

5/16/00 Septic C.O.
7/18/00 12pm
10:00
9/11/00 Grading Insp.
7/14/00 1:00
9/12/00 2:11 SRK

No well checks of 3/29/00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-428203
INDEXED

11/16/00
10:00

P 513350

A 58919-A

DISTRICT

DATE 3-28-2000

DATE SYSTEM APPROVED 11/16/00

INSPECTOR SRK

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Lindsey's Landing LOT 1 ROAD 14961 Triadelphia Road

PROPERTY OWNER Andy & Lisa Edleman

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135 85'

TRENCHES - Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting at the lot corner at the end of the flagstem driveway, place the distribution box 70 feet down the 343.61' lot line and 180 feet off this same lot line. Run trenches on contour to right side of lot. 170'

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/22/99 OK AL

PLANS APPROVED BY Mark E. Rifkin DATE 10-20-1999

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.

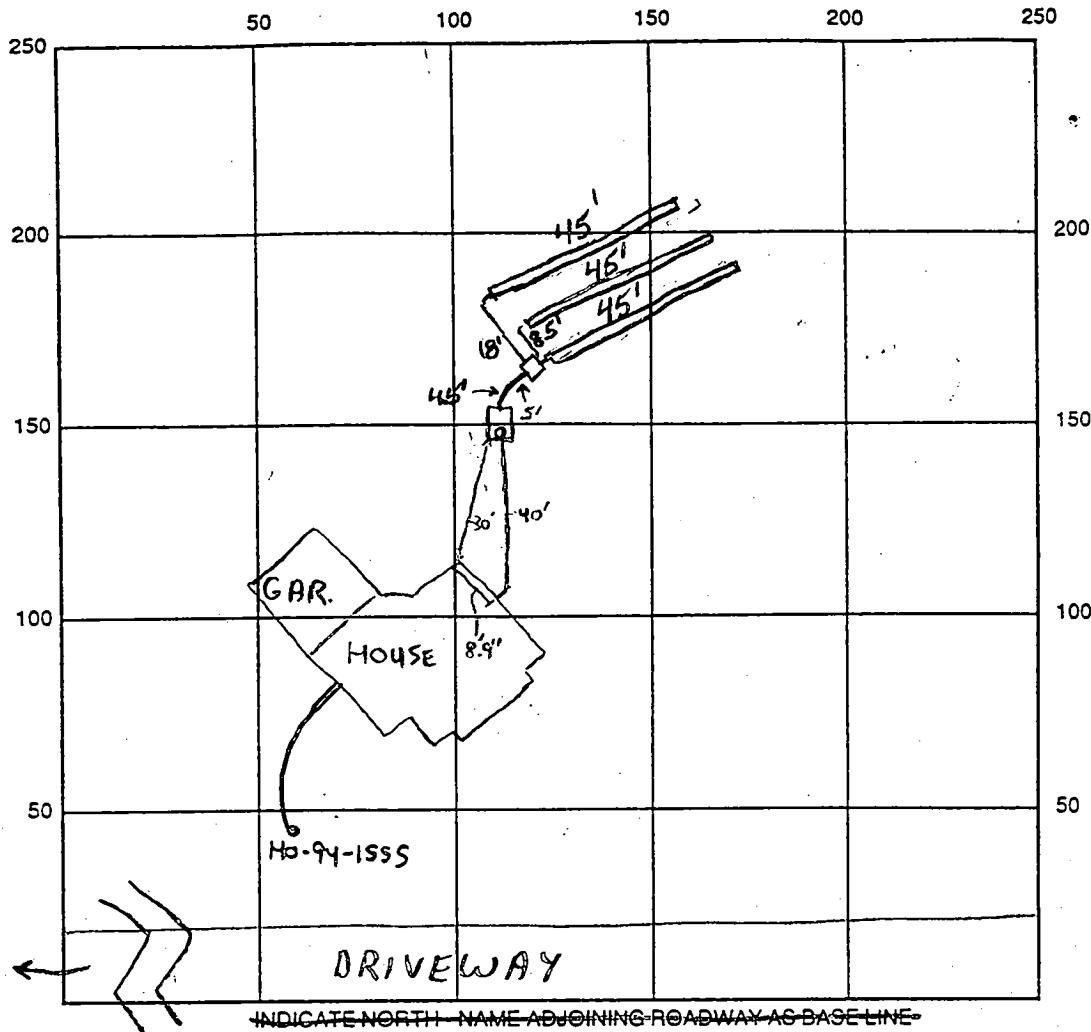
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 58919A

NOT TO SCALE

TERRACE DRIVE



SEPTIC TANK LEVEL 1000 gallon Top Seam CLEANOUTS 1-6"
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TILE DEPTH 6.0' FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 2.0 FT.
 EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 135 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/ ~~REINFORCED~~ 520 SQ. FT.
 DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/16/00 - CONTOUR IN FIELD IS NOT THE SAME AS ON APPROVED BP PLAN, STOP WORK ORDER
ISSUED. BUILDER TO STAKE CORNERS OF SEPTIC AREA AND HAVE SURVEYOR SHOOT GRADES TO SEE IF NEW
DRAIN LOCATION CAN WORK. CONTRACTOR TO CALL HD WHEN READY TO PROCEED (SRK) 7/14/00 - STOP
WORK ORDER ISSUED ^{EXCESS} DIRT MUST BE MOVED OUT OF SEPTIC AREA BECAUSE IT PREVENTS INITIAL
SYSTEM INSTALLATION (SRK) 7/17/00 - BUILDER MOVED DIRT SO THAT INITIAL SYSTEM CAN BE INSTALLED
BUT DIRT REMAINS IN SEPTIC AREA. NO FINAL UNTIL SEPTIC EASEMENT IS RETURNED TO
ORIGINAL GRADE & REINSPECTION. CONFIRMS THIS STOP WORK ORDER LIFTED (SRK)
 DATE SYSTEM APPROVED 7/16/00 INSPECTOR Steven R. Hueg
7/18/00 - House connection made. Trenches within staked easement area. System
satisfactory. O.K. to cover. (BB)

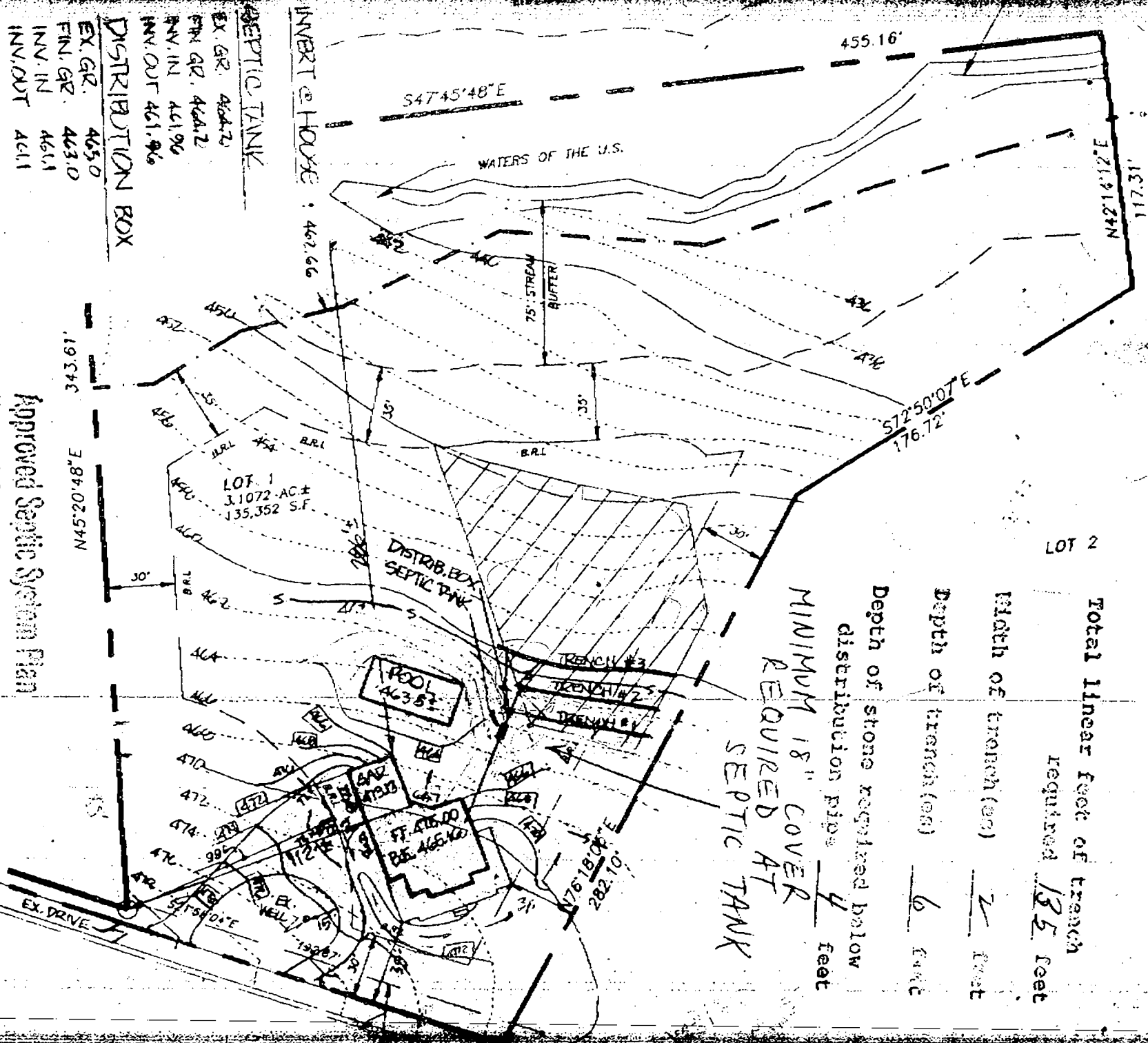
Total linear feet of trench required 135 feet

Width of trench(es) 2 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 4 feet

MINIMUM 18" COVER REQUIRED AT SEPTIC TANK



SEPTIC TANK
 EX. GR. 464.72
 FIN. GR. 464.72
 INV. IN 461.96
 INV. OUT 461.96

DISTRIBUTION BOX
 EX. GR. 465.0
 FIN. GR. 463.0
 INV. IN 461.1
 INV. OUT 461.1

1.60

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21045
 (410) 461-9563

Approved Septic System Plan
 Howard County Health Department

Signature Mark E. Johnson Date 10/22/99

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy Approval.

Company Name: Columbia Plumbing Telephone #: 410-715-2323
Address: 9017 Red Branch Rd Kevin C. Dimaggio 443-250-6189
Columbia, MD 21045 Cell

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kevin C. Dimaggio License# 8594
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Edleman Telephone #: 410-531-1542
Subdivision: Lansay Landing Lot #: 1 Well Tag #: HO-94-1555
Site Address: 14961 TRIADAPHIA RD
GREENBELT, MD 21227

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZZI</u>	Make: <u>HARVELL</u>	Two piece watertight cap: ☒
Model #: <u>TSC4513B-S2</u>	Model #: <u>PS 800</u>	Screened, vented well cap: ☒
Pump Capacity: <u>9.5</u> GPM	Depth: <u>54"</u> (36" min)	Cap secured to casing: ☒
Well Yield: <u>200</u> GPM	NSF approved: <u>yes</u>	Conduit min 1 1/2" B.G.: ☒
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: ☒

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt no

Piping to house
Type: poly Plastic
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Kevin C. Dimaggio date: 11/13/00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/14 & 9/12/00 Date Insp. Approved: 9/12/00 WPION
Inspection Data: Pitless adapter and water/supply line at least 36" below grade ☒
Two piece cap installed and attached to casing securely ☒
Elec. conduit extends at least 18" below grade/attached to cap properly ☒
Safety rope installed inside of well casing ☒
Correct well tag attached properly and casing 8" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒
SRH

Install (1) 1000 Gallon
ASME UNDER GROUND
LP TANK PER
NFPA 58

TANK IS 10 Ft
From property line
75' From well.
100 Ft From House
+ 150 Ft From
Septic

PROPANE
TANK OK
9/15/00 MR



BENEFIT TO A CONSUMER
IS REQUIRED BY A LENDER
COMPANY OR ITS AGENT IN
IMPELATED TRANSFER.
ANCING.

TO BE RELIED UPON FOR THE ESTABLISHMENT OF
GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER
IMPROVEMENTS.

NOT PROVIDE FOR THE ACCURATE IDENTIFICATION
VARY LINES, BUT SUCH IDENTIFICATION MAY
IN THE TRANSFER OF TITLE OR SECURING
UNCOMMON.

BUILDING MEASUREMENTS: 0.1'
TRACK DIMENSIONS: 0.3'
ELEVATIONS: 0.9'

THAT I HAVE LOCATED
AS SHOWN THIS PLAT
T A BOUNDARY SURVEY
D TO ESTABLISH
CORNERS.

FOUNDATION LOCATION DRAWING

LOT 1

LINDSEY'S LANDING

5TH ELECTION DISTRICT, HOWARD COUNTY, MD
TAX MAP 27 BLOCK 6 PARCEL 17

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 312-3000	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00126208
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Building Address: <u>14961 Triadolphin Rd</u> <u>Glencles, MD 21737</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>605101</u> Subdivision: <u>Grindsey Landing</u> Section: _____ Area: _____ Lot: <u>1</u> Tax Map: <u>27</u> Parcel: <u>17</u> Grid: _____ <u>RCD40</u> Zoning: _____ Map Coordinates: _____ Lot size: _____	Property Owner's Name: <u>E. Leman, Andy & Lisa</u> Address: <u>6436 Mallon Way</u> City: <u>Columbs</u> State: <u>MD</u> Zip Code: <u>21047</u> Home Phone: _____ Work Phone: <u>410-750-7403</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone: _____ Fax: _____
--	--

Existing Use: <u>Single Family Dwelling</u> Proposed Use: <u>SAME WITH WORK</u> Estimated Construction Cost: <u>\$35,000</u> Description of Work: <u>1000 GALLON UNDERGROUND CP TANK</u> <u>1.5 SA 358</u>	Contractor Company: <u>Amco Gns</u> Contact Person: <u>Thomas R McLaughlin</u> Address: <u>10097 Brito N. N. C. P. Kc</u> City: <u>Ellicott City</u> State: <u>MD</u> Zip Code: <u>21042</u> License No.: _____ Phone: <u>410-402-0800</u> Fax: _____
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Occupant or Tenant: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Engineer or Architect Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities Water Supply: ☐ Public ☒ Private Sewage Disposal: ☐ Public ☒ Private Electric: Yes ☐ No ☐ Gas: Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒ Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	Building Characteristics SF Dwelling ☐ SF Townhouse ☐ Depth: _____ Width: _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ ☐ State Certified Modular ☐ Manufactured Home	Utilities Water Supply: ☐ Public ☒ Private Sewage Disposal: ☐ Public ☒ Private Electric: Yes ☐ No ☐ Gas: Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒ Sprinkler system: N/A ☐ ☐ NFPA #13D ☐ NFPA #13R ☐ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Thomas R. McLaughlin</u> Applicant's Signature Title/Company: _____	<u>Thomas R. McLaughlin</u> Print Name Date: <u>Aug 1, 2000</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY INFO
Land Development DPZ			Front: _____	Filing fee: \$ _____
State Highways			Rear: _____	Permit fee: \$ _____
Building Official			Side: _____	Excess tax: \$ _____
Dev. Engineering DPZ	<u>8/1/00</u>	<u>[Signature]</u>	Side St: _____	Sub-total paid: \$ _____
Health			All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee: \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES: \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone: _____	Check: \$ _____
ONE STOP SHOP: ☐			SDP/Red-line approval date: _____	Validation: \$ _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 1 permit fee
 Rev. 10/15/99

MANEKIN
L.2788/F.347

455.16'

S47°45'48"E

WATERS OF THE U.S.

F.C.E.

75' STREAM
BUFFER

S72°50'07"E
176.72'

LOT 1
3.1072 AC ±
35,352 S.F.

DISTRIB. BOX
SEPTIC TANK

POOL

TRENCH #3

TRENCH #2

TRENCH #1

GAR 472.63

FF 472.50

BE 464.60

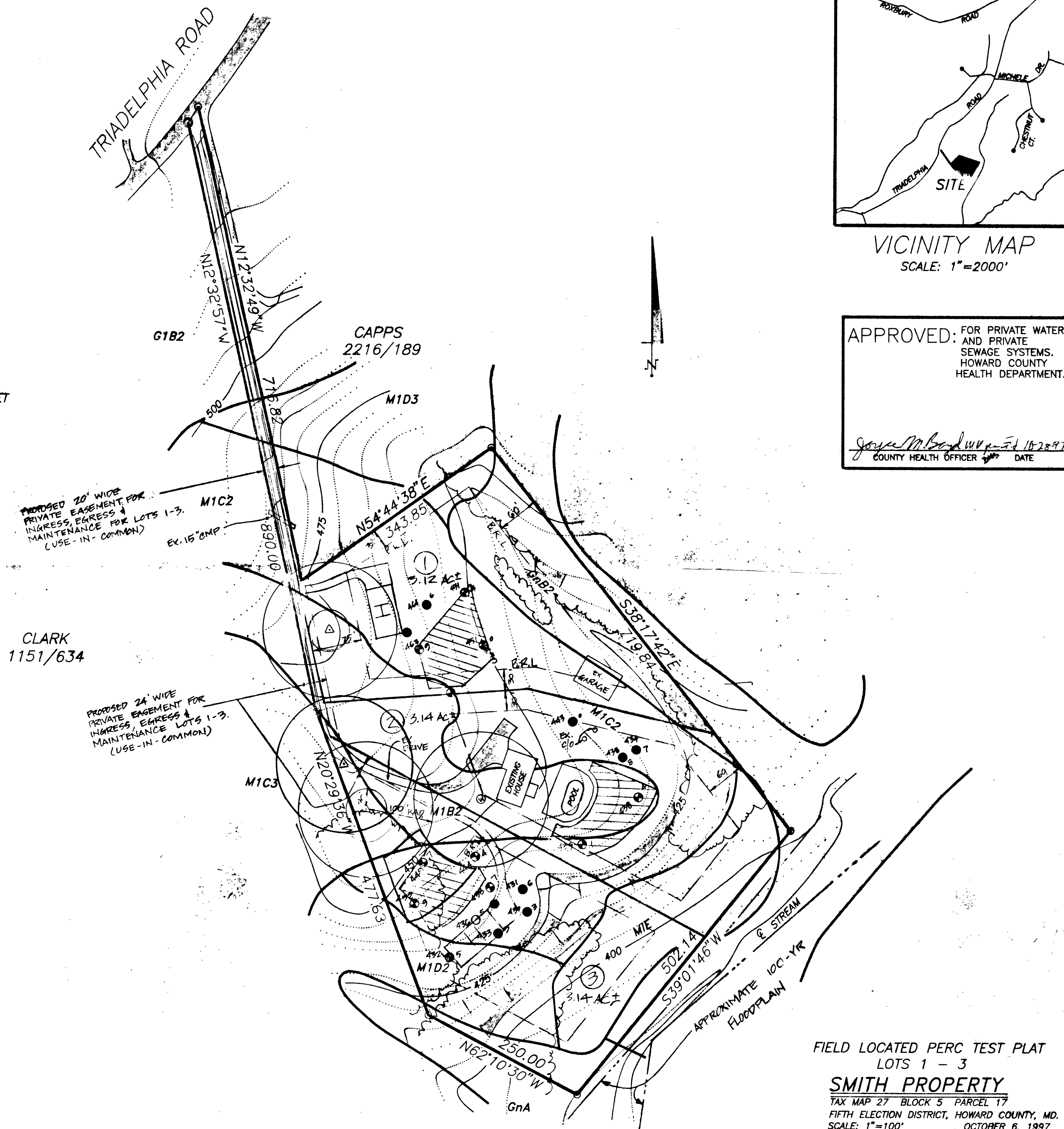
EX. WELL

S76°18'04"E
282.10'

B0022665
Pool approved
by BB
3/1/00
JH

WIDE USE
INGR

1. SUBJECT PROPERTY IS ZONED RR-DEO.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT.
3. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
4. B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
5. DESIGNATES PROPOSED WELL LOCATION.
6. DESIGNATES PROPOSED HOUSE LOCATION.
7. DESIGNATES APPROVED PERC TEST LOCATION.
8. DESIGNATES EXISTING WELL LOCATION.
9. THERE ARE NO VISIBLE WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY UNLESS OTHERWISE SHOWN HEREON.
10. DESIGNATES FAILED PERC TEST
 DESIGNATES PERC NOT DUG
11. GRAVITY SEWER SERVICE IS NOT AVAILABLE FOR LOT 3. A PUMP WILL BE REQUIRED
12. EXISTING HOUSE WITH POOL ON LOT 2 TO REMAIN.
13. EXISTING GARAGE ON LOT 1 TO REMAIN.
14. WELL ON LOT 3 TO BE DRILLED PRIOR TO HEALTH DEPARTMENT SIGNATURE OF FINAL PLAT



SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 104
ELLCOTT CITY, MD. 21043
(410) 461-9563

FIELD LOCATED PERC TEST PLAT
LOTS 1 - 3

SMITH PROPERTY

TAX MAP 27 BLOCK 5 PARCEL 17
FIFTH ELECTION DISTRICT, HOWARD COUNTY, MD.
SCALE: 1"=100' - OCTOBER 6, 1997

REV. 1/14/00 - 9835PERC.DWG
SEE PRINT IN FOLDER

9-15-97
10:00 a.m.

APPLICATION

PERCOLATION TESTING

A 58919A

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 8-19-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

REVISION - 3 LOT SUBDIVISION
INCLUDES EXISTING HOUSE

PROPOSED SEPTIC TANK
TO BE CLOSE TO STREAM
(NOT SHOWN)

PLAN REVISION REQ'D
PRIOR TO SCHEDULING

8/21/97

Plans received ALM

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Michael Smith Andy + Lisa Edleman

ADDRESS 14965 Triadelphia Rd 21732 PHONE (410) 442-1125

AGENT OR PROSPECTIVE BUYER C & C UTILITY SERVICE - CHUCK ZAPP

ADDRESS 7398 GAITHOR RD SYKEVILLE PHONE 410-549-4987
21784

PROPERTY LOCATION:

SUBDIVISION Smith property LOT NO. Lot 1

ROAD AND DESCRIPTION off of triadelphia Rd. on to macadam Drive
(14961 Triadelphia Road)

TAX MAP 27 PARCEL # 17

SIZE OF LOT 3.12 TYPE BLDG. SINGLE FAMILY - 3 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

0-00 PERMIT SIGNED

AND RETURNED 10-22-99

Serial # Bro 120769

SINGLE FAMILY - 3 Bed

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. Chris B. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

58919A
COUNTY #

SOIL PROFILE

(11) / (14)

topsoil

org brn
cl 1m

tan to
beige
sa si
1m

15-20%
R_x

(12) F

topsoil

org brn
cl 1m

pale org
brn
to tan
sa si 1m

lg rock
pocket

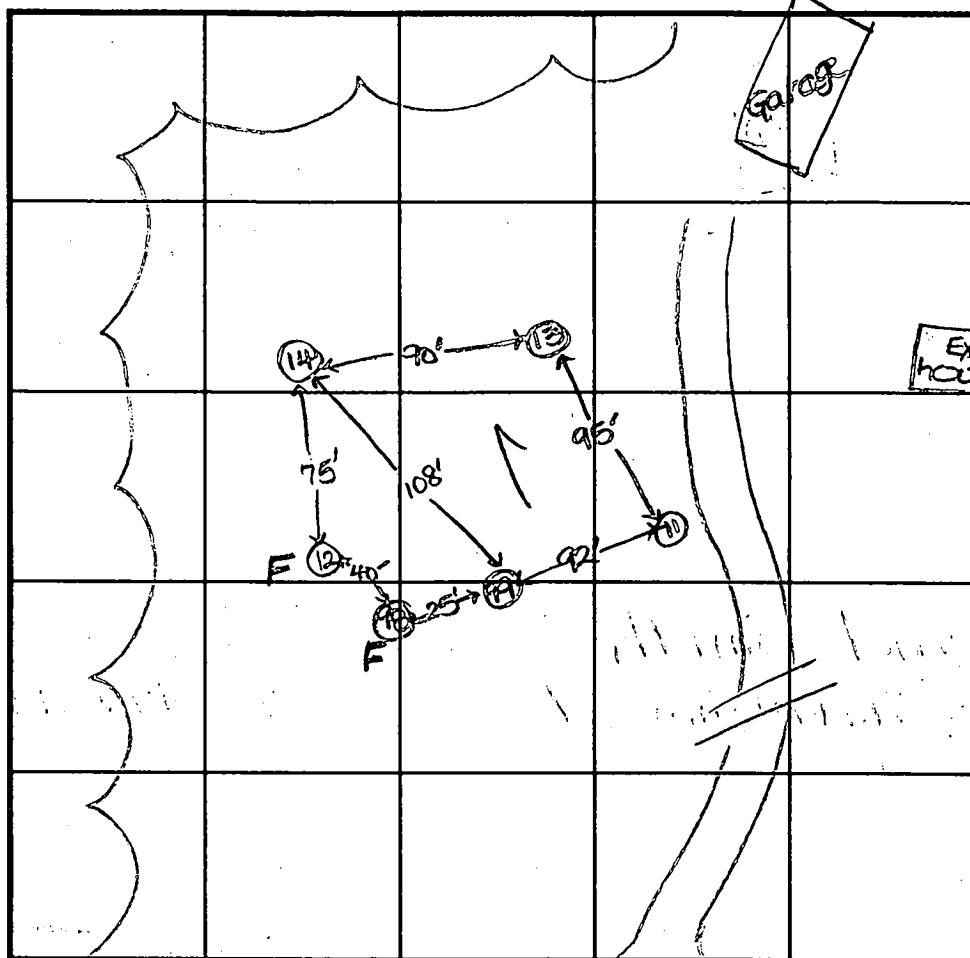
(13)

