

4-2-87  
ASAD  
MM  
3PM

4/2/87  
septic ord  
P 37929  
A 26450

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

INDEXED

DISTRICT 4th

XXX992-2330X

461-9933

DATE 10/29/86

04-339851

Page Richardson

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 765-3202

SUBDIVISION Fernando Estates ROAD 14604 Triadelphia Road LOT 3

PROPERTY OWNER Page Richardson

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 - 158 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 - Start the first trench 167 feet from the rear (344') lot line and 135 feet from the left lot line as seen when facing the property from Triadelphia Road. Run trench(s) along contour toward rear lot line.

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. OK/CW

PLANS APPROVED BY C. Williams DATE 3/07/86

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.

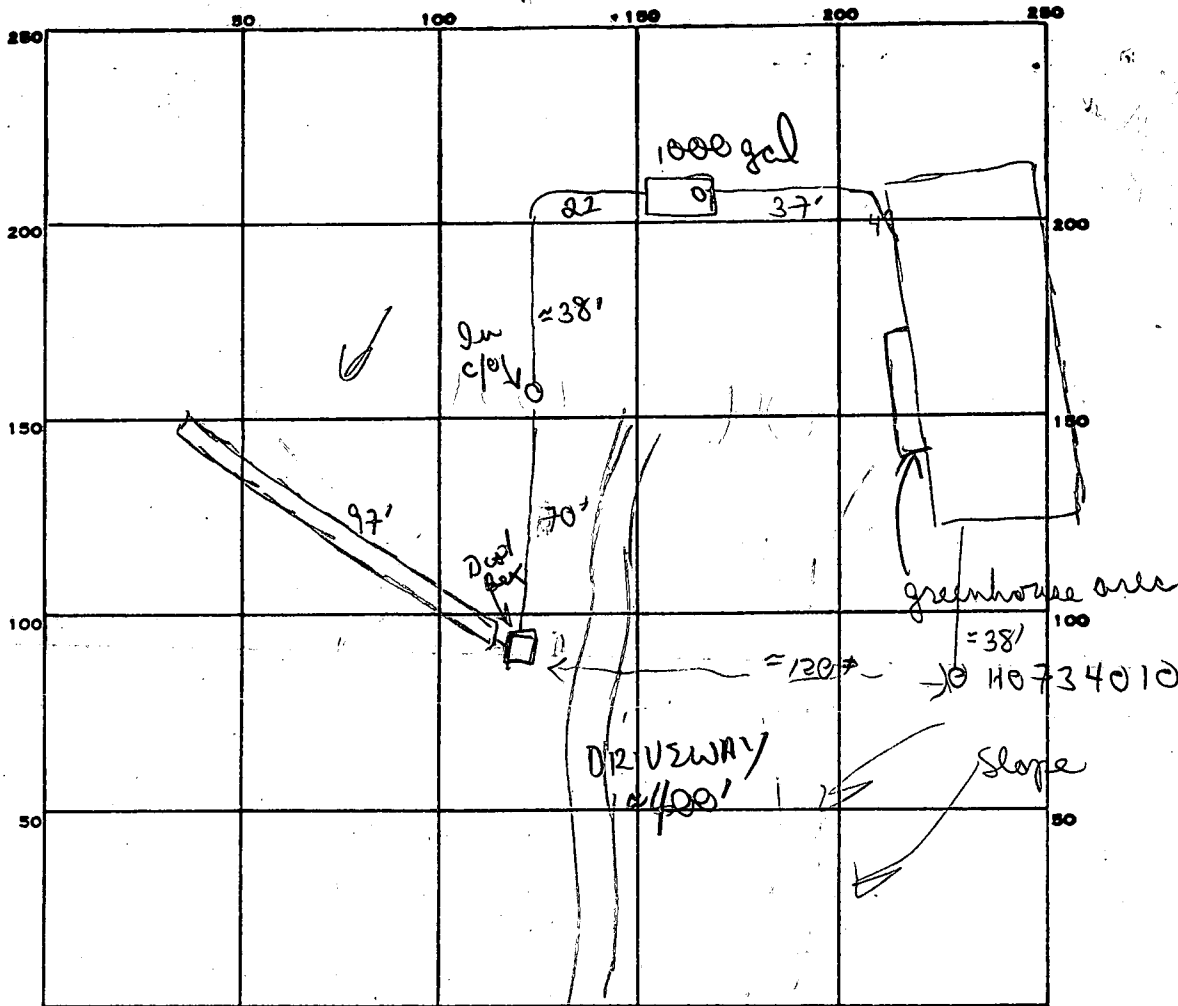
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26450



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

cond fund TRINDELPHIA RD TO ROXBURY →

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

1000 gal ✓

CLEANOUTS \_\_\_\_\_

1 S.T. 1 in line

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_

8

FT.

