

10/20
10/20

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40249

A 27883

DISTRICT 3rd

DATE 10/15/87

DATE SYSTEM APPROVED 20 OCT 87

INSPECTOR RH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

03-302253

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mount Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Triadelphia Farms II ROAD 13309 Hunt Ridge LOT 11C

PROPERTY OWNER Cynthia Miller

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the right (182') lot line and 25 feet from the rear lot line as seen when facing the property from the Right-of-way. (Triadelphia Road Extension). Run trenches along contour toward left (North) side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 12/06/85

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

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 6/16/92

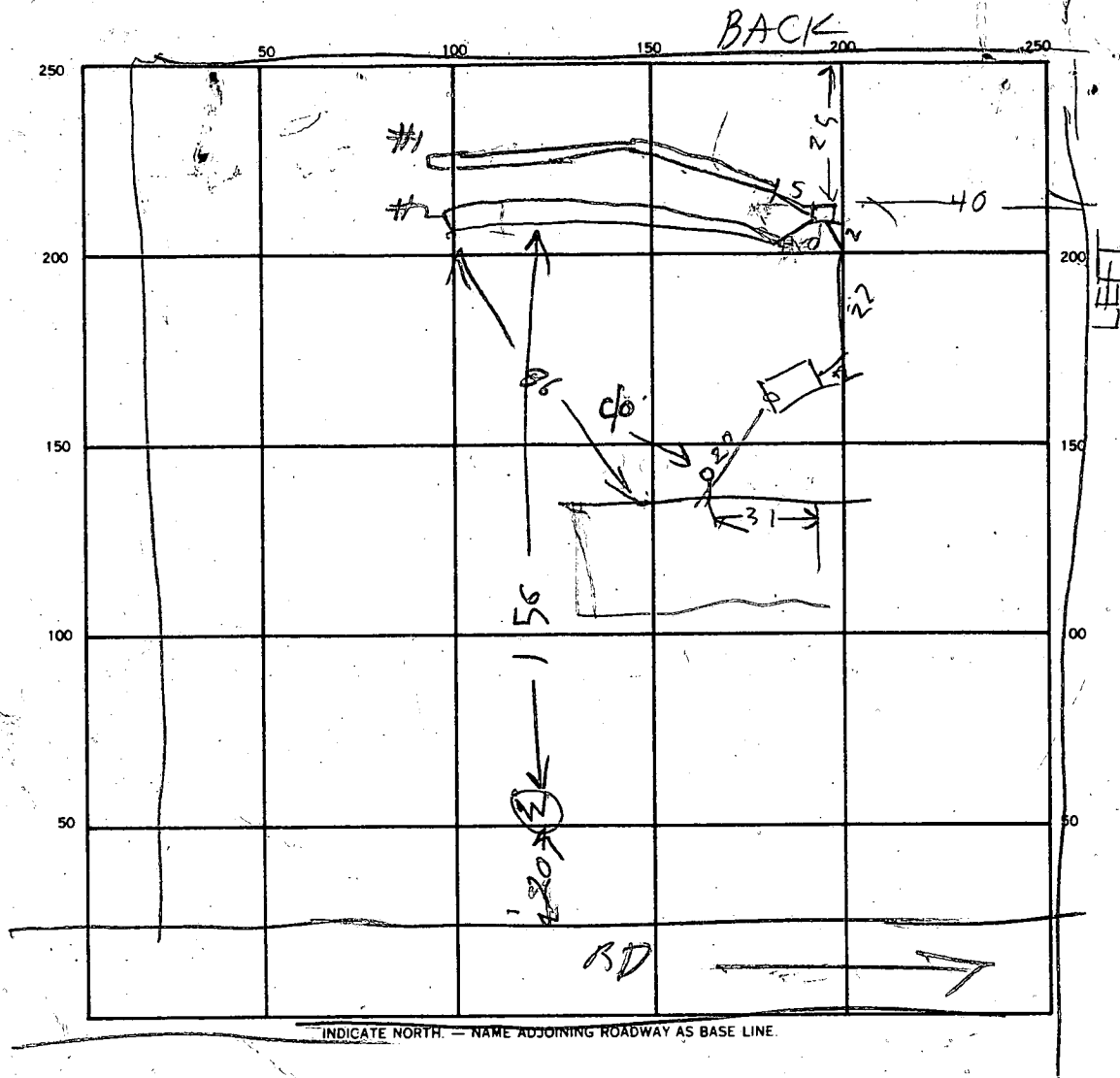
Serial # 43453 - Pool

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 27183



SEPTIC TANK, LEVEL 1250

CLEANOUTS 0

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 4/6 FT. TRENCH WIDTH 3/3 FT. INLET DEPTH 2/2 FT.

EFFECTIVE GRAVEL DEPTH 112 FT. TOTAL LENGTH 100 102 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 606 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

INSPECTOR

Raymond Hodges

SUBDIVISION: TRIADELPHIA FARMS II

LOT NUMBER: 11C

A 27883

DRY WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon — 1500	
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

Trench to be 23 wide. 200 sq. ft./bedroomInlet 3 feet below original grade.Bottom maximum depth 4 1/2 feet below original grade.Effective area begins at 3 feet below original grade.2 1/2 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 absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 100' FROM THE RIGHT (182')

LOT LINE AND 15' FROM THE REAR LOT LINE AS SEEN WHEN FACING

THE PROPERTY FROM THE RIGHT-OF-WAY (TRIADELPHIA RD EXTENSION).

RUN TRENCHES ALONG CONTOUR TOWARD LEFT (NORTH) SIDE OF PROPERTY.

12/6/85 CWL/la

APPLICATION

11C
Page 1

A 27883

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 386

DISTRICT 3rd

DATE 4/17/78

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 ~~Robert Dorsey~~ CYNTHIA Miller

ADDRESS 9926 Cypressmeade Drive, Ellicott City, Md. PHONE 465-5739

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms, Section II LOT NO. 11C

ROAD AND DESCRIPTION Triadelphia Road at Walt-Ann Drive
13372 Triadelphia Rd.

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.

BLDG. PERMIT SIGNED
AND RETURNED 3-26-87

SIGNATURE OF APPLICANT /s/ Robert L. Dorsey

APPROVED BY _____ FOR Shallow Trenches DATE 5 Apr
(KIND OF SYSTEM)

