

PERMIT INDEXED

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 2/22/80

Bob Pradorff

Philip G. Wire

IS PERMITTED TO INSTALL X ALTER

ADDRESS 5223 Thunderhill Road, Columbia, Md. 21045

PHONE 596-0909

SUBDIVISION Triadelphia Farms II

ROAD 13292 Triadelphia Road

LOT 5-11

PROPERTY OWNER Gordon L. Stamm

ADDRESS

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN
FACING LOT FROM

125 sq. ft. per bedroom for total sidewall area of 500 sq. ft.; with disposal 152 sq. ft. per bedroom for total sidewall area of 608 sq. ft. Locate dry well 170 ft. from front right corner stake and 20 ft. from right side line. Trench to run between point 60 ft. from right and 200 ft. from front stake, same depths. CALL FOR INSPECTION OF DITCH BEFORE GRAVEL IS INSTALLED.

PLANS APPROVED BY Fred Frommelt

DATE 2/18/80

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

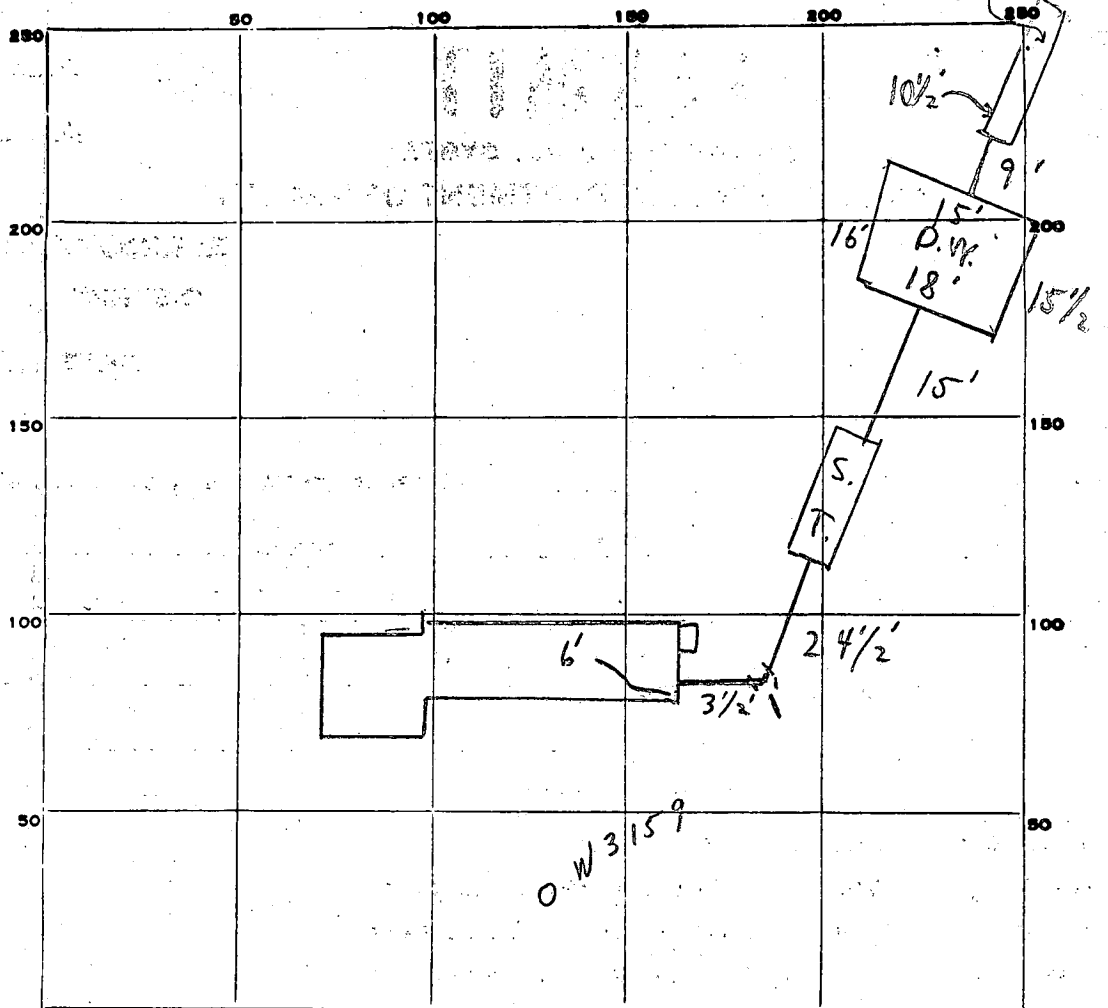
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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

6/18/80 File
approved
C.B.21
P 30536
A 28955

A 28955



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

COMMON RD.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

S.T.