TRENCH WIDTH \_\_\_\_\_

2

FT.

GRAVEL DEPTH \_\_\_\_\_

1/2

IN.

TOTAL LENGTH \_\_\_\_\_

97'

FT.

NUMBER OF TRENCHES \_\_\_\_\_

1

TOTAL BOTTOM AREA \_\_\_\_\_

1 SIDE WALL

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_

FT.

DEPTH BELOW INLET \_\_\_\_\_

FT.

ABSORBENT AREA \_\_\_\_\_

SQ. FT.

REMARKS \_\_\_\_\_

4/2/87 OK to cover from house to tank, tank to dist box

OK to add stone pipe paper to trench

4/2/87 OK to cover trench & all other work

DATE SYSTEM APPROVED \_\_\_\_\_

4/2/87

INSPECTOR \_\_\_\_\_

B. Ripan

120  
3  
480 MIN  
97  
5  
485

PRELIMINARY

# APPLICATION

A 26450

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

8/10/77  
9:30 A.M.

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DATE 7/20/77

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

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.

work# 765-3202

PROPERTY OWNER ~~Dominic J. Feniano~~ Page Richardson

Any questions call Mr. Hallowell

ADDRESS 14702 Triadelphia Road, Glenelg, Md. PHONE 286-2988

PROPERTY LOCATION:

BP# 60441

SUBDIVISION # 14604 LOT NO. 3, sec. 1, area 1

ROAD AND DESCRIPTION adjacent to 14702 Triadelphia Road

SIZE OF LOT 4 acres m/l TYPE BLDG. 3 or 4 bedrooms

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/ Richard Hallowell

APPROVED BY [Signature] FOR French DATE 8/11/77  
(KIND OF SYSTEM)

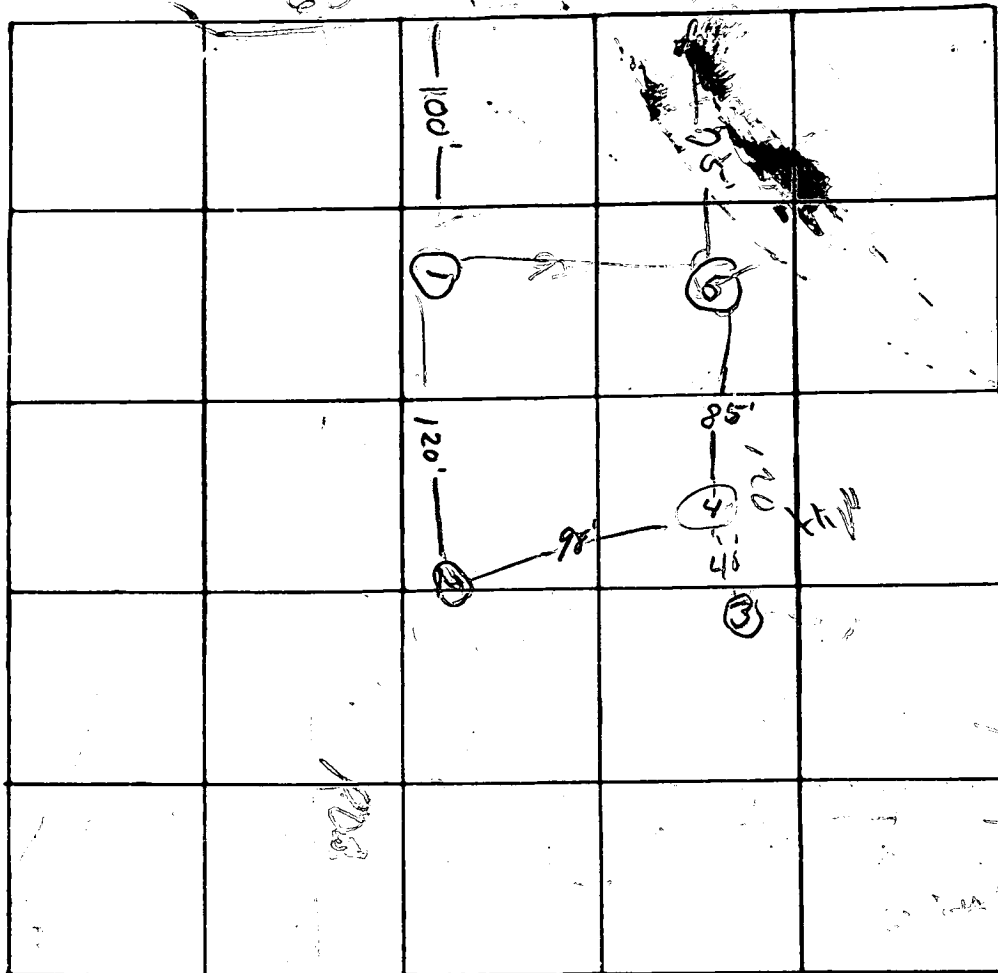
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS [Signature] DATE 8/11/77

