

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 9/14/2004

P 520887

APPROVAL DATE: 7/6/05

A 514220

**PERMIT**  
**INDEXED**  
**TAX ID # 05-350263**  
**ON-SITE SEWAGE DISPOSAL SYSTEM**  
**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Castleberry at Ten Oaks, PP. B LOT NUMBER: TM 22, Parcel 90

ADDRESS: 13779 Triadelphia Road PROPERTY OWNER: Robert Fyock

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 110 HOUSE SERVED BY PUBLIC WATER ☐

|           |   |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box in the middle of the high edge of the staked SDA. Run (2) 55' trenches on contour toward the well.   |
| NOTES:    | Install tanks in a suitable location to provide 18-36" finished cover.<br><u>SHALLOW SYSTEM ONLY High water table</u>   |

PLANS APPROVED: MER / **KN** DATE: 7/12/04

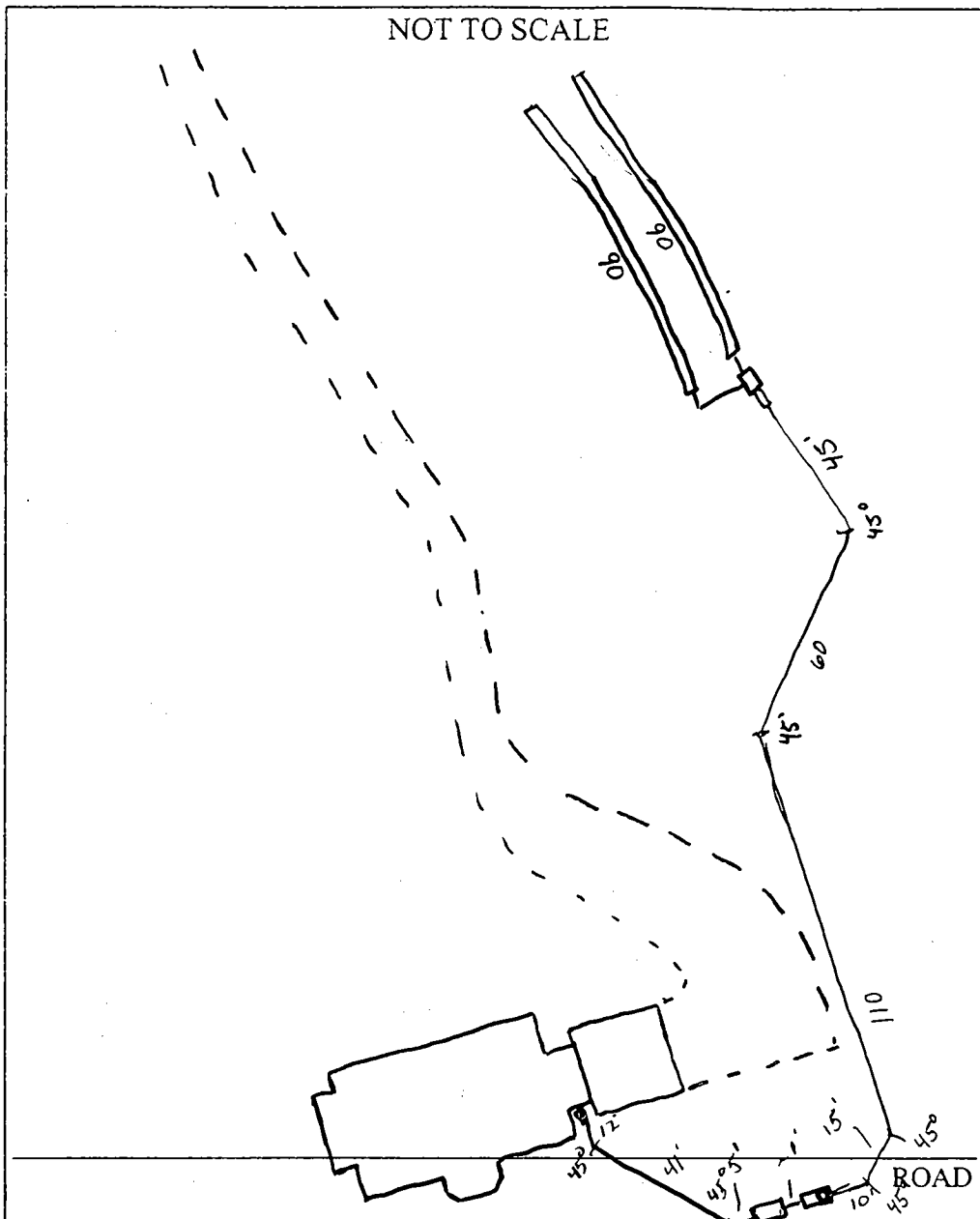
NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
**BUILDING PERMIT SIGNED** 10-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
**AND RETURNED** DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

11-18-04 800151224 - FINISH BASEMENT

A514220

NOT TO SCALE



### TRENCH/DRAINFIELD DATA

WIDTH \_\_\_\_\_ INLET \_\_\_\_\_ BOTTOM \_\_\_\_\_  
 NUMBER OF TRENCHES \_\_\_\_\_  
 TOTAL LENGTH \_\_\_\_\_  
 ABSORPTION AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 DISTRIBUTION BOX BAFFLE Elbow  
 DISTRIBUTION BOX PORT No

### SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC Top  
 TANK LID DEPTH 35'-4'  
 BAFFLES \_\_\_\_\_  
 BAFFLE FILTER No  
 MANHOLE LOC \_\_\_\_\_  
 6" PORT LOC Front  
 WATERTIGHT TEST No  
~~PUMP~~ TANK 2 LEVEL \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC Top  
 TANK LID DEPTH 4'  
 BAFFLES \_\_\_\_\_  
 BAFFLE FILTER No  
 MANHOLE LOC Rear  
 6" PORT LOC None  
 WATERTIGHT TEST No

PRE-CONSTRUCTION 2/18/05 - SRA staked contour accurate

Install per B.P. (SO)

INSTALLATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6/30/05 P&A test Box and trenches are in corn field and are

unmarked Robert could not get pump to pump to box

7/6/05 Pump and alarm working (B.B.)

