

8/14/79 connection approved 7-28-83 Cwallace app 8-1-79  
**PERMIT**

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-397804

ELLICOTT CITY

DISTRICT 5th

DATE 6/18/79

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md.

PHONE 988-9270

SUBDIVISION

ROAD 13060 Triadelphia Mill Road  
(or 5660 Ten Oaks Rd.)

PROPERTY OWNER Andrew N. Adams, III

ADDRESS 13060 Triadelphia Mill Road, Clarksville, Md. 21029

Phone: 286-3132

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 400 SQ. FT. total sidewall area.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 105 FT. FROM well XXXXX LOT LINE AND 58 FT. FROM 369' LOT LINE AS SEEN WHEN

~~BACKWATER FROM~~

PLANS APPROVED BY Donald W. Monaghan

DATE 6/14/79

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 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

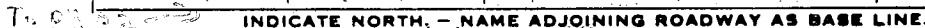
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED

AND RETURNED 4/5/83

Serial # 53140  
STAD

29800



INSPECTOR

HOUSE CONVERTED 7-28-83 CW

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

A 29800

P \_\_\_\_\_

*Septic Tank 1000 gal*

*Dry Well - 400 gal absorbent  
sidewall area*

DISTRICT

5th

DATE

5/7/79

*Inlet 3' below dry road  
Most depth - 11' below dry road*

*located 105' from well + 200' + 55' from  
the 369 pipeline*

*Send { (3) Examples of certified holes  
(2) Send memo about certified holes  
(1) Send elevation & memo*

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

Andrew N. & Elizabeth Adams, III

*Mr. Andrew N. Adams, III*

ADDRESS

13060 Triadelphia Mill Road, Clarksville 21029

PHONE

465-4100 (Office)

286-3132

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Ten Oaks Nursery property - stop at office

13060 Triadelphia Mill Road

SIZE OF LOT

30 acres

5 units

TYPE BLDG.

3 bedrooms

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.

SIGNATURE OF APPLICANT

*[Signature]*

BLDG. PERMIT SIGNED

AND RETURNED

6/7/79

Serial No. 39624

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

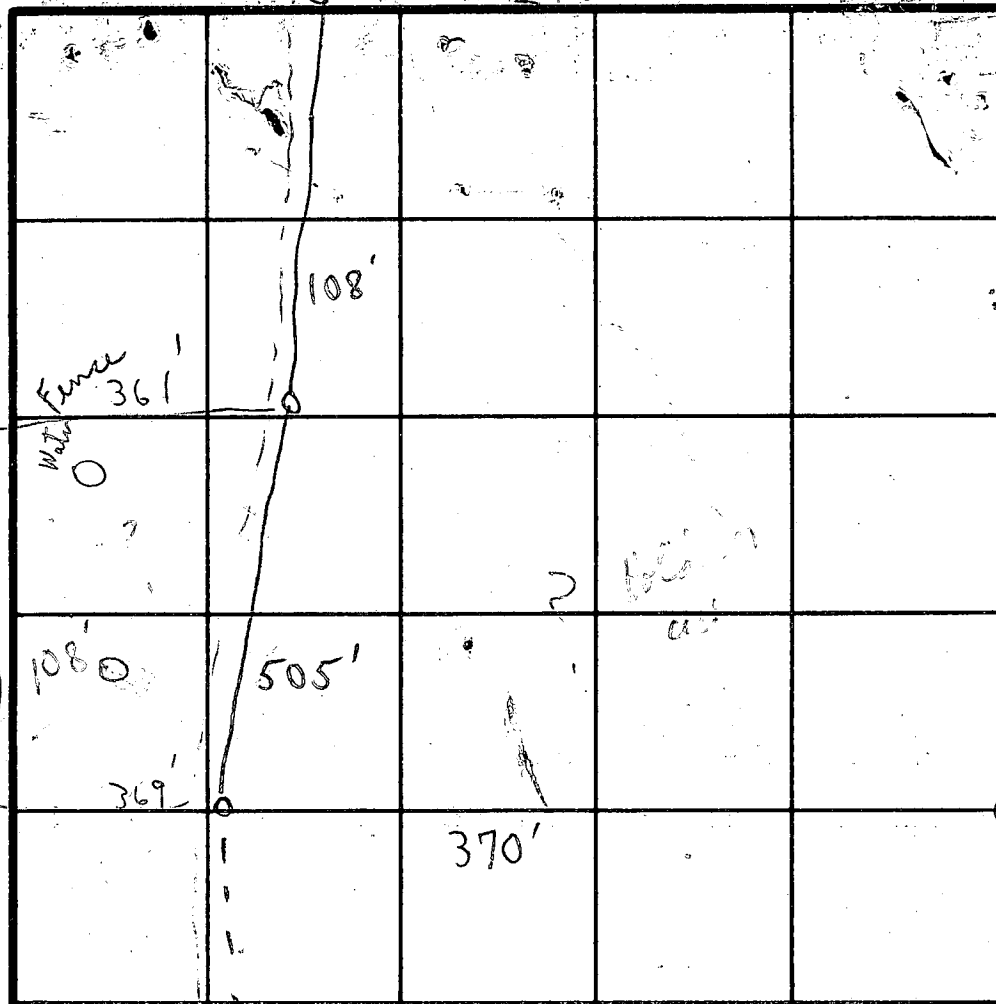
DATE

REASONS FOR REJECTION OR HOLDING

*for certified holes. Send memo to above  
5/22/79 sent via secretaries. See above C.B.S.  
C.B.S.*

## THIS IS NOT A PERMIT

Below  
dry  
↓  
Main  
loam  
↓  
↓  
↓



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

| DATE    | TEST NO. | DEPTH       | