7/14/00
1:00
7/18/00 12pm
8/2/00 Pump Test 2:00

V: Well Check 3/29/00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-428211

INDEXED

P 513350

A 58919-C

DISTRICT

DATE 3-28-2000

DATE SYSTEM APPROVED 8/2/00

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

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

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

SUBDIVISION Lindsey's Landing LOT 3 ROAD 14969 Triadelphia Road

PROPERTY OWNER Foster

ADDRESS

TOP SEAMED SEPTIC TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: - 1-1250 GALLON TOP SEAMED PUMP CHAMBER

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the end of the pipestem access, place the distribution box approximately 170 feet down the left lot line and 55 feet off that lot line. Run trenches along contour toward right side of lot, making certain to install system as high on property as practical - while maintaining 100 foot separation from all surrounding wells. **TRENCH LAYOUT INSPECTION SUGGESTED PRIOR TO BEGINNING TRENCH INSTALLATION.**

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

PLANS APROVED BY C. Williams DATE 6-28-1999

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.

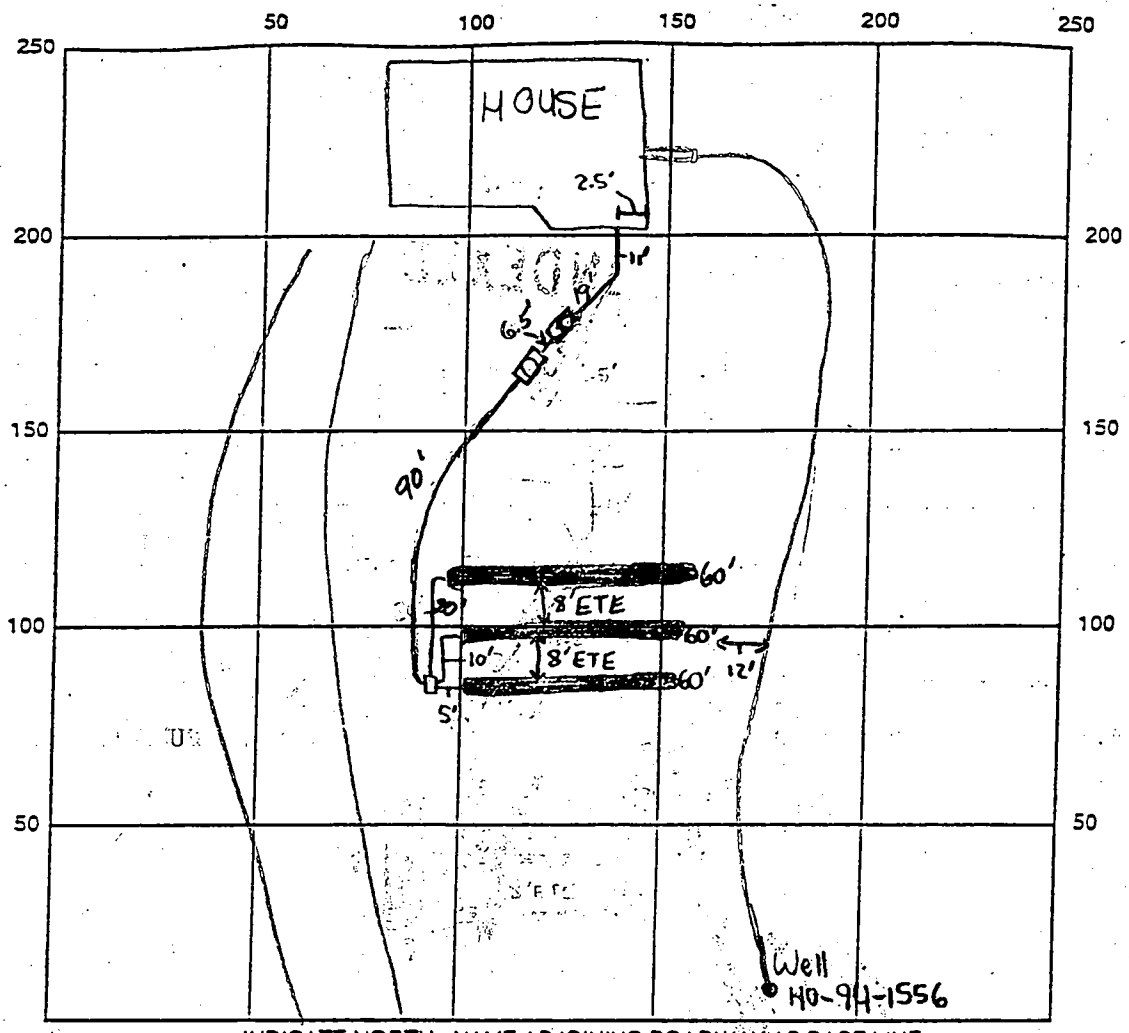
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-250(5-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 58919 C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1500 gallon topseam tank / 1500 gallon topseam pump tank CLEANOUTS Manhole on Septic Tank / Manhole on Pump Tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.