\_\_\_\_\_

FINAL INSPECTOR B Baber DATE OF APPROVAL 7/6/05

Approved Septic System Plan  
Howard County Health Department

Mark R. Riffin 7/12/04  
Signature Date

M1C2

1=50  
PLAN BY VOGEL

G1B2

↑ TO TRIA. ROAD

EX. WELL

serve

50' BRL

55' each

DISTRIBUTION BOX  
TOP = 580.50  
INV = 578.00

10,000

1380.07

30' BRL

PROP DRIVE

PROP. WELL LINE

FYOCK MODEL  
FF=576.68  
B=585.00  
INV.=563.28

GAR

(1200 GAL) SEPTIC TANK  
INV. IN= 562.00  
INV. OUT=561.90  
TOP OF GRADE= 564.0

(1000 GAL) PUMP CHAMBER  
INV. IN= 561.80  
INV. OUT= 561.70  
TOP OF GRADE= 564.0

INSTALL TANKS TO PROVIDE 18-36" BRL FINAL COVER

3534.10'E

**WATER AND SEWER SERVICE PROGRAM**  
**TEL: (410)313-2640 FAX: (410)313-2643**

**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: Feaga Plumbing & Heating Co. Telephone #: 410-313-2640

Address: 2805 N. Lombard St.  
West Baltimore, MD 21205

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

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

Name (Print): Robert F. Hook

License #: 3327

\*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 F. Hook

Telephone #:

Subdivision:

Unit #:

Well Tag # 110-94-3622

Site Address: 13279 Tridaphne Rd.  
Colton, MD

**Submersible Pump Data**

Make: Goulds

Model #: 76501412

Pump Capacity: 7 GPM

Well Yield: 7 GPM

Depth of well encountered at time of pump installation: 235 ft

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 check box

Safety rope, if used, attached to inside of well casing with one bolt \_\_\_\_\_

**Pitless Adapter**

Make: Goulds

Model #: \_\_\_\_\_

Depth: \_\_\_\_\_

NSF approved: ☒

**Well Cap and Electric Conduit**

Two piece watertight cap: 6

Screened vent well cap: 12

Cap secured to casing: 6

Conduit min. 18" E.G. 6

Conduit secured to well cap: 6

**Piping to house**

Type: 1/2"

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: 42"

Approximate length of sleeve: \_\_\_\_\_

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.

Signature of company representative responsible for installation: Robert F. Hook

date: 7/11/05

**For Health Department Use Only - Not to be completed by installer**

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: \_\_\_\_\_

Inspection Data:

|   |       |
|---|-------|
| Pitless adapter and water supply line installed 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                           | _____ |

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: Feaga Telephone #: 410-313-2648  
Address: 3205 Herring Rd  
Woodville, MD 21791

Must circle one: ☒ Licensed Plumber ☐ Licensed Well Driller ☐ Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Ken Feaga License #: 6318  
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 J. York Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3622  
Site Address: 13779 Truckee Rd  
Glennview

|   |                        |                                       |
|---|------------------------|---------------------------------------|
| <u>Submersible Pump Data</u>  | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u>  |
| Make: <u>Goulds</u>   | Make: <u>CV</u>        | Two piece watertight cap: <u>✓</u>    |
| Model #: <u>7680412</u>   | Model #: _____         | Screened, vented well cap: <u>✓</u>   |
| Pump Capacity: <u>7</u> GPM   | Depth: <u>7</u> ft     | Cup secured to casing: <u>✓</u>       |
| Well Yield: _____ GPM   | NSF approved: <u>✓</u> | Conduit min. 18" B.C.: <u>✓</u>       |
| Depth of well encountered at time of pump installation: <u>225</u> ft |                        | Conduit secured to well cap: <u>✓</u> |

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors of Cable guards are required - Must encircle  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

|  |   |
|--|---|
| <u>Piping to house</u>                   | <u>House Connection</u>                                       |
| Type: <u>PVC</u>                         | PVC sleeved in undisturbed soil at well penetration: <u>✓</u> |
| PSI: <u>160</u> (160 psi min)            | Approximate length of sleeve: _____                           |
| Depth of supply line: <u>5</u> (30" min) | Sleeve caulked and sealed properly: <u>✓</u>                  |

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: \_\_\_\_\_

date: 11/10/04

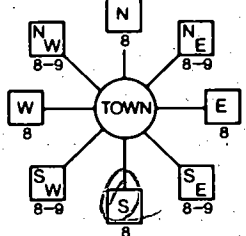
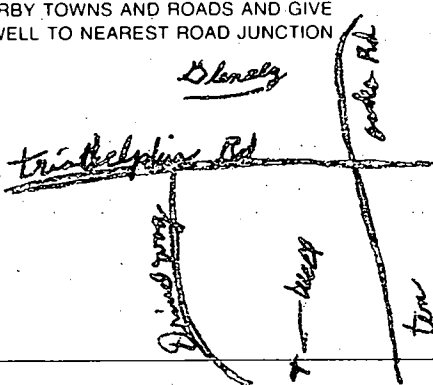
For Health Department Use Only (Not to be completed by installer)

Date Insp. Requested: \_\_\_\_\_ Approved: 11/10/04 (50) AS

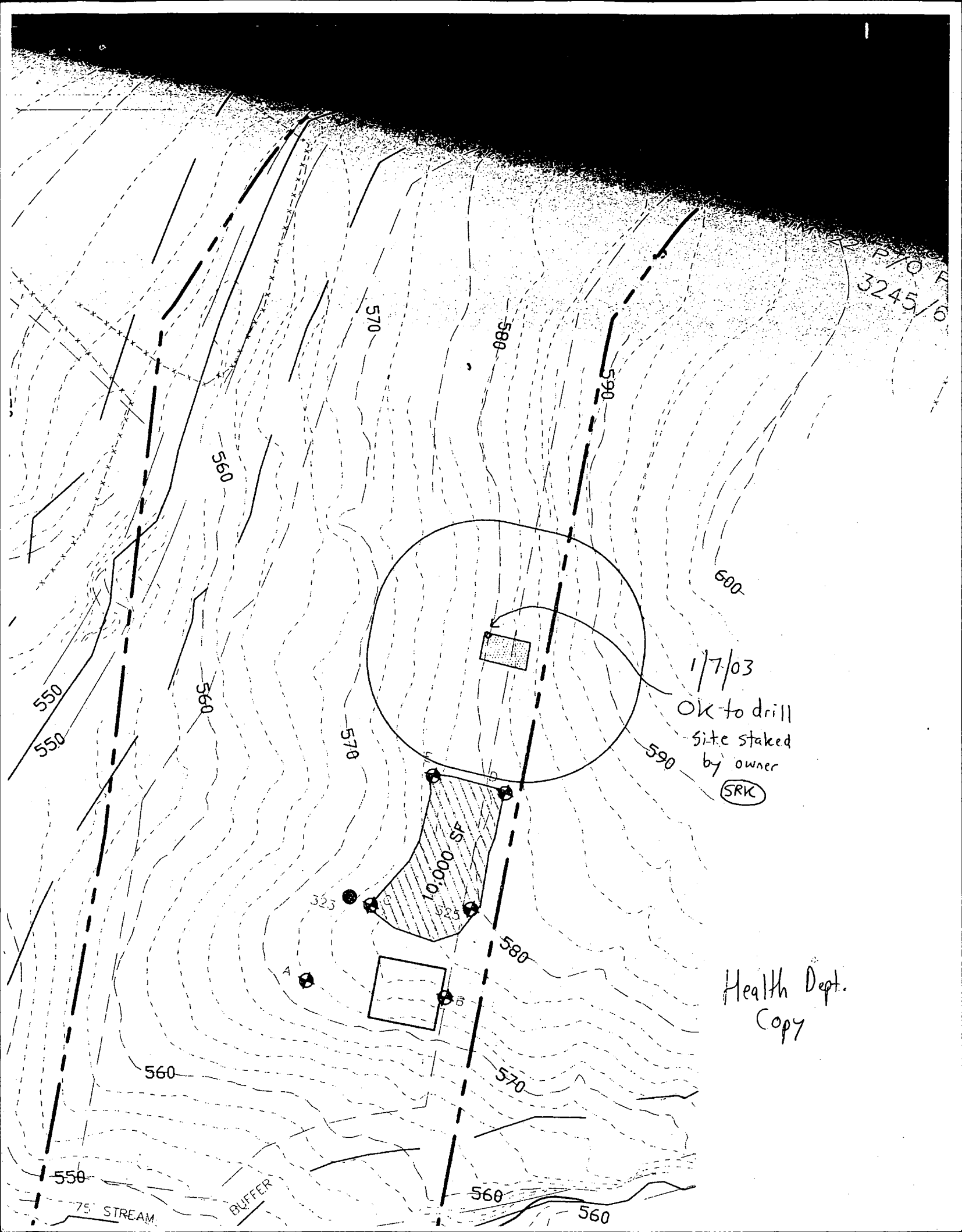
Inspection Data: Pitless adapter and water supply line at least 12" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade attached to cap properly  
Safety rope installed inside of well casing  
Correct well tag attached properly and hanging 2" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate ground observed below pitless adapter

