

10-31-86

approved  
S. Abel

# PERMIT

P 38059

A 27896

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 3rd

~~XXXXXXXXXX~~

461-9933

INDEXED

DATE \_\_\_\_\_

Jack Fyock IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Triadelphia Farms II ROAD 13352 Triadelphia Road LOT 14B

PROPERTY OWNER Jay T. Leon

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

**TRENCHES** - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5 feet of stone below distribution pipe.

**LOCATION** - Place the distribution box or start the trench 105 feet from the front (279.19') lot line and 107 feet from the right (355.66') lot line, as seen when facing the lot from Triadelphia Road. Run trench on contour toward right sideline.

**NOTE** - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH(S) BEFORE AND AFTER GRAVEL IS INSTALLED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK. ok (CW)

PLANS APPROVED BY S. Abel DATE 3/24/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

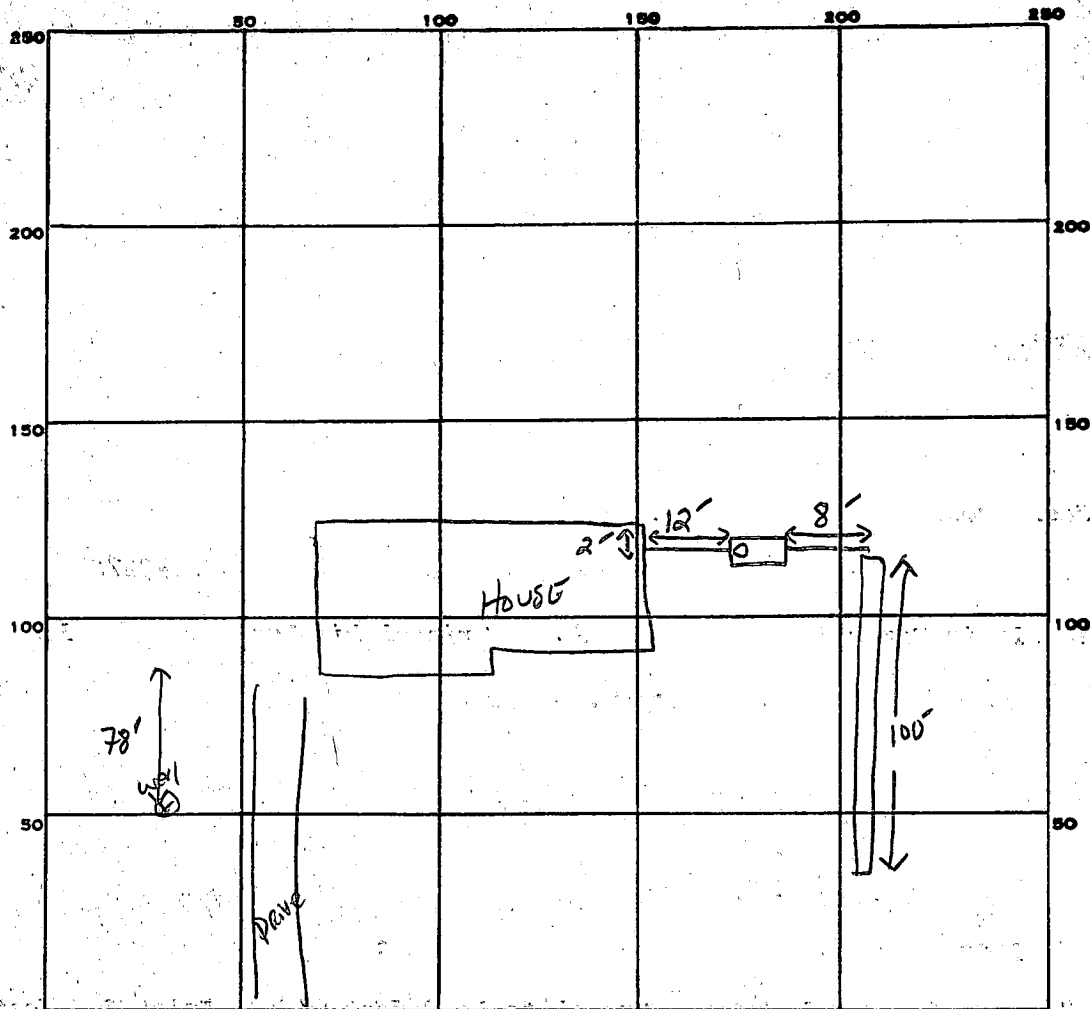
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

~~CALL 2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 27896



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TO THIA Rb ← ROW

PERMIT CARD ☒

SEPTIC TANK, LEVEL 1000 GAL

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 8.5 FT. TRENCH WIDTH 2 FT.

INLET 3.5

GRAVEL DEPTH 5FE IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 <sup>ONE SIDE WALL</sup> TOTAL BOTTOM AREA 500 <sup>sq ft</sup>

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 500 SQ. FT.

REMARKS 81L TO STONE TRENCH

DATE SYSTEM APPROVED

10-31-86

INSPECTOR

S. Ann

JAY LEON  
3361-F NICHATHAM RD  
ELLICOTT CITY, MD 21043  
461-4799

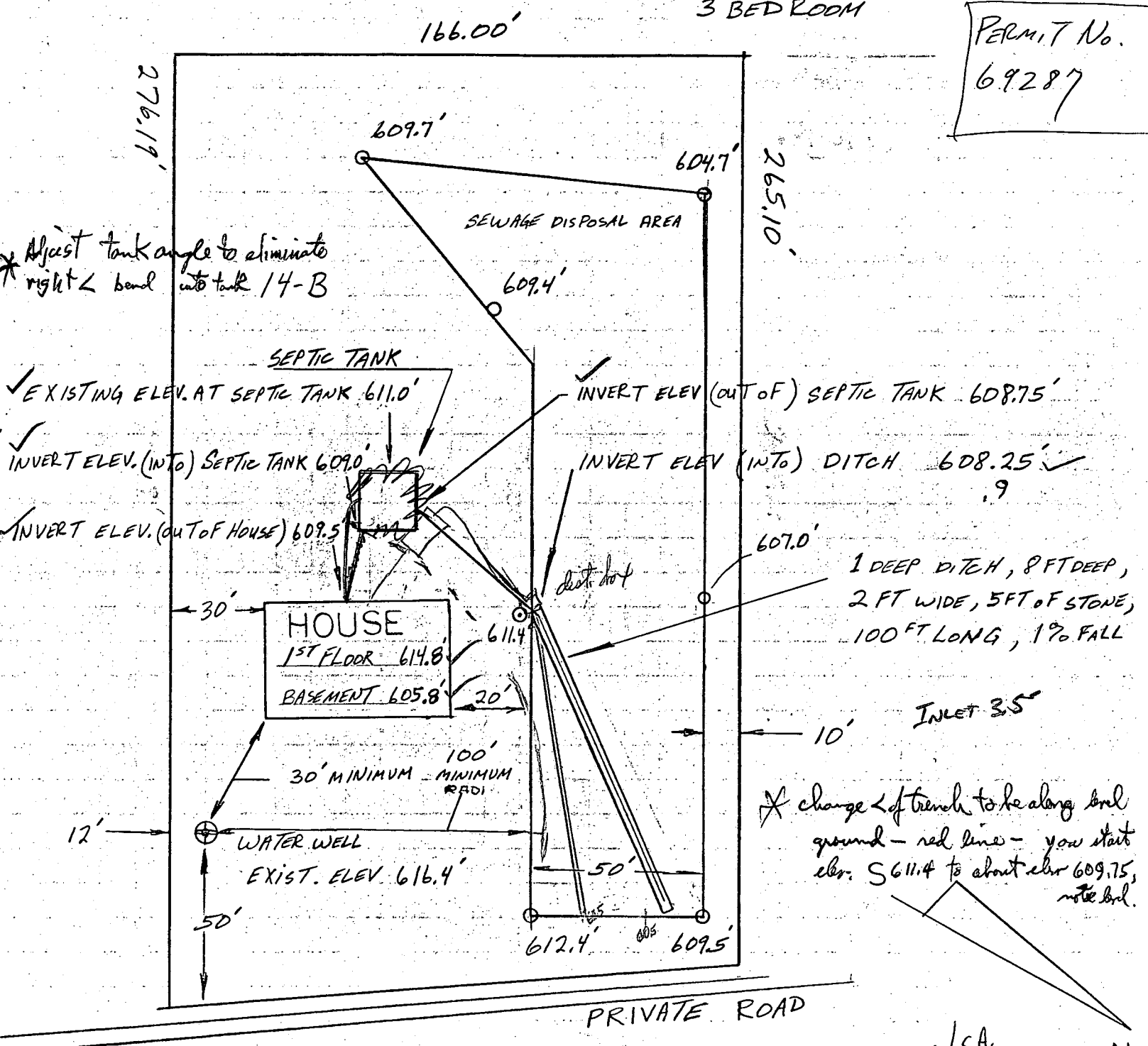
LOT 14-B TRIADDELPHIA FARMS II

1" = 40.0'  
SCALE

NEW SINGLE FAMILY HOME

1.06 ACRES

PERMIT No.  
69287



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: Jay Leon  
3-18-86

SUBDIVISION: Triadelphia Fms. IILOT NUMBER: 14BDRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>
<u>3 bedroom</u>	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.

TRENCHES158 sq. ft./bedroomTrench to be 2 wide.Inlet 3.5 feet below original grade.Bottom maximum depth 8.5 feet below original grade.Effective area begins at 35 feet below original grade.5 feet of stone below distribution pipe.

*spec. grain & (100')  
min. 95' trench  
do not include G. disposal*

- 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 absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE TRENCH 105 FE  
FROM THE FRONT (279.19) LOT LINE AND 107 FE FROM THE RIGHT  
(355.66) LOT LINE, AS SEEN WHEN FACING THE LOT FROM  