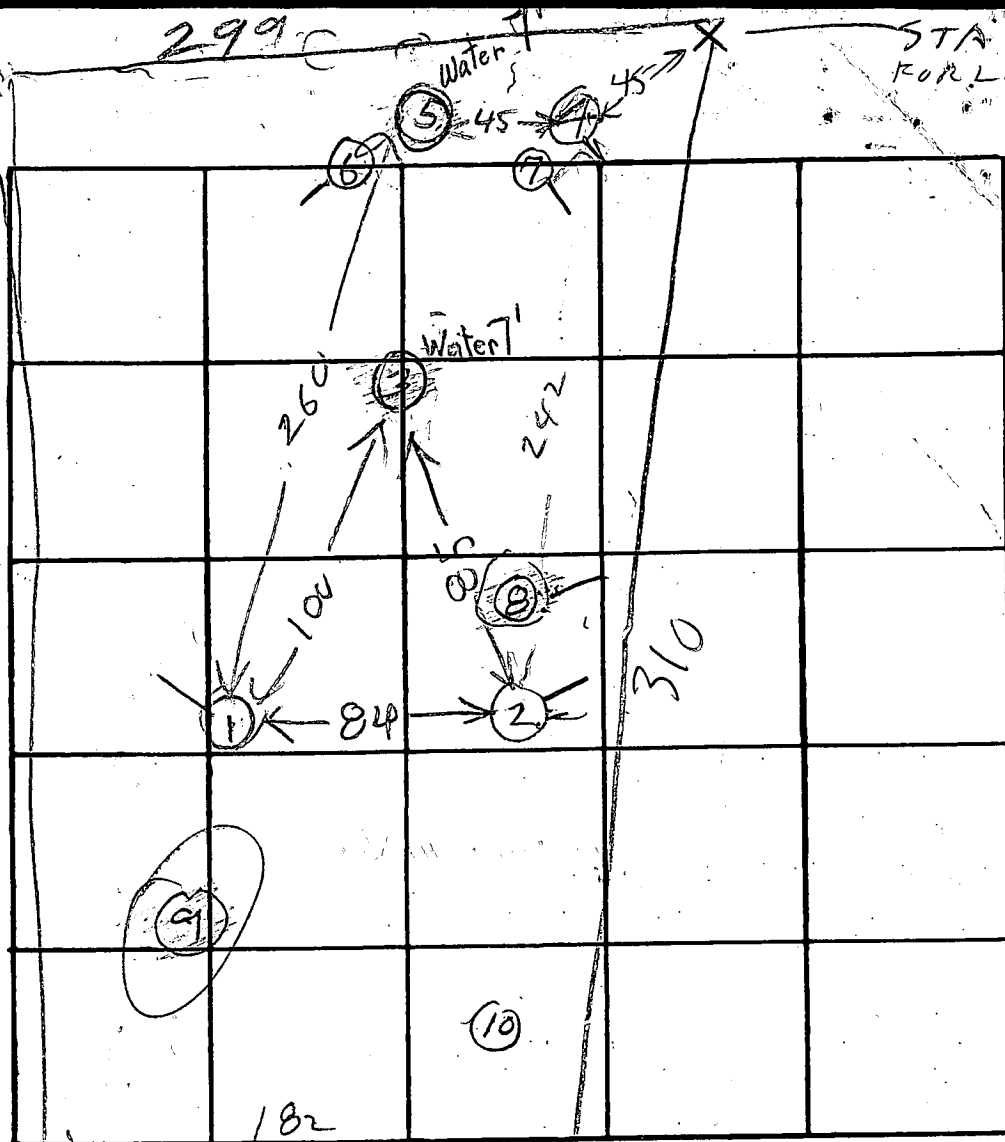
REJECTED BY _____ FOR _____ DATE BP# 10672
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/26/78 REJECTED WATER R/H
2/2/78 SEE PAGE 2

THIS IS NOT A PERMIT

lot 11C



PROBABLE
SOIL
TYPE

TRIDELPHIARD

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
MIBZ	4/14/79	1D	8 1/2	1019	1021	1021	1021	1
	4/26/79	1S	4	1019	1021	1021	1024	3
MIBZ		2D	8 1/2	1026	1027	1027	1030	3
		2S	4	1026	1039	1039	1055	16
GICZ		3V	8	WATER		7 FT		
GICZ		4S	3	1044	1047	1047	1049	2
		4D	8	1044	1049	1049	1054	5
GICZ	4/6/79	5V	7	WATER		7 FT		

REMARKS CERTIFY HOLES HOLES NOT DUG AS SHOWN
ON TEST PLAT
TYPE OF SOIL
lot 11C

APPLICATION

Page 2

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 27883

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD

DATE _____

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 R. DORSET

ADDRESS 9925 CYPRESSMEDE DR PHONE 465 5739

PROPERTY LOCATION:

SUBDIVISION TRINELPHIA FARMS LOT NO. 11C

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING: 2/2/79 - HOLD FOR REVIEW WATER,
SLOW HOLES & MAY BE NO HOUSE SITE OR WELL SITE
RH 2/21/79 Held for Review Rejected Water 1978 & also
need shallow tests RH

THIS IS NOT A PERMIT

11C

PAGE 2
SEE PLAT
PAGE 1

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/79	6D	8	308	328	328	337	9
	6S	4 1/2	308	316	316	328	12
	7S	3 1/2	310	311	311	313	2
	7D	9 1/2	311	321	321	334	13
	(8S)	4	318	334	445 little per FAIL		
	8D	9	319	323	323	329	6
	9D	8	333	335	335	350	15
	(9S)	3 1/2	333	353	little per FAIL		
	10S	4	338	341	341	348	7
	10D	10	340	345	345	405	10

6V

12

ALL SANDY & DRY

water at 7'
approx 178 adj. b/c

REMARKS

TYPE OF SOIL

TESTED BY

RH & MB

ALSO PRESENT

REWER &

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A A27883

P _____

DISTRICT

3RD

DATE _____

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

R DORSEY

ADDRESS

992 CYPRESS MEADOW DR

PHONE

4655739

PROPERTY LOCATION:

SUBDIVISION

TRIDELPHIA FARM SECT 2

LOT NO.

11C

ROAD AND DESCRIPTION

TRIDELPHIA RD NEAR

WALT WENNER

SIZE OF LOT

TYPE BLDG.

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.

SIGNATURE OF APPLICANT _____

APPROVED BY _____

FOR _____

DATE _____

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING

MAY 79 FEE SAID LOT REJECTED

THIS IS NOT A PERMIT

SOIL PROFILE

CLAY

5A207

WATER

HOLE ELEVATIONS

H = HIGH (12) (14)

$L = \text{LOW} \odot \odot$

$m = \text{medium}$ 

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TO TR. DIS. PHIA RD →

(11) DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/6/79	X8ES	3	1:32	1:37	1:37	1:45	8
	X9ES	3	1:26	1:37	1:37	1:51	14
	Above tests no good. Added 4' 3" more water.						7
4/6/79	(5) - WATER AT 7'	4/78					
	(5) - DRY SANDY	2/79			12' DEPTH		
	(5) - 13'		SMALL AMT. OF SEEPAGE AT 13' AFTER 30 MINUTES				
8/6/80	10Y	12	SEE SOIL PROFILE WATER 11 1/2 FT				
3/6/80	11S	4 1/2	1218	1224	1224	1232	8

REMARKS

TALKED TO DEVRA THERE IS A WELL SITE

TYPE OF SOIL

3/6/80 K. HATFIELD & RH

TESTED BY

2/6/79 R/HG JS

ALSO PRESENT

DENNY 88 DEVRA
2/6/79

APPLICATION

PAGE 4

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 27883

P _____

DISTRICT 3RD

DATE 4/7/78

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 ROBERT DORSET

ADDRESS 4926 CYPRESS MEADE DR PHONE 465 5739

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 11C

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY C. William FOR SHALLOW TRENCHES DATE 12/6/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/1/80 - HOLD FOR REVIEW WATER R.H.

4/10/80 HELD FOR REVIEW WITH DM REJECTED WATER R.H.