| <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C 1</div><div style="border: 1px solid black; padding: 2px; font-size: 24px; margin-right: 5px;">14387</div></div>   |    | SEQUENCE NO.<br>(MDE USE ONLY)  |   | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE. |  | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
|--|----|---|---|---|--|--|------------------------------|---|----|------|---|----|--|----------------|----|-----|---|--|--|---|--|
|  |    |   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1 2 3 4 5 6</div><div style="border: 1px solid black; padding: 2px; font-size: 12px;">(THIS NUMBER IS TO BE PUNCHED<br/>IN COLS. 3-6 ON ALL CARDS)</div></div> |    | DATE WELL COMPLETED<br>MM DD YY<br>10 7 03  |   | Depth of Well<br>140 26<br>(TO NEAREST FOOT)  |  | COUNTY<br>NUMBER<br>A 514220   |                              | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>HO-94-3622 |    |      |   |    |  |                |    |     |   |  |  |   |  |
|  |    |   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13  |    |   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| OWNER<br>FLOCK ROBERT  |    | STREET OR RFD<br>TRIADDELPHIA ROAD  |   | TOWN<br>GLENELLG  |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| SUBDIVISION<br>CASTLEBERRY @ TEN OAKS  |    | SECTION   |   | LOT   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| <b>WELL LOG</b><br>Not required for driven wells.<br><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR<br>COLOR, DEPTH, THICKNESS AND IF WATER BEARING  |    | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use<br/>additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check<br/>if water<br/>bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand</td><td>0</td><td>56</td><td></td></tr><tr><td>Gray Mica Rock</td><td>56</td><td>140</td><td>✓</td></tr></tbody></table>  |   | DESCRIPTION (Use<br>additional sheets if needed)  | FEET   |  | check<br>if water<br>bearing | FROM  | TO | Sand | 0 | 56 |  | Gray Mica Rock | 56 | 140 | ✓ | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (Circle Appropriate Box)<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS 45 46 20 NO. OF POUNDS 45 46 180<br>GALLONS OF WATER 120<br>DEPTH OF GROUT SEAL (to nearest foot)<br>from 48 TOP 0 ft. to 54 BOTTOM 56 ft.<br>(enter 0 if from surface) |  | <b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) 3<br>PUMPING RATE (gal. per min.) 10<br>METHOD USED TO MEASURE PUMPING RATE Bucket<br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING 11 ft.<br>WHEN PUMPING 80 ft.<br>TYPE OF PUMP USED (for test)<br>A air P piston T turbine<br>C centrifugal R rotary O other (describe below)<br>J jet S submersible |  |
|  |    |   |   |   | DESCRIPTION (Use<br>additional sheets if needed) | FEET   |                              | check<br>if water<br>bearing                            |    |      |   |    |  |                |    |     |   |  |  |   |  |
| FROM   | TO |   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| Sand   | 0  | 56  |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| Gray Mica Rock   | 56 | 140   | ✓ |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
|  |    |   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
|  |    | <b>CASING RECORD</b><br>casing types insert appropriate code below<br>ST STEEL CO CONCRETE<br>PL PLASTIC OT OTHER<br>MAIN CASING TYPE ST<br>Nominal diameter top (main) casing (nearest inch) 6<br>Total depth of main casing (nearest foot) 60   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
|  |    | <b>OTHER CASING (if used)</b><br>diameter inch depth (feet) from to<br>A C H C A S I N G  |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
|  |    | <b>SCREEN RECORD</b><br>screen type or open hole insert appropriate code below<br>ST STEEL BR BRASS HO OPEN HOLE<br>PL PLASTIC OT OTHER   |   |   |  |  |                              |   |    |      |   |    |  |                |    |     |   |  |  |   |  |
| NUMBER OF UNSUCCESSFUL WELLS: 0  |    | <b>C 2</b> DEPTH (nearest ft.)<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 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93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100<br>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 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 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|--|--------------------------------|--|--|
| B 1 <b>5141</b><br>1 2 3 6   | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br><b>512038</b> please type  | STATE PERMIT NUMBER<br><b>HO - 94 - 3622</b><br>70 fill in this form completely 79 |
| Date Received (APA)<br><b>12 23 02</b><br>8 MM DD YY 13<br><b>Fryock</b><br>15 Last Name<br><b>P.O. Box 56</b><br>36 Street or RFD<br><b>Glennelg Md 21737</b><br>57 Town 70 State 72 Zip 76   |                                | B 3 <b>Howard</b> LOCATION OF WELL<br>8 COUNTY<br><b>Castleberry at Ten Oaks</b><br>23 SUBDIVISION <b>PPB</b> 42<br>SECTION <b>44</b> LOT <b>667</b> 50<br><b>Glennelg</b><br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) <b>1/2</b> M 73 76 77 78  |  |
| OWNER INFORMATION<br><b>Robert</b><br>15 Last Name Owner First Name 34<br><b>Glennelg Md 21737</b><br>57 Town 70 State 72 Zip 76   |                                | DRILLER INFORMATION<br><b>Joseph E. Maguire</b> <b>MS D 24</b><br>Driller's Name 76 License No. 81<br><b>Joseph E. Maguire Well Drilling</b><br>Firm Name<br><b>5512 Ridge Rd Mt Airy Md 21771</b><br>Address<br><b>Joseph E. Maguire</b> <b>12/21/02</b><br>Signature Date  |  |
| B 2 WELL INFORMATION<br>APPROX. PUMPING RATE <b>5</b><br>(GAL. PER MIN.) 8 12<br>AVERAGE DAILY QUANTITY NEEDED <b>500</b><br>(GAL. PER DAY) 14 20  |                                | B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br><b>Triadelphian Road</b><br>11 NEAR WHAT ROAD 30<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NORTH<br>WEST<br>EAST<br>SOUTH<br>34 <b>1100</b> 37<br>DISTANCE FROM ROAD ENTER FT OR MI <b>FT</b> 38 39<br>TAX MAP: <b>22</b> BLK: <b>13</b> PARCEL <b>90</b>   |  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br>22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> GEO-THERMAL |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard</b> <b>514220</b><br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE INSERT S → 41<br>DATE ISSUED <b>1 8 03</b> <b>Steven R. Kiege</b> <b>1 8 04</b><br>43 MM DD YY 48 CO SIGNATURE EXP. DATE<br>NORTH GRID <b>520 000</b> EAST GRID <b>802 000</b><br>50 55 57 63   |  |
| APPROXIMATE DEPTH OF WELL <b>300</b> FEET<br>24 28<br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH<br>NEAREST  |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1 <b>well</b><br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>802</b><br>N <b>520</b><br>000 000<br>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>  |  |
| METHOD OF DRILLING (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 <b>AIR-ROTary</b> AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 <b>CABLE</b> REVerse-ROTary Drive-POINT<br>other   |                                | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>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<br><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <b>512038</b> |  |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROP. PERMIT NUMBER <b>G</b><br>PERMIT No. <b>HO-94-3622</b><br>70 71 72 73 74 75 76 77 78 79   |                                |  |  |
| SPECIAL CONDITIONS<br>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED   |                                |  |  |





P/O R  
3245/6

1/7/03  
OK to drill  
site staked  
by owner  
(SRK)

Health Dept.  
Copy

550

75' STREAM

BUFFER

560

560

570

560

580

570

570

560

550

550

600

590

580

570

560

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: \_\_\_\_\_

A 514220

STREET NAME: \_\_\_\_\_

LOT NUMBER: PPB on P.C.

AVERAGE PERCOLATION RATE: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

180 x 0.62

NUMBER OF BEDROOMS: \_\_\_\_\_

LINEAR FEET OF TRENCH PER BEDROOM: \_\_\_\_\_

TOTAL LINEAR FEET OF TRENCH: 110

SEPTIC TANK CAPACITY: \_\_\_\_\_

TOP SEAMED TANK REQUIRED? ☒ YES ☐ NO

COMPARTMENTED TANK REQUIRED? ☒ YES ☐ NO

w/effluent filter

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 feet below

original grade. Bottom maximum depth 4 feet below original grade.

Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

=====

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: \_\_\_\_\_ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====

LOCATION: \_\_\_\_\_

ADDITIONAL NOTES: Shallow System only. High Water table

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT \_\_\_\_\_

DATE 8/17/00

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 CROSBY, FROCK LILLY and BRADDE

C/O TRINITY Quality Homes Inc

ADDRESS 7320 GEORGE DRIVE PHONE (410) 977-3082

Columbia MD 21044

AGENT OR PROSPECTIVE BUYER TRINITY Quality Homes, Inc

ADDRESS 7320 GEORGE DRIVE PHONE (410) 977 3082

Columbia MD 21044

PROPERTY LOCATION:

SUBDIVISION CASTLEBERRY AT TEU OAKS LOT NO. 39

ROAD AND DESCRIPTION TEU OAKS ROAD

TAX MAP 28 PARCEL # 551, 90, 60

SIZE OF LOT 40,000 - 60,000 TYPE BLDG. SFD  
(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.

Mill P. P. (P)  
(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 \_\_\_\_\_

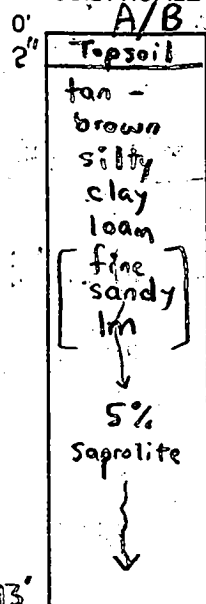
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

# NOT TO SCALE

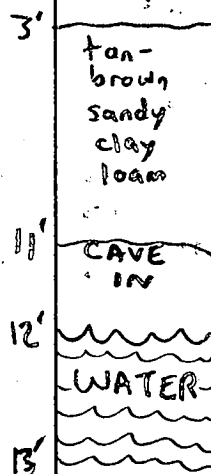
COUNTY #

SOIL PROFILE A/B



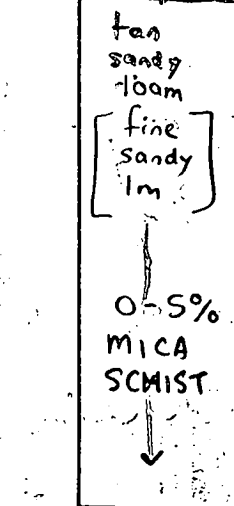
323

orange-brown clay

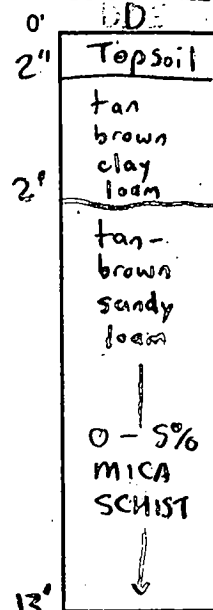


C/325

orange-brown clay

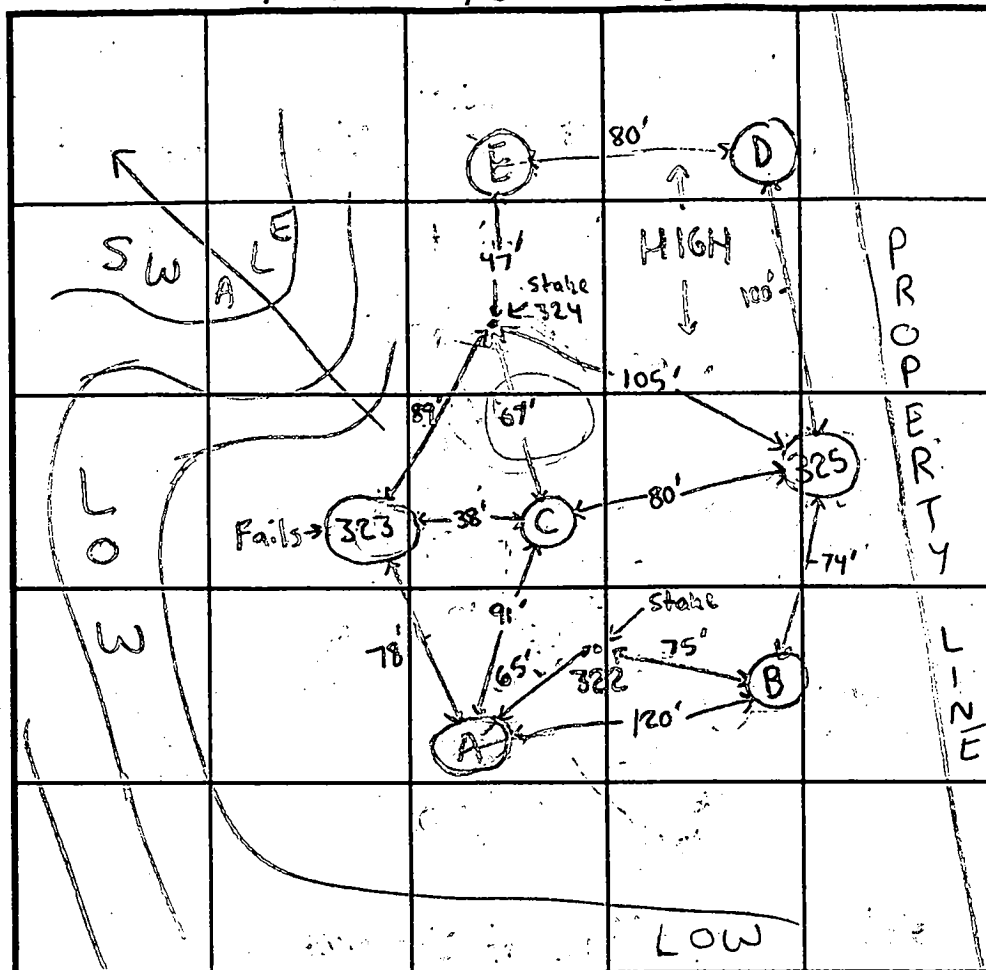
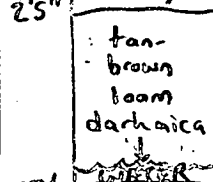


SOIL PROFILE D



E

Orange-brown clay



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  |       |
|---------|----------|---------------|----------------|--------------|----------------------|---------------------|-------|-------|
| 5/17/01 | A        | 2' 7" / 13' V | 2:00 pm        | 2:04 pm      | 2:04 pm              | 2:10 pm             | 6 min | OK    |
|         | 323      | 13' V         | (Insufficient) |              | soil                 | buffer              | Fails | Fails |
|         | C        | 13' V         | (Visual)       | OK           | SEE SOIL PROFILE     |                     |       | OK    |
|         | B        | 13' V         | (Visual)       | OK           | SEE SOIL PROFILE     |                     |       | OK    |
|         | C        |               |                |              |                      |                     |       |       |
|         | 325      | 13' V         | (Visual)       | OK           | SEE SOIL PROFILE     |                     |       | OK    |
|         | D        | 13' V         | (Visual)       | OK           | SEE SOIL PROFILE     |                     |       | OK    |
|         | E        | 13' V         | (Visual)       | OK           | SEE SOIL PROFILE     |                     |       | OK    |

