

ISSUE DATE: 10/22/2001

APPROVAL DATE: 11/15/01

PERMIT INDEXED

P 516081

A 512795

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

05-388678

Van Sant Plumbing and Heating

IS PERMITTED TO

INSTALL ☒

ALTER ☐

ADDRESS: 3 N. Main Street, Mt. Airy, MD 21779 PHONE NUMBER: 301-829-0444

SUBDIVISION: Triadelphia Mill Farm LOT NUMBER: 22

ADDRESS: 14010 Triadelphia Mill Road PROPERTY OWNER: Mark Beall

SEPTIC TANK CAPACITY (GALLONS): 1000 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Beginning from the intersection of the 110.00' and 587.10' lot lines, begin trenches 245 feet up the 587.10' lot line and 110 feet off that same lot line. Run trenches on contour toward the rear (689.46') property line.
NOTES:	

PLANS APPROVED: Amy Mc Millen ON SRM 7/13/01 DATE: 7-9-01

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

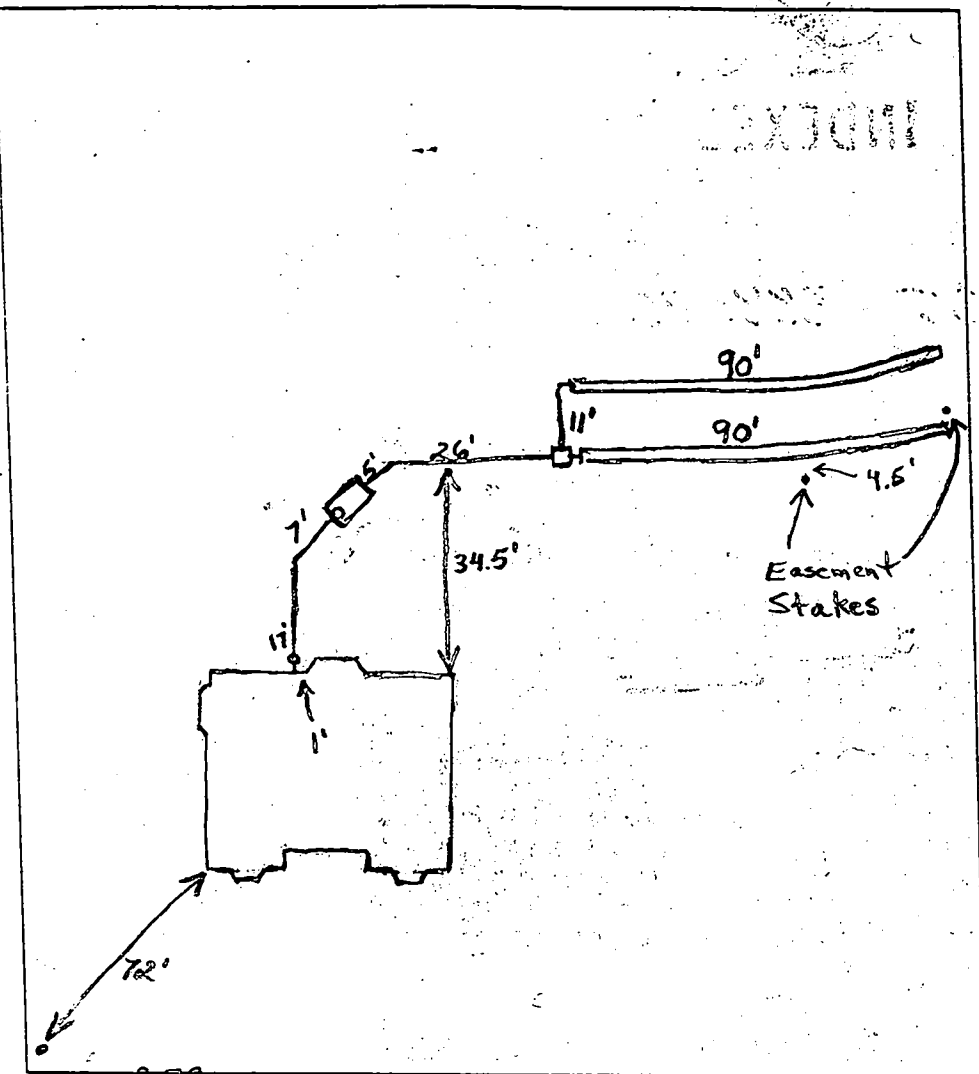
BUILDING PERMIT SIGNED

AND RETURNED

12-3-01
BOU133456-UG LP TANK

4512795

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3.5'
TRENCH BOTTOM DEPTH 5.5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 2
TOTAL TRENCH LENGTH 180'
ABSORBENT AREA 540 sq. ft.
DISTRIBUTION BOX LEVEL Yes
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER No
6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

HO-44-3072

← To Triadelphia Mill Road

PRE-CONSTRUCTION INSPECTION:

11/13/01 To install 2-90' trenches on right side of easement (BB)

INSPECTION COMMENTS:

11/13/01 Tank set (BB) 11/15/01 O.K. to cover (BB)

INSPECTOR

B. Baker

DATE SYSTEM APPROVED

BUILDING PERMIT SIGNED
11/15/01
AND RETURNED

**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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 301 Main St.
MD 20721

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Hartford Van Sant License# 1467

*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: Mark Beall Telephone #: _____
Subdivision: Tridelphia Mill Faa Lot #: 22 Well Tag #: HO-94-3072
Site Address: 14010 Tridelphia Milled
Darby MD 21036

Submersible Pump Data

Make: Cowles
Model #: CS20522
Pump Capacity: 1/2 GPM
Well Yield: GPM

Pitless Adapter

Make: Campbell
Model #: 610K
Depth: 42 (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: 185 (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 NO

Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 12 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15
Approximate length of sleeve: 15
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