TRIADAPHA RD. RUN TRENCH ON CONTOUR TOWARD RIGHT SIDELINE  
SAME 3-24-86 B.P. # 69287

# APPLICATION

14B

A 27896

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/17/78

3 BR - 1000 GAL TANK  
4 BR 1250 GAL TANK

1. ~~DEEP DITCH~~ 8 FT DEEP 2 FT WIDE WITH 5 FT  
OF STONE AND INLET AT 3 FT BELOW ORIGINAL  
GRADE. 120 SQ FT ONE SIDEWALL AREA PER  
BEDROOM (FOR 3 BR HOUSE DITCH WOULD BE 60  
FT LONG START TIME AT PERC HOLE #6  
& RUN THE DITCH ALONG LEVEL GROUND TOWARD THE  
FRONT LOT LINE BUT KEEP THE DITCH AT LEAST 100 FT  
TO: THE COUNTY HEALTH OFFICER FROM THE WELL. PERC HOLE #6  
ELLICOTT CITY, MARYLAND IS LOCATED 100 FT FROM THE

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE  
DISPOSAL SYSTEM. ~~FRONT LOT LINE AND 65 FT FROM~~  
~~THE RIGHT SIDE OF THE LOT AS SEEN~~

PROPERTY OWNER: Dr. Richard Hemphill WHEN FACING THE LOT FROM THE  
JAY T. LEON RIGHT OF WAY  
ADDRESS 9141 Baltimore National Pike, Ellicott City PHONE 465-1868/3007

### PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms, Section II LOT NO. 14B  
# 13352  
ROAD AND DESCRIPTION Triadelphia Road @ Walt Ann Drive

SIZE OF LOT ? TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT Dennis M. Buhl

APPROVED BY *Raymond Hodge* FOR *Ditch* DATE 5/15/81  
(KIND OF SYSTEM)

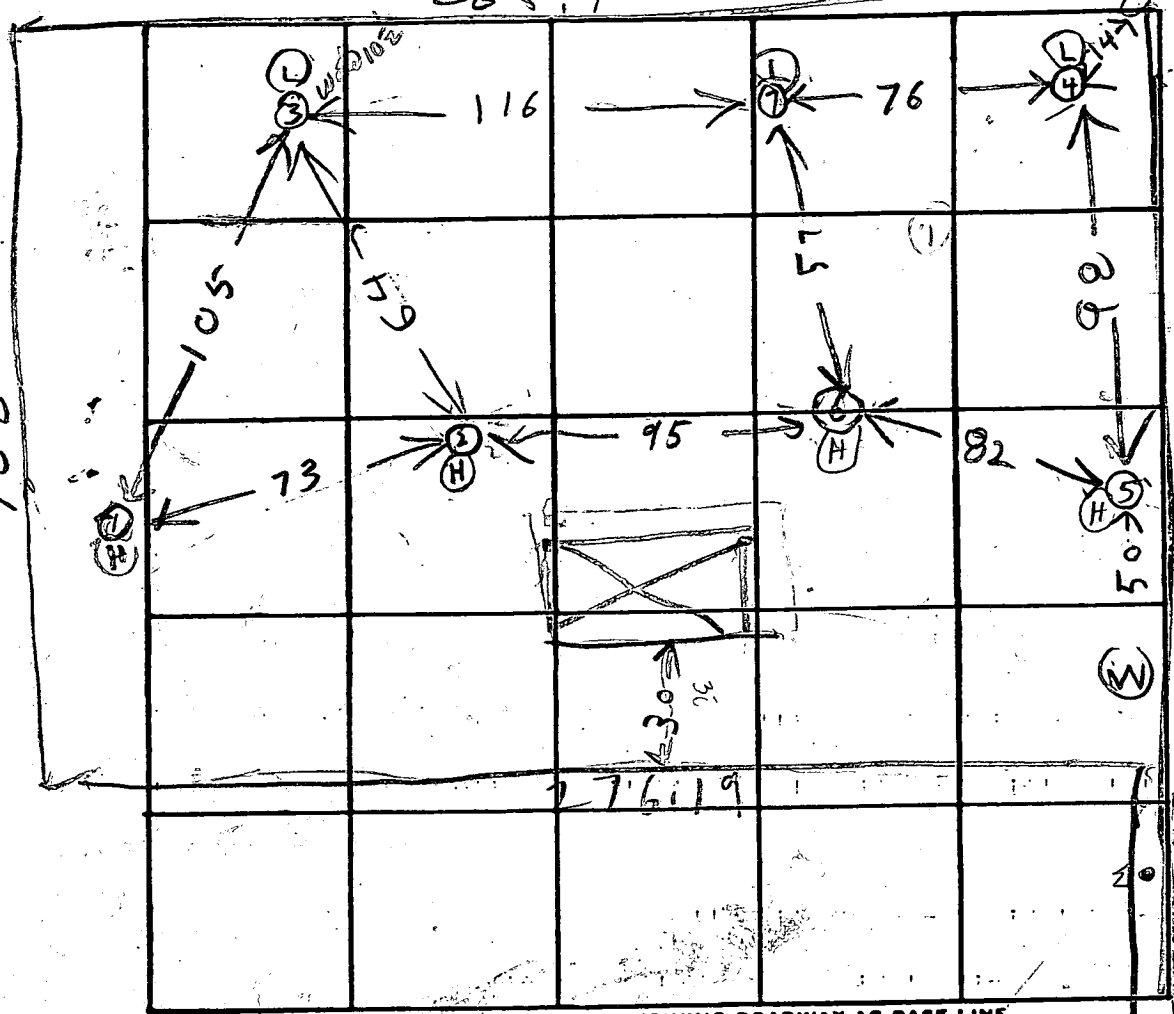
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
B.P. 69287 app 4-10-86