REMARKS Additional 4' wet season buffer added to this perc test in addition to req. 4' COMAR Buffer (2001 Testing) → Glenelg

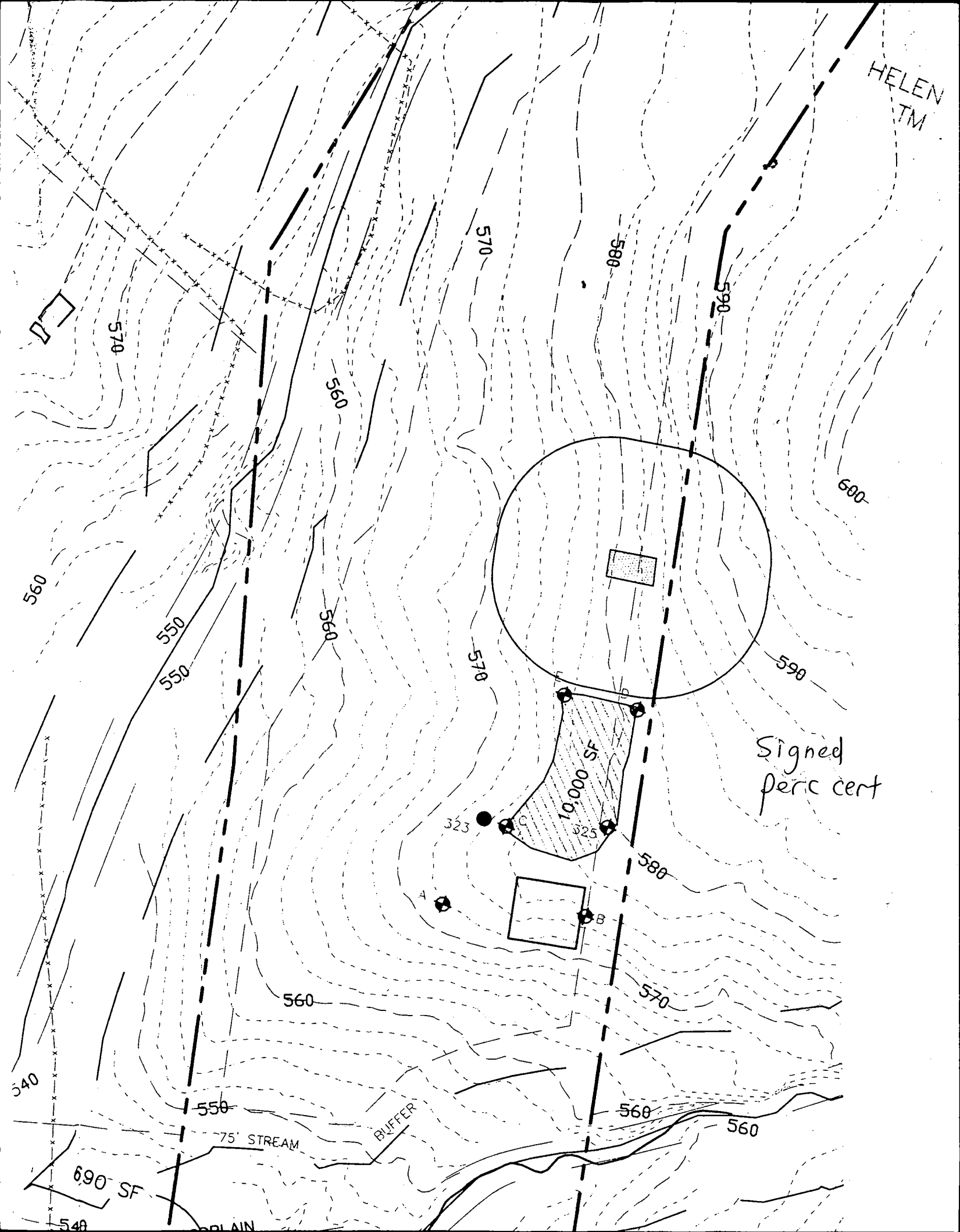
TYPE OF SOIL Robert Fyock = Bachhoe → Glenelg

TESTED BY SRK Donald = Posthole ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

Preferred 2'-4' or 2½' to 4½' (Shallow System for best treatment)



|  |                                     |                            |
|--|-------------------------------------|----------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLCOTT CITY, MD 21043<br>PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810<br>AUTOMATED PERMIT ORIGINATOR (410) 313-3800 | HOWARD COUNTY<br>PERMIT APPLICATION | PERMIT NUMBER<br>B00151224 |
|--|-------------------------------------|----------------------------|