REASONS FOR REJECTION OR HOLDING Need Final Plat

BLDG. PERMIT SIGNED  
AND RETURNED 8-20-77

# THIS IS NOT A PERMIT



| DATE | TEST NO.  | DEPTH   | PRE-WET   |             | TEST - 1" DROP |       | TIME |
|------|-----------|---------|-----------|-------------|----------------|-------|------|
|      |           |         | START     | STOP        | START          | STOP  |      |
| 8/10 | 3 1/2 L S | 3 1/2'  | 11:38     | 11:39       | 11:39          | 11:40 | 1    |
|      | 2 9       | 12"     | 11:38     | 11:40       | 11:40          | 11:46 | 6    |
|      | 2 5°      | 3'      | 11:42     | 11:44       | 11:44          | 11:46 | 2    |
|      | 4         | 13"     | 11:40     | 11:42       | 11:42          | 11:44 | 2    |
|      | 3         | 9' Rock |           |             |                |       |      |
|      | 4 S       | 4'      | 12:19     | 12:22       | 12:22          | 12:29 | 5    |
|      | 9         | 13"     | 12:15     | 12:19       | 12:19          | 12:29 | 10   |
|      | 5         | 4-12'   | good soil | hard bottom |                |       |      |
|      |           |         |           |             |                |       |      |
|      |           |         |           |             |                |       |      |

REMARKS Keep system 3-8' in upper 1/2 of area

TYPE OF SOIL Sandy-Silty loam

TESTED BY DJG ALSO PRESENT: Fernando, Fyock, Hollowell

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

New Installation  Replacement   
 Receipt # 36630 Date 3/3/86  
 Name of Installer T+R P/BG + HTC Telephone 725-2392  
 License number 7079  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner Page Richardson Telephone \_\_\_\_\_  
 Subdivision Familio Estates Lot # 3 Well tag # HO-73-4010  
 Site Address 14604 Tridelphia Road  
Glenn, Md. 21737

**Pump**  
 1. Type  a. Deep well jet   
 b. Shallow well jet   
 c. Submersible   
 2. Make JOC UZZI  
 3. Model # B754792/A  
 4. Capacity 7 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

**Motor**  
 1. Horsepower 3/4  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

**Pitless Adapter**  
 1. Make HARVARD  
 2. Model # PT 800  
 3. Depth 3'

**Tank**  
 1. Capacity 15 gal.  
 2. Pressure relief valve? Yes

**Piping**  
 1. Type Orwelline  
 2. Size 1"  
 3. NSF and/or BOCA Code approved Yes  
 4. Depth of supply line 3'

**Well data**  
 1. Depth 265 ft.  
 2. Yield 2 GPM  
 3. Static water level 55 ft.  
 4. Will water supply be disinfected by installer? NO

3/7/86 - Pitless & lines are 4 ft below grade  
No work completed inside house

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: [Signature]  
 Date: Feb. 24, 1986

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

C1 8192 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

COUNTY NUMBER A 26450

Date Received (WRA use only) Oct. 14, 1981 DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4010

OWNER: Richardson last-name, Page first-name, W. STREET OR RFD: Triadelphia Road TOWN: Glenelg SUBDIVISION: Femiano Estates SECTION: 1 area LOT: 3

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. Rows: Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1100

CASING RECORD casing types insert appropriate code below: (ST) STEEL, (CO) CONCRETE, (PL) PLASTIC, (OT) OTHER

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD screen type or openhole insert appropriate code below: (ST) STEEL, (BR) BRASS BRONZE, (PL) PLASTIC, (HO) OPEN HOLE, (OT) OTHER

DEPTH (nearest ft.) HO 40 265

CIRCLE APPROPRIATE BOX [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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED PERMIT TO DRILL WELL...