topsoil

org brn
cl 1m

tan to
beige
sa si
1m

15%+
R_x



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Road

SOIL PROFILE

(98) F

topsoil

org brn
cl 1m

lt org brn
sa si
1m
w/frags

Hard
bottom

(99)

topsoil

org brn
cl 1m

pale red
org brn
sa si 1m
R_x patch

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-15-97	11	3.0'S	11:07 ₃	11:08	11:08	11:09 ₃	2
		11'4"D	Visual	- See	profile	→	OK
	12	11.0'D	Visual	- See	profile	→	FAIL
	13	3.0'S	11:39	11:40 ₃	11:40 ₃	11:42 ₃	2
		6.5' M	11:37	11:37 ₃	11:37 ₃	11:39	2
		13.0'D	Visual	- See	profile	→	OK
	14	3.0'S	11:14	11:16 ₃	11:16 ₃	11:20	4
		12.0'D	Visual	- See	profile	→	OK
	98	8.0'D	Hard	bottom			FAIL
	99	12.0'D	Visual				OK

REMARKS use test holes (11), (13), (14), (99) - extend off (11) and (13)

TYPE OF SOIL

TESTED BY D. Soe

ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

3

TRENCH WIDTH

2

INLET DEPTH

2.0

MAXIMUM BOTTOM DEPTH

6.0

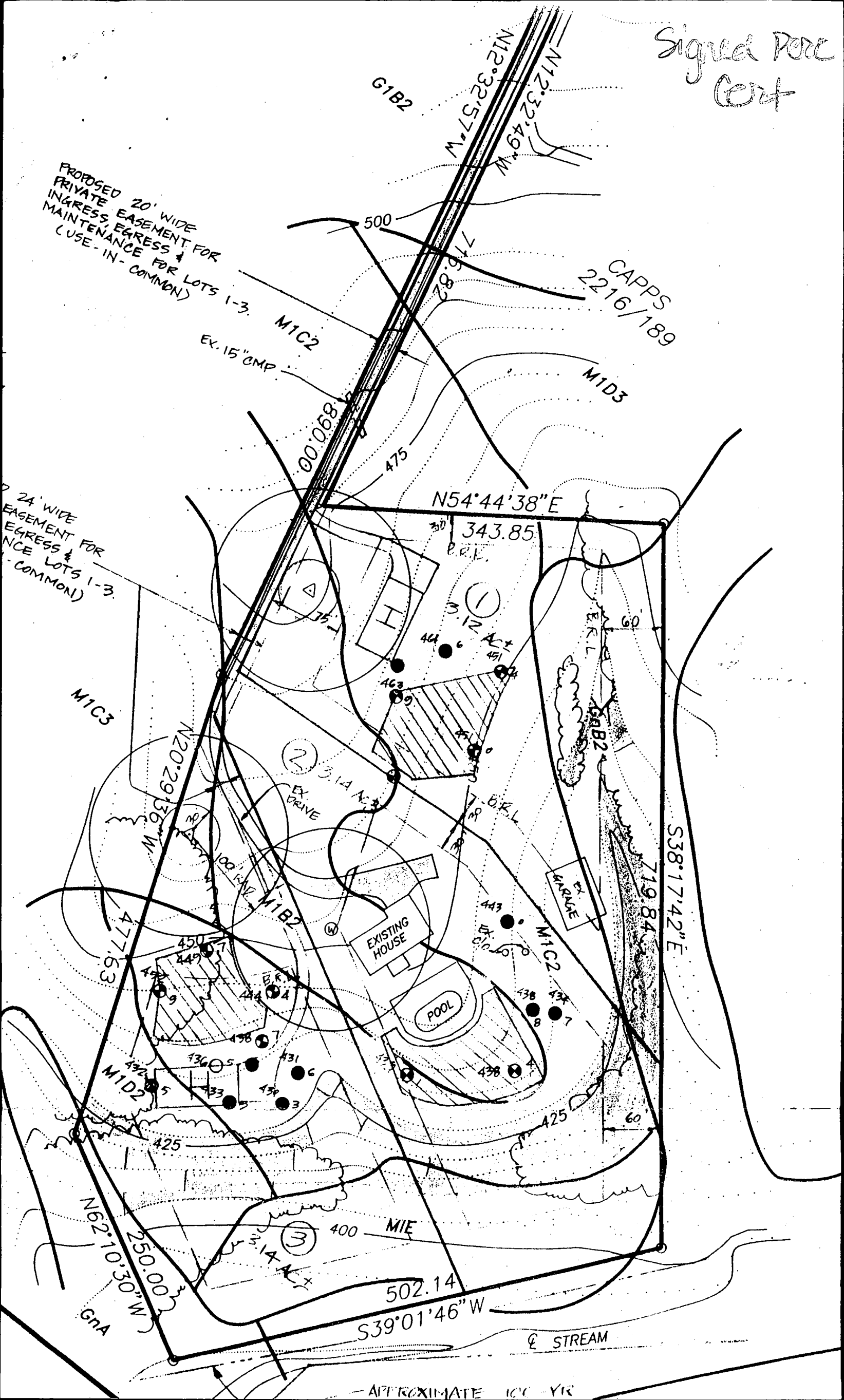
SQ. FT./BEDROOM

180

Signed Per
Cert

PROPOSED 20' WIDE
PRIVATE EASEMENT FOR
INGRESS, EGRESS &
MAINTENANCE FOR LOTS 1-3.
(USE - IN - COMMON)

24' WIDE
EASEMENT FOR
EGRESS &
INGRESS (COMMON)



- APPROXIMATE 100-YR

C1 05009

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A589197A

1 2 3
(THIS NUMBER IS PUNCHED
IN COLUMNS 3-8 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED
MM DO YY

8 13

DATE WELL COMPLETED

8M 18 Y98

15 20

Depth of Well

22 205 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO - 74 - 1555

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN Dayton

LOT 1

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	
dirt	0	40	
med tan rock	40	56	
med hard gray rock	56	61	
soft brown rock	61	62	
med hard gray rock	62	69	
soft brown rock	69	70	
med hard gray rock	70	102	
soft tan rock	102	103	X
med hard gray rock	103	171	
med tan rock	171	173	X
med hard gray rock	173	180	
med gray rock	180	181	
med hard gray rock	181	205	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes
Y 44
no
N 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM 45 48 20 BENTONITE CLAY BC 46 48

NO. OF BAGS NO. OF ROUNDS

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

Casing types insert appropriate code below

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 66

50 61 63 64 65 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

ST STEEL BR BRASS HO OPEN HOLE

PL PLASTIC OT OTHER

insert appropriate code below

C 2 DEPTH (nearest ft.)

1 2 HO 64 205

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS

TYPE OF PUMP INSTALLED

PLACE (A.C.J.P.R.S.T.O.)

IN BOX 29

CAPACITY

GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

C 2 CASING HEIGHT (circle appropriate box and enter casing height)

+ above

- below

LAND SURFACE

(nearest foot)

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)

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED

yes
Y
no
N

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 26.04.04 "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 LIC. NO. 1 M 304

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

John Hess

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

B 1	0458	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1555 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 5-15-98 8 MM DD YY 13 Smith Mike 15 Last Name Owner First Name 34 14965 TRIDELPHIA Rd 36 Street or RFD 55 Glenely Md 21737 57 Town 70 State 72 Zip 76			LOCATION OF WELL Howard County 8 COUNTY 21 Smith Property 23 SUBDIVISION LINDSEY'S LANDING 642 SECTION 44 LOT 1 44 46 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78	
DRILLER INFORMATION David Kelly Driller's Name 76 License No. 81 Jones Well Drilling Inc Firm Name 21084 3700 Rush Rd Address David Kelly Signature Date 5-14-98			DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Triadelphia Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH Approx 800 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A58919A COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 5/26/98 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE 5/25/01 50 55 57 63 NORTH GRID 512 000 EAST GRID 0793 000	
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 APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 510	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			10'00 g rowt 6-16-98 66' casing 66' open hole 20 bags cement location of 6/16/98	
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☒ Jetted & DRIVEN AIR-ROTARY ☐ AIR-PERCUSSION ☒ ROTARY (Hydraulic Rotary) CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT other _____			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 _____			13 N B1 Triadelphia Rd Howard County Health Dept	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER DS G A P HO-94-1555 54 63 FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-1555 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

M1D3

5/22/08

LOT 1

well site OK
ad staked

(D&S)