D.W.

DISTRIBUTION BOX, LEVEL ☐

TILE FIELD, DEPTH 10 1/2' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7' IN. TOTAL LENGTH 29 FT.

203'

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER 60' FT. DEPTH BELOW INLET 7 FT.

420'

ABSORBENT AREA 623 SQ. FT.

REMARKS 6/18/80 TRENCH OK FOR STONE; OK TO COVER FROM HOUSE
TO 1/2 OF DRY WELL CLOSEST TO HOUSE; TRENCH COMPLETE.

C.B.S.

C.B.S.

DATE SYSTEM APPROVED

6/18/80

INSPECTOR

C.B. Streaker

APPLICATION

5D

A 28955

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3rd

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356Septic tank 1250 gal.
@ disposal 1900 gal.

DISTRICT 10/2/78

DATE _____

inlet 3 ft. max. total depth 10 ~~ft.~~ ft. max. below original grade
location 170 ft. from front rt. corner stake and 20 ft. from right
side line

125 # per bedroom - @ disposal 152 #/bedroom
total 500 # total 608 #

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

trench to run ^{between} front point 60 ft from right & 200 ft from
front stake, same depths, ditching. slope gravel
installed

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. Gordon L. Stamm BLDG. PERMIT SIGNED
Dr. Richard Homphill AND RETURNED 42421 2/6/80

PROPERTY OWNER

c/o Boender Associates, Inc., Town & Country Prof.

ADDRESS

PHONE

465-7777

PROPERTY LOCATION:

Triadelphia Farms, Section II

SUBDIVISION

13292

Triadelphia Road

LOT NO.

5-D

ROAD AND DESCRIPTION

(Philip Ware involved 596-0909)

SIZE OF LOT 1 acre

TYPE BLDG.

SED

3 or 4

NUMBER OF BEDROOMS

NA

IF NOT SINGLE RESIDENCE DESCRIBE

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

SIGNATURE OF APPLICANT

/s/ Jack Boender

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

12/8/79 - HOLD FOR REVIEW WATER RH

B.P. Appl. # 42421

THIS IS NOT A PERMIT

REMARKS Sandy loam - below clay NOTE WATER HOLE #4 IS
AT LEAST 5 FT LOWER THAN ANY OF THE OTHER HOLES

TYPE OF SOIL CHECKED BY SIGHT LEVEL

12/8/78 Test By RH

ALSO PRESENT
DENNY & DENRA

S56°58'56"W 166.78'

N80°54'28"W 141.01'

550

S32°13'58"E 210.40'

N22°55'34"W 200.00'

N65°36'28"E
118.88'

EXISTING
TO RENT

EXISTING
TO RENT

EXISTING
TO RENT

FF: 555.40
D: 447.40

FF: 555.40
D: 447.40

FF: 555.40
D: 447.40

FF: 555.40
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FF: 555.40
D: 447.40

FF: 555.40
D: 447.40

BP 42421

ORIG.
ADDR: 13292 Triad Rd

1:40

B 1 5883 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO 733159 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 3/12/79 9:30 A.M.	OWNER <u>Stanton Gordon</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>7714 Cloverdale Dr.</u> COL 36 COL. 55 POST OFFICE <u>Oxon Hill Md.</u> COL 57 COL. 76
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B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE <u>2/9/79</u>	LICENSE NUMBER <u>40</u>	
FIRST NAME <u>H. F. Easterday</u> DRILLER LAST NAME <u>H. F. Easterday</u>		
SIGNATURE <u>H. F. Easterday</u>		

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST	
MUST HAVE STATE HEALTH DEPT. APPROVAL	

APPROXIMATE DEPTH OF WELL <u>150</u>	FEET
APPROXIMATE DIAMETER OF WELL <u>6</u>	(NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
BORED (OR AUGERED)	JETTED	DRIVEN
30-37 <u>AIR-ROTARY</u>	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
CABLE	REVERSE-ROTARY	DRIVE-POINT
OTHER (DESCRIBE) _____		