DRILLERS IDENT. NO. 223 DRILLERS SIGNATURE Ralph E. Maynard SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

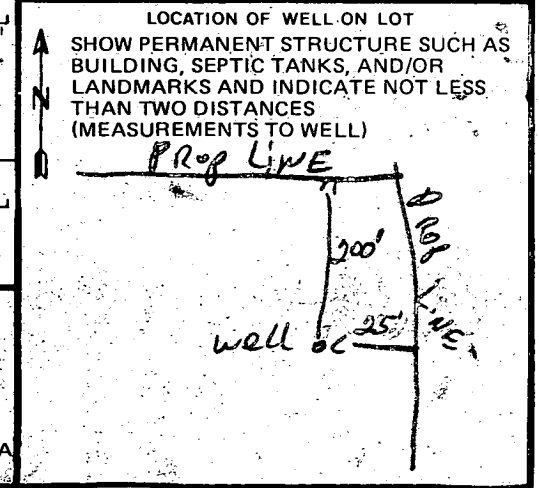
SCREEN DEPTH (nearest ft.) HO 40 265 SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 WHEN PUMPING 265 TYPE OF PUMP USED (for test) [A] air, [P] piston, [T] turbine, [C] centrifugal, [R] rotary, [O] other, [J] jet, [S] submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N) 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 2 (nearest foot)



B 7 **6799** 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  
**HO-73-4010**  
fill in this form completely

please print or type

DATE RECEIVED **9-8-81**  
**10/14/81** 8 (WRA USE ONLY) 13  
**9:30 AM** OWNER INFORMATION  
**551-5469**  
**RICHARDSON** PAGE W  
LAST NAME OWNER FIRST NAME  
**1850 CEDAR DR.**  
STREET OR RFD  
**SEVERN MD 21144**  
TOWN STATE ZIP

B 3 LOCATION OF WELL  
COUNTY **HOWARD**  
SUBDIVISION **Femiano Estates**  
SECTION **1, a/c** LOT **3**  
NEAREST TOWN **GLENELG**  
MILES FROM TOWN (enter 0 if in town) **3**

B 1 CONTINUED DRILLER INFORMATION  
**Ralph MAYNE 273**  
DRILLER'S NAME LICENSE NO.  
**Ralph Mayne 9/14/81**  
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**TRIADOLPHIA**  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**600**  
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

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

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
WRITE THE BOX NUMBER FROM THE MAP HERE  
**790 3**  
**510 6**

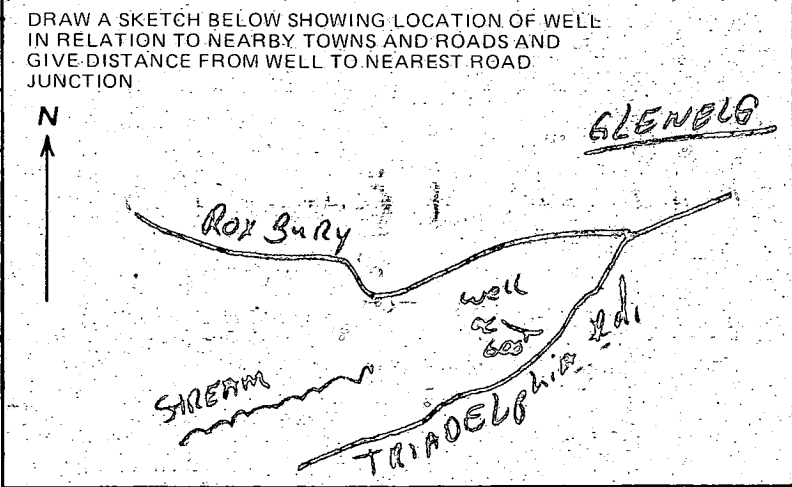
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND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

APPROXIMATE DEPTH OF WELL **150'** 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 DEEPEMED AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (WRA USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
WRITE INITIALS IN BOX **FS** CONDITIONS **HO-73-4010**



B 4 NOT TO BE FILLED IN BY DRILLER: HEALTH DEPARTMENT APPROVAL  
COUNTY NAME **HOWARD** COUNTY NO. **A 26450**  
EHA. SIGNATURE **Frank Skinner** STATE HEALTH CIRCLE BOX **S**  
MO DAY YR **09 28 81** DATE **9/28/81**  
NORTH GRID **516** EAST GRID **0793** ELEV. (FT.)

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

