

1/3/01

11:00

11/16/01 pm

11/16/01 - 11 AM Pump TEST

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 514656-A

A 32228

DISTRICT _____

DATE 11/16/2000

DATE SYSTEM APPROVED 11/20/01

INSPECTOR S.O. (SR)

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX 410-313-2640

RPS# 318176

INDEXED

Pump TEST

2p.m.

Fogle's Septic Service

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Woodmark, Section 13 LOT 7 ROAD 12485 Triadelphia Road

PROPERTY OWNER Janice Retler

ADDRESS _____

TOP SEAMED SEPTIC TANK

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

*****PUMPED SEPTIC SYSTEM ONLY*****

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 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 55 feet from the front lot line and 140 feet from the right lot line. Run trenches along contour toward front of property.

NOTES - SEPTIC TANK & PUMP CHAMBER SHOULD NOT BE INSTALLED ANY DEEPER THAN 4.0 FEET BELOW GRADE. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11599 OK AU

PLANS APPROVED BY C. Williams/Amy McMillen

DATE 10-01-1999

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 5 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.

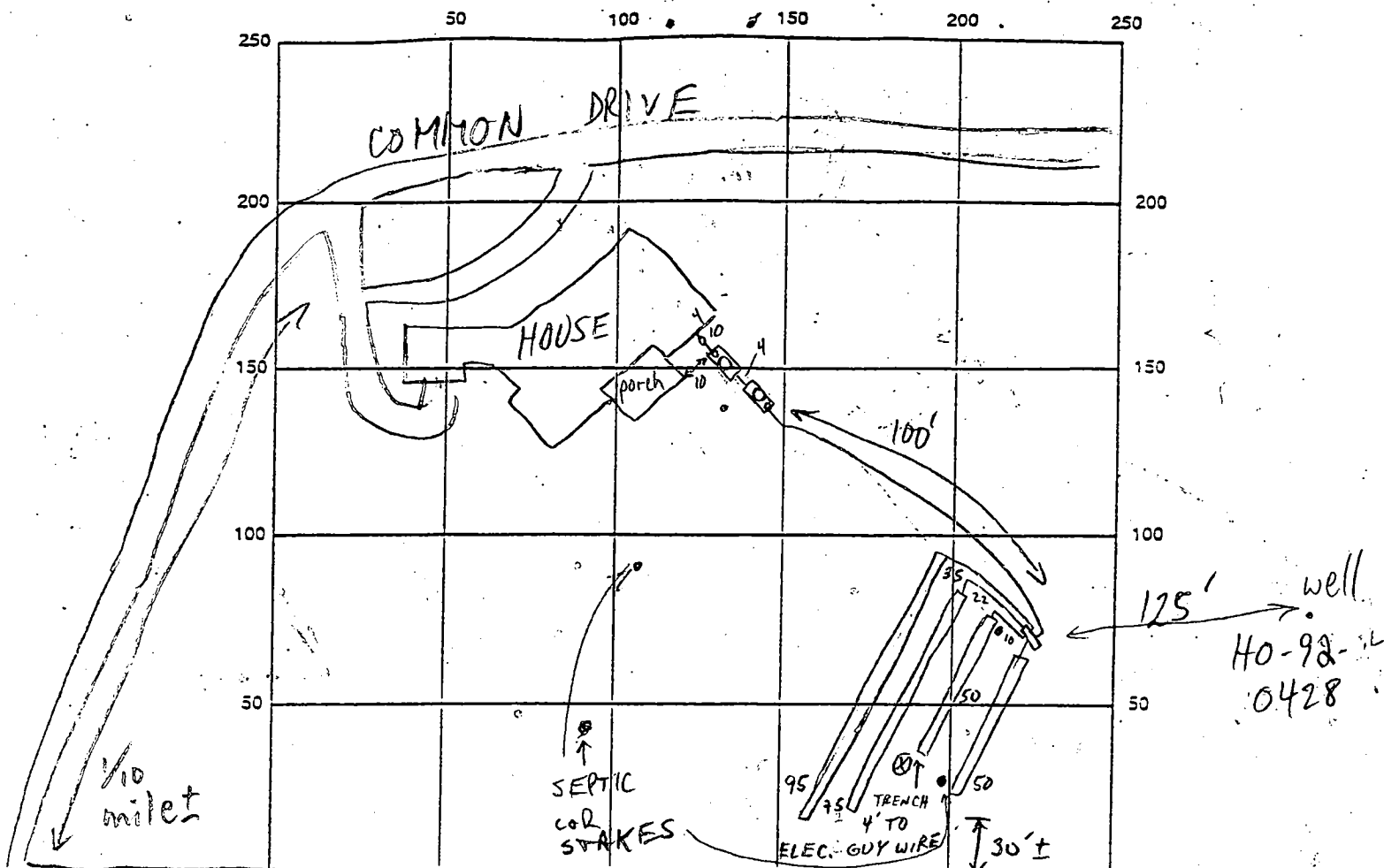
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(5-90)

*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

514656-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TRIA. RD

PUMP PIT 1350 TS
SEPTIC TANK LEVEL 1250 TS

CLEANOUTS 8" MH @ EACH TANK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 270 FT.

NUMBER OF TRENCHES 4 ONE-SIDE WALL BOTTOM AREA 810 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/3/01 TRENCH LAYOUT CONFIRMED (50', 50', 90', 90') CONTINUE (MR)

1/5/01 COVER TANKS TRENCHES; HOLD FOR PUMP/ALARM INSP (MR)

11/16/01 Alarm OK, pump not working properly (E)

11/20/01 Pump test OK (E)

DATE SYSTEM APPROVED

INSPECTOR

11/20/01

Total linear feet of trench
required 280 feet

Width of trench(es) 3.0 feet

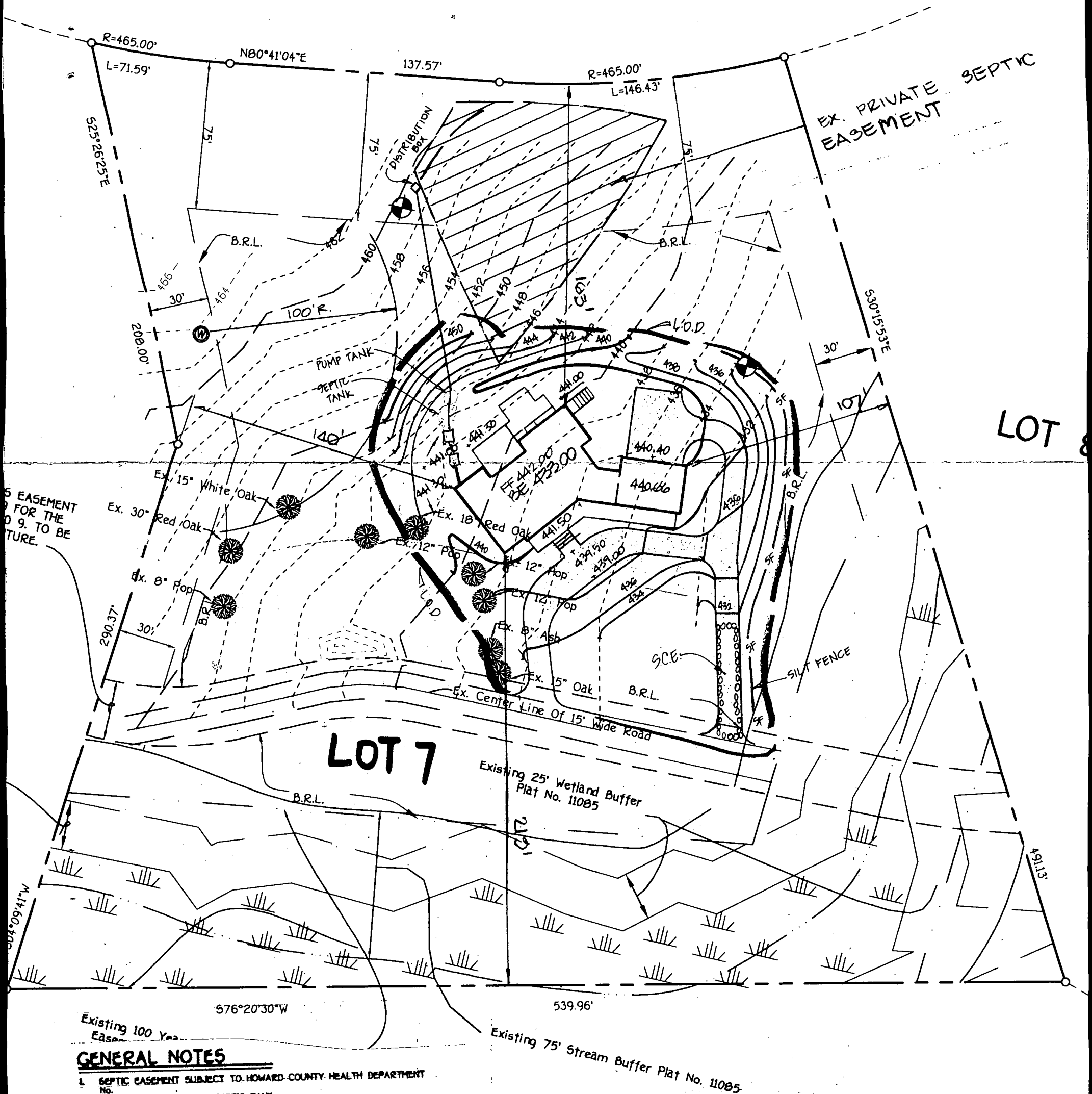
Depth of trench(es) 6.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Amir M. Moll 10/1/99
Signature Date