80  
4/380  
**THIS IS NOT A PERMIT**

166

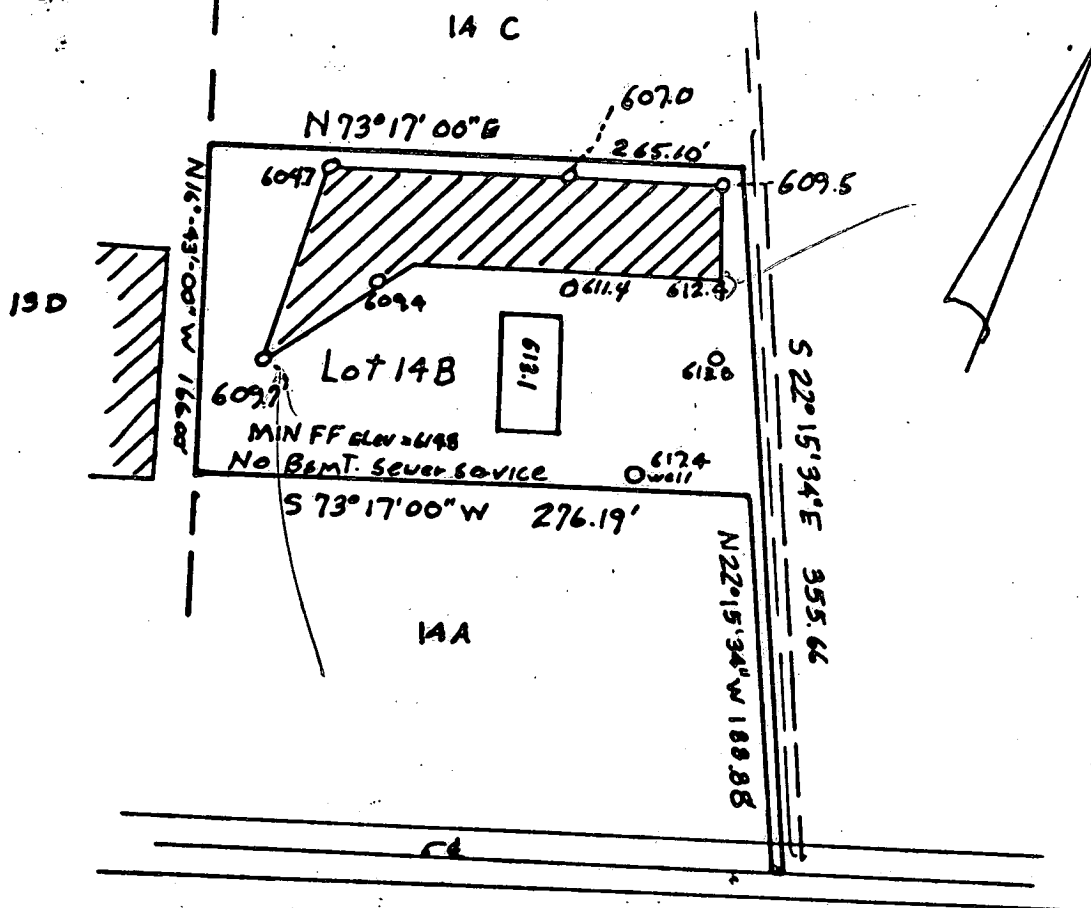


INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/1/79	1 S	3 1/2	154	156	156	159	3
	1 D	9	155	200	200	211	11
	2 D	8	156	201	201	209	8
	2 S	3 1/2	156	157	157	159	2
	3 D	8	159	210	210	225	15
	3 S	4	159	202	202	205	3
	(4) S	3	216	244	little per FAIL		
	4 D	8	217	219	219	225	6
	5 S	3 1/2	229	236	236	247	H
	5 D	8 1/2	229	233	232	236	4

	6V	12	TOP 3 FT CLAY				
REMARKS	3V	12	WATER 10 1/2 FT DRY & SAND				
	4M	4 1/2	257	255	255	302	7
TYPE OF SOIL	4V	11 1/2	TOP 4 FT CLAY BOT. 7 1/2 FT				
	3V	8	ALL SAND				

Test By B H  
Answer Present D Kewer Denny Dava  
Monaghan Fabinonelt



TRIADDELPHIA Rd.



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

*James C. Hudgins*  
County Health Officer

5-13-81  
Date

PERCOLATION TEST PLAT

Lot 14B

TRIADDELPHIA FARMS II

Property of

RICHARD M. HEMPHILL

Election District

Howard County, Maryland

Scale 1"=100'