|   |  |
|---|--|
| Building Address <u>13779 Tanadaphia Rd.</u><br><u>Glencoe Md.</u>                            | Property Owner's Name <u>Robert Fyock</u>                                |
| Suite/Apt. # _____ SDP/WP/Petition # _____  | Address <u>P.O. Box 56</u>   |
| Census Tract <u>605101</u> Subdivision _____  | City <u>Glencoe</u> State <u>Md.</u> Zip Code <u>21737</u>               |
| Section _____ Area _____ Lot _____  | Home Phone <u>(240) 549-4761</u> Work Phone <u>410-988-9270</u>          |
| Tax Map _____ Parcel <u>90</u> Grid <u>BLK 19</u>   | Applicant's Name & Mailing Address, (if other than stated hereon): _____ |
| Zoning _____ Map Coordinates _____ Lot size _____   | Phone _____ Fax _____  |
| Existing Use _____  | Contractor Company <u>Future Builders Const Co Inc.</u>                  |
| Proposed Use _____  | Contact Person <u>Norm Lennon</u>  |
| Estimated Construction Cost \$ _____  | Address <u>10235 Shirley Meadow Ct</u>                                   |
| Description of Work <u>Frame Basement Rec Rm</u><br><u>&amp; Exercise Rm &amp; 1 1/2 Bath</u> | City <u>Ellicott</u> State <u>Md.</u> Zip Code <u>21042</u>              |
| <u>Amend Bld Permit # 148730</u>  | License No <u>46103424</u>   |
| Occupant or Tenant <u>OWNER</u>   | Phone <u>410-313-8828</u> Fax <u>410-313-8828</u>                        |
| Contact Name <u>Norm Lennon</u>   | Engineer or Architect Company _____                                      |
| Address _____   | Contact Person _____   |
| City _____ State _____ Zip Code _____   | Address _____  |
| Phone _____ Fax _____   | City _____ State _____ Zip Code _____                                    |
|   | Phone _____ Fax _____  |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> |   | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>  |   |
|--|---|--|---|
| <b>Building Characteristics</b>          | <b>Utilities</b>  | <b>Building Characteristics</b>  | <b>Utilities</b>  |
| Height: _____                            | Water Supply: _____   | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____   |
| No. of stories: _____                    | Public _____  | Depth _____ Width _____  | Public _____  |
| Gross area, sq. ft. per floor: _____     | Private _____   | 1st floor: _____   | Private _____   |
| Use group: _____                         | Sewage Disposal: _____  | 2nd floor: _____   | Sewage Disposal: _____  |
|  | Public _____  | Basement: _____  | Public _____  |
|  | Private _____   | Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Private _____   |
| Construction type: _____                 | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                        | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reinforced Concrete                      | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      | No. of Bedrooms _____  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| Structural Steel                         | Heating System: _____   | Multi-family dwellings: _____  | Heating System: _____   |
| Masonry                                  | Electric <input type="checkbox"/> Oil <input type="checkbox"/>    | No. of efficiency units: _____   | Electric <input type="checkbox"/> Oil <input type="checkbox"/>    |
| Wood Frame                               | Natural Gas <input type="checkbox"/>                              | No. of 1 BR units: _____   | Natural Gas <input type="checkbox"/>                              |
| State Certified Modular                  | Propane Gas <input type="checkbox"/>                              | No. of 2 BR units: _____   | Propane Gas <input type="checkbox"/>                              |
|  | Sprinkler system: N/A <input type="checkbox"/>                    | No. of 3 BR units: _____   | Sprinkler system: N/A <input type="checkbox"/>                    |
|  | Full _____  | Other Structure: _____   | NFPA #13D _____   |
|  | Partial _____   | Dimensions: _____  | NFPA #13R _____   |
|  | Other Suppression _____   | Footings: _____  | Other: _____  |
|  | # of Heads _____  | Roof: _____  |   |
|  |   | State Certified Modular _____  |   |
|  |   | Manufactured Home _____  |   |

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<br><u>Future Builders Const Co Inc. Pres.</u> | Print Name<br><u>Norman Lennon</u> |
| Title/Company   | Date<br><u>11/17/04</u>            |

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

| FOR OFFICE USE ONLY   |                 |                    | PROPERTY ID#  |                          |
|---|-----------------|--------------------|---|--------------------------|
| AGENCY  | DATE            | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION   |                          |
| Land Development DPZ  |                 |                    | Front: _____  | Filing fee: \$ _____     |
| State Highways  |                 |                    | Rear: _____   | Permit fee: \$ _____     |
| Building Official   |                 |                    | Side: _____   | Excise tax: \$ _____     |
| Dev. Engineering DPZ  |                 |                    | Side St: _____  | Add'l per. fee: \$ _____ |
| Health  | <u>11-18-04</u> | <u>Kacie Horan</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES: \$ _____     |
| Fire Protection   |                 |                    | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid: \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due: \$ _____    |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/>   |                 |                    | Lot Coverage for New Town Zone _____  | Check: # _____           |
| ONE STOP SHOP <input type="checkbox"/>  |                 |                    | SDP/Red-line approval date _____  | Validation: # _____      |
| Distribution of Copies: White: Building Official Green: LDD DPZ Yellow: DED DPZ Pink: Health Gold: SHA            |                 |                    |   | Accepted by: _____       |
| T. forms/PERMIT.FRM   |                 |                    |   |                          |

Rev 5/17/00

No ↑ in bedrooms OK

|   |  |  |
|---|--|--|
| DEPARTMENT OF INSPECTIONS, EASES AND PERMITS<br>3000 COURT HOUSE<br>ELICOTT CITY, MD 21043<br>PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3600 | <h2 style="margin:0;">HOWARD COUNTY</h2> <h2 style="margin:0;">PERMIT APPLICATION</h2> | <h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.5em; margin:0;">B-143730 MER</p> |
|---|--|--|