TRIADELPHIA ROAD



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 442.00
B. BASEMENT ELEVATION: 433.00
C. INVERT IN SEPTIC SYSTEM AT HOUSE: 436.00
D. INVERT IN AT SEPTIC TANK: 437.40
E. INVERT OUT AT SEPTIC TANK: 437.10
F. PROPOSED GRADE OVER SEPTIC TANK: 440.00
G. INVERT AT DISTRIBUTION BOX: 438.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 439.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM
7. INV. AT PUMP TANK: 436.90
PROPOSED GRADE OVER PUMP TANK: 441.00

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

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 <u>B0020632</u>
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Building Address <u>12485 Trindelphor Road</u> <u>Ellicott City, MD 21042</u>	Property Owner's Name <u>Janice Rether</u>
Suite/Apt. #: <u>---</u> SDP/WP/Petition #: <u>---</u>	Address <u>3153 Pine Orchard Ln, #301</u>
Census Tract <u>6.3</u> Subdivision <u>WOODMARK</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>7</u>	Home Phone <u>410-461-1165</u> Work Phone <u>410-715-9010</u>
Tax Map <u>22</u> Parcel <u>521</u> Grid <u>6</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>owner</u>
Zoning <u>RR-DE</u> Map Coordinates <u>1.0870</u> Lot size <u>4.4291Ac</u>	Phone <u>---</u> Fax <u>410-715-9059</u>

Existing Use <u>vacant lot</u>	Contractor Company <u>owner</u>
Proposed Use <u>Single Family Dwelling</u>	Contact Person <u>---</u>
Estimated Construction Cost <u>\$300,000</u>	Address <u>---</u>
Description of Work <u>Construction of SFD</u>	City <u>---</u> State <u>---</u> Zip Code <u>---</u>
<u>New single family home</u>	License No. <u>---</u>
<u>4BR 4 1/2 bath basement w/rough</u>	Phone <u>---</u> Fax <u>---</u>
Occupant or Tenant <u>owner</u>	Engineer or Architect Company <u>---</u>
Contact Name <u>---</u>	Contact Person <u>Frank J. Bondy</u>
Address <u>---</u>	Address <u>5712 Jumping Field</u>
City <u>---</u> State <u>---</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>
Phone <u>---</u> Fax <u>---</u>	Phone <u>410-450-2262</u> Fax <u>same</u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>---</u>	Water Supply: <u>---</u>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>---</u>
No. of stories: <u>---</u>	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth <u>42</u> Width <u>70</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>---</u>	Sewage Disposal: <u>---</u>	1st floor: <u>42</u> 2nd floor: <u>42</u> Basement: <u>42</u>	Sewage Disposal: <u>---</u>
Use group: <u>---</u>	Public <input type="checkbox"/> Private <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: <u>---</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Reinforced Concrete</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Structural Steel</u>	Heating System: <u>---</u>	Multi-family dwellings: <u>---</u>	Heating System: <u>---</u>
<u>Masonry</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: <u>---</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Natural Gas <input type="checkbox"/>	No. of 1 BR units: <u>---</u>	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of 2 BR units: <u>---</u>	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 3 BR units: <u>---</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full <input type="checkbox"/> Partial <input type="checkbox"/>	Other Structure: <u>---</u>	Dimensions: <u>---</u>
	Other Suppression <input type="checkbox"/>	Footings: <u>---</u>	Footings: <u>---</u>
	# of Heads <u>---</u>	Roof: <u>---</u>	Roof: <u>---</u>
		State Certified Modular <input type="checkbox"/>	NFPA #13D <input type="checkbox"/>
		Manufactured Home <input type="checkbox"/>	NFPA #13R <input type="checkbox"/>
			Other: <u>---</u>

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.

<u>Janice Rether</u> Applicant's Signature	<u>Janice L. Rether</u> Print Name
<u>owner</u> Title/Company	<u>9/29/99</u> Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: <u>---</u>	Filing fee \$ <u>25</u>
State Highways			Rear: <u>---</u>	Permit fee \$ <u>---</u>
Building Official			Side: <u>---</u>	Excise tax \$ <u>---</u>
Dev. Engineering DPZ			Side St.: <u>---</u>	Sub-total paid \$ <u>---</u>
Health	<u>10/1/99</u>	<u>A. M. M. V. V. V.</u>	All minimum setbacks met? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Add'l permit fee \$ <u>---</u>
Fire Protection			Is Entrance Permit required? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	TOTAL FEES \$ <u>---</u>
Is Sediment Control approval required prior to issuance? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>			Historic District? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Balance due \$ <u>---</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone <u>---</u>	Check <u>1705</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u>---</u>	Validation <u>1705</u>
			Accepted by <u>---</u>	

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: Willoughby Plumbing Telephone #: 410-781-7051
Address: 6203 PATRICK AVE.
ROCKVILLE, MD

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

Name (Print): Chris Willoughby License #: 6992

*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: JANICE REIDER Telephone #: 410-461-1160
Subdivision: WOODMARK Lot #: 7 Well Tag #: HO 92-0428
Site Address: 12485 WOODMARK RD.
ELICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACOZZI</u>	Make: <u>HAVALA</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PESTLINE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>2</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Chris Willoughby Pres date: 4/9/01

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

Date Insp. Requested: 4/9/01 Date Insp. Approved: 4/9/01
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 ☒