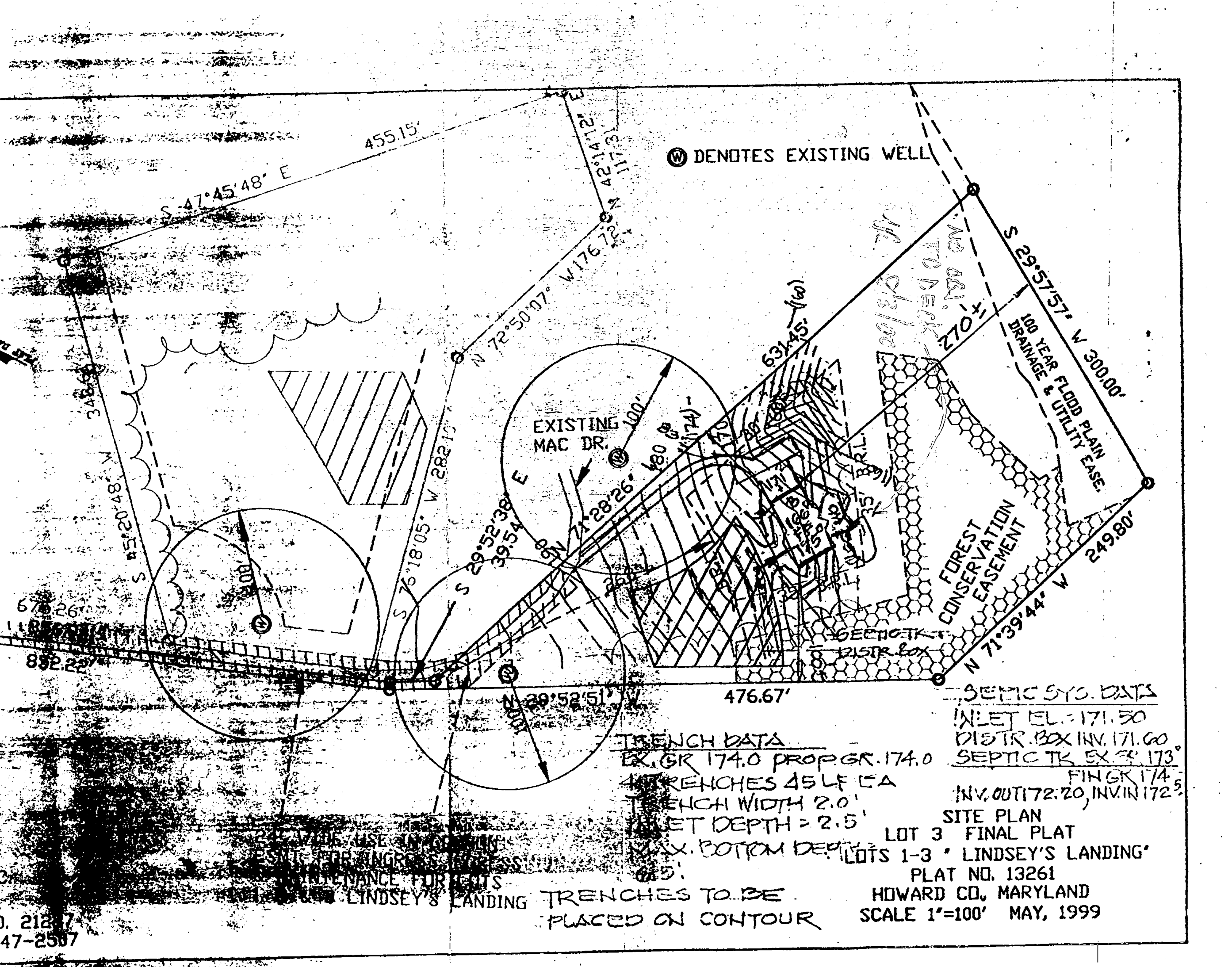
NUMBER OF TRENCHES 3 ONE SIDEWALL ~~BOTTOM AREA~~ 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 7/17/00 - OK TO CONTINUE WORK (SRK) 7/18/00 System satisfactory. O.K. to cover. Final approval pending pump and alarm test. (BB)
Pump test OK - minor leak at quick disconnect, but passable. RP 8/2/00

DATE SYSTEM APPROVED 8/2/00 INSPECTOR RP Talley



Ⓦ DENOTES EXISTING WELL
455.15'
S 47°45'48" E
N 42°14'12" E
N 72°50'07" W 176.72'
S 29°57'57" W 300.00'
100 YEAR FLOOD PLAIN DRAINAGE & UTILITY EASE.
270'±
631.45'
EXISTING MAC DR.
100'
S 29°52'38" E
N 71°28'26" E
S 75°18'05" W 282.10'
S 45°20'48" W
FOREST CONSERVATION EASEMENT
249.80'
N 71°39'44" W
SEPTIC TK
DISTR. BOX
852.22'
476.67'
N 29°52'51" W
SEPTIC SYS. DATA
INLET EL. = 171.50
DISTR. BOX INV. 171.60
SEPTIC TK EX. GR. 173
FIN GR 174.5
INV. OUT 172.20, INV. IN 172.5
TRENCH DATA
EX. GR 174.0 PROP. GR. 174.0
4 TRENCHES 45 LF EA
TRENCH WIDTH 2.0'
INLET DEPTH ≥ 2.5'
MAX. BOTTOM DEPTH
6.5'
TRENCHES TO BE PLACED ON CONTOUR
LINDSEY'S LANDING
SITE PLAN
LOT 3 FINAL PLAT
LOTS 1-3 'LINDSEY'S LANDING'
PLAT NO. 13261
HOWARD CO., MARYLAND
SCALE 1"=100' MAY, 1999

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B01215823

Building Address 14969 TRIDELPHIA Rd.
GLENELG Md. 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.01 Subdivision LINDSEYS LANDING

Section _____ Area _____ Lot 3

Tax Map 27 Parcel 17 Grid 10

Zoning RC-DEO Map Coordinates 13B1 Lot size

Property Owner's Name ROBERT FOSTER

Address 14965 TRIDELPHIA RD.

City GLENELG State MD Zip Code 21737

Home Phone 410 381-2580 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
ROBERT SHILKE
7475 HICKORY LOG CIRCLE
COLUMBIA, MD. 21045
Phone 410 381-5965 Fax

Existing Use SFD

Proposed Use SAME

Estimated Construction Cost $ 6,000

Description of Work DECK ON REAR OF HOUSE
APPROX 18 x 30' w/ STAIRS

Contractor Company SELF

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

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 _____

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

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
__X__ Private

Sewage Disposal:
____ Public
__X__ 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Robert Shilke
Applicant's Signature

ROBERT SHILKE
Print Name

Title/Company

Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
☑ Land Development, DPZ		
State Highways		
☑ Building Official	8/3/00	
☑ Dev. Engineering, DPZ		
☑ Health	8/3/00	Mark Kiffen
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 35169

Filing fee	$ _____
Permit fee	$ 30
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 30
Balance due	$ _____
Check	# 0116
Validation	# _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

e:\permit.frm

Rev. 10/15/98

Att.
mk
Baft

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 #: 410 840-9412
Address: 930 Wampler Lane
Westminster MD 21158

(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 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: Robert Foster Telephone #:
Subdivision: Lot #: Well Tag # : HO-94-1556
Site Address: 14269 Telephone Rd
Glen Elg, Maryland 21737

Submersible Pump Data
Make: ~~Red~~ Jacuzzi
Model #: 5547JJ-52
Pump Capacity 7 GPM
Well Yield: GPM

Pitless Adapter
Make: ~~Red~~
Model#: PA-100
Depth: 5'3" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 110 (feet)
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 ____

Piping to house
Type: 1" Plastic
PSI: 200 ~~(160~~ psi min)
Depth of supply line: ___(36" min)

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

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.

Kevin C Dimaggio 8/21/00
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/18/00 Date Insp. Approved: 7/18/00 BB

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 ✓

NOTE: PUMP CHAMBER TO BE SAME SIZE AS SEPTIC TANK.

NOTE: HEALTH DEPART. APPROVAL OF THIS BUILDING PERMIT PLAN CONSTITUTES APPROVAL OF THE DEPICTED AMENDMENT TO THE RECORDED SEWAGE DISPOSAL EASEMENT.

6/28/99 (CW)

Ⓦ DENOTES EXISTING WELL

REVISED
Date: 6-28-99
Comments: 14969 Triadelphia Rd B00118274
moved house per Health Dept request - Septic OK - Craig Willen 6/28/99

S 42°-4'12" E 1'-31'

S 15°30'07" W 176.72'

S 29°57'57" W 300.00'

100 YEAR FLOOD PLAIN DRAINAGE & UTILITY EASE.

EXISTING MAC DR.

100'

N 71°29'26" W

150'

S 29°52'36" E 39.54'

S 45°20'

S 76°18'05"

100'

470

170'

N 29°52'51" W 100'

476.67'

633.45'

420'

283'±

130'

BRL

35'

55'

285'

305'±

82'

FOREST CONSERVATION EASEMENT

N 71°39'44" W 249.80'

A · SEPTIC TANK
*B · PUMP & PUMP CHAMBER
C · DISTRIBUTION BOX.

* ALTERNATE ROUTE INDICATED BY DASHED LINE

TRENCH DATA
EX. & FIN. 456.00
4 TRENCHES, 45 LF EA.
TRENCH WIDTH - 2'-0"
INLET DEPTH - 2.5', INLET EL 453.50
MAX. BOT. DEPTH = 6.5'
TRENCHES TO BE PLACED ON CONTOUR.

SEPTIC SYS. DATA
SEPTIC TANK - EX. & FIN. GR. = 443.00
INV. IN - 441.00, INV. OUT 440.70
INV. INTO HSE. = 441.20
PUMP CHAMBER, EX. GR. 443.00
INV. IN 440.0

14969 TRIADELPHIA ROAD

24' WIDE USE IN COMMON ESMT. FOR INGRESS, EGRESS & MAINTENANCE FOR LOTS 1, 2 & 3 LINDSEY'S LANDING

SITE PLAN
LOT 3 FINAL PLAT
LOTS 1-3 "LINDSEY'S LANDING"
PLAT NO. 13261
HOWARD CO., MARYLAND
SCALE 1"=100' MAY, 1999

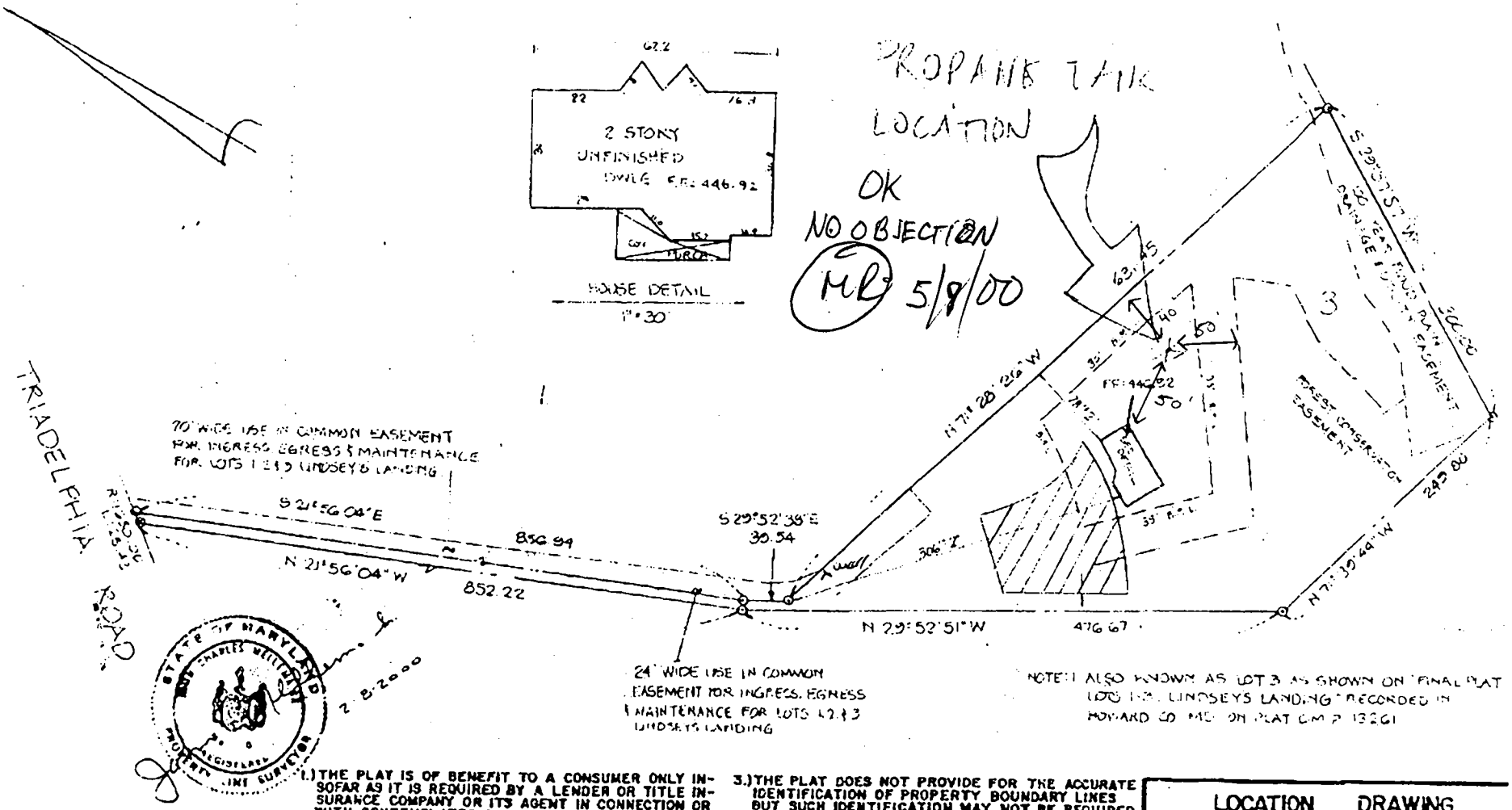
"NOT TO" →

MAGNIFIED TO 1"=50'

RON PARK

Approved Septic System Plan
Howard County Health Department
B00118274 SFD-4BR
(REVISED HOUSE LOCATION AND SEWAGE DISPOSAL EASEMENT)
Craig Willen 6/29/99
Signature Date

Total linear feet of trench required 180 feet
Width of trench (INLET 2½) 2 feet
Depth of trench 6½ feet
Depth of stone required below distribution pipe 4 feet



1.) THE PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION OR WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING.

2.) THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

3.) THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING

PREPARED BY:
JOHN C. MELLEMA SR., INC.
LAND SURVEYORS
0409 EAST DRIVE BALTO., MD. 21227

LOCATION DRAWING

ADDRESS: LOT 3 TRIADELPHIA ROAD

COUNTY: HOWARD CO. SCALE: 1"=100

DATE: 2-8-00 JOB NO: 2042

INSTALL A 1000 GALLON ASME UNDER GROUND LP TANK, PER NFPA 58.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00123777

Building Address 14969 Tarrdelphia Rd
Dayton, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.01 Subdivision Lindsays Landing

Section _____ Area _____ Lot 3

Tax Map 27 Parcel 17 Grid 10

Zoning RC-DEO Map Coordinates 13B1 Lot size

Property Owner's Name Robert J. Weidner
Address 10306 Baltimore Pike
City Silver City State MD Zip Code 21043
Home Phone _____ Work Phone 410-740-9696
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Same with LP Tank
Estimated Construction Cost $ 3500.00
Description of Work Install (1) 1000 Gallon ASME Underground LP Tank Per NFPA 58
LIQUID PROPANE B00123777

Contractor Company Amer. Gas
Contact Person Tom McLaughlin
Address 10097 Baltimore National Pike
City Ellicott City State MD Zip Code 21042
License No. _____
Phone 410-465-9800 Fax _____

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas R McLaughlin
Applicant's Signature

Thomas R McLaughlin
Print Name

Tech Amer. Gas
Title/Company

Apr 24, 2000
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	5/9/00	Mark E. Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 41315

Filing fee	$	100
Permit fee	$	
Excise tax	$	
Sub-total paid	$	
Add'l permit fee	$	
TOTAL FEES	$	100
Balance due	$	
Check	#	10097377
Validation	#	311621

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.fm

Rev. 10/15/98

APPLICATION

PERCOLATION TESTING

A 58919C

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

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

PROPERTY OWNER ~~Michael Smith~~ Foster

ADDRESS 14965 TRiadelphia Rd PHONE (40) 442-1125

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Smith property LOT NO. Lot 3

ROAD AND DESCRIPTION off of 14969 Triadelphia Rd on to macadam Drive

PERMIT SIGNED
AND RETURNED 6-25-99
Social # 800118274

TAX MAP 27 PARCEL # 17

SIZE OF LOT 3.14 TYPE BLDG. Single family Dwelling - 4 Bem
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Chad Foster
(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 _____

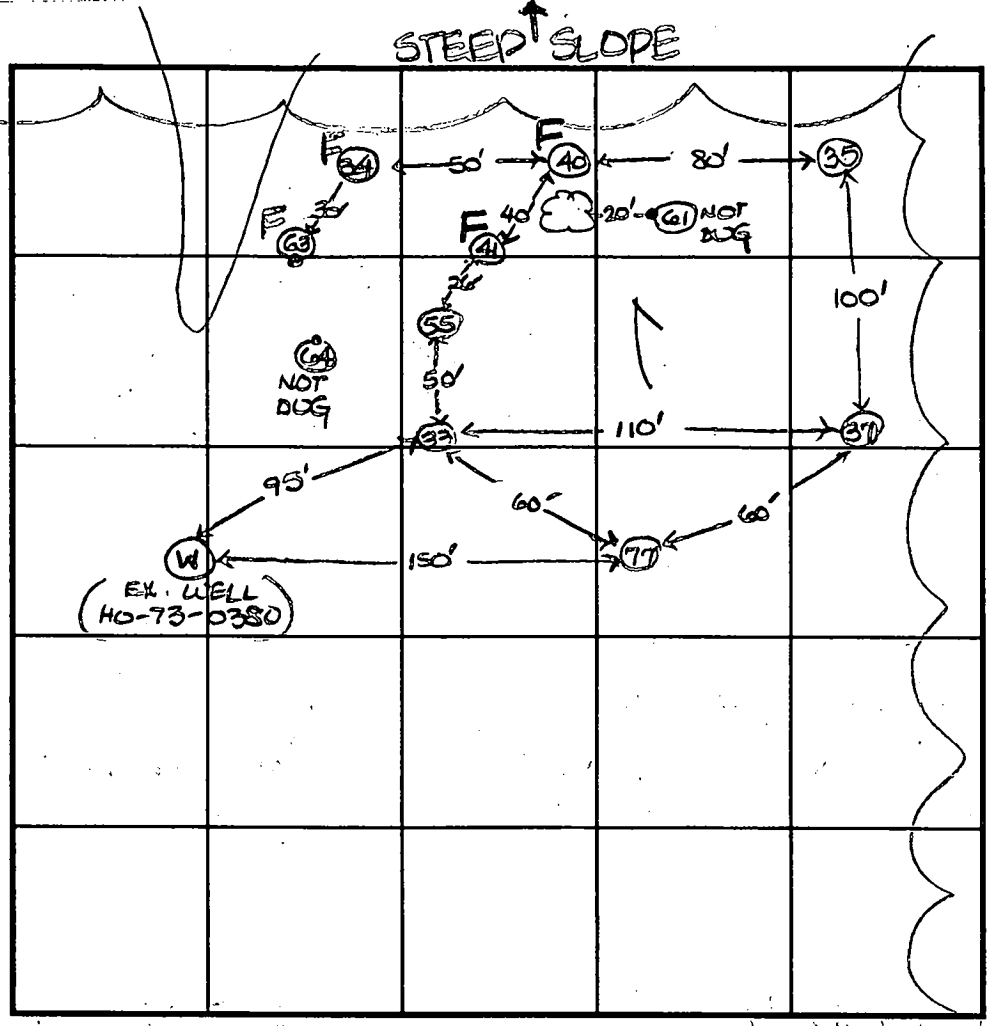
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

58919 C
COUNTY #

STEEP SLOPE



SOIL PROFILE (33)/(35)

0' topsoil
1' org red brn cl lm
2.5' pale org brn sa si lm
15% + Rx
10'8"

SOIL PROFILE

0'

(37)

0' topsoil
1' org brn cl lm
2.5+ beige sa si lm
10-15% Rx
10.5'

(34)/(40)/(41)

0' topsoil
1' org red brn cl lm
2.5+ 1+ org brn sa si lm
Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Tradelphia Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9-15-97	33	2'8" S	11:49	11:58	11:58	12:10	12
		10'8" D	visual				OK
	34	7.0' D	Refusal				FAIL
	35	3.0' S	12:03	12:04	12:04	12:06	2
		6.5' M	12:00	12:00	12:00	12:02	2
		11.0' D	visual				OK
	40	8.0' D	Refusal				FAIL
	41	7.5' D	Refusal				FAIL
	37	3.0' S	12:09	12:14	12:14	12:20	6
		10.5' D	visual				OK

REMARKS use holes (33), (55), (37), (77)

TYPE OF SOIL

TESTED BY D. Soe ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 2

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT/BEDROOM 180

58919C
COUNTY #

SMITH PROPERTY - LOT 3

SOIL PROFILE (55)

0'
topsoil
1'
org red brn cl lm
2.5'
pale org brn sa si lm
15% + Rx
12'

(77)
0'
topsoil
1'
org brn cl lm
2.5'
lt brn to tan sa si lm
15% Rx
12'

PLEASE SEE ATTACHED FOR DIAGRAM

SOIL PROFILE
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9-15-97	55	12.0'D	Visual				OK
	77	3.0'S	1:17	1:18$_3$	1:18$_3$	1:21	3
		12.0'D	Visual				OK
	63	8.0'D	Refusal				FAIL

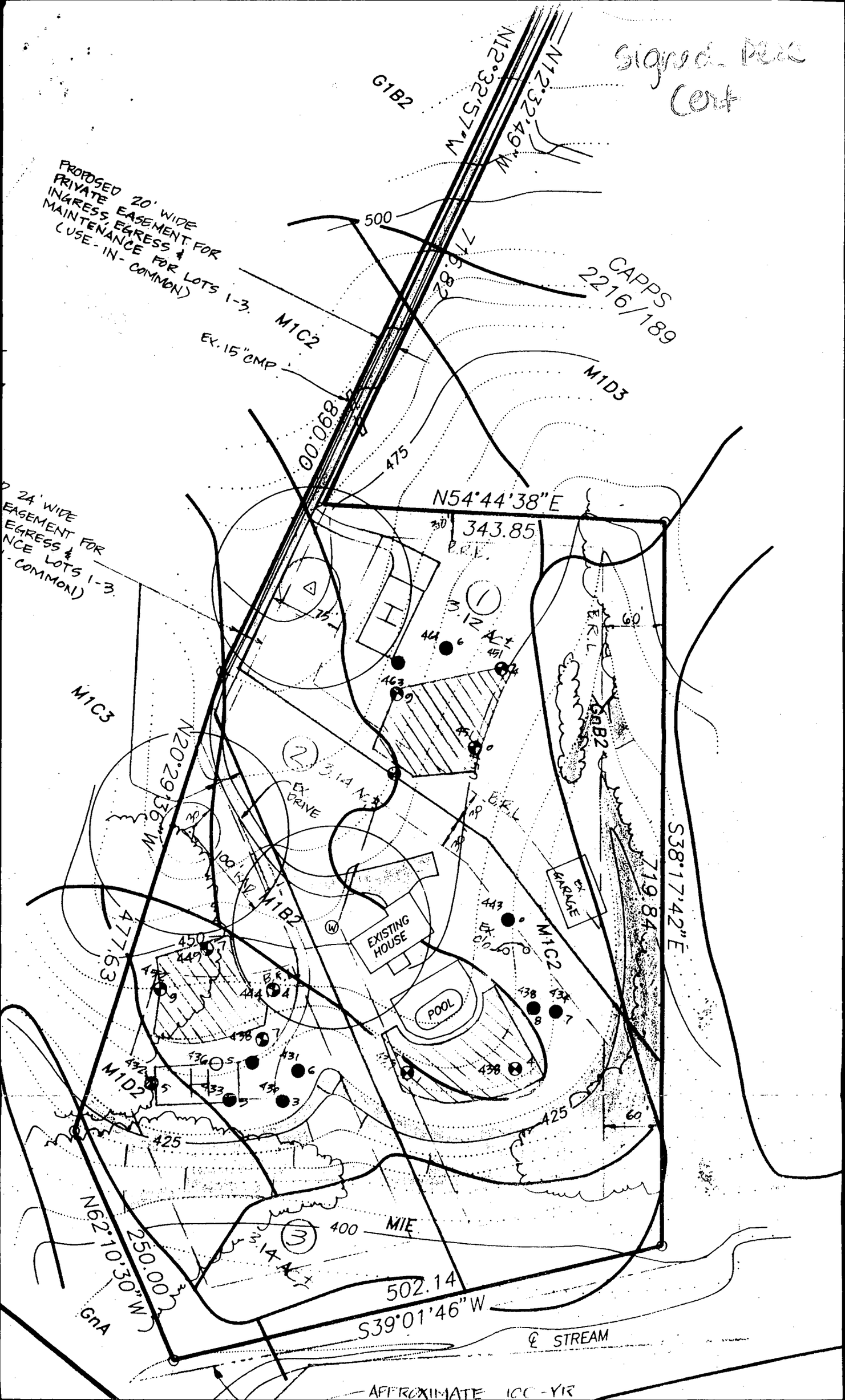
REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


Signed Plat Cert
PROPOSED 20' WIDE PRIVATE EASEMENT FOR INGRESS, EGRESS & MAINTENANCE FOR LOTS 1-3. (USE-IN-COMMON)
N12°32'57"W
N12°32'49"W
G1B2
CAPPS 2216/189
M1C2
M1D3
EX. 15" CMP
500.68'
475
N54°44'38"E
343.85
P.O.B.
3.12 AC±
M1C3
N20°29'36"W
EX. DRIVE
EX. E.R.L.
G1B2
S38°17'42"E
719.84'
100' R/W
M1B2
EXISTING HOUSE
POOL
EX. GARAGE
M1C2
M1D2
425
400
MIE
3.14 AC±
N62°10'30"W
250.00'
502.14
S39°01'46"W
℄ STREAM
APPROXIMATE ICC-YR

T EXCEED 8%.
– WHERE ONE (1) DRIVEWAY SERVES MORE THAN ONE (1)
EWAYS), A HOUSE NUMBER SIGN MUST BE PLACED AT EACH
A RANGE OF STREET ADDRESS HOUSE NUMBERS SIGN WHERE
WAY INTERSECTS WITH THE MAIN ROAD.
– CAPABLE OF SAFELY PASSING 100 YEAR FLOOD WITH NO MORE THAN 1' DEPTH OVER
EMPT FROM STORMWATER MANAGEMENT REQUIREMENTS BECAUSE
ER THAN TWO ACRES,
OR CONSTRUCTION IS PERMITTED WITHIN STREAM BUFFERS OR 100-YEAR

OVED PERC TEST.
PERC TEST.
ATION OF 100-YEAR FLOODPLAIN

OF THE DESIGN MANUAL, VOLUME III (
USE-IN-COMMON DRIVEWAY WITHIN A 20 FOOT EASEMENT FROM COORD. PTS. 13 & 74 TO PT. 13).

20. THE FOREST CONSERVATION EASEMENT HAS BEEN ESTABLISHED TO FULFILL THE REQUIREMENTS OF SECTION 16.1200 OF THE HOWARD COUNTY CODE FOREST CONSERVATION ACT. NO CLEARING, GRADING OR CONSTRUCTION IS PERMITTED WITHIN THE FOREST CONSERVATION EASEMENT, HOWEVER, FOREST MANAGEMENT PRACTICES AS DEFINED IN THE DEED OF FOREST CONSERVATION EASEMENT ARE ALLOWED.

MANEKIN
L.2788/F.347

LOT 35
THE WARFIELDS
PLAT #07508

(11) 1-1/2" PIPE FOUND

(14) 1-1/2" PIPE FOUND

℄ STREAM

S47°45'48"E 721.46'

455.16'

WATERS OF THE U.S.

266.30'

N29°57'57"E 201.68'

N42°14'12"E 117.31'

343.61'

105.49'

F.C.E.

75' STREAM BUFFER

FOREST CONSERVATION EASEMENT, F-1 1.5278 AC.± (RETENTION)

16.55'

105.68'

N45°20'48"E 238.12'

S72°50'07"E 176.72'

LOT 1
3.1073 AC.±
135,352 S.F

LOT 2
3.1424 AC.±
136,882 S.F

631.45'

430.66'

N572,750
E1,305,500

WATERS OF THE U.S.

501.68'

300.00'

1" BENT PIPE FOUND

(13)

90.00'
6.94'

99'

S21°56'04"E 192.67'

N76°18'05"E 282.10'

281.5'

S71°28'26"E

S29°52'51"E 40.00'

S47°57'22"E 29.71'

145.00'

785.00'

168.00'

268'

LOT 3
3.1500 AC.±
137,214 S.F

68.65'

(17) PIN & CAP SET

N29°52'51"W 231.12'

476.67'

E1,304,900

N572,750

PIN & (18)

FOREST CONSERVATION EASEMENT, F-2 0.8409 AC.± (RETENTION) 23280

N71°39'44"W 249.80'

(20) 1-1/2" FOUND

W.S.S.C.

RIVATE 24' WIDE USE-IN-COMMON
MT. FOR INGRESS, EGRESS &
NTENANCE FOR LOTS 1, 2 & 3
EY'S LANDING

OODPLAIN
& DIST.
61.85'
48.81'

23. DEVELOPER RESERVES UNTO ITSELF, ITS SUCCESSORS AND ASSIGNS, ALL EASEMENTS SHOWN ON THIS PLAT FOR WATER, SEWER, STORM DRAINAGE, OTHER PUBLIC UTILITIES, AND FOREST CONSERVATION (DESIGNATED AS "FOREST CONSERVATION EASEMENT" LOCATED IN, OVER AND THROUGH LOTS 1 THROUGH 3, OR
THE FOREST CONSERVATION EASEMENT.

C 1 .05010 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 58919C

ST/CO USE ONLY
DATE Received 8 09 03 98

DATE WELL COMPLETED 6 MM 16 DD 98 YY

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1556

OWNER Smith last name Mike first name

STREET OR RFD Thadelphia Rd TOWN Dayton

SUBDIVISION Smith Property SECTION LOT 3

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 FROM	FEET TO	check if water bearing
dirt	0	41	
hard tan rock	41	43	
med gray rock	43	49	
med brown rock	49	51	
med hard gray rock	51	59	
med gray/chips	59	61	x
med hard tan rock	61	69	
soft brown rock	69	71	xc
med gray rock	71	85	
med hard gray rock	85	108	
med brown rock	108	111	
soft brown rock	111	114	x
med hard gray rock	114	125	

NUMBER OF UNSUCCESSFUL WELLS: 0

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. MWD 304

David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 623

John Hess

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

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 95

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. TOP to 43 ft. BOTTOM (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	45

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD

screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	from	to
1	PL 7	125
2		
3		

SLOT SIZE 1 .020 2 3

DIAMETER OF SCREEN 4.5 (NEAREST INCH)

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

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 18 • 75

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 46 ft.

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) YES 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.)

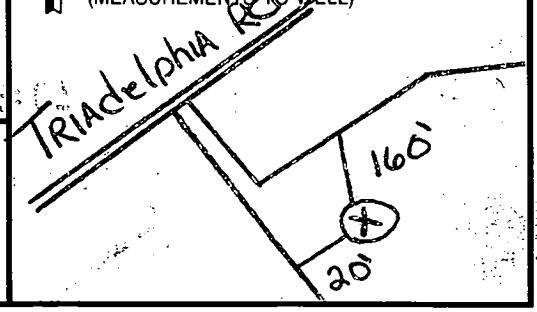
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

2 (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)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 0460 SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO- 94- 1556
70 79
fill in this form completely

Date Received (ARA) 5.13.98
8 MM DD YY 13

OWNER INFORMATION
Smith Mike
15 Last Name Owner First Name 34
14965 TRIADELPHIA Rd
36 Street or RFD 55
Glenelg Md 21737
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
David Kelly MWD 304
Driller's Name 76 License No. 81
Jones Well Drilling Inc
Firm Name
3700 Rush Rd Darrettsville 21084
Address
David Kelly 5-14-98
Signature Date

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 4
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400
14 20

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

APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary (AIR-PERcussion) ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED 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
39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
54 63
FORCE DS WRITE INITIALS IN BOX PERMIT No. HO - 94 - 1556
67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL
8 COUNTY Howard County 21
23 SUBDIVISION Smith Property 42
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN Dayton 71
MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