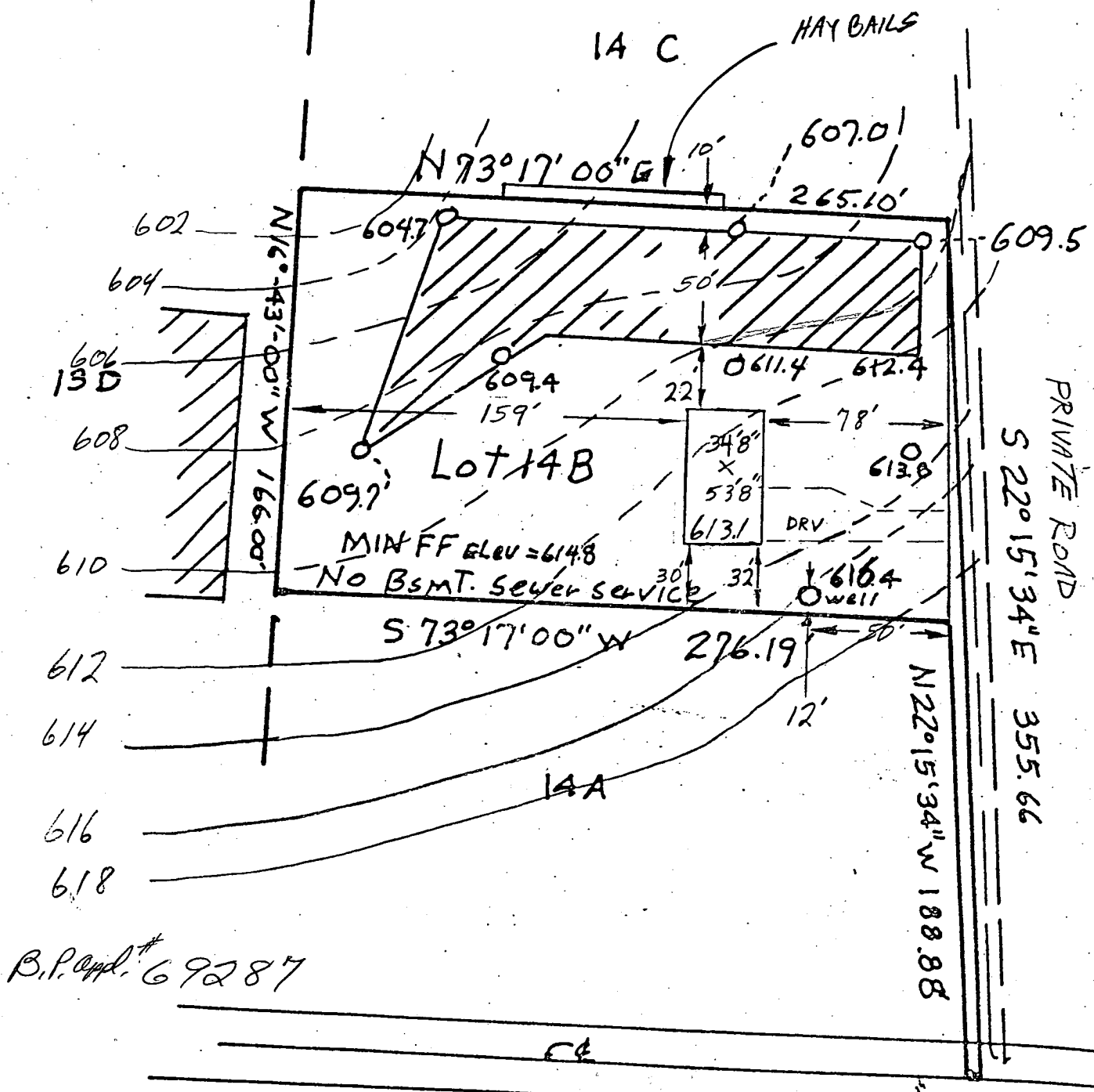
Date 5/8/81

NTT Associates  
Suite 307, Clark Bldg.  
Columbia, MD 21044  
321-0307

JAY LEON 461-4799

TRIADDELPHIA FARMS II, 14-L

13352 TRIADDELPHIA RD.



well ok/SA.

TRIADDELPHIA Rd.

Jay Leon  
Lot 14-B



[illegible]

C100886

SEQUENCE NO.  
(OEP 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.  
COUNTY  
NUMBERA-27896

DATE Received  
DATE WELL COMPLETED031486  
Depth of Well  
(TO NEAREST FOOT)2218526  
PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-81-1350

OWNER  
STREET OR RFD  
SUBDIVISION  
SECTION  
LOT

LAST NAME  
FIRST NAME  
TOWN

150N  
JAY T.  
TRIADOLPHIA RD.  
TRIADOLPHIA FRAMES TB  
GLENELLG  
14B

WELL LOG  
Not required for driven wells  
STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET  
FROM TO

Check  
if water  
bearing

SAND058  
GRAYMICA ROCK58185

GROUTING RECORD  
WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENTCMBENTONITE CLAYBC  
NO. OF BAGS17NO. OF POUNDS1578  
GALLONS OF WATER102  
DEPTH OF GROUT SEAL (to nearest foot)  
from0ft. to50ft.  
TOP52BOTTOM58  
(enter 0 if from surface)

CASING RECORD  
casing  
types  
insert  
appropriate  
code  
below  
STEELCONCRETE  
PLASTICOTHER  
MAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)  
S+663  
60616364666760

OTHER CASING (if used)  
diameter depth (feet)  
inch from to  
EACH CASING

screen type SCREEN RECORD  
or open hole  
insert  
appropriate  
code  
below  
STEELBRASS  
HOLE  
BRONZE  
OPEN  
HOLE  
PLASTICOTHER  
C2  
DEPTH (nearest ft.)  
EACH SCREEN  
14062185  
8911151721  
232426303236  
383941454751  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
5660  
from to  
GRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68

PUMPING TEST  
HOURS PUMPED (nearest hour)3  
PUMPING RATE (gal. per min. to nearest gal.)12  
METHOD USED TO MEASURE PUMPING RATEbucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING24  
1720  
WHEN PUMPING48  
2225  
TYPE OF PUMP USED (for test)  
AairPpistonTturbine  
CcentrifugalRrotaryOother (describe below)  
JjetSsubmersible

PUMP INSTALLED  
DRILLER WILL INSTALL PUMP YES (NO)  
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:  
CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)  
PUMP HORSE POWER  
PUMP COLUMN LENGTH  
(nearest ft.)  
CASING HEIGHT (circle appropriate box  
and enter casing height)  
+ above  
- below  
LAND SURFACE  
(nearest foot)

A  
E  
P

CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED  
ELECTRIC LOG OBTAINED  
TEST WELL CONVERTED TO PRODUCTION  
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 10.17.13 "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. 238  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) WQ  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

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

276.19  
TRIADOLPHIA RD.

B 1	4577	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER HC-81-1350
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		3-14-86 please print or type		
Date Received 02/13/86		GROUT 9:30		
OWNER INFORMATION		LOCATION OF WELL		
8 15 Last Name: LEON 24 Owner: JAY 36 3361 FM. CHA+H H M I RD 57 57 Town: C I T Y M O 21043 76 Zip: 76		8 COUNTY: HOWARD 21 23 SUBDIVISION: BRADDOCK HIA FARMS II 42 SECTION: 44 46 LOT: 14B P. 441 52 NEAREST TOWN: GLENELG 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78		
DRILLER INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Driller's Name: Joseph L. Mayne 77 License No. 80: 238 Firm Name: Joseph L. Mayne Well Drilling Address: 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature: Joseph L. Mayne Date: 2/13/86		11 TRIADOLPHIA ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 EAST SOUTH 34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT		
WELL INFORMATION		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		COUNTY NAME: HOWARD COUNTY NO. A-27896 OEP SIGNATURE: B. Nilon DATE ISSUED: 02/18/86 CO SIGNATURE: B. Nilon EXP. DATE: 08/18/86 NORTH GRID: 522000 EAST GRID: 0807000		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
<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)		SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 806 7 N 529 2		
APPROXIMATE DEPTH OF WELL 260 FEET		Location OK 63' casing 1' above gr. 50' + open 17 bags cement 3-14-86		
APPROXIMATE DIAMETER OF WELL 6 INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
METHOD OF DRILLING (circle one)		BORED (or Augered) JETTED Jetted & DRIVEN 30. AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37. CABLE REVERSE-ROTARY Drive-POINT other		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		
Not to be filled in by driller (OEP USE ONLY)		APPROX. PERMIT NUMBER 54 GAP 63 FORCE IN INITIALS PERMIT NO. HC-81-1350 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				

6/23

PROPERTY OWNER Jay T. Leon

DATE OF REQUEST 2 / 25 / 87

TELEPHONE WORK: 765-6171

NEW WELL NUMBER 81-1350

H 531-3405

DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

NAME

Jay T. Leon

ADDRESS

13352 Triadelphia Road

Triadelphia Farms II - Lot 14B

SAMPLE TYPE

REASON FOR REQUEST

☐ Health Hazard  
☒ U & O  
☐ Real Estate  
☐ Pond or Stream  
☐ Sewage  
☐ Other

☐ Physician's Advice  
☒ New Residence  
☐ Nitrate Monitoring  
☐ Taste or Odor  
☐ Treatment System Necessity  
☐ Plumbing or Well Repair  
☐ Replacement Well  
☐ Curiosity