AM
BB

C1 0493		SEQUENCE NO. (DENV USE ONLY)	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.		
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER		A 32228		
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
[] [] [] [] [] [] [] []		090393		22 500 26 (TO NEAREST FOOT)		110-92-0428 28 29 30 31 32 33 34 35 36 37	
OWNER <u>Barker</u> last name <u>Barker</u> first name <u>Barker</u> TOWN <u>...</u>							
STREET OR RFD <u>...</u> SUBDIVISION <u>...</u> SECTION <u>...</u> LOT <u>...</u>							
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 <input checked="" type="radio"/> YES <input type="radio"/> NO TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input checked="" type="radio"/> BC NO. OF BAGS <u>35</u> NO. OF POUNDS <u>525</u> GALLONS OF WATER <u>125</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>8 1/2</u> ft. (enter 0 if from surface)		C3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min. to nearest gal.) <u>5</u> METHOD USED TO MEASURE PUMPING RATE <u>...</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>28</u> WHEN PUMPING <u>318</u> TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine <input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) <input type="radio"/> J jet <input checked="" type="radio"/> S submersible		
DESCRIPTION (Use additional sheets if needed)			FEET FROM TO		Check if water bearing		
Topsoil			0 1				
Br. Schist			1 170				
Gray Schist			170 240				
Limestone			240 325				
Fracture			325 326				
Limestone			326 405				
Granite			405 435				
Plat			435 440				
Gra-bx			440 500				
CASING RECORD casing types insert appropriate code below MAIN CASING TYPE <input checked="" type="radio"/> ST Nominal diameter top (main) casing (nearest inch) <u>60</u> Total depth of main casing (nearest foot) <u>265</u> <input type="radio"/> PL <input type="radio"/> CO <input type="radio"/> OT <input type="radio"/> OTHER OTHER CASING (if used) diameter inch <u> </u> depth (feet) from <u> </u> to <u> </u>			SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="radio"/> ST <input type="radio"/> BR <input type="radio"/> HO STEEL BRASS OPEN HOLE <input type="radio"/> PL <input type="radio"/> OT <input type="radio"/> OTHER BRONZE HOLE PLASTIC OTHER DEPTH (nearest ft.) 1 <u>40</u> 2 <u>203</u> 3 <u>500</u> EACH SCREEN 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u> DIAMETER OF SCREEN <u> </u> (NEAREST INCH) from <u> </u> to <u> </u>		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <u> </u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u> </u> PUMP HORSE POWER <u> </u> PUMP COLUMN LENGTH (nearest ft.) <u> </u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="radio"/> + above <u> </u> <input type="radio"/> - below <u> </u> LAND SURFACE <u> </u> (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) <u> </u>		
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			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <input type="radio"/>		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="radio"/> (E.R.O.S.) W Q <input type="radio"/> 70 <input type="radio"/> 72 <input type="radio"/> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		
THEREBY 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 IDENT. NO. <u>40</u> DRILLERS SIGNATURE <u>...</u> (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		COUNTY <u> </u> Front lot line		

Depth of well 500 59pm
Distance of measuring point (M.P.) above ground 24"
Static water level (S.W.L.) below M.P. 38.6

HD-224

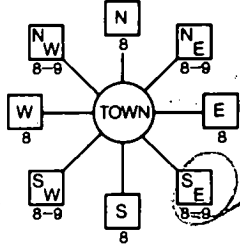
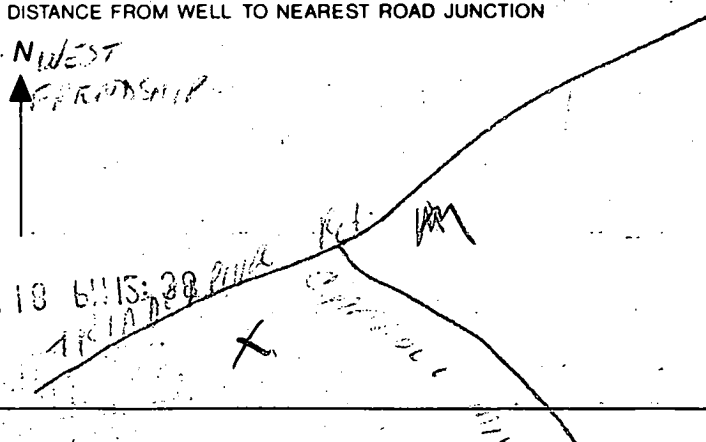
Well Permit No. HO - 92-0428
Location of property (road) TALADGLOHIA RD
Subdivision WOODMARK SECT 13 Lot 7 Block Plat Sec.
Well Driller EASTGROY Owner BRUNKE

Depth of well 500'
Distance of measuring point (M.P.) above ground, 2'
Static water level (S.W.L.) below M.P. 38.6'

Time pump started 7:00 Pumping rate 10 → 5 GPM
Total time 2 1/2 hr to reach pumping water level 313 ft. below M.P.

[illegible]

Turbidity & Fe Only - HO-2329

B 1 09917 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-92-0428 <small>fill in this form completely</small>
Date Received (APA) 08/18/93 OWNER INFORMATION KRINKER JOHN 12275 PARKROLL MILL RD BALTIMORE CITY MD 21042		B 3 LOCATION OF WELL HOWARD 8 COUNTY WOODMARK 23 SUBDIVISION SECTION 13 LOT 7 WEST FRIENDSHIP 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature: <i>George F. Easterday</i> Date: 8-18-93		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) TRIANGLE RD NEAR WHAT ROAD 34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 08/18/93 CO SIGNATURE Chris Williams NORTH GRID 526000 EAST GRID 0815000 EXP. DATE 8/17/93	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 520	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW-SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) HO-92-0308		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE CD WRITE INITIALS IN BOX PERMIT No. HO-92-0428 SPECIAL CONDITIONS	

