sand	0	65	
Mica Rock	65	365	X

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **15** NO. OF POUNDS **1125**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE S T
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **32**

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

SCREEN RECORD
 screen type or openhole insert appropriate code below
 STEEL BRASS BRONZE OPEN HOLE
 PLASTIC OTHER

E A C H S C R E E N
 DEPTH (nearest ft.)
 1 H O **32** **305**
 2 _____
 3 _____

CIRCLE APPROPRIATE BOX
 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. **200**
Richard Dalton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

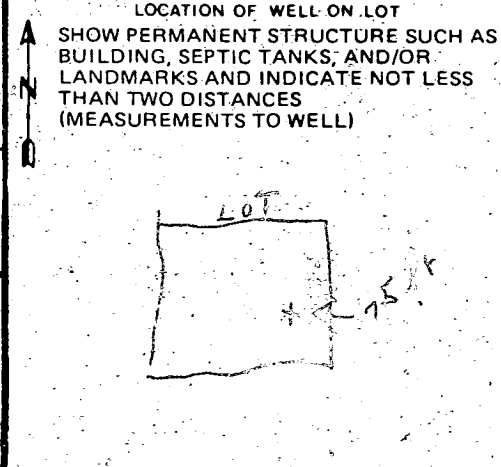
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.)
 W Q _____
 70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3 Seq. no. _____
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **L**
 METHOD USED TO MEASURE PUMPING RATE **TIME**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **325**
 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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 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)



7/23/86. 01062 well
NO FEE REQ'D CW

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

7/23/86
WPS OK'D
(PA)

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision _____ Lot # _____ Well tag # HO-73-4027
Site Address _____

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>44"</u>
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

ground wire in +
mounted -OK
power line in -OK

Tank	Piping	Well data
1. Capacity _____	1. Type <u>1"</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>✓</u>	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>44"</u>	4. Will water supply be disinfected by installer? _____

Aqua Air V100
lines connected from
outside to tank + gauge

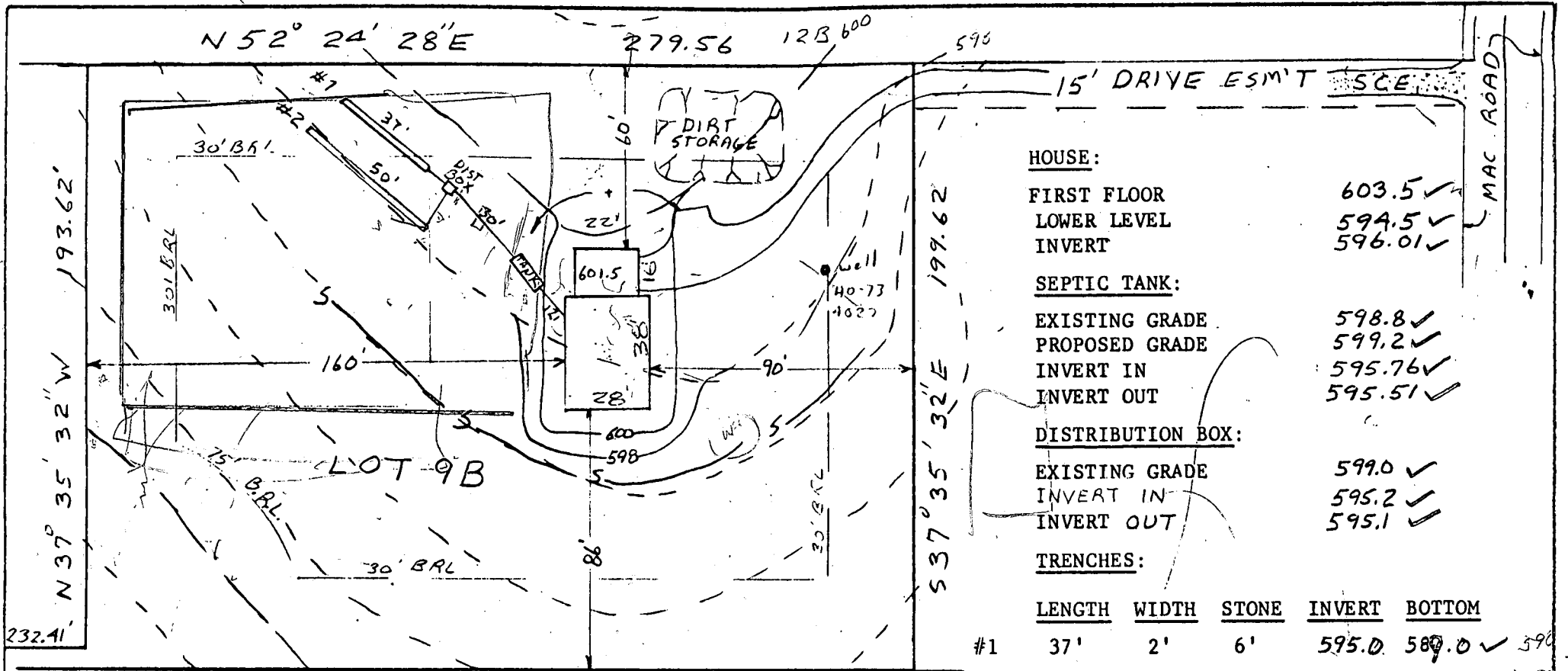
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: _____

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



HOUSE:

FIRST FLOOR	603.5 ✓
LOWER LEVEL	594.5 ✓
INVERT	596.01 ✓

SEPTIC TANK:

EXISTING GRADE	598.8 ✓
PROPOSED GRADE	599.2 ✓
INVERT IN	595.76 ✓
INVERT OUT	595.51 ✓

DISTRIBUTION BOX:

EXISTING GRADE	599.0 ✓
INVERT IN	595.2 ✓
INVERT OUT	595.1 ✓

TRENCHES:

	LENGTH	WIDTH	STONE	INVERT	BOTTOM	
#1	37'	2'	6'	595.0	589.0 ✓	590
#2	50'	2'	6'	594.0	588.0 ✓	589

I certify the above measurements and elevations are actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

B.P. 69477
White

PLOT PLAN
 PARCEL NINE "B"
 TRIDELPHIA ROAD
 TRIADDELPHIA FARMS TWO
 3rd ELECTION DISTRICT
 HOWARD COUNTY MARYLAND
 SCALE 1"=50' DATE 3/12/86

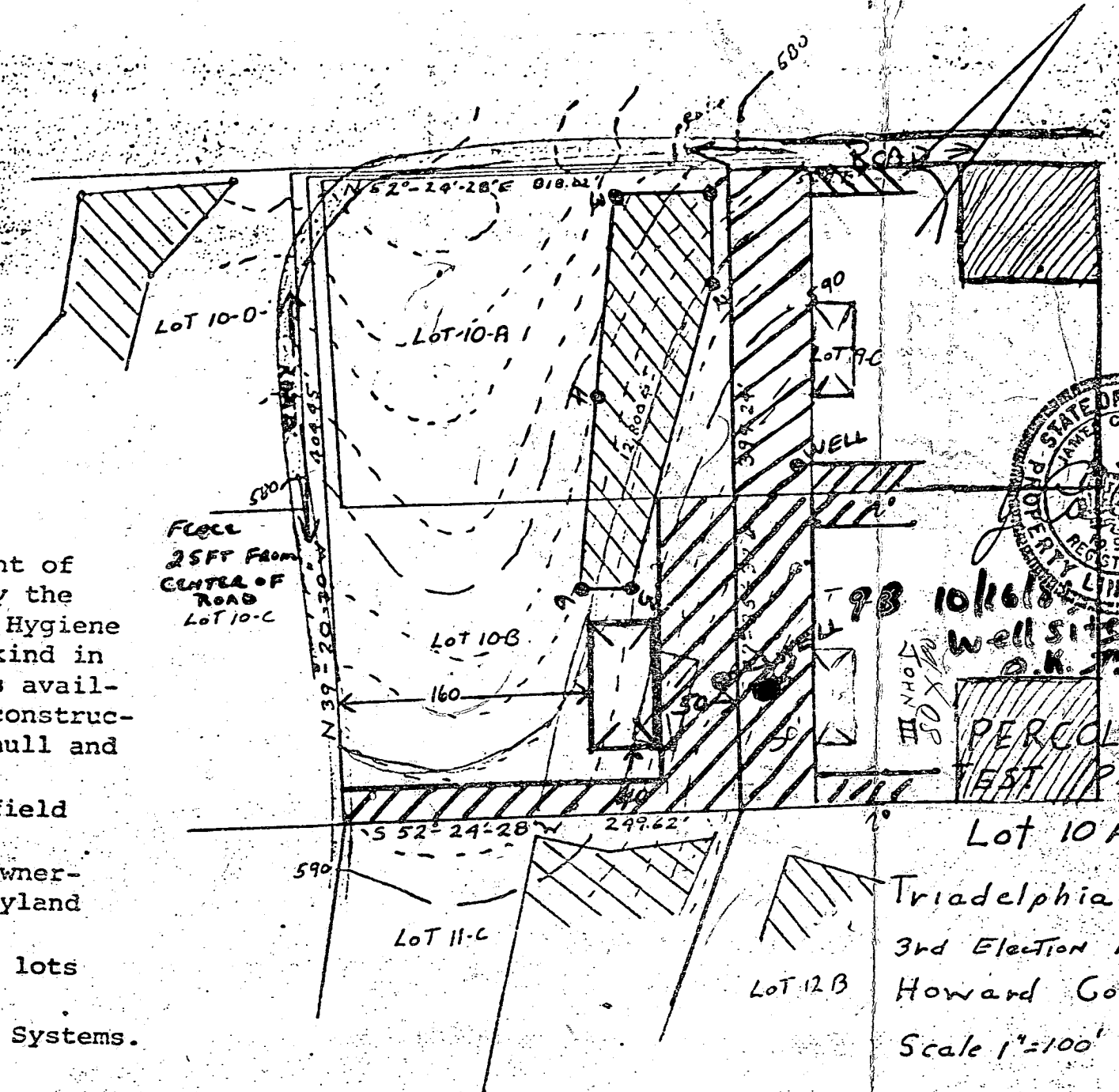
NTI ASSOCIATES, INC.
 16205 Old Frederick Rd.
 Mt. Airy, MD 21771
 (301) 442-2031

well 40-73

25 FT. AND 3

Do Not Remove
Office Copy

Handwritten note:
This area is to be used for a private sewage disposal system.



This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

Approved: For Private Water and Private Sewage Systems.

Howard County Health Department

James Byrnes
County Health Officer

4-15-8
Date

Lot 10 A & B combined
Triadelphia Farms II
3rd Election District
Howard County Md.
Scale 1"=100' Date 4-3-80