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL	☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	☐ THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u> FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>70</u>	ENGINEER REVIEW DISTRICT NO. <u>65</u> A E N S G W Q C L U

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
41 <u>S</u>	STATE HEALTH (CIRCLE BOX)	
DATE <u>02/13/79</u>	COUNTY NAME <u>Howard</u>	COUNTY NO. <u>N29507</u>
APPROVED BY <u>Fred Fromolt, Sanitarian</u>		

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY <u>Howard</u>	(DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION <u>Tradesville Farm Lt</u>	
SECTION <u>0</u>	LOT <u>5</u>
NEAREST TOWN <u>Shenley</u>	
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2</u>	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
1 2 3 (SEQ. NO.) 6				
N NORTH	E EAST	NE NORTHEAST	SE SOUTHEAST	
S SOUTH	W WEST	NW NORTHWEST	SW SOUTHWEST	
NEAR WHAT ROAD <u>Tradesville Dr.</u>				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	N	S	E	W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	32	32	32	32
	34	37	38	39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

60' - CASING
 2' - ABOVE GR.
 23' - OPEN HOLE + well
 45' - JET
 12 - BAGS CEMENT

3/13/79

BOX NUMBER E <u>800</u> N <u>520</u>	NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u>
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A 28955

C 1	5078	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER																																		
DATE RECEIVED (WRA USE ONLY) <u>3/13/79</u> DATE WELL COMPLETED <u>220</u> DEPTH OF WELL <u>220</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HC-59-9119</u> 28 29 30 31 32 33 34 35 36 37																																				
OWNER <u>STAMM, GORDON</u> LAST NAME FIRST NAME STREET OR RFD <u>7314 CLOVERDALE DRIVE</u> POST OFFICE <u>ODON HILL, MD</u>		DRILLERS IDENTIFICATION NO. <u>40</u>																																				
WELL DESCRIPTION																																						
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>3</td><td></td></tr> <tr><td>shaley</td><td>3</td><td>30</td><td></td></tr> <tr><td>SANDY</td><td>30</td><td>50</td><td></td></tr> <tr><td>SAND/Stone</td><td>50</td><td>65</td><td></td></tr> <tr><td>MICA</td><td>65</td><td>75</td><td></td></tr> <tr><td>SAND Stone</td><td>75</td><td>80</td><td></td></tr> <tr><td>MICA</td><td>80</td><td>220</td><td></td></tr> </tbody> </table>		DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	3		shaley	3	30		SANDY	30	50		SAND/Stone	50	65		MICA	65	75		SAND Stone	75	80		MICA	80	220		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <u>YES</u> <u>NO</u> TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1200</u> GALLONS OF WATER <u>60</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>45</u> FT. (ENTER 0 IF FROM SURFACE) CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <u>ST</u> CONCRETE <u>CO</u> PLASTIC <u>PL</u> OTHER <u>OT</u> MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>220</u> OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO SCREEN RECORD SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW STEEL <u>ST</u> BRASS OR BRONZE <u>BR</u> OPEN HOLE <u>HO</u> PLASTIC <u>PL</u> OTHER <u>OT</u> C 2 DEPTH (NEAREST WHOLE FOOT) FROM <u>10</u> TO <u>220</u> SLOTSIZE 1. <u>2</u> 2. <u>3</u> 3. <u>4</u> DETERMINED BY DRILLER IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> <u>F</u> WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING <u>70</u> LOG INDICATOR <u>72</u> OTHER DATA AVAILABLE <u>74</u> <u>75</u> <u>76</u>		
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PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>8</u> METHOD USED TO MEASURE PUMPING RATE <u>BUCKET</u> WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>50</u> (NEAREST FOOT) WHEN PUMPING <u>220</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) AIR <u>A</u> PISTON <u>P</u> TURBINE <u>T</u> CENTRIFUGAL <u>C</u> ROTARY <u>R</u> OTHER (DESCRIBE BELOW) <u>O</u> JET <u>J</u> SUBMERSIBLE <u>S</u>		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <u>Y</u> NO <u>N</u> CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE <u>+</u> BELOW <u>-</u> LAND SURFACE <u>2</u> (NEAREST FOOT) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). 																																				
CIRCLE APPROPRIATE BOXES ☐ A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ E ELECTRIC LOG OBTAINED ☐ P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME (PLEASE PRINT) <u>George F. Farrelly</u> SIGNATURE <u>George A. Carter</u>		HEALTH																																				