REPLACEMENT WELL SITE INSPECTION

OWNER TONY & JOHN BRINKER

DATE REQUESTED 6/29/93

ADDRESS PROPOSED LOTS 6 & 7

DRILLER REICHMUT/EASTGARDY

WOODMARK

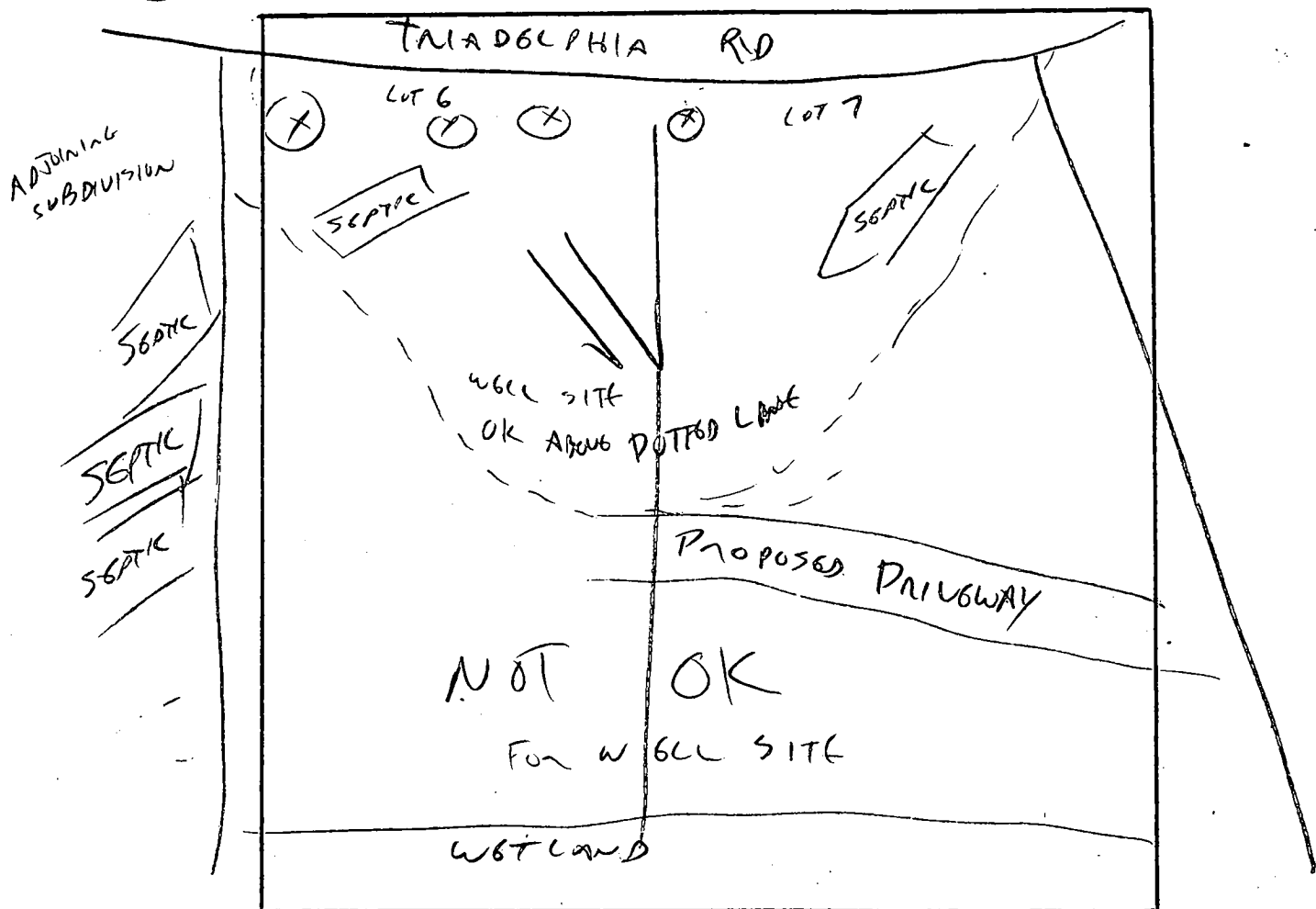
WELL TAG# HO-92-0307, HO-92-0308

EASTSIDE TRIADOLPHIA RD BELOW CARROLL MILL

COUNTY# A32227, A32223

LOCATION DIAGRAM

(X) = UNSUCCESSFUL WELL SITE



COMMENTS: CURRENT DRILLING ATTEMPTS (HO-92-0307 & HO-92-0308) UNSUCCESSFUL

DUE TO EXCESS SEDIMENT. PROPOSED RELOCATION NEAR EDGE OF WETLANDS

JUDGED UNACCEPTABLE BY DAVE KERN/CRAIG WILLIAMS DUE TO UNACCEPTABLE LANDSCAPE POSITION.

DISCUSSED RANGE OF ANG. FROM PROPOSED DRIVEWAY AND HIGHER THAT WOULD BE ACCEPTABLE PROVIDED NEAREST SEPTIC AREA WOULD TO BE DELETED.

OWNERS TO CONSIDER OPTIONS AND MAKE SPECIFIC PROPOSAL.

6/29/93 CW

TITLE:

10 THE WELLS

ON YIELD TEST PERFORMED,

BOTH WELLS SHOWED VISUAL LEVELS OF TURBIDITY/
(ORANGE), COULD BE SEDIMENT OR IRON.

HISTORY OF MUD HOLES IN IMMEDIATE PROXIMITY.
SAMPLES OF THE WELL WATER COULD NOT BE SENT
TO THE LABORATORY FOR SEDIMENT/IRON
ANALYSIS BECAUSE OF A COMPLICATION
WITH MAXIMUM HOLDING TIME.

THE DRILLER'S COMPLETION REPORT HAS
NOT YET BEEN SUBMITTED.

HIS VERBAL EXPLANATION OF RELEVANT
ASPECTS OF THE CONSTRUCTION WAS
AS FOLLOWS:

THIS CONDITION REINFORCES THE CONCERN
THAT THE WELLS MAY NOT BE APPROPRIATE
BECAUSE OF SEDIMENT PROBLEMS.

IN ORDER TO POSITIVELY DETERMINE THE
CONDITION, THE FOLLOWING IS SUGGESTED:
TESTS SHOULD BE RUN.

WOOD MARK SECT 13

A 32228

SUBDIVISION:

LOT NUMBER: 7

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

Top seam septic tank TRENCHES
1250 top seam pump chamber

PUMP 545T ONLY

1210 sq. ft./bedroomTrench to be 3.0 wide.Inlet 4.0 feet below original grade.210
4 bdrnBottom maximum depth 6.0 feet below original grade. 31840

Effective area begins at 4.0 feet below original grade. 280 total linear
2.0 feet of stone below distribution pipe. feet of trench

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 55FROM THE FRONT LOT LINE AND 140 FROM THERIGHT LOT LINE. RUN TRENCHES ALONG CONTOURTOWARD FRONT OF PROPERTY,

* Septic tank & pump chamber should not be
HD-191 installed any deeper than 4.0' below grade *

CHRONOLOGY OF THE WELLS AT WOODMARK LOTS 6 & 7
(HO-92-0307 AND HO-92-0308)

On March 11, 1993, lot 6 was pumped for several hours to flush out the yellow/white silt which was present; measurements were not taken. On March 26, yield tests were performed on both wells. Both wells showed visual levels of turbidity (orange). This turbidity could be either sediment or iron. There is a history of mud holes in the immediate proximity.

Samples of the well water could not be sent to the laboratory for sediment/iron analysis because of a complication with maximum holding time.

The driller's completion report was first reviewed on April 22, 1993. These reports indicated hitting various quantities of flint and schist, which, ~~according to other drillers, has varying degrees of hardness and may or may not be vulnerable to collapse.~~

The driller's verbal explanation of relevant construction aspects include: the well on lot 6 collapsed from the drilled depth (300') to the bottom of the casing (231'). The well was further pumped on March 27 and 28 to supply grout water. The driller indicated the water had cleared up to some degree, but was still not clear.

THE DRILLER ALSO INDICATED

The well on lot 7 collapsed, but not all the way to the bottom of the casing. This well was also further pumped to supply grout water on March 27 and/or March 28 to supply grout water. The driller indicated the water had cleared up better than the well water from lot 6, but was not yet clear.

This condition reinforces the concern that the wells may not be approvable because of sediment problems. In order to positively determine the condition of the water, the following is suggested: the well be further "developed", as according to COMAR 26.04.04.07(J), which states that the cyclic pumping of water or pressurized air continue until all mud, cuttings, etc. are removed.

THG ~ SAMPLE,



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

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

September 9, 1993

L.F. Easterday
9265 Brown Church Road
Mt. Airy, MD 21771

Subject: Report of Analysis

Gentlemen:

The results of the analyses performed on the two (2) water samples received from you on September 8, 1993 are given below.

<u>Parameter</u>	<u>Turbidity (NTU's)</u>	<u>Total Suspended Solids (mg/L)</u>
HO-92-0427	1.0	3
HO-92-0428	5.0	4

Thank you for this opportunity to serve you. Should you have any questions concerning this report, please do not hesitate to give us a call.

Very truly yours,

KAPPE ASSOCIATES, INC.
Scientific Research Division

Julia M. Patel
Laboratory Manager

SEND REPORT TO:

Ho. Co. Health Dept
3525-H Ellicott Mills Dr
Ellicott City, MD 21043

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

J. Mehser Joseph, Ph.D., Director

MULTI-ELEMENT LABORATORY

Metals Analysis Report Form

Lab No. Date Received

15 9-10-93

FY 94

Do not write above this line.

Bottle

Number: HO-2329

Name:

Brinker, John

County:

Howard

Source of Sample:

Lot 7, Sec 13, Woodmark Trl. Rd

Street

Town or City

Collector:

M. Riffkin 313-2640

(Include Telephone Number)

Sample

TYPES

(Circle):

Drinking Water

Landfill

Stream

Other

Community

Non-Community

Private

Other

Source (Raw Water)

Distribution (Treated)

MCL

Sediment

Data Category

Code

(See Reverse)

4F

Remarks:

HO-92-0428

(1 of 2)

13

County

Plant No.

Sampling Station

090793

Date Collected

Date & Time
are Required
for Valid Samples

1230

Time

Field Preserved

Yes ☒ No ☐

Submitter Code

(If different
than County Code)

(See Reverse)

Specify Program:

Preservative Used:

SDWA: X

NPDES:

OTHER:

2 ml HNO₃

✓	CODE	Element	RESULTS *	✓	CODE	Element	RESULTS *
	01097	Antimony			01105	Aluminum	
	01002	Arsenic			00916	Calcium	
	01007	Barium		✓	01045	Iron 9.1493 AT	4.76
	01012	Beryllium			00927	Magnesium	
	01027	Cadmium			01055	Manganese	
	01034	Chromium			00937	Potassium	
	01042	Copper			00929	Sodium	
	01051	Lead			01092	Zinc	
	71900	Mercury					
	01067	Nickel					
	01147	Selenium					
	01077	Silver					
	01059	Thallium					

* Results reported in milligrams per liter (ppm)

Analyst

Section Chief

D.S.

Date Reported

9-21-93

12275 Carroll Mill Road
Ellicott City, MD 21042
July 20, 1993

Mr. Craig Williams
Director Water & Sewerage Program
Bureau of Environmental Health
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Mr. Williams:

It is our understanding that the Health Department approves the drilling of a new well at the location shown on the attached sketch on the condition that the work is to be overseen and approved by a representative of the State geologist's office.