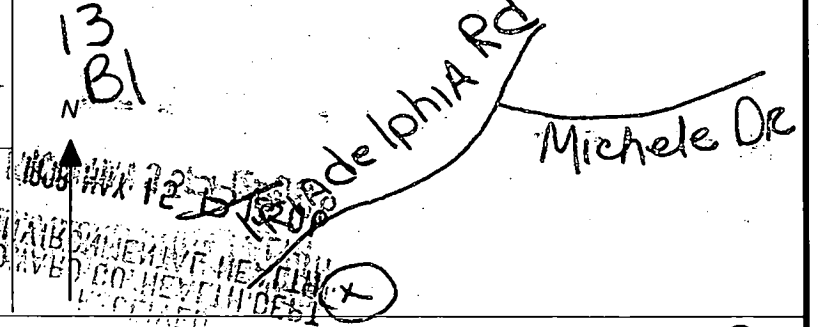
TRIADELPHIA Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) (E) EAST (S) SOUTH
APPROX 34 1100 37 DISTANCE FROM ROAD
ENTER FT OR MI (FT) 38 39
TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard A589190
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT $ →
41
DATE ISSUED 5/26/98 CO SIGNATURE EXP. DATE 5/25/99
43 MM DD YY 48
NORTH GRID 512 000 50 55
EAST GRID 0793 000 57 63

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

grout 2:00 6/16/98
000
000

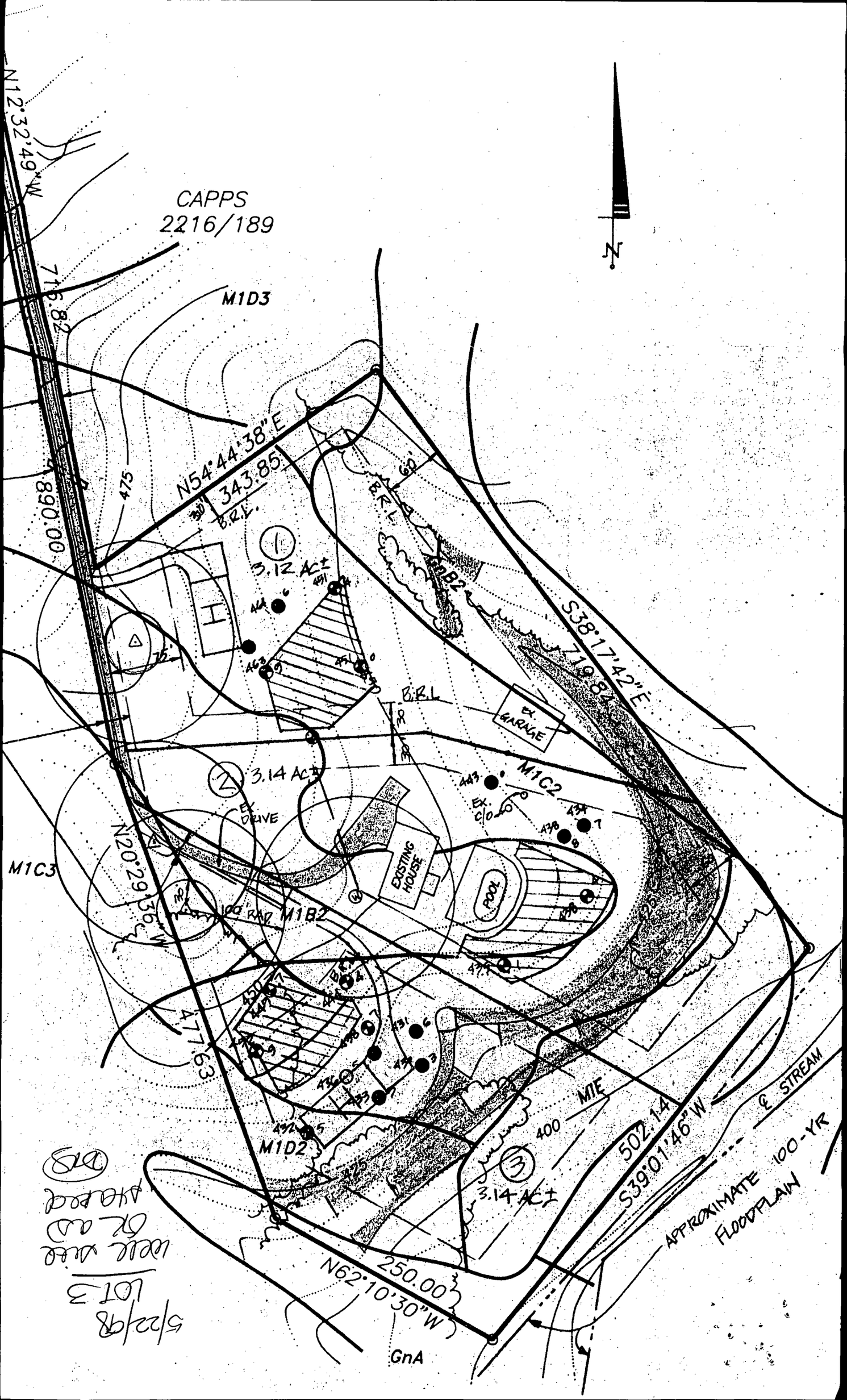
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE * APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED *

COUNTY

HO-94-1556


N12°32'49"W
CAPPS
2216/189
M1D3
715.82
890.00
475
N54°44'38"E
343.85
B.R.L.
1
3.12 AC±
M1B2
S38°17'42"E
719.84
B.R.L.
EX GARAGE
2
3.14 AC±
EX DRIVE
M1C2
EX. C/O
EXISTING HOUSE
POOL
M1C3
N20°29'36"W
100 RAD
M1B2
477.63
M1D2
3
3.14 AC±
400
M1E
502.14
S39°01'46"W
℄ STREAM
APPROXIMATE 100-YR FLOODPLAIN
N62°10'30"W
250.00
GnA

5/22/98
LOT 3