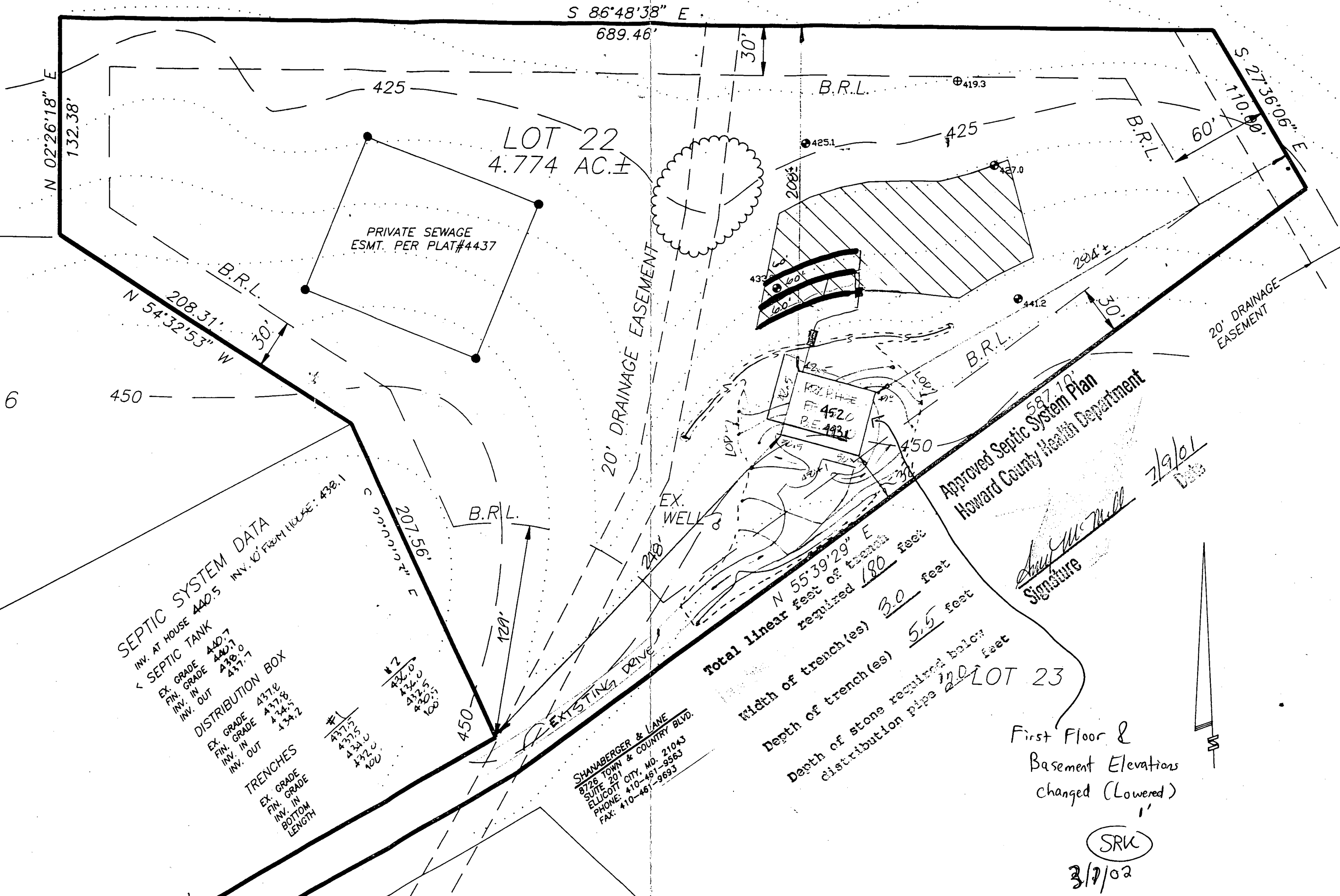
5/3/02
date

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

Date Insp. Requested: 11/13/01 Date Insp. Approved: 11/13/01 **SRK**
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 ✓

16



SEPTIC SYSTEM DATA
INV. AT HOUSE 440.5
SEPTIC TANK
EX. GRADE 440.7
FIN. IN 440.7
INV. OUT 438.0
DISTRIBUTION BOX
EX. GRADE 437.8
FIN. IN 437.8
INV. IN 434.5
INV. OUT 434.2

TRENCHES
EX. GRADE
FIN. IN
INV. IN
BOTTOM
LENGTH

#1
437.5
437.5
434.0
432.0
100'
#2
438.0
438.0
432.5
430.5
100'

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

Total linear feet of trench required 180 feet
Width of trench(es) 3.0 feet
Depth of trench(es) 5.5 feet
Depth of stone required below distribution pipe 12.0 feet

Approved Septic System Plan
Howard County Health Department

Signature
7/9/01
DOB

First Floor &
Basement Elevations
changed (Lowered)
1'

SRK
3/7/02

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00131241
Building Address <u>14010 TRIADDELPHIA Mill Rd</u> <u>DAYTON, MD 21036</u>		Property Owner's Name <u>MARK T. BEALL</u> Address <u>14050 TRIADDELPHIA Mill Rd</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> Home Phone <u>443-535-0277</u> Work Phone <u>443-286-2002</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax <u>410-381-3560</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6051</u> Subdivision <u>Triadelphia Mill</u> Section _____ Area _____ Lot <u>22</u> Tax Map <u>27</u> Parcel <u>128</u> Grid _____ Zoning <u>RR1</u> Map Coordinates <u>13F5</u> Lot size _____		Contractor Company <u>OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____	
Existing Use <u>VACANT LOT</u> Proposed Use <u>New Single Family Home</u> Estimated Construction Cost \$ _____ Description of Work <u>New Custom Modular Home</u> <u>1- BR, 1 1/2 BATH, UNFINISHED BASEMENT</u> <u>w/RL, UNFINISHED 2ND FL. w/1 FULL BATH R/L</u> Occupant or Tenant <u>OWNER</u> 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 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 <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>37'</u> <u>50' 3 1/2"</u> 2nd floor: <u>28' 3 1/2"</u> <u>48'</u> Basement: <u>24' 6"</u> <u>48'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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 <u>WELL</u> Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> ____ 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.			
Applicant's Signature <u>Mark T. Beall</u> <u>OWNER</u> Title/Company _____		Print Name <u>MARK T. BEALL</u> Date <u>6/29/01</u>	
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** FOR OFFICE USE ONLY			
AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection <input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	DATE <u>7/9/01</u> SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>4-1789</u> Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>1102</u> Validation # <u>43012</u> Accepted by: <u>[Signature]</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			

405101

PP FEBRUARY 26, 2002

\$6850.00
check # 2353
CN H46836
2-26-02

ANIS L. CORBIN, CHIEF
LICENSES & PERMITS DIVISION
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043

REF: CHANGE OF EXISTING BUILDING PLAN B00131241
MARK T. BEALL - 14010 TRIADDELPHIA MILL RD., DAYTON, MD 21036

THIS IS A REQUEST TO MODIFY OUR PRESENT BUILDING
PLAN TO COMPLETE SECOND FLOOR WITH TWO BEDROOMS,
AND ONE FULL BATH.

THERE WAS ALSO A CHANGE IN ELEVATION OF
ORIGINAL SITE PLAN. THIS NEW FOUNDATION & LOCATION
DRAWING REFLECTS THE NEW GRADES.

THE HOUSE WAS ORIGINALLY SET 30-35 FOOT
FROM BUILDING RESTRICTION LINE, AND HAS BEEN
MOVED 45.5 FEET FROM BUILDING RESTRICTION LINE.

cc: Health Dept
attn: Frank
Skinner -

DZ

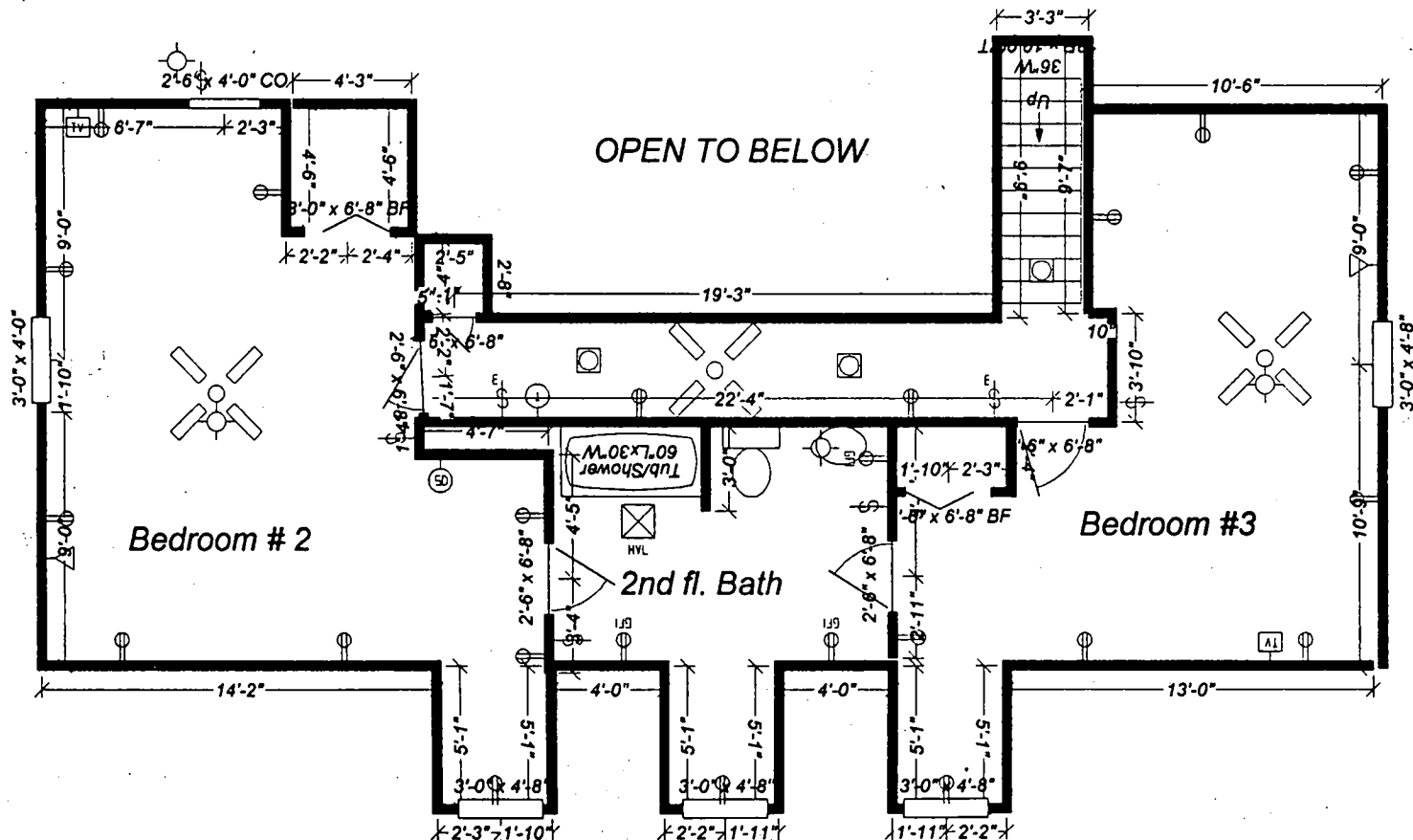
MARK T. BEALL
14050 TRIADDELPHIA MILL RD
DAYTON, MD 21036
443-286-2002
443-535-0277

3/1/02 - proposed Ammendment changes OK
(SRV) HCHD Steven Roger King
Health Dept.

14010 Triadelphia Mill Road -
2nd floor plan
Mark & Cheryl Beall
#B00131241

- > MODULAR HOME (CAPE COD) WITH UNFINISHED 2ND FLOOR
- > ADD 2 BEDROOMS AND 1 FULL BATH ON 2ND FLOOR
- > ALL FRAMING TO BE 2 X 4 WITH 2 X 6 HEADERS IN DOORWAYS (779 sq.ft)
- > HVAC ACCESS DOOR IN BEDROOM # 2
- > ROUGH IN ELECTRICAL, PLUMBING, MECHANICAL & FRAMING INSPECTIONS APPROVED

HVAC 2nd floor



3/1/02 -
proposed
Amendment
OK SRK

S 86°48'38" E

689.46'

30'

B.R.L.

⊕419.3

425.1

425

427.0

433.8

441.2

B.R.L.

587.10'

20' DRAINAGE
EASEMENT

S 27°36'06" E
110.80'
60'

LOT 22
4.774 AC.±

E
4437

20' DRAINAGE EASEMENT

PROP. HGE.
FF. 452.0
B.E. 443.0

EX. WELL

N 55°39'29" E

Install (1) 1000 Gallon ASME
U.G. LP TANK, PER NFPA 58

Location on HCHD SRH 12/3/01

Scale
1" = 50'

LOT 23

APPLICATION

PERCOLATION TESTING

A 512795

11/1/99

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

Proposal - to relocate
existing SDA to better
accommodate
preferred house site
(DKS)

DISTRICT 5TH

DATE 11/1/99

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 GARY BEALL (mark)

ADDRESS 9/0 PHONE 301-596-9819

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIADOLPHIA MILL FARM LOT NO. 22

ROAD AND DESCRIPTION _____

TAX MAP 27 PARCEL # 128

SIZE OF LOT 4.774 AC TYPE BLDG. SINGLE FAMILY
(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.

Ron @ Shanaverger & Lake/DKS
(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 _____

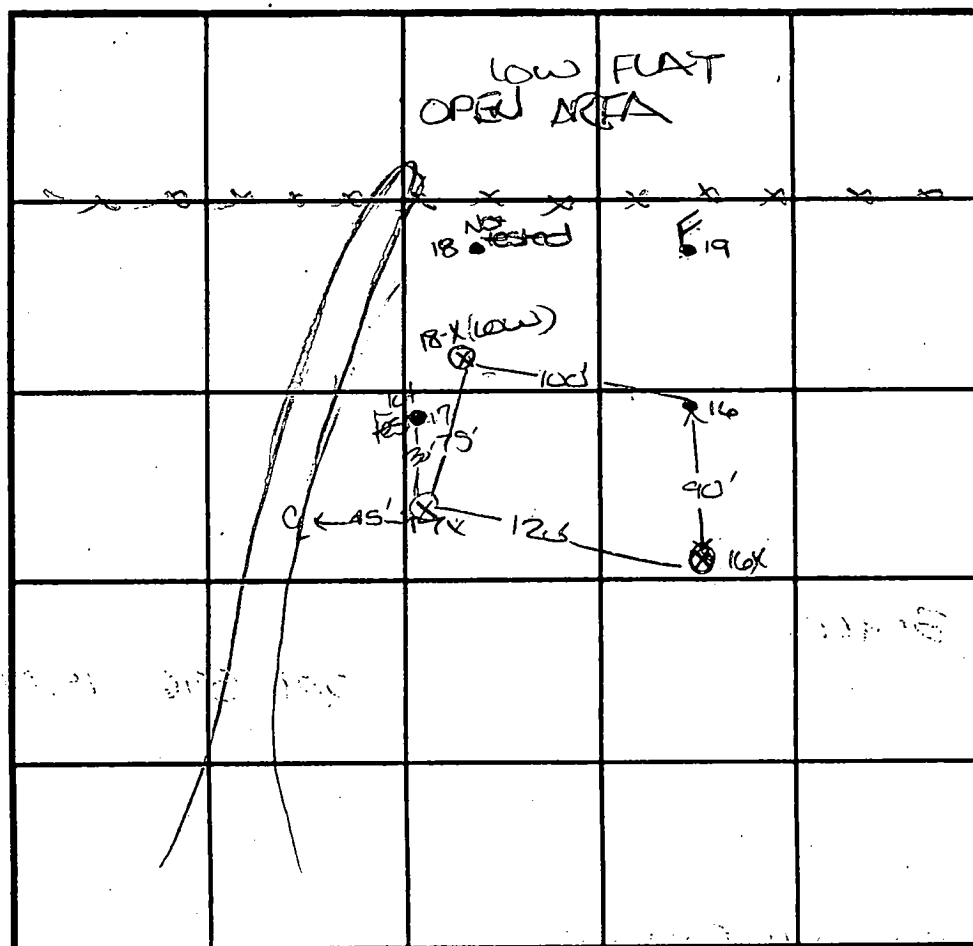
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
(16)

0' topsoil
1' red brn
clm
4' 1/4" org
brn
si lm
w/mica
25%
sapr
shale

SOIL PROFILE
16X

0' topsoil
1' org brn
clm
4' 1/4" org
brn
si lm
w/mica
20%+
rock
frag

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Philadelphia Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-2-09	16	5.5' S	10:29	10:31	10:31	10:35	4
	17	11.0' D	visual	- see	profile		OK
	19	8.5' D	water	- see	profile		FAIL
	18X	5.0' S	10:34	10:41	10:41	10:47	6
		11.0' D	visual	- see	profile		OK
	17X	12.0' D	visual	- see	profile		OK
	16X	4.5' S	11:09	11:12	11:12	11:15	3
		12.0' D	visual	- see	profile		OK

REMARKS holes 16-19 staked by S&L~~TYPE OF SOIL~~ septic reserve area shall be no lower than (16)TESTED BY DKS/SRL ALSO PRESENT Ketman, ownerTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4+ TRENCH WIDTH 3INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

18X/17X
0' topsoil
1' org red
brn
clm
35' 4' 1/4" org
brn
si lm
15%
rock
frag

hde

C1 0712		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER 13 Onsrn 9/25/01			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 5 1 01		Depth of Well 22 185 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3012 28 29 30 31 32 33 34 35 36 37			
OWNER last name first name Beall Mark		STREET OR RFD Triadelphia Mill Rd		TOWN Dorsey		SUBDIVISION Triadelphia Mill Farm		SECTION 1		LOT 25	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 45 46 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)				C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 91 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			
DESCRIPTION (Use additional sheets if needed)				FEET FROM TO Sand 0 30 Gray Mica Rock 30 185				check if water bearing			
				casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 34 60 61 63 64 66 70							
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to							
				screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER SCREEN RECORD							
NUMBER OF UNSUCCESSFUL WELLS: 2				C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 HO 32 185							
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 28.04.04 "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 SD 024 DRILLERS SIGNATURE Joseph L. Mayne (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				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							
				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) WELL 317.04 DRAIN							

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3072
Location of property (road) Triad. Mill Rd
Subdivision Triad. Mill Farms Lot 22 Block Plat Sec.
Well Driller J. MAURE Owner MARK BEALL + CHERYL BEALL

Depth of well 185'
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 10:40 Pumping rate 15 gpm.
Total time 15 min to reach pumping water level 91 ft. below M.P.

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

[illegible]

Well Permit No. HO - 94-3072
Location of property (road) Trud. Mill Rd
Subdivision Trud. Mill Farms Lot 22 Block Plat Sec.
Well Driller J. Nourse Owner Beaul

I. High rate pumping -- reservoir drawdown

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

[illegible]

B 1	8488	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO - 94 - 3072
		W 515020 please print or type		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) 04/03/01</p> <p>8 MM DD YY 13</p> <p>Beall + Mark</p> <p>15 Last Name Owner First Name 34</p> <p>14050 Philadelphia Mill Rd</p> <p>36 Street or RFD 55</p> <p>Dayton md 21036</p> <p>57 Town 70 State 72 Zip 76</p> </div> <div style="width:50%;"> <p style="text-align: center;">LOCATION OF WELL</p> <p>Howard</p> <p>8 COUNTY 21</p> <p>Philadelphia Mill Farms</p> <p>23 SUBDIVISION 42</p> <p>SECTION 1 LOT 22</p> <p>44 46 48 50</p> <p>Dayton</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 2.42 M I</p> <p>73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">OWNER INFORMATION</p> <p>Joseph L. Wayne MS D 2 Y</p> <p>76 Driller's Name License No. 81</p> <p>Joseph L. Wayne Well Drilling</p> <p>76 Firm Name</p> <p>5512 Ridge Rd. Mt Airy, Md 21771</p> <p>Address</p> <p>Joseph L. Wayne 3/30/2001</p> <p>Signature Date</p> </div> <div style="width:50%;"> <p style="text-align: center;">DRILLER INFORMATION</p> <p>Howard</p> <p>11 COUNTY 30</p> <p>Philadelphia Mill Rd</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 670 37</p> <p>DISTANCE FROM ROAD FT</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: _____ BLK: _____ PARCEL: _____</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">WELL INFORMATION</p> <p>APPROX. PUMPING RATE 5</p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED 500</p> <p>(GAL. PER DAY) 14 20</p> </div> <div style="width:50%;"> <p style="text-align: center;">DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> </div> </div>				
<p style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p>				
<p style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard 13</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S →</p> <p>DATE ISSUED 04/10/01 04/10/02</p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID 566 000 EAST GRID 0800 000</p> <p>50 55 57 63</p>				
<p>APPROXIMATE DEPTH OF WELL 300 FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH</p> <p>NEAREST</p>				
<p style="text-align: center;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY Drive-POINT</p> <p>other _____</p>				
<p style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. HO - 94 - 3072</p> <p>70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center;">SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED</p>				

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE


E **796**

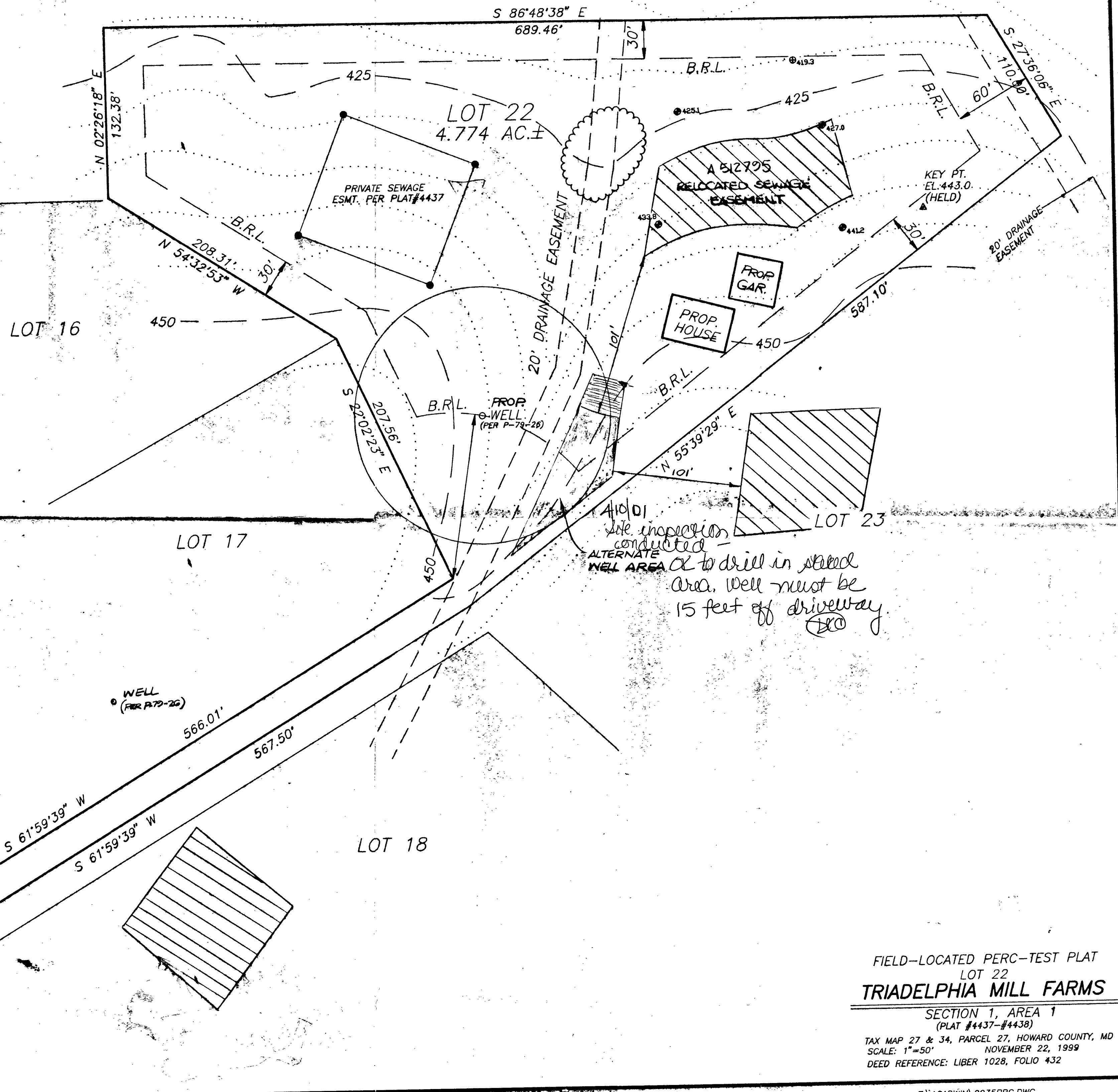
N **5020**

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

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY AND SHOULD BE FIELD VERIFIED PRIOR TO EXCAVATION.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT 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. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
3. B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
 ④419.3 DESIGNATES FAILED PERC TEST
 ④425.1 DESIGNATES APPROVED PERC TEST
4. THERE ARE NO VISIBLE WELLS OR SEPTIC AREAS WITHIN 100' OF THIS LOT EXCEPT THOSE SHOWN HEREON.



APPROVED: FOR PRIVATE
WATER & PRIVATE SEWER
SYSTEMS. HOWARD COUNTY
HEALTH DEPARTMENT

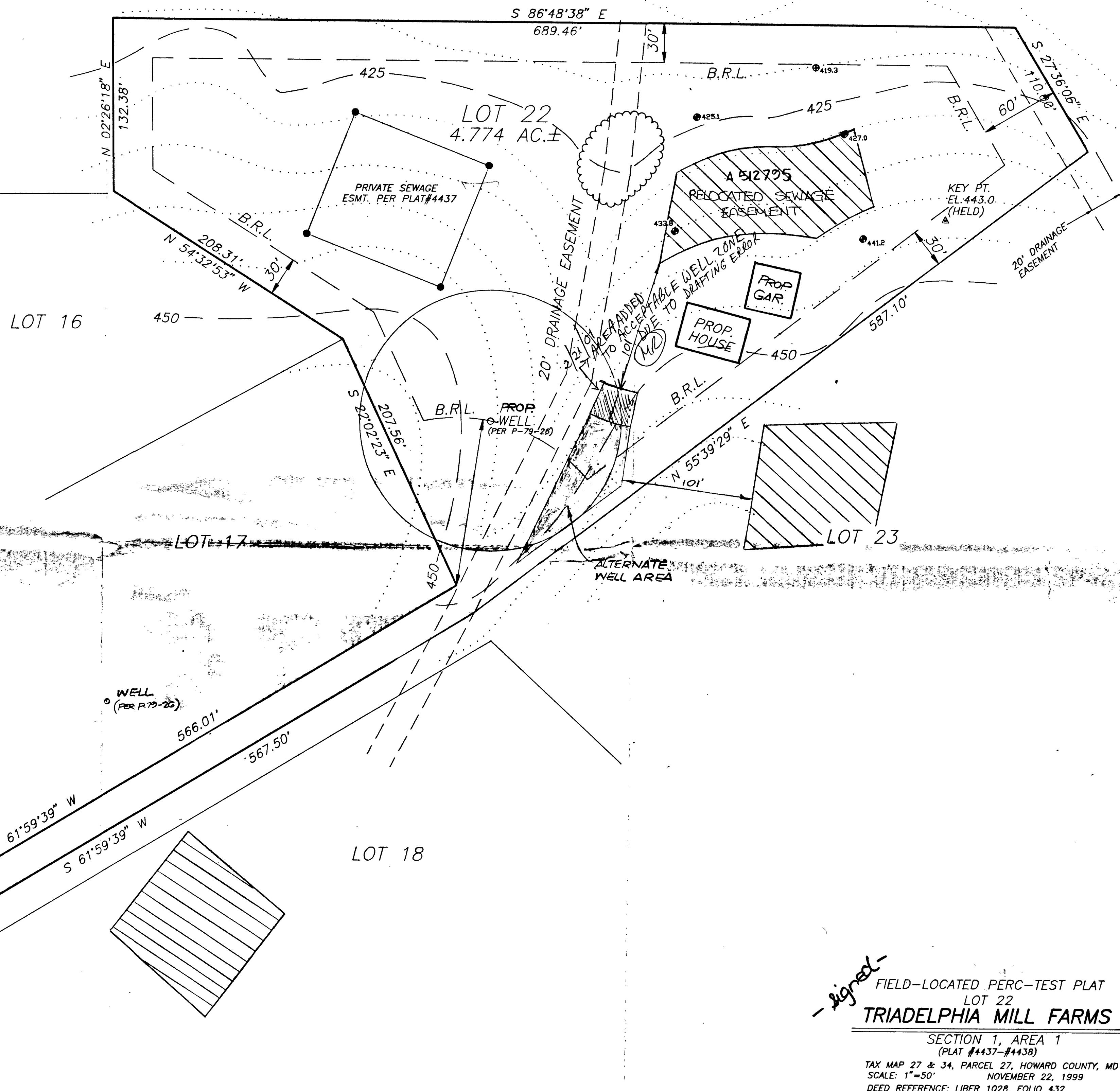
Dina M. M. [Signature]
COUNTY HEALTH OFFICER, DATE



TRIADELPHIA MILL RD
L=25.00
R=3370.00

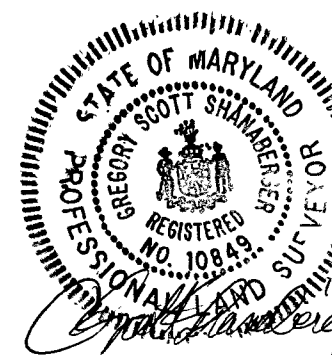
FIELD-LOCATED PERC-TEST PLAT
LOT 22
TRIADELPHIA MILL FARMS
SECTION 1, AREA 1
(PLAT #4437-#4438)
TAX MAP 27 & 34, PARCEL 27, HOWARD COUNTY, MD
SCALE: 1"=50' NOVEMBER 22, 1999
DEED REFERENCE: LIBER 1028, FOLIO 432

1. TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY AND SHOULD BE FIELD VERIFIED PRIOR TO EXCAVATION.
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APPROVED: FOR PRIVATE
WATER & PRIVATE SEWER
SYSTEMS. HOWARD COUNTY
HEALTH DEPARTMENT

Dimple Klatas 12/30/99
COUNTY HEALTH OFFICER'S DATE



SHAWBERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
PHONE: 410-461-9583
FAX: 410-461-9693

- signed -
FIELD-LOCATED PERC-TEST PLAT
LOT 22
TRIADELPHIA MILL FARMS

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TAX MAP 27 & 34, PARCEL 27, HOWARD COUNTY, MD
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APPLICATION

A 29073

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5thDATE 10/16/78

SEE ATTACHED SPEC SHEET

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 Tridelphia Mill Farms Partnership

@ Richard Hallowell

ADDRESS Sandy Spring, Md. 20860 PHONE 286-2988

PROPERTY LOCATION:

SUBDIVISION Tridelphia Mill Farms LOT NO. Final #22
11 - Sheet 2 of 10ROAD AND DESCRIPTION On N & S sides of Tridelphia Mill Rd 1,500' E of
Greenbridge Rd, DautonSIZE OF LOT 4.76 acres TYPE BLDG. 4 bedrm, single family dwg.
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

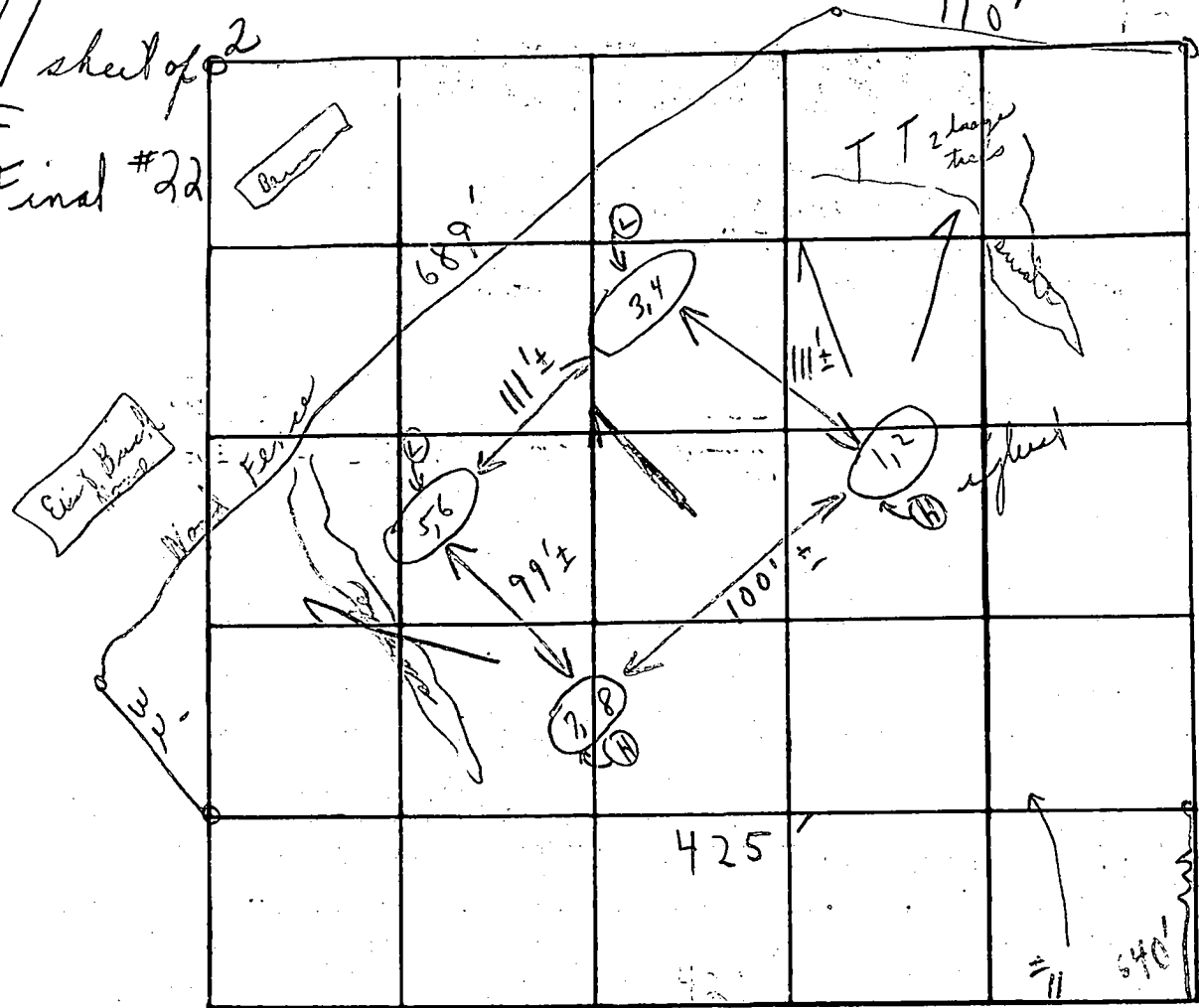
SIGNATURE OF APPLICANT Richard HallowellAPPROVED BY D.W.M. + C.B. STRECKER FOR SHALLOW TRENCHES ONLY DATE 12/14/79
DRY WELL
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

// sheet of 2
Final #22



sheet
Tests
per
stake
3 to 6
deep

To Danton
Soil Profile
Below
clay
sand,
loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Philadelphia Mill Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1A/1/78	(H) 1	3'	12:52	12:52 1/2	12:53	1m	
	2	10'	12:53	12:55	12:55	12:59	4m
	3	3'	1:23	1:25	1:25	1:31	6m
	4	11'	1:24	1:33	1:33	1:54	21m
	5	3'	1:26	1:27	1:27	1:28	1m
	6	12'	1:28	1:36	1:36	2:05	29m
	7	3'	1:00	1:04	1:04	1:19	15m
	8	12'	1:01	1:03	1:03	1:19	16m
						8:19.3	

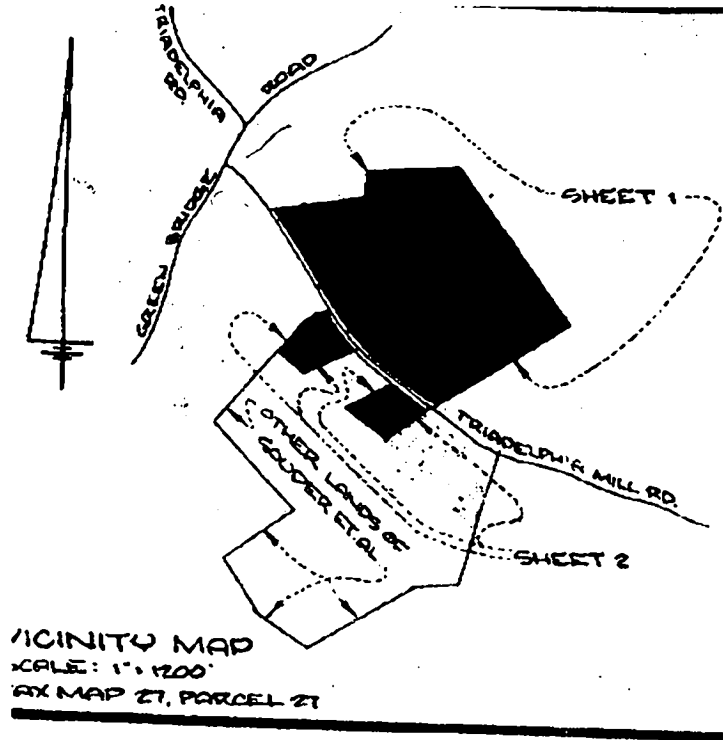
12 min
average
inlet 3'

REMARKS Tests in open field Hold for supervisor

TYPE OF SOIL

TESTED BY C. B. ALSO PRESENT: S. P. Schuler + son

~~TRADEPHIA~~ LOT 22 TRADEPHIA MILL RD.

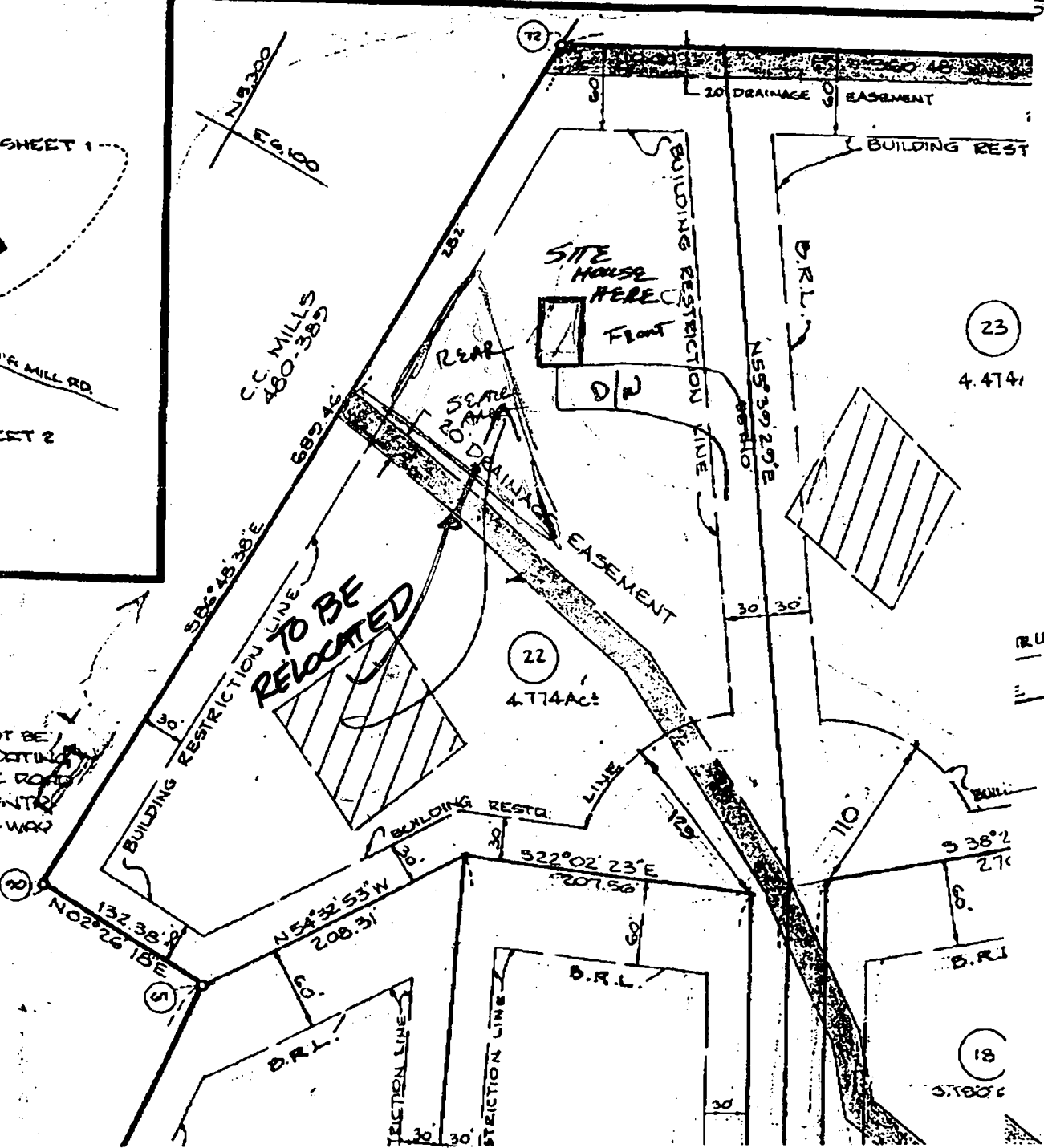


COORDINATES: SEE SHEET 2 OF 2.
CURVE DATA: SEE SHEET 2 OF 2.


NOTE: FLAG OR PIPESTEM LOTS SHALL NOT BE FURTHER SUBDIVIDED INTO LOTS ACCOMMODATING ADDITIONAL RESIDENCES UNLESS A PUBLIC ROAD IS BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM 50' RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.

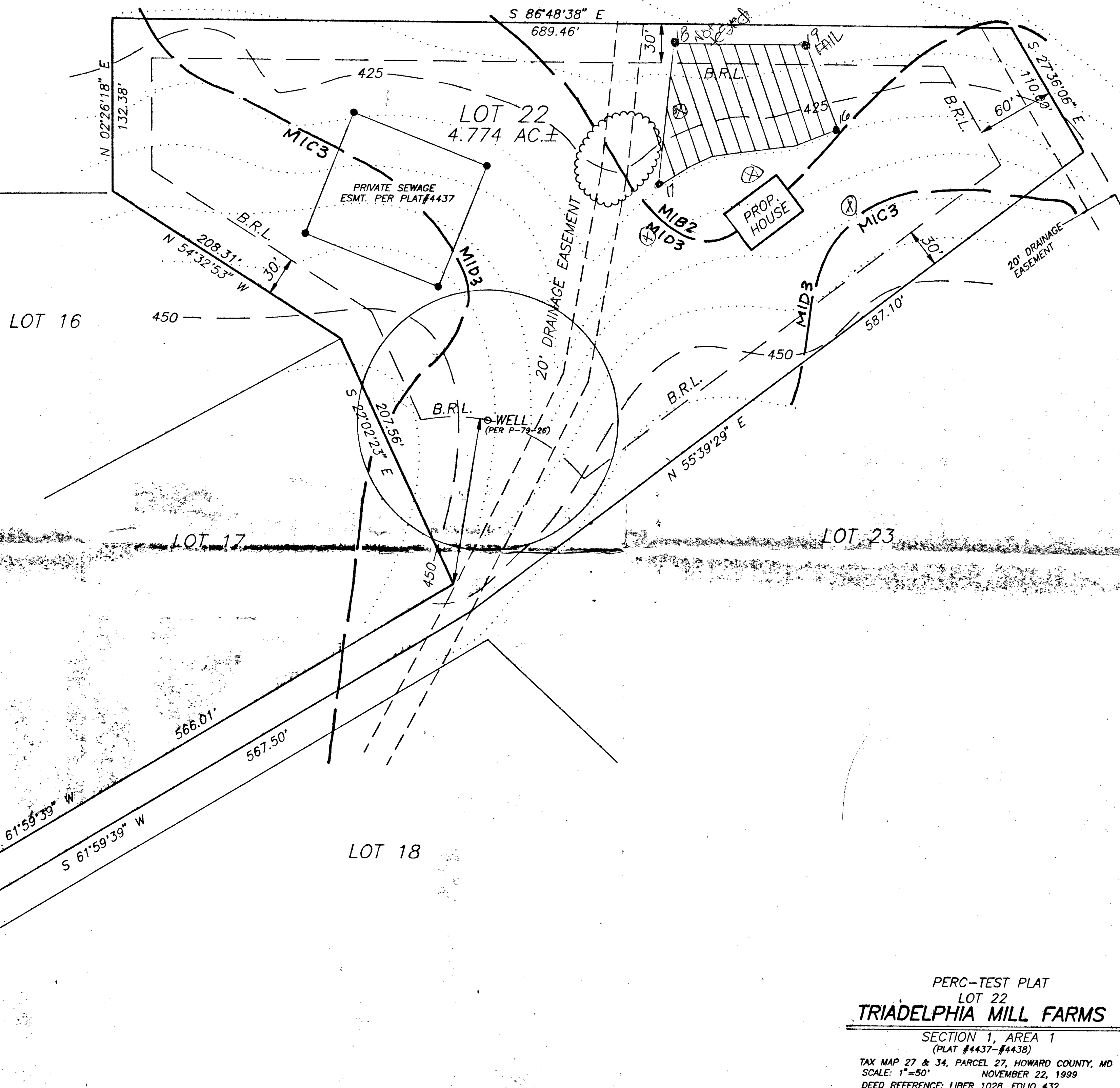
NOTE: FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT ON TO THE FLAG OR PIPESTEM LOT DRIVEWAY.

FORMOS III
385



NOTES:

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3. B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
..... DESIGNATES LIMIT OF DISTURBANCE.



PERC-TEST PLAT
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