We agree to this and will give you a minimum of 48 hours notice prior to drilling.

Sincerely,


John F. Brinker

TALKED TO BRINKER

DETERMINED THAT BEST ARRANGEMENT
WOULD BE FOR NEW APPLICATION FROM EASTERN
ORIGINAL COMPLETION REPORT
LEFT MESSAGE

PROPERTY OF
JAMES J. LAWSON, SR.
LIBER No. 1423, FOLIO 482

*Original
lat line
Revised
lat line*

BRIAR HILL
SECTION 1
PLAT No. 3584

PLAT No. 3584

*well site OK
space in 9p
w/o
C982*

*8/18/93
(CW)*

LOT 3
BRIAR HILL
SECTION 1
PLAT No. 3584

LOT 5
WOODMARK
SECTION 12, AREA 7
PLAT No. 3825

LOT 4
WOODMARK
PLAT No. 4652
3.168 AC.

EXISTING 100 YEAR
FLOODPLAIN & DRAINAGE
EASEMENT - PLAT No. 4097

LOT 7
COMMON LOT 7
DRIVEWAY - 0.701 AC.

24' PRIVATE ADDRESS
EASEMENT ACROSS LOT
Nos. 7, 8 AND 9
FOR THE BENEFIT OF
LOT Nos. 7, 8 AND 9 25' WETLAND
BUTTER

LOT 4
WOODMARK
PLAT No. 4652

3/4" OPEN END
IRON PIPE
FOUND

7/16/93

WELL ABANDONMENT REPORT

Date: 8-25-93

PERMIT NUMBER OF ABANDONED WELL (if any)

H 0 - 9 2 - 0 3 0 8

DRILLER'S NAME

Easterday
LAST FIRST

OWNER'S NAME

Brinker John
LAST FIRSTTAG RETURNED & DESTROYED
9/10/93 CW

WELL LOCATION:

COUNTY: HowardSUBDIVISION: WoodmarkSECTION: 13 LOT: 7NEAREST TOWN: WEST FRIENDSHIPADDRESS: TRIADLAKE RD

MARYLAND GRID LOCATION:

E 810
N 520

0/5	X 5/5
0/0	5/0

SHOW WELL LOCATION BY (X)
WITHIN BOX

TYPE OF WELL

- ☒ DRILLED
☐ JETTED
☐ BORED OR AUGERED
☐ OTHER, SPECIFY

DEPTH OF WELL 176 FT.

TYPE OF CASING

- ☒ STEEL
☐ PLASTIC
☐ CONCRETE
☐ OTHER, SPECIFY

SIZE OF CASING 6 IN.WAS ANY CASING REMOVED ☒ YES ☐ NOIF YES, AMOUNT REMOVED 3 FT.WAS CASING RIPPED OR PERFORATED ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	176	15
Cement	15	3
Fill Dirt	3	0

DRILLER

Gerry F. Easterday
SIGNATURELICENSE# MWD 040

C17678SEQUENCE NO. (DENV USE ONLY)STATE OF MARYLANDWELL COMPLETION REPORTFILL IN THIS FORM COMPLETELYPLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBER13

ST/COUSE ONLYDATE RECEIVED032693DATE WELL COMPLETED032693Depth of Well2222526(TO NEAREST FOOT)PERMIT NO. FROM "PERMIT TO DRILL WELL"40-72-0308

OWNERBrinkerlast nameTriadelphiarfirst nameJohnTOWNWest FriendshipSUBDIVISIONWOODMARKSECTION13LOT2

WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use additional sheets if needed)FEETFROMTOCheck if water bearingrolling ground0'172'brown schist flint172'184'water184'206'brown schist flint206'225'water225'brown schist flint

GROUTING RECORDWELL HAS BEEN GROUTED (Circle Appropriate Box)yesnoYNYTYPE OF GROUTING MATERIALCEMENTCMBENTONITE CLAYBCNO. OF BAGS37NO. OF POUNDS3478GALLONS OF WATER202DEPTH OF GROUT SEAL (to nearest foot)from0ft. to173ft.

CASING RECORDcasing types insert appropriate code belowSTCOSTEEL CONCRETEPLOTPLASTIC OTHERMAIN CASING TYPENominal diameter top (main) casing (nearest inch)Total depth of main casing (nearest foot)576176OTHER CASING (if used) diameter inchdepth (feet) from to

SCREEN RECORDscreen type or open hole insert appropriate code belowSTBRHOPENSTEELBRASSHOLEBRONZEPLOTPLASTIC OTHERDEPTH (nearest ft.)176225

C2HOLE176225

CIRCLE APPROPRIATE LETTERA A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETEDE ELECTRIC LOG OBTAINEDP 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 IDENT NO. 353DRILLERS SIGNATURE(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

PUMPING TESTHOURS PUMPED (nearest hour)7PUMPING RATE (gal. per min. to nearest gal.)3METHOD USED TO MEASURE PUMPING RATE: water bucketWATER LEVEL (distance from land surface) BEFORE PUMPING26 WHEN PUMPING130TYPE OF PUMP USED (for test)A airP pistonT turbineC centrifugalR rotaryO other (describe below)J jetS submersible

PUMP INSTALLEDDRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YESNOIF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED: PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:CAPACITY: GALLONS PER MINUTE (to nearest gallon)PUMP HORSE POWERPUMP COLUMN LENGTH (nearest ft.)CASING HEIGHT (circle appropriate box and enter casing height) above belowLAND SURFACE (nearest foot)

LOCATION OF WELL ON LOTSHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Page 1 of 1
Date 3/26/93

Review HOLD

EXCESS

56017601

6/29/93

cw

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0308
Location of property (road) Triadelphia Rd
Subdivision Reichert Lot 7 Block Plat Sec. 15
Well Driller WOODMARK Owner Brinker, John

Depth of well 225'
Distance of measuring point (M.P.) above ground Surface
Static water level (S.W.L.) below M.P.

I. High rate pumping -- reservoir drawdown

Time pump started 9:40 Pumping rate 10 gpm
Total time 3/4 hr to reach pumping water level 130 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:40	26'	30 sec		10
9:55	93'	35 sec		8 1/2
10:10	118'	40 sec		7 1/2
10:25	130'	100 sec		3
10:40				
10:55				
11:10				
11:25				
11:40				
11:55				
12:10				
12:25				
12:40				
12:55				
1:10				
1:25				
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1:55				
2:10				
2:25				
2:40				
2:55				
3:10				
3:25				
3:40				
3:55				
4:10				
4:25	130'	100 sec		3

Well Permit No. HO - 92-0308
Location of property (road) Triadelphia Rd
Subdivision WOODMARK Lot 7 Block Plat Sec. 13
Well Driller Reichart Owner Brinker John

Depth of well 225'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 26'

Time pump started 9:40 Pumping rate 10 GPM
Total time 45 min to reach pumping water level 130 ft. below M.P.