|  |   |
|--|---|
| Building Address <u>13779 Triadelphia RD</u><br><u>Glenn 16 MD 21737</u><br>Suite/Apt. # _____ SDP/NP/Petition # _____<br>Census Tract <u>11501</u> Subdivision _____<br>Section _____ Area _____ Lot _____<br>Tax Map <u>22</u> Parcel <u>90</u> Grid <u>19</u><br>Zoning <u>P1</u> Map Coordinates _____ Lot size <u>38.26</u>                 | Property Owner's Name <u>Robert T. Fyock</u><br>Address <u>PO Box 56</u><br>City <u>Glenn 16</u> State <u>MD</u> Zip Code <u>21737</u><br>Home Phone <u>240-882-4025</u> Work Phone <u>410-988-9270</u><br>Applicant's Name & Mailing Address, (if other than stated hereon):<br><u>240-882-4025</u><br>Phone _____ Fax <u>410-531-1256</u> |
| Existing Use <u>VACANT LOT</u><br>Proposed Use <u>NEW Single Family Home</u><br>Estimated Construction Cost \$ <u>311,000</u><br>Description of Work <u>Building New Rancher home</u><br><u>2-1/2 bedrooms, 2 1/2 baths, kitchen, laundry, 3 B.R.</u><br><u>Laundry R. Dining R. Two car garage</u><br><u>unfinished basement, finished deck</u> | Contractor Company <u>J.M.G. Builders, Inc.</u><br>Contact Person <u>JOHN GASKER III</u><br>Address <u>PO Box 1381</u><br>City <u>RESVILLE</u> State <u>MD</u> Zip Code <u>21784</u><br>License No. <u>MBE 1315</u><br>Phone <u>410-517-4761</u> Fax <u>410-517-4761</u>  |
| Occupant or Tenant _____<br>Contact Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____  | Engineer or Architect Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____  |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>   |   | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>  |   |
|--|---|--|---|
| <b>Building Characteristics</b><br>Height _____<br>No. of stories _____<br>Gross area, sq. ft. per floor: _____<br>Use group _____<br>Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads | <b>Building Characteristics</b><br>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth Width<br>1st floor: <u>35'-2"</u> <u>37'-8"</u><br>2nd floor: <u>35'-2"</u> <u>70'-4"</u><br>Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____<br>Multi-family dwellings:<br>No. of efficiency units _____<br>No. of 1 BR units _____<br>No. of 2 BR units _____<br>No. of 3 BR units _____<br>Other Structure _____<br>Dimensions _____<br>Footings _____<br>Roof _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input checked="" type="checkbox"/><br>Sprinkler system: N/A <input checked="" type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> 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 THERE TO; (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>Robert Fyock</u><br>Title/Company <u>MR</u> <u>7/7/04</u> | Print Name <u>Robert Fyock</u><br>Date <u>6/7/04</u> | Checks payable to: <b>DIRECTOR OF FINANCE OF HOWARD COUNTY</b><br><b>** PLEASE WRITE NEATLY AND LEGIBLY **</b><br><b>FOR OFFICE USE ONLY</b> |
| AGENCY   | DATE   | SIGNATURE APPROVAL   |
|  |  | DPZ SETBACK INFORMATION  |
|  |  | PROPERTY ID# <u>62359</u>  |



35' BRL

G1B2

↑ TO TRIA. ROAD

EX. WELL

SUBVE

50' BRL

55' each

Approved Septic System Plan  
Howard County Health Department

Mark E. Etkin 7/12/04  
Signature Date

DISTRIBUTION  
BOX  
TOP = 580.50  
INV = 578.00

M1C2

PROP. WELL LINE

PROP DRIVE

30' BRL

PROCK MODEL  
FF = 576.00  
B = 585.00  
INV = 583.26

CAR

(1200 GAL)  
SEPTIC TANK  
INV. IN = 562.00  
INV. OUT = 561.90  
TOP OF GRADE = 564.0

(1000 GAL)  
PUMP CHAMBER  
INV. IN = 561.80  
INV. OUT = 561.70  
TOP OF GRADE = 564.0

INSTALL TANKS  
TO PROVIDE  
18-36"  
BRL FINAL COVER

1:50  
PLAN BY VOGEL

1380.07

1383.10 E




**KAPPE ASSOCIATES, INC.**  
**SCIENTIFIC RESEARCH DIVISION**

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION  
OF A WATER SAMPLE**

MD Cert. #102 PA Cert. #68-189

TO: Excello West  
709 Lake Drive  
Westminster, MD 21158

Sample Ident. No.: 504-2846  
Type of Water: Drinking Water  
Date (Time) Collected: 05-18-05 (1600)  
Date (Time) Received: 05-19-05 (1042)  
Date (Time) Examined: 05-19-05 (1230)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: Kitchen Tap, Raw Water Sample

Source Type: Well

Mun., Inst., Co., Owner: Fyock - Future Builders

pH (pH Units)(Field) = 6.5

Address: 13779 Tridelphia Road

Chlorine Residual: &lt;0.1 mg/L

City, County: Glenelg

Turbidity (NTU's) = 0.8

State, Zip Code: MD 21037

Disinfection: None

Sand (as mg TSS/L) = 1

Well Tag# HO-94-3622

Building Permit# ~~800151224~~ 142730

Collector's Name: P. Kouvaris 0715-PK

Affiliation: Excello West

**RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS**

| DESCRIPTION OF SAMPLE   | TOTAL COLIFORM | E. COLI              | TOTAL BACTERIA | NITRATE (as N) |
|-------------------------|----------------|----------------------|----------------|----------------|
| DRINKING WATER          | Absent**       | Absent               |                | 7.2 mg/L       |
| EXAMINATION METHOD USED | Colilert       | Colilert             | SM 9215        |                |
| THIOSULFATE IN SAMPLE:  | Present        | SAMPLE HOLDING TIME: | Not Exceeded   |                |

**RECORD OF MPN TEST RESULTS**

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

| DILUTION FACTOR       | 10 <sup>1</sup> | 10 <sup>0</sup> | 10 <sup>-1</sup> | 10 <sup>-2</sup> | 10 <sup>-3</sup> | 10 <sup>-4</sup> | 10 <sup>-5</sup> |
|-----------------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|
| STANDARD PORTION (mL) | 10              | 1               | 1                | 1                | 1                | 1                | 1                |
| PRESUMPTIVE           | 24HR            |                 |                  |                  |                  |                  |                  |
| TEST *                | 48HR            |                 |                  |                  |                  |                  |                  |
| COLIFORM              | Total           |                 |                  |                  |                  |                  |                  |
| CONFIRMED             | 48HR #          |                 |                  |                  |                  |                  |                  |
| TEST                  | FECAL           |                 |                  |                  |                  |                  |                  |
|                       | 24HR ##         |                 |                  |                  |                  |                  |                  |

\* LAURYL SULFATE @ 35° C

#BGB BROTH @ 35° C

## EC MEDIUM @ 44.5° C

REMARKS  
and OTHER  
INFORMATION

\*\*This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

BACTERIOLOGIST'S NAME

DATE

Julia M. Patel

05/23/05



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-1771

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

Pennv E. Borenstein, M.D., M.P.H., Health Officer

July 8, 2005

Robert Fyock  
PO Box 56  
Glenelg, MD 21737

**SENT VIA FACSIMILE 410-531-1256**

RE: 13779 Triadelphia Road  
Glenelg, MD 21737  
BP #: B00148730  
Well Permit # HO-94-3622

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/06/2005. Final approval of the well line connection to the dwelling was approved on 11/10/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3622. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/18/2005  
Date of Well Completion: 10/09/2003

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File