SETTLEMENT DATE      /      /     

SEPTIC SYSTEM: ☒ Approved ☐ Disapproved

DATE 10/31/86

CONDITION: A27896

SUPPLY TYPE: ☐ Drilled Well ☐ Hand Dug ☐ Spring ☐ Public

CONDITION: I.C.O.P. per C.W. based on Delmarva Laboratories, Inc. 2/25/87

FIRST SAMPLE COLLECTOR S. [unclear] TIME 11:00 DATE 6/23/87

BACTERIA AE 722 pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , VOC     

CHEMICAL J 46, LEAD & COPPER     , NITRATES     , PESTICIDE     

ACTION: CUP 6/29/87 JEN

RESAMPLE COLLECTOR      DATE      /      /     

BACTERIA     , pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , TIME     

CHEMICAL     , Other     

ACTION:     

RESAMPLE COLLECTOR      DATE      /      /     

BACTERIA     , pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , TIME     

ACTION:     

RESAMPLE COLLECTOR      DATE      /      /     

BACTERIA     , pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , TIME     

ACTION:

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Jay T. Leon  
(Name) W 765-6171  
H 461-4799

3361-F N. CATHAM Rd.  
(Address)

NO 81 1350  
(OEP Well Permit Number)

2/18/86  
(Date)

Bottle  
Number: H 9636 Name: LEON JAY  
Source of Sample: TRIDENT County: HAWAII

Sample Type (Circle): Community Source Non-Community Distribution Private MCL

Emergency Recheck Routine

Remarks: H081-1350

Free				Total				Specific Conductance			
✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS				
	pH*	011			Arsenic	253					
	Alkalinity (Total)	040			Barium	262					
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273					
	Alkalinity (CO <sub>3</sub> )	060			Chromium	283					
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302					
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314					
	Hardness	110			Selenium	323					
	Ammonia-N	143			Silver	333					
✓	Nitrate-Nitrite N	162	1.8		Aluminum	192					
	Nitrite N	173			Calcium	231					
	MBAS	182			Copper	241					
	Chloride	091			Iron	122					
	Fluoride	101			Magnesium	241					
	Color*	020			Manganese	133					
	Turbidity*	031			Nickel	391					
	Conductance*, SPEC.	201			Potassium	361					
	Silica	210			Sodium	371					
	Sulfate	220			Zinc	342					
	Total Residue	381									

\* Results reported in units, all others in milligrams per liter (ppm).

\* Results reported in units, all others in milligrams per liter (ppm)

Date Reported \_\_\_\_\_

Chemistry

Lab No. \_\_\_\_\_

11332

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

February 25, 1987

Mr. Jay T. Leon  
13352 Triadelphia Road  
Ellicott City, Maryland 21043

RE: Triadelphia Farms II -  
Lot 9  
13352 Triadelphia Road

Dear Mr. Leon:

This is to advise you that the septic system was installed, inspected and approved on October 31, 1986.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1350. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

February 20, 1987  
Date of Water Sample

March 14, 1986  
Date Well Approved:

*Craig Williams / Sizable*

Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW:JR

2-25-87  
COP 2-25-87  
COP 6-29-87

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: J 46 Name: LEON County: HOWARD  
Source of Sample: 13352 TRIADOLPHIA RD Collector: STAYER  
Street Town or City  
Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine  
Remarks: H081-1350

13 County 062387 Date Collected 1100 Time ☐ Acid ☒ Iced  
Plant No. Sampling Station  
Field Data: 00 Free 00 Total 0000 Specific Conductance  
pH\* Chlorine Residual

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	011	6.3	Arsenic	253	
<input checked="" type="checkbox"/> Alkalinity (Total)	040	18	Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
<input checked="" type="checkbox"/> Hardness	110	116	Selenium	323	
Ammonia-N	143		Silver	333	
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	3.0	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
<input checked="" type="checkbox"/> Chloride	091	12	<input checked="" type="checkbox"/> Iron	122	4.1
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

\* Results reported in units, all others in milligrams per liter (ppm)  
Date Received: JUN 24 1987 Date Reported: JUN 23 1987 Chemist: 16620 Lab No.  
DHMH 90-A (10/85)



# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

July 14, 1987

Mr. Jay T. Leon  
13352 Triadelphia Road  
Ellicott City, Maryland 21043

RE: Triadelphia Farms II  
Lot 14B

Dear Mr. Leon:

This is to advise you that the septic system was installed, inspected and approved on October 31, 1986.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1350.

June 23, 1987  
Date of Final Sampling

June 29, 1987  
Date of Acceptance

*Jane E. Nadeau*  
Jane Nadeau, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
February 20, 1987  
June 23, 1987

JN:JR