[illegible]

B 1 7961	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-92-D308
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		70: fill in this form completely 79	
OWNER INFORMATION Date Received (APA) 01/39/3 8 13 15 Last Name Brinkner Owner John First Name F 34 36 12275 Street or RFD Carroll 55 57 E1111Cott Town City 70 State 72 MD Zip 21042 76		LOCATION OF WELL 1 2 8 COUNTY Howard 21 23 SUBDIVISION Woodmark 42 SECTION 13 Area LOT 7 44 46 48 50 52 NEAREST TOWN West Friendship 71 MILES FROM TOWN (enter 0 if in town) 3 73 MI 76 77 78	
DRILLER INFORMATION Driller's Name Robert W. Reichart 77 License No. 80 353 Firm Name Wm. W. Reichart, Inc. Address 1772 Baltimore Pike, Hanover, PA 17331 Signature [Signature] Date 1/8/93		WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION; MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 32228 STATE SIGNATURE Mark E. Riffin DATE ISSUED 8/16/93 43 48 CO SIGNATURE: [Signature] EXP. DATE [Blank] NORTH GRID 526000 50 55 EAST GRID 0815000 57 63	
APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Approved well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 815 N 526 000 000	
METHOD OF DRILLING (circle one) 30 BORED (or Augered) 37 JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 [Blank] 52		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER [Blank] 54 GAP 63 FORCE M12 WRITE INITIALS IN BOX PERMIT No. H0-92-D308 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			



MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore, Maryland 21224
(410) 631-3000

William Donald Schaefer
Governor

MEMORANDUM

TO: Dave Kerr, WMA Regional Sanitarian
Craig Williams, Howard County Environmental Health
FROM: Eric Dougherty, geologist, WMA
DATE: 2 September 1993
SUBJECT: Well Drilling near 12500 Triadelphia Road, Howard County

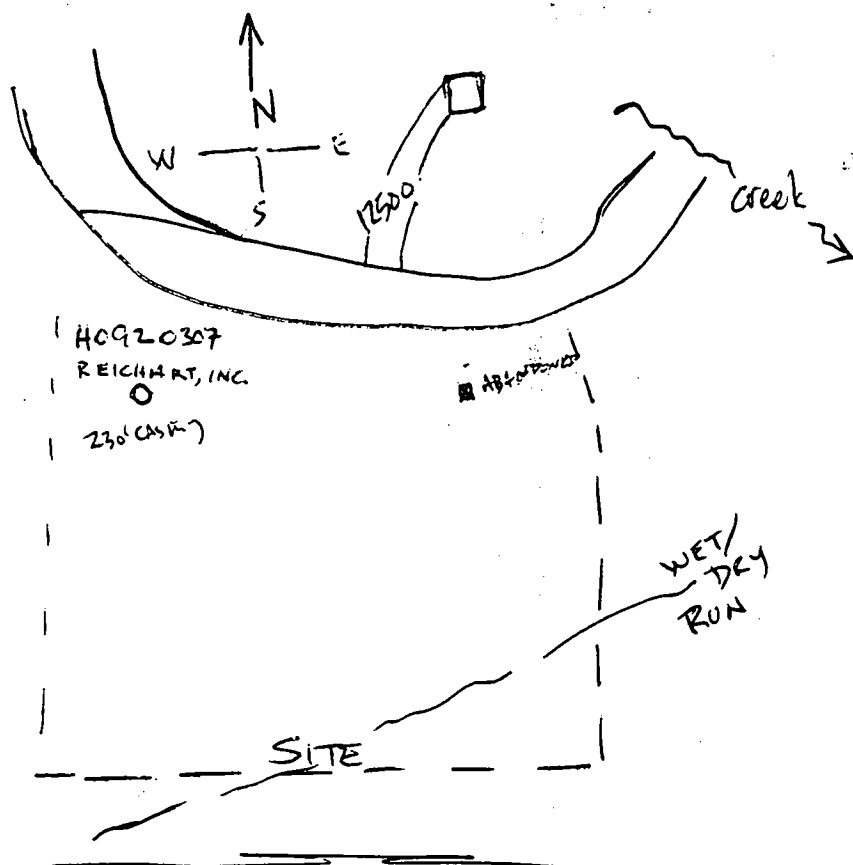
At the request of Howard County, Environmental Health, I observed on 31 August and 1 September 1993, Easterday Well Drilling drill one well located on the south side of 12500 Triadelphia Road. Wesley Blomquist (MWD 386) was the driller.

Attached is a copy of my field notes (four pages). Howard County Environmental Health should observe the grouting of this well. Caving conditions may limit the depth grouting.

If you have any questions, please feel free to contact me at (410) 631-3784. Thank you.

EJD:ejd

cc: Wesley Blomquist, Easterday Well Drilling
Jane Gottfredson



31 AUGUST 1993
Howard County
TRIDELPHIA ROAD DRIVE
SITE (~12500 TRIDELPHIA ROAD)

DRILL CUTTINGS FROM
92-0307 @ NW CORNER OF SITE
- yellow/tan - ^{dust w/} garnets 1/2" DIA;
mica (muscovite) flakes 1" + DIA;
qtz pieces; feldspar (Na-Ca?) pieces

(drilling pegmatite inclusion in
garnet schist?)

20 LFT DRILL PIPE

TRICONE FOR _____ FT DEPTH (74 FT 12" Ø CASING)

8" Ø TRICONE

0-24'

(Boring @ ~24 FT, RATE of penetration ↓)

- schist chips (1" DIA) in cuttings
- mica schist decomposed
muscovite
- red-brown color

24'-44'

28' ± water (from ~~ground~~ ground)

36' ± Boring again -

qtz chips + garnet chips

44'-64'

50' ± mud - brown - 64' dryer - still decomposed mica
schist
69' ± mud -

64'-84'

Hydraulic oil pump over heat

- restart - some hole collapse

84 ft - drying up - schist

= 2 =

HOCO TRIDELPHIA

84-104' DEPTH → wet schist - no mud -

104-124' → 114' - HARDER DRILLING
less gtz - feldspar - pure mica
118' mud returning - 122' mud gone

124'-144' → 134' - wet schist - rate of penet. slower - little bounce

144-164' → 150± mud again - not as running as @ 20± ft - stiff
wet schist
164' - wet sticky schist

164-184' → 175± stiff mud

184-204' → 190± lighter colored mud - light tan -
rate of penetration slower - little bounce on r/z
some water from tail tank - water @ ~190±

pent estimate 1:35 PM → to → 2:05 (31 minutes)
last 12 ft of 184-204' TRICME

195± → cutting of schist, gtz, feldspar, mica boulds -
all < 1/2" DIA SIZE

set 6" Ø casing to 202 ft

= 3 =

HOG TRIUMPH RD
6"

202^{ft}

AIR Hammer installed - ~~6"~~ DIA

2:

PM

SET casing - push casing from 90^{ft} - 202
due to casing

- drove casing 205

SEPT 1

- change hydraulic oil
- ~~much~~ much cut casing -

- 6" ϕ DIA Hammer

THH
THH²

5 FT DRIVE COLLAR/BIT
ASSEMBLY

AIR Hammer @ 952^{PSI}

~~202~~ -

202^{ft} \rightarrow 222^{ft} \rightarrow ~~952^{PSI} to much cut hole~~ Cockeysville
dry - light gray cuttings
Marble w/
phylogopite?

222 - 242 - 10²⁴ \rightarrow 10³⁴ (10 minutes)
dry - light gray

242 - 262^{ft} \rightarrow 10:36^{AM} - 10⁴⁰ (12 minutes)
dry tan-gray -

262 - 282 \rightarrow 10⁵⁰^{AM} - 11⁰⁰ (10 minutes) dry light gray

282 - 302 \rightarrow 11⁰¹ - 11¹³ (12 minutes) dry light gray

= 4 =

H₂O TRIDOLPHIA. 2d

302 - 322 → dry @ light gray - cutting of phyllosophte } epitaxial

322 - 342 -

water
@ ~ 324

3gpm driller
estimate

11²⁸_{hr} - 1141 (13 minutes)

wet light gray cuttings

342 - 362 → 11⁴⁷_{hr} → 12⁰¹ wet, light gray (14 minutes)
cuttings - mica, calcite, dolomite

362 - 382 → 12⁰³ → 12¹¹ (8 minutes)
wet, clumpy light gray cuttings - washed - up to
1/2" DIA. in 2" hole
phyllosophte

382 - 402¹³ →
~ 12¹³
12²² @ 402 ± feet (9 minutes)

muck hole out - prep for drill stem yield test -

1^{PM} completed drill stem - 1 gpm yield -

- Driller planned to go 100 ± feet deeper - to see if
more water available

Left site

(E10)

APPLICATION

PERCOLATION TESTING

A 32228

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 5/16/87
10/6/82

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 John F. d. Mark K. Brunker

ADDRESS 12275 CARROLL HILL RD. PHONE 988-9513

ELLICOTT CITY, MD. 21043

OFFICE 788-5353

PROSPECTIVE BUYER None

ADDRESS _____ PHONE PROPOSED LOT 7

PROPERTY LOCATION: WOODMARK LOT 4

SUBDIVISION TRIADELPHIA RD & CARROLL HILL RD. LOT NO. RESUBDIVISION LOT 4

ROAD AND DESCRIPTION RESUBDIVISION OF LOT 4

TAX MAP _____ PARCEL # _____

SIZE OF LOT APPROX 5 AC. TYPE BLDG Home

(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 MOSHA REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