PLAT SIGNED 5-21-80 - SUFFICIENT GROUND EXISTS

HIGHER ON LOT TO INSTALL 2 SYSTEMS - APPROVAL UPHELD

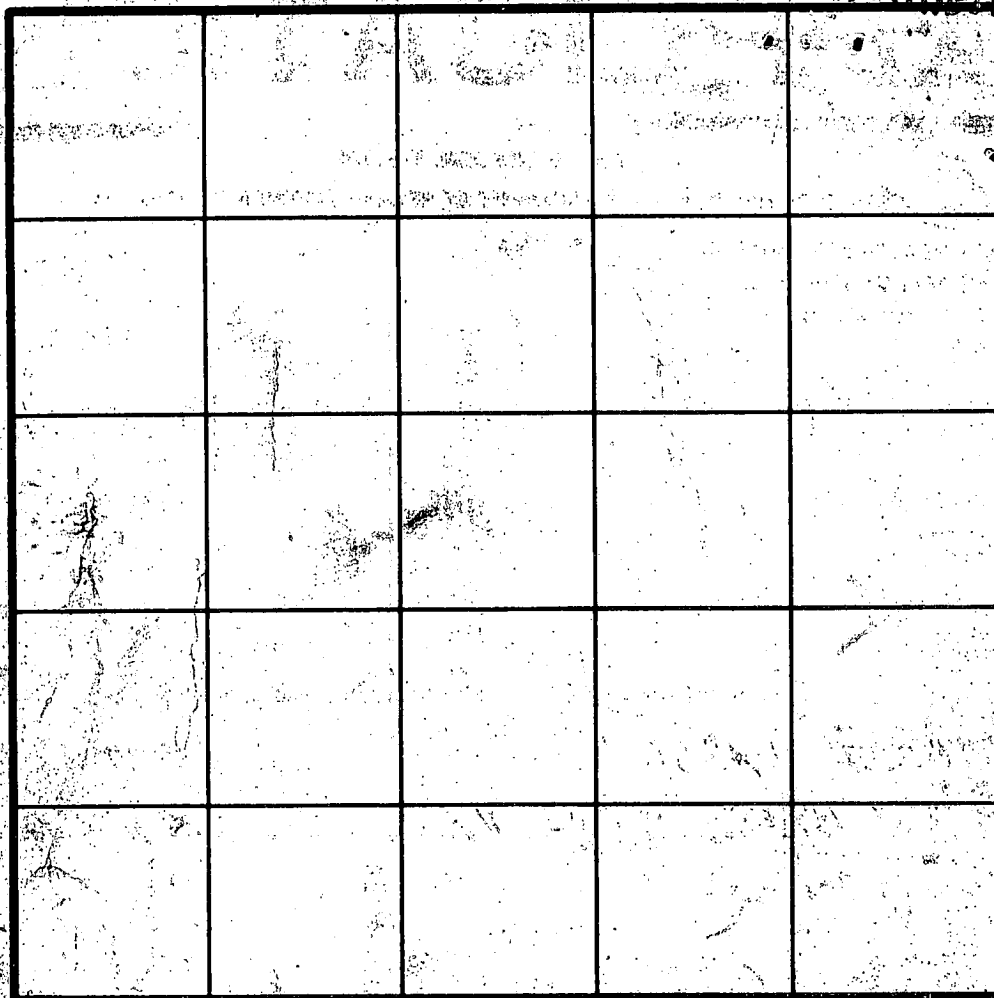
12/5/85 C. William

THIS IS NOT A PERMIT

TRINITY
FARM

11C

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/80	12S	3	140	145	145	153	8
	12D	10 1/2	140	144	144	146	2
	13V	7	TOP 3 1/2 FT CLAY WATER BOT 3 1/2 FT SAND 6 1/2 FT				
	14S	3 1/2	152	215	1st mech	23	
4/1/80	14V	9 1/2	TOP 4 FT CLAY 15 H BOT 5 1/2 SANDY DRY				

REMARKS

TYPE OF SOIL

TESTED BY

JS & BH

ALSO PRESEN

D. REWER
K. ALLEN CO.

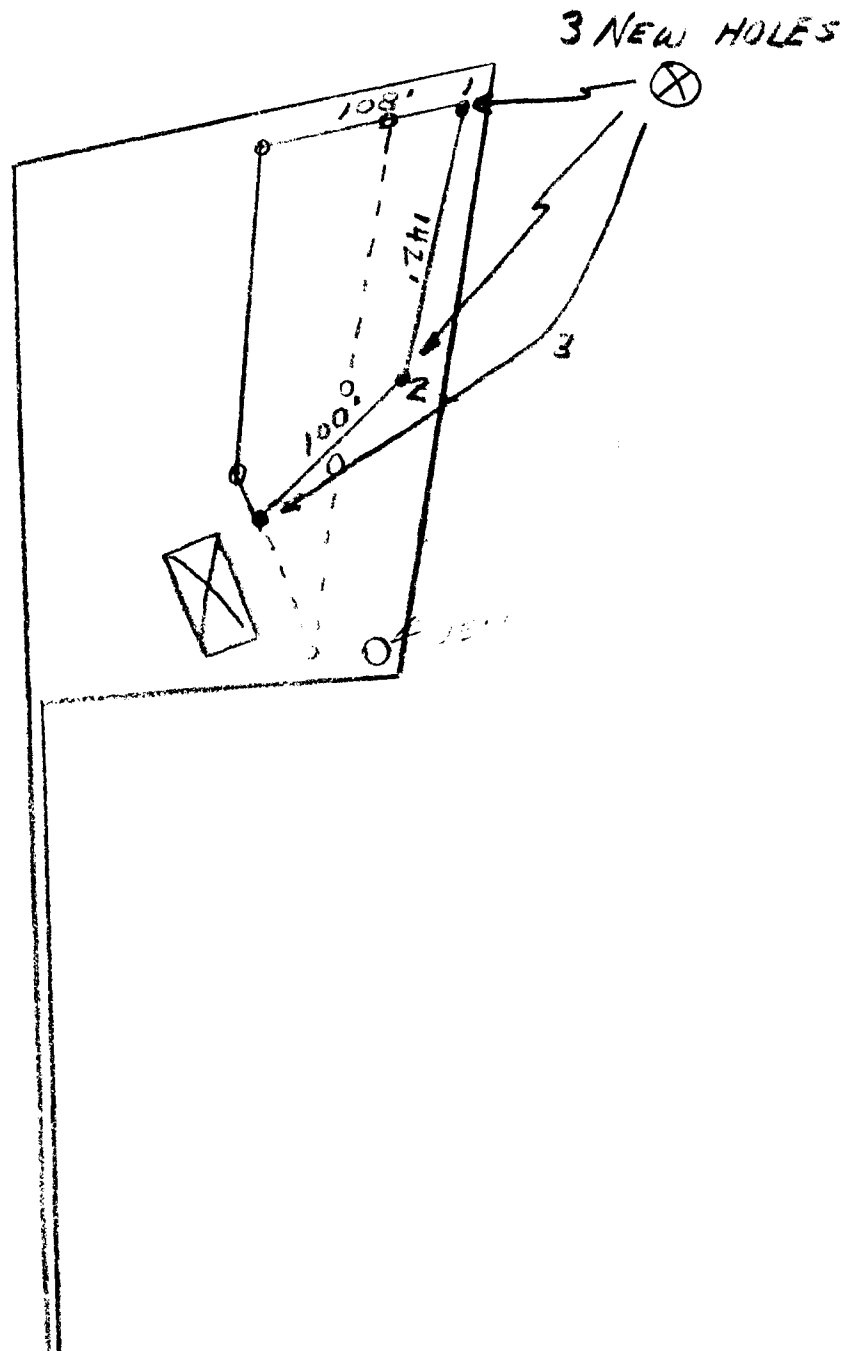
A 27853

LOT 11C T_F

ELEVATIONS
 HOUSE 30.1
 WELL 304
 NEW HOLE
 # 1 297.8
 # 2 297.9
 # 3 298.2

A. 12 ①
 13 ③
 14 ②

SEE RPT. 15 P. 101, 102
 OF 41120



TRIANGLE RD

December 5, 1985

Fred Dixon
United General Contractors
8370 Court Avenue
Ellicott City, Maryland 21043

RE: Triadelphia Farms II
Lot 11C

Dear Mr. Dixon:

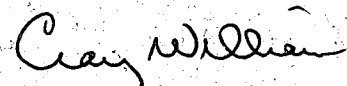
We have conducted an onsite inspection of the above referenced property this date. The well site selected by you is acceptable and the permit application has been approved.

The percolation plat was found to be in error. It will be necessary to install the septic system close to the rear lot line on ground higher than indicated on the signed plat.

I have included a copy of the septic specifications and the corrected septic reserve area for the property. This information should be incorporated in the elevation drawing that you will prepare when applying for a building permit.

If you have any additional questions relative to this matter, please call me at 461-9933.

Very truly yours,



Craig Williams, Director
Water and Sewerage Program

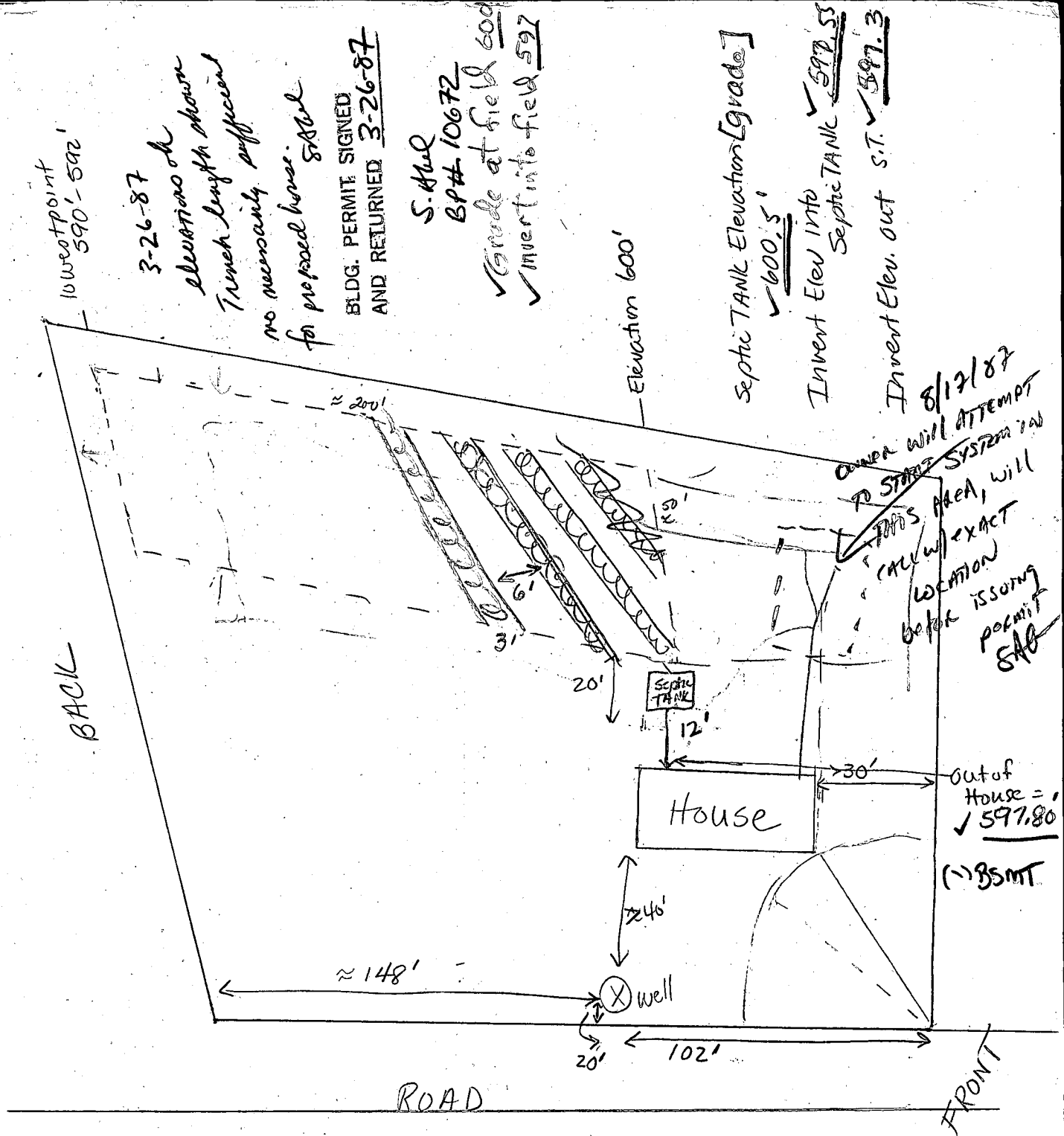
CW:JR

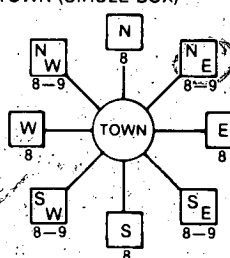
Enclosure

TRIDELPHIA RD.
LOT 11-C
Cindi Miller
12-16-86

House (Land=600)
1st Floor - 604 ft. ✓
Basement - 596 ft. ✓

Well elevation
= 600' ✓

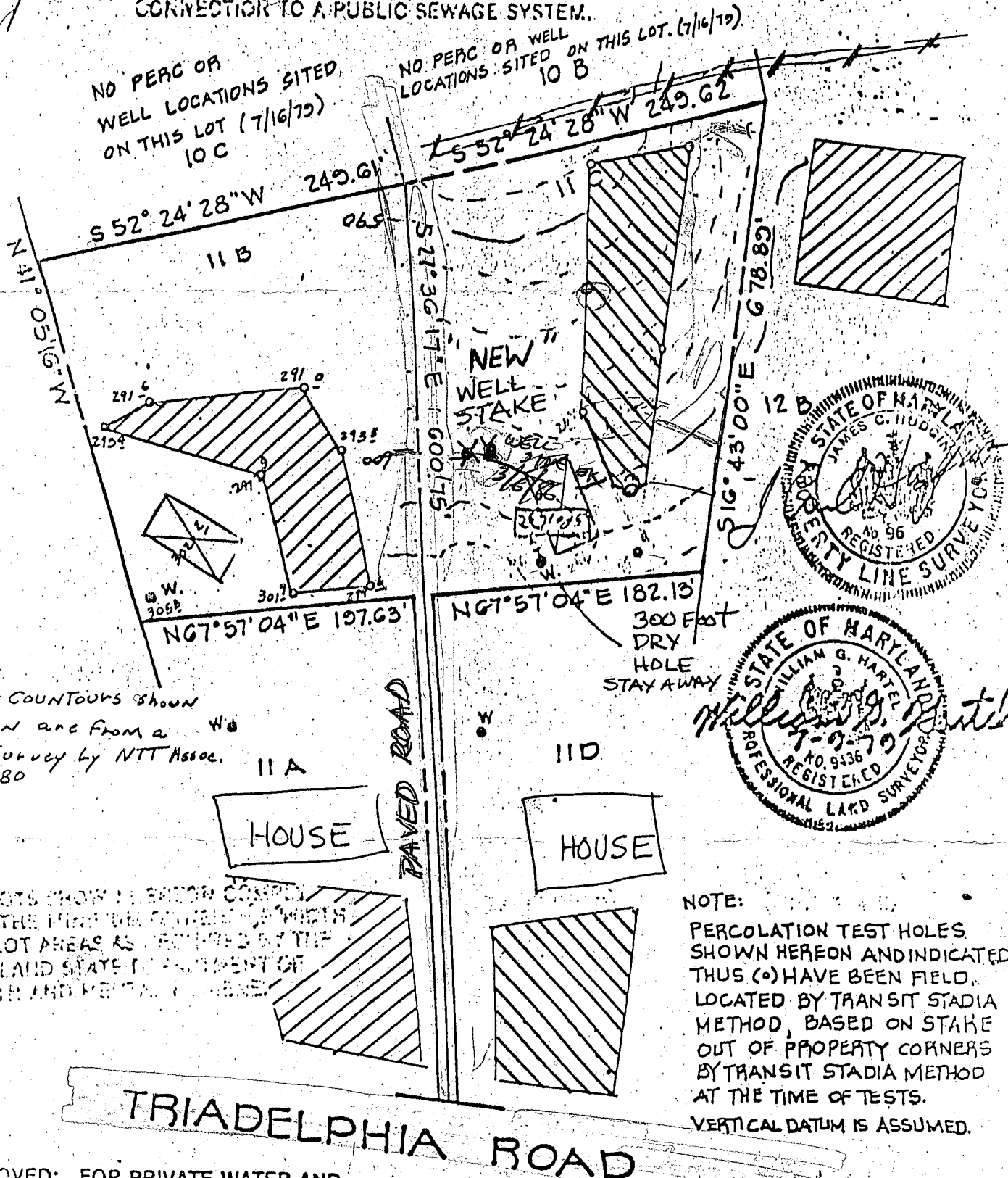


B 1 1254	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-21-1373
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
Date Received 12-1-86		B 3 LOCATION OF WELL	
OWNER INFORMATION 149620 MIAHEA 9944 CARILLON DR ELLICOTT CITY MD 21043		HOLLYWOOD TRINITY PHIA EARNES SECTION 44-46 LOT 48-50 ALFRED MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION Ralph Mayne Ralph Mayne (well drilling) 720 Brown Ave. & 2nd St. N. W. Ralph Mayne 03/05/86		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		TRINITY PHIA Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT or MI 1/2	
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 3/19/86 CO SIGNATURE EXP. DATE 09/19/86 NORTH GRID 522000 EAST GRID 0806000			
APPROXIMATE DEPTH OF WELL 150 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. Tap & papers given 3. to Mayne crew WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 520	
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		Location - see plat 38' casing 1' above yr 35' open 8 bag cement 3/21/86 88	
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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE A2 WRITE INITIALS IN BOX PERMIT No. 11-1-1-1-1-1-1-1-1-1 SPECIAL CONDITIONS			

AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

NO PERC OR WELL LOCATIONS SITED ON THIS LOT (7/16/79)
10 C

NO PERC OR WELL LOCATIONS SITED ON THIS LOT (7/16/79)
10 B



Note: COUNTours shown hereon are from a W. Field Survey by NTT Assoc. ON 3-11-80

NOTE:
PERCOLATION TEST HOLES SHOWN HEREON AND INDICATED THUS (o) HAVE BEEN FIELD LOCATED BY TRANSIT STADIA METHOD, BASED ON STAKE OUT OF PROPERTY CORNERS BY TRANSIT STADIA METHOD AT THE TIME OF TESTS. VERTICAL DATUM IS ASSUMED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

John S. Baker 5-21-81
COUNTY HEALTH OFFICER DATE

NOTE: PERCOLATION TEST HOLES SHOWN HEREON (o) HAVE BEEN FIELD LOCATED.

10/27
AM ASAP

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 # 39611
Date 7/19/87

Name of Installer Allen M. Van Sant, Inc. Telephone 442-2221

License number 1862
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Cynthia Miller Telephone 788-4899
Subdivision 1A Lot # 71-C Well tag # HU-B1-1373
Site Address 13372 Grandview Rd.

Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒
2. Make Grundfos
3. Model # 5ES07
4. Capacity 5 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 ☐
2. RPM ☐
3. Voltage ☐
a. 110 ☐
b. 220 ☐

Pitless Adapter
1. Make ☐
2. Model # ☐
3. Depth ☐

Tank
1. Capacity 42
2. Pressure relief valve? yes

Piping
1. Type 160 lb
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3

Well data
1. Depth 300 ft.
2. Yield 1 GPM
3. Static water level 1 ft.
4. Will water supply be disinfected by installer? ☐

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.

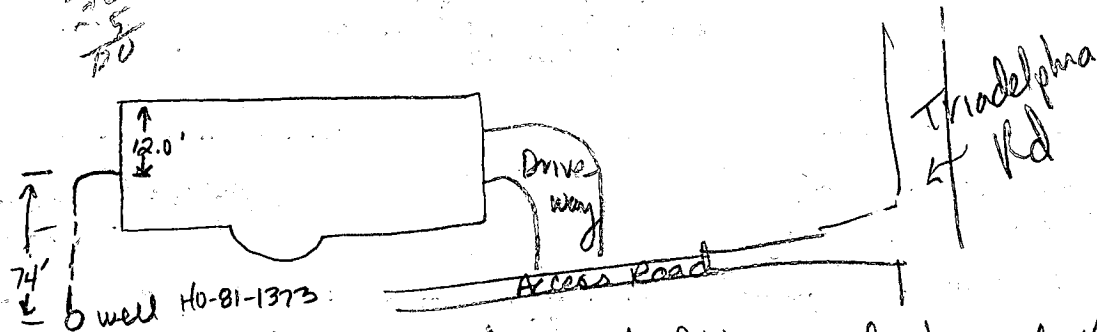
Signature of Applicant: [Signature]

Date: HEV 6-30-87

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

31
24
12
3
6
1

2.5
20



10-27-87 well HO-81-1373: well line partially covered. Pitless adaptor at 42 inches.
House connection ok. No ground line, plastic casing, JEPadean

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUL 2 10 30 AM '87
ENVIRONMENTAL
HEALTH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Michael Loureno

(Name)

*9944 Carillon Dr.
Ellicott City Md 21043*

(Address)

(OEP Well Permit Number)

SP-11C Grudolphia Somo 2

March 5, 1986

(Date)

C1 00433

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

A-3627-W

DATE Received

030796

DATE WELL COMPLETED

032186

Depth of Well

300 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-21-1373

OWNER ~~LAURENO~~ MICHAEL
STREET OR RFD ~~TRIDELPHIA~~ RD first name TOWN GLENVIEW
SUBDIVISION TRIDELPHIA FARMS SECTION LOT 11C

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed) FEET
FROM TO Check
if water
bearing

Top Soil	0	2	
Sandy	2	28	
Sand Stone	28	35	
MICKA	35	40	
Sand Stone	40	45	
MICKA	45	300	

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. 304 BOTTOM 58 (enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

PL 6 38

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen-type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OT OTHER

C2

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP 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) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 10

WHEN PUMPING 225

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

(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE 11 (nearest foot)
- below }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)50' well
100'
ROAD

Page 1 of 1
Date 3/21/86

Review 01200 4/8/86 (B)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1373
Location of property (road) TRIDELPHIA RD NEAR POLLY QUARTER RD
Subdivision TRIDELPHIA FARMS Lot 11 Block C Plat Sec.
Well Driller RALPH MAYNE Owner MICHAEL LAURENDO

Depth of well 300 ft

Distance of measuring point (M.P.) above ground 1 ft

Static water level (S.W.L.) below M.P. 10 ft

High rate pumping -- reservoir drawdown

Time pump started 7:45

Pumping rate 10 G.P.M

Total time 90 min to reach pumping water level 275 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	275 ft	60 sec	—	1 G.P.M
9:15	275 ft	60 sec	—	1 G.P.M
9:30	275 ft	60 sec	—	1 G.P.M
9:45	275 ft	60 sec	—	1 G.P.M
10:00	275 ft	60 sec	—	1 G.P.M
10:15	275 ft	60 sec	—	1 G.P.M
10:30	275 ft	60 sec	—	1 G.P.M
10:45	275 ft	60 sec	—	1 G.P.M
11:00	275 ft	60 sec	—	1 G.P.M
11:15	275 ft	60 sec	—	1 G.P.M
11:30	275 ft	60 sec	—	1 G.P.M
11:45	275 ft	60 sec	—	1 G.P.M
12:00	275 ft	60 sec	—	1 G.P.M
12:15	275 ft	60 sec	—	1 G.P.M
12:30	275 ft	60 sec	—	1 G.P.M
12:45	275 ft	60 sec	—	1 G.P.M
1:00	275 ft	60 sec	—	1 G.P.M
1:15	275 ft	60 sec	—	1 G.P.M
1:30	275 ft	60 sec	—	1 G.P.M

1:45	275	FT	60	rec	1	6.P.M
2:00	275	FT	60	rec	1	6.P.M
2:15	275	FT	60	rec	1	6.P.M
2:30	275	FT	60	rec	1	6.P.M
2:45	275	FT	60	rec	1	6.P.M
3:00	275	FT	60	rec	1	6.P.M

263
 1325
 265
 397

120
 517

OK

on vol

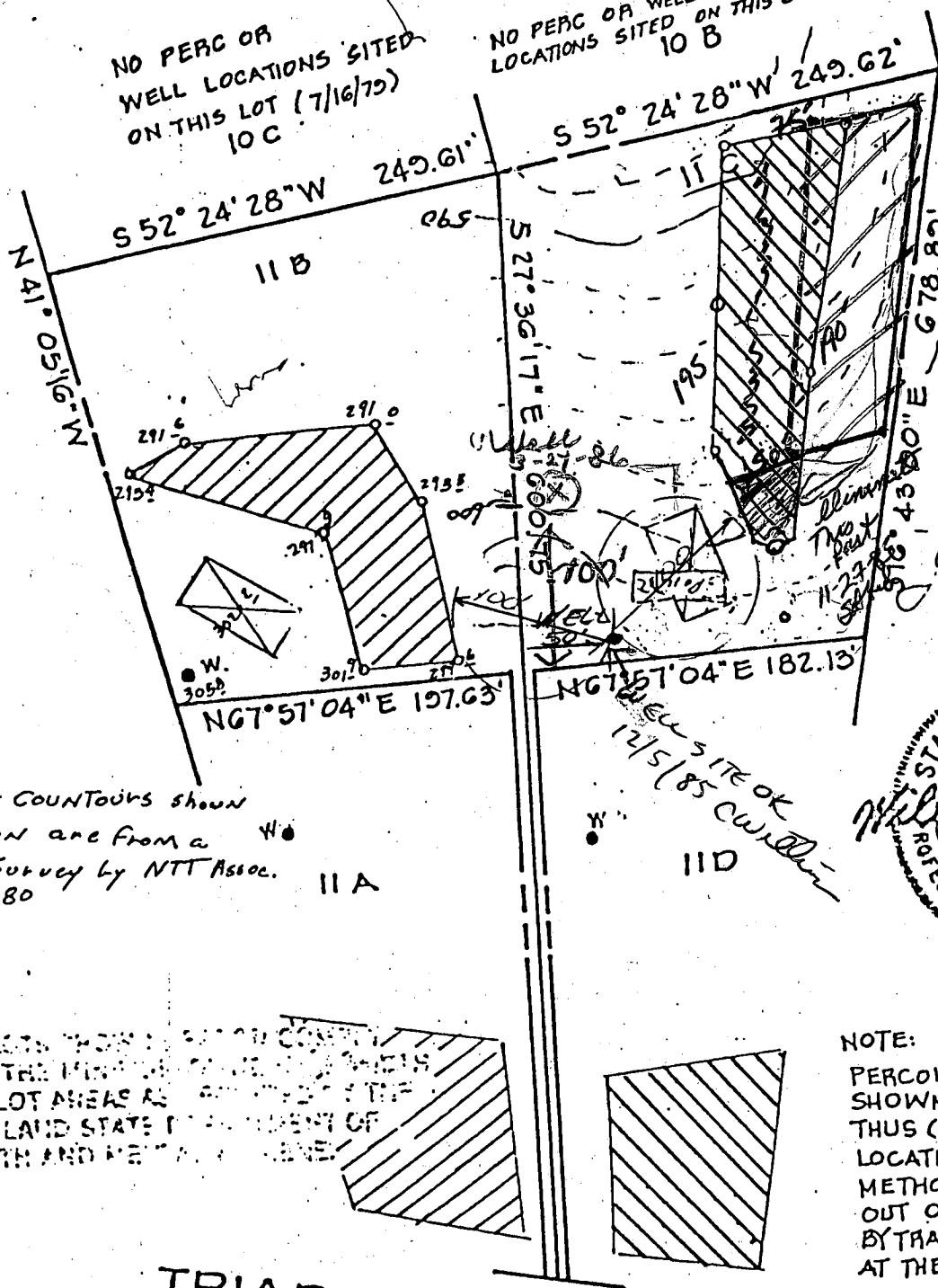
RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.

APR 26 4 54 PM '94

THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

NO PERC OR WELL LOCATIONS SITED ON THIS LOT (7/16/79)
10 C

NO PERC OR WELL LOCATIONS SITED ON THIS LOT (7/16/79)
10 B



NOTE: COUNTAINS shown hereon are from a Field Survey by NTT Assoc. ON 3-11-80

THE LOTS SHOWN HEREON ARE WITH THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.



NOTE: PERCOLATION TEST HOLES SHOWN HEREON AND INDICATED THUS (o) HAVE BEEN FIELD LOCATED BY TRANSIT STADIA METHOD, BASED ON STAKE OUT OF PROPERTY CORNERS BY TRANSIT STADIA METHOD AT THE TIME OF TESTS. VERTICAL DATUM IS ASSUMED.

TRIADELPHIA ROAD

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

John W. Byrum 5-21-81
COUNTY HEALTH OFFICER DATE

R-36231 W
H61-2227. R-36232 W.P.I.
NOTE: PERCOLATION TEST HOLES SHOWN HEREON (o) HAVE BEEN FIELD LOCATED. - septic systems to be installed before building permit released.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 9645 Name: MICHAEL LAURENO County: HOWARD

Source of Sample: TRIADDELPHIA FARMS LOT 11C Collector: STRYER
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H081-1373

County: 13 Plant No. Sampling Station Date Collected 032186 Time 115^PM Acid ☐ Iced ☒
Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	05		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received Date Reported Chemist Lab No. 11703

Water Sample Request

PROPERTY OWNER

Cynthia A. Miller

DATE OF REQUEST

11 / 17 / 87

TELEPHONE

NEW WELL NUMBER

HD-81-1373

DIRECTIONS OR INSTRUCTIONS

NAME

Cynthia A. Miller

ADDRESS

13372 Tradelphia Road

Tradelphia Farm II-Lot 11C

E.C. 21043

SAMPLE TYPE

☒ Health Hazard
☒ U & O
☐ Real Estate
☐ Pond or Stream
☐ Sewage
☐ Other

REASON FOR REQUEST

☐ Physician's Advice
☒ New Residence
☐ Nitrate Monitoring
☐ Taste or Odor
☐ Treatment System Necessity
☐ Plumbing or Well Repair
☐ Replacement Well
☐ Curiosity

SETTLEMENT DATE

 / /

SEPTIC SYSTEM:

☒ Approved

☐ Disapproved

DATE

10 / 20 / 87

CONDITION:

SUPPLY TYPE:

☐ Drilled Well

☐ Hand Dug

☐ Spring

☐ Public

CONDITION:

A 27803

FIRST SAMPLE

COLLECTOR

Analyte

TIME

DATE

11 / 25 / 87

☒ BACTERIA

, pH

, Free Cl⁻

, Res. Cl⁻

0.0, VOC

CHEMICAL

, LEAD & COPPER

, NITRATES

5.1, PESTICIDE

ACTION:

1COP issued 12-7-87 JEN

RESAMPLE

COLLECTOR

Grotel

DATE

7 / 26 / 88

BACTERIA

MM2

, pH

7.1

, Free Cl⁻

00

, Res. Cl⁻

00

, TIME

11-10

CHEMICAL

102

, Other

ACTION:

FCOP issued 7/26/88 JEN

RESAMPLE

COLLECTOR

G

DATE

 / /

BACTERIA

, pH

, Free Cl⁻

, Res. Cl⁻

, TIME

ACTION:

RESAMPLE

COLLECTOR

DATE

 / /

BACTERIA

, pH

, Free Cl⁻

, Res. Cl⁻

, TIME

ACTION:

11-25-87
7-26-88

ANALYTE

LABORATORIES, INC.

301-747-3844

OFFICES:

6630 BALTIMORE NAT'L PIKE
ROUTE 40 WEST
BALTIMORE, MD. 21228



CERTIFICATE OF ANALYSIS
No. 871125-05
Miller
November 30, 1987

CYNTHIA A MILLER
2 SHADY NOOK AVE
CATONSVILLE, MD 21228

Analysis of: Well water sample

Well #:

Owner:

Building Permit:

Lot #: 11 C

Subdivision:

Location: 13372 Triadelphia Rd.

Ellicott City, Md. 21043

Sample Date: 11-25-87

Sampler ID: 86-14

TEST	RESULT	PASS/FAIL
Chlorine, Residual	0.0 mg/l	Pass
Coliform, Total	< 2.2 MPN/100 0 of 5 tubes +	Pass
Nitrate	5.1 mg/l	Pass

The above analysis indicates that the above well water IS potable.

All tests performed by Analyte Laboratories, Inc., Certificate # 117

Certificate valid for 30 days after issuance.

Reviewed by:

Robert M. Wright
Chemist

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

December 7, 1987

Ms. Cynthia A. Miller
2 Shady Nook Avenue
Catonsville, Maryland 21228 ✓

RE: Triadelphia Farms II - 11C
13372 Triadelphia Road
Cynthia A. Miller

Dear Ms. Miller:

This is to advise you that the septic system was installed, inspected and approved on October 20, 1987.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1373. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

November 25, 1987
Date of Water Sample

March 21, 1986
Date Well Approved:

Jane E. Nadeau
Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

002229
Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source	Miller			
	Location	13342 Tridaphnia Rd			
	Community	☐	Iced:	Yes ☒ No ☐	
	Non-Community	☐	Treated:	Yes ☐ No ☒	
	Private	☒	Time Collected	11-10 ☐ am. ☐ pm.	
Check Sample	☐	Collector #		Bottle No.	MM2
Special	☐	Collector Name	Bentato	County	Howard

13						11-10-80	
County	Plant No.	Sampling Station	Date Collected	pH	Res. Cl: Free	Total	Card No.
				07.1	0.5	0.0	

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*

ml. of Sample	10ml.
Gas, 24 hours	- - - - -
Gas, 48 hours	- + + - -

CONFIRMED TEST

ml. of Sample	10ml.	No. of Pos.
Coliforms	+ - - - -	0
Fecal Coliforms	+ - - - -	0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count $\$/\text{ml.}$

- ** using m Endo-Agar LES at 35°C incubation
* using Lauryl Sulfate Trypticase Broth at 35°C incubation
† using Brilliant Green Lactose Bile Broth at 35°C incubation
‡ using EC Broth at 44.5° C incubation
§ using Plate Count Agar at 35°C incubation

Date & Hour:

26 JUL 83 16

Recd.

25 JUL 83 14

Exam

30 JUL 83 11 02

Rept.

Laboratory

Annapolis	☐	Cumberland	☐
Cambridge	☐	Frederick	☐
Central	☒	Salisbury	☐
Cheverly	☐		

Remarks

Bacteriologist

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

C0010572088

Lab No. _____

WATER ANALYSIS

Bottle Number: T102 Name: Miller County: Howard

Source of Sample: 13372 Tridiphia Rd Collector: Garofalo
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: Outside sample

County: 13 Plant No. Sampling Station Date Collected 07/26/88 Time: 11:15 Acid ☐ Iced ☒
Field Data: pH* 07.1 Chlorine Residual 0.0 Total 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	00403	<u>7.0</u>	Arsenic	01002	<u> </u>
✓ Alkalinity (Total)	00410	<u>15</u>	Barium	01007	<u> </u>
pH*, Ca CO ₃ SAT.	70311	<u> </u>	Cadmium	01027	<u> </u>
Alkalinity, Ca CO ₃ SAT.	74023	<u> </u>	Chromium	01034	<u> </u>
✓ Hardness	00900	<u>9</u>	Lead	01051	<u> </u>
Ammonia-N	00608	<u> </u>	Mercury	71900	<u> </u>
✓ Nitrate-Nitrate N	00630	<u>1.0</u>	Selenium	01147	<u> </u>
Nitrite N	00615	<u> </u>	Silver	01077	<u> </u>
MBAS	38260	<u> </u>			<u> </u>
✓ Chloride	00940	<u><2</u>	Aluminum	01105	<u> </u>
Fluoride	00951	<u> </u>	Calcium	00916	<u> </u>
Color*	00081	<u> </u>	Copper	01042	<u> </u>
✓ Turbidity	00076	<u><0.5</u>	✓ Iron	01045	<u><0.15</u>
Conductance*, SPEC	00095	<u> </u>	Magnesium	00927	<u> </u>
Sulfate	00945	<u> </u>	Manganese	01055	<u> </u>
Total Solids	00500	<u> </u>	Nickel	01067	<u> </u>
Dissolved Solids	70300	<u> </u>	Potassium	00937	<u> </u>
		<u> </u>	Sodium	00929	<u> </u>
		<u> </u>	Zinc	01092	<u> </u>
		<u> </u>			<u> </u>
		<u> </u>			<u> </u>
		<u> </u>			<u> </u>
		<u> </u>			<u> </u>

*Results reported in units, all others in milligrams per liter (ppm)

Date Received JUL 26 1988 Date Reported AUG 4 1988 Chemist L. E. Payne

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

October 18, 1988

Ms. Cynthia A. Miller
13372 Triadelphia Road
Ellicott City, Maryland 21043

RE: Triadelphia Farms II, Lot 11C
13372 Triadelphia Road
Well Permit #HO-81-1373

Dear Ms. Miller:

This is to advise you that the septic system was installed, inspected and approved on October 20, 1987.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1373.

Date of Final Sampling
July 26, 1988

Date of Acceptance
July 26, 1988

Jane E. Nadeau
Jane E. Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates: 11/25/87
7/26/88

JEN:hs

6-16-92

R.E.

PERMIT # 43453 AT THE
REQUEST OF PLANNING + ZONING
I HAVE SUBMITTED A CLEANER
PLOT PLAN

JIM LYNCH
TIDEWATER POOLS

TRIDELPHIA RD.

LOT 11-C

Cindi Miller

12-16-86

#43453

REVISED

Date: 6/16/92

Comments: clearer plot plan

House (land=600)
1st Floor - 604 ft.
Easement - 596 ft.

Well elevation
= 600'

BACK

lowest point
590' - 592'

6/16/92

OK TO SIGN
VISITED SITE

BP 43453

B. Hodges

Grade at field 600
intersects field 597

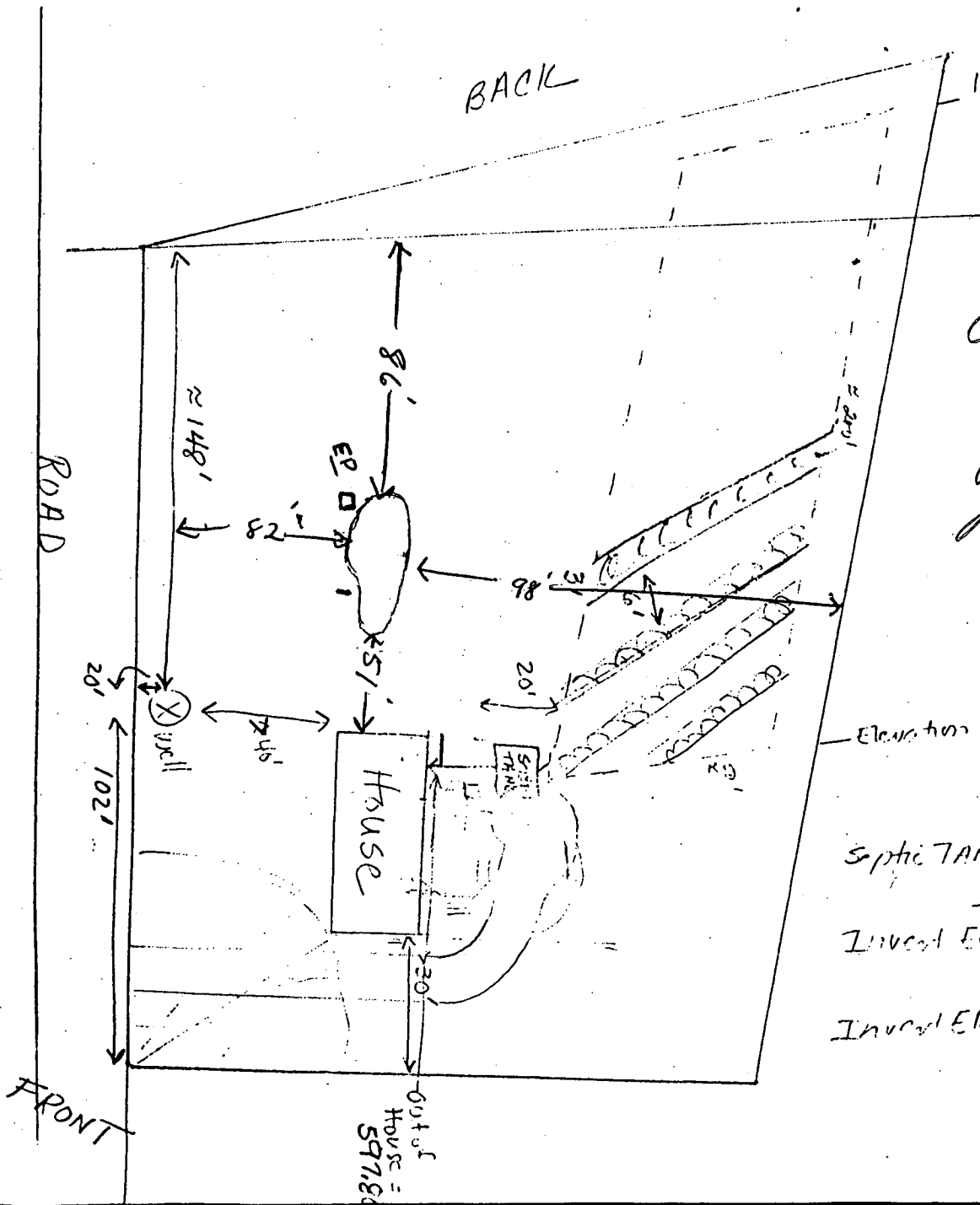
Elevation 600'

Septic Tank Elevation [grade]

600.5'

Invert Elev into
Septic Tank 597.55

Invert Elev. out S.T. 597.3



13372 TRIDELPHIA ROAD ELLICOTT CITY, MD. 21043
LOT # 11-C, PARCEL # 434, BLOCK # 9

200
Candi Miller
788-4899