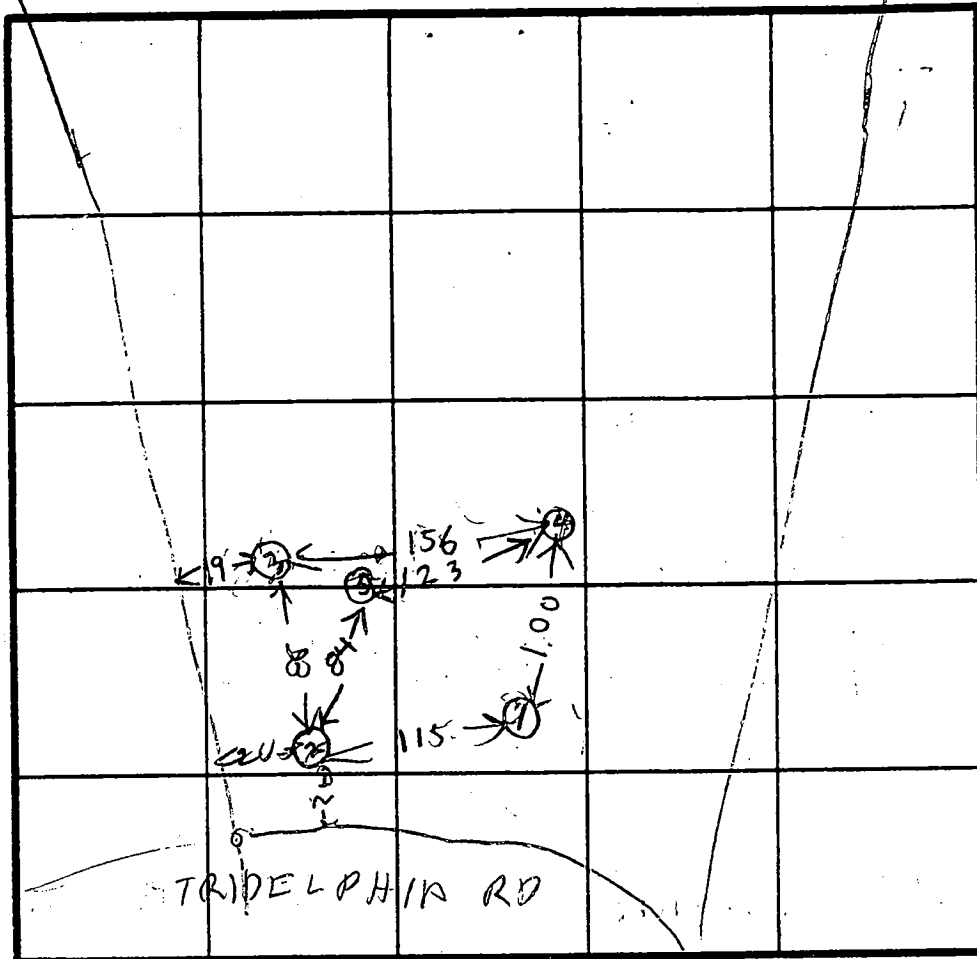
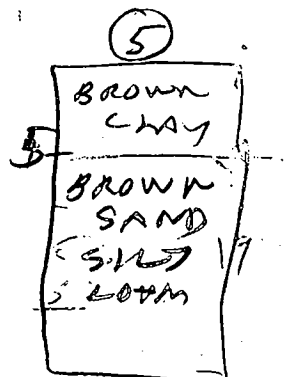
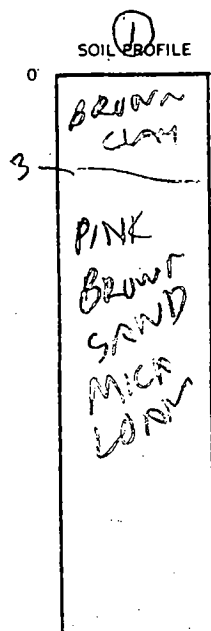
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HOLE ELEV

① HIGHEST

② NEXT HIGHEST

③ LOWEST

④ NEXT LOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/87	1 S	3	121	139	139	159	20
	1 D	7	121	124	124	129	5
	1 V	12	OK				
	2 V	12	OK				
	3 S	3	133	155	155	122	22
	3 V	11	UNSAT	3 LOW PER C			
	4 S	3	142	147	147	152	9
	4 V	12	OK				
	3 D	7	202	214	little per		
	5	3.5	242	259	low per		
	5	7	243	240	248	259	11
	5 V	13	OK				

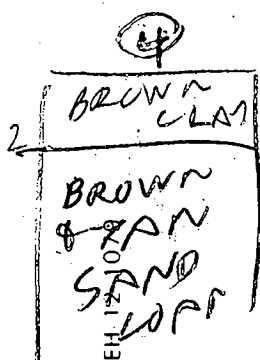
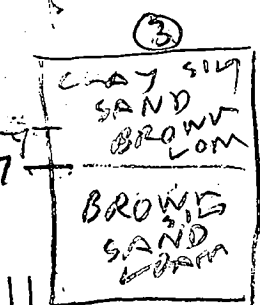
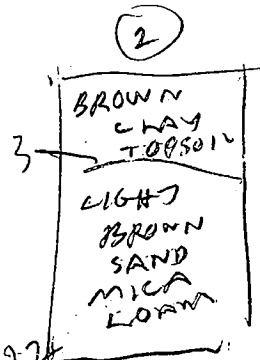
REMARKS

TYPE OF SOIL

TESTED BY B HODGES

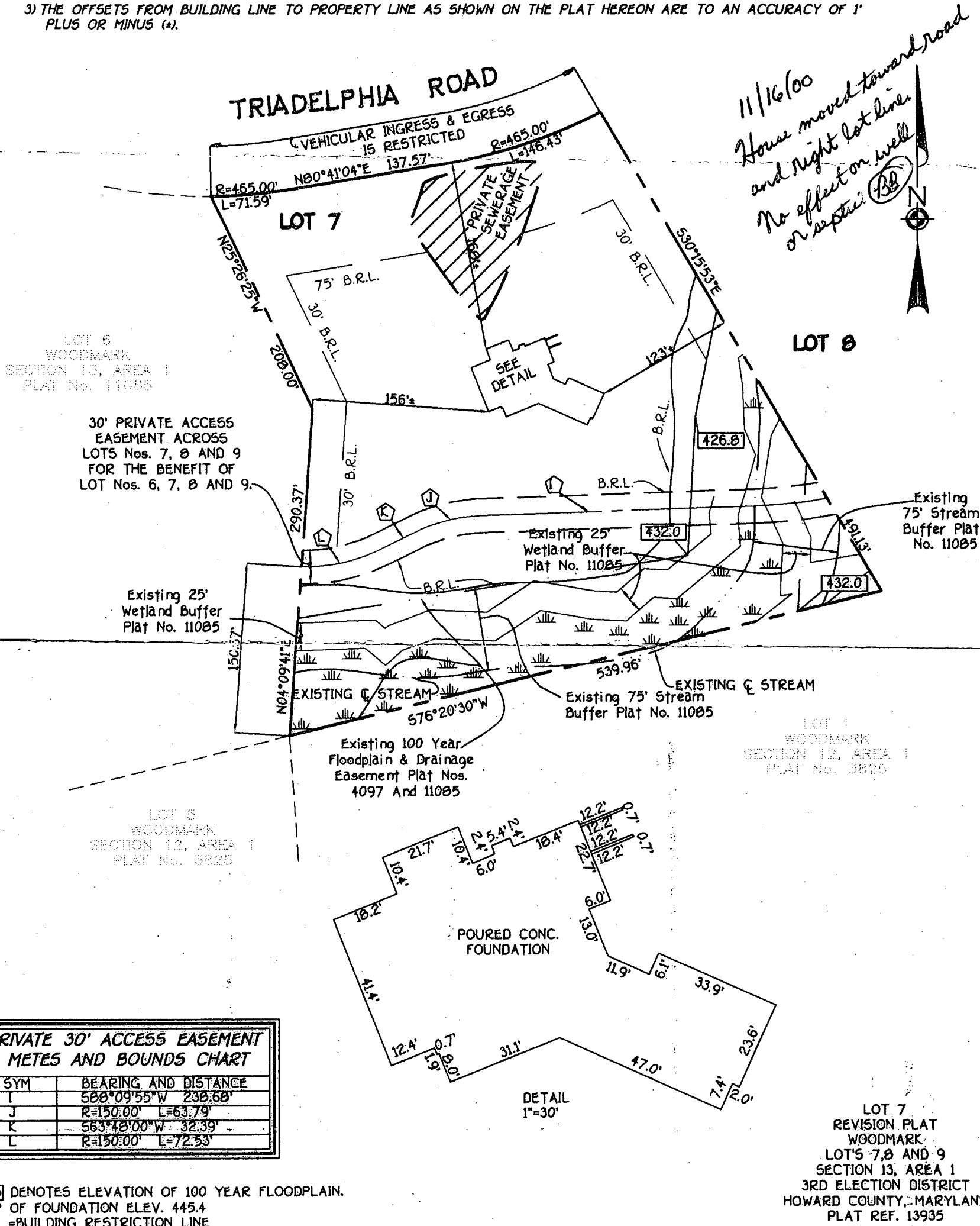
ALSO PRESENT

DENNIS PERLA
MR BRINKER
R. DEMITT



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0021 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (*).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

STATE OF MARYLAND
CHARLES J. CROOK
PROFESSIONAL LAND SURVEYOR
No. 10763
REGISTERED
5/25/00
PROFESSIONAL LAND SURVEYOR DATE
REG. #10763

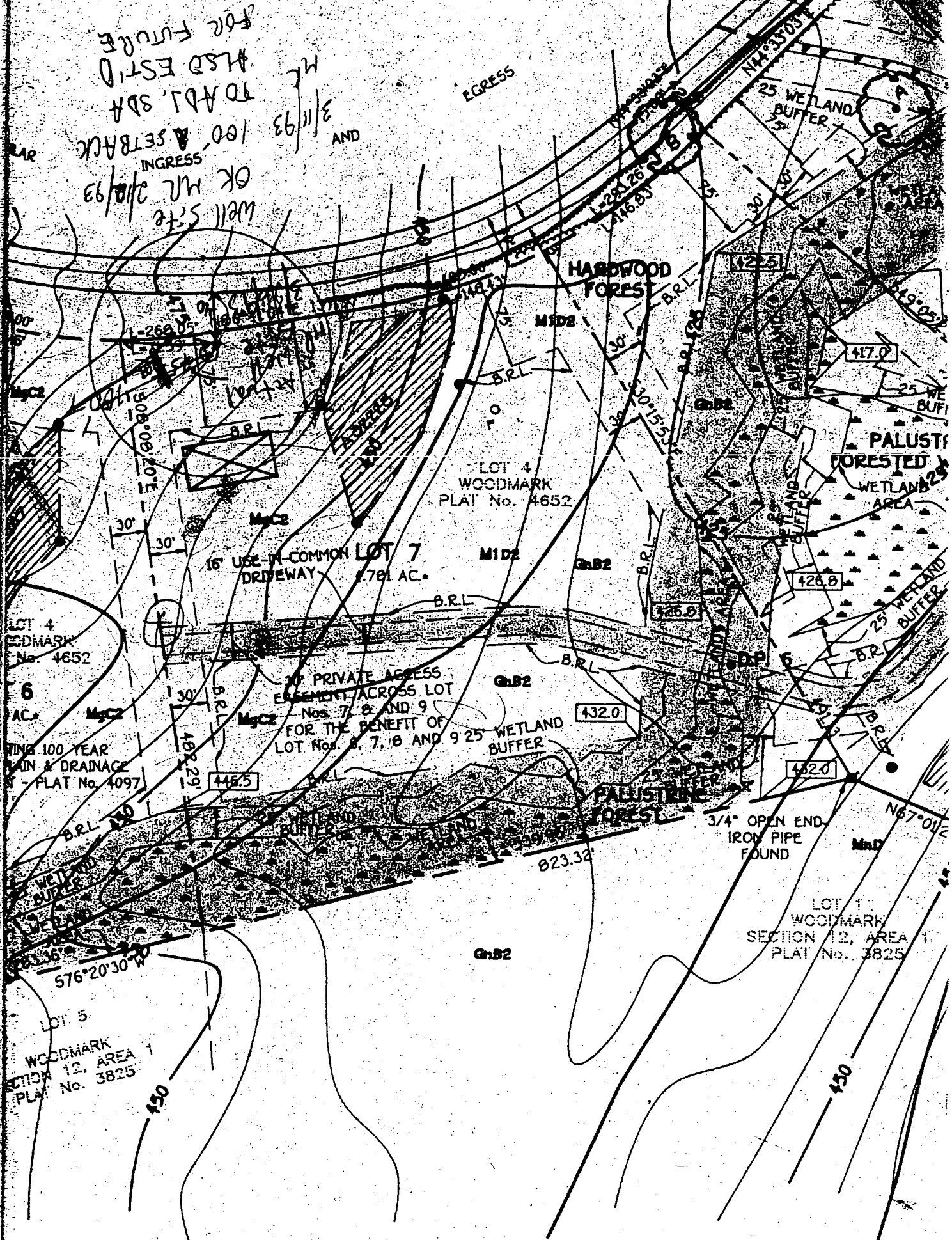
HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 5/25/00
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=100'
DATE: 5/26/00
DRAWN BY: T.P.F.
CHECKED BY: C.C.
PROJECT No.: 61395

WELL SITE
OK ML 2/10/93
TO ADD. SDA
100' SETBACK
ALSO ESTD
FOR FUTURE

EGRESS



Perc Cert Plan

TRIADDELPHIA

4
(RIGHT OF WAY DEDICATED BY PLAT No. 4097)
67 2465

ROAD

N44° 15.0'

66

=293.26'

L=146.83'

RESTRICT

MATCH

N 526,000

57	N22°51'50"W 54.17'	58
56	S36°47'29"W 30.10'	59
		60
		61
		62
		63
		64

LINE

SEE

SHEET

VEHICULAR

INGRESS

EGRESS

LOT 7
4.439 AC.±

LOT 4
WOODMARK
PLAT No. 4652

75' STREAM
BUFFER

EXISTING C
STREAM

549°05'23"E

25 WETLAND
BUFFER

30' PRIVATE ACCESS
EASEMENT ACROSS LOT
Nos. 7, 8 AND 9 FOR
THE BENEFIT OF LOT
Nos. 6, 7, 8 AND 9
MAINTENANCE AGREEMENT
RECORDED IN LIBER 32074
AT FOLIO 206

LOT 8
4.185 AC.

LOT 4
WOODMARK
PLAT No. 4653

LOT 4
WOODMARK
PLAT No. 4652

LOT 6
3.518 AC.±

EXISTING 100 YEAR
FLOODPLAIN & DRAINAGE
EASEMENT - PLAT No. 4097

30' PRIVATE ACCESS EASEMENT ACROSS
LOT Nos. 6, 7, 8 AND 9 FOR THE
BENEFIT OF LOT Nos. 6, 7, 8 AND 9
MAINTENANCE AGREEMENT RECORDED
IN LIBER 3207 AT FOLIO 226

75' STREAM BUFFER)

25' WETLAND
BUFFER

EXISTING & STREAM

LOT 1
WOODMARK
SECTION 12, AREA 1
PLAT No. 3825

3/4" OPEN END-
IRON PIPE
FOUND

LOT 5
WOODMARK
SECTION 12, AREA 1
PLAT No. 3825

NOTE:
THE PURPOSE OF THIS PLAT IS TO RESUBDIVIDE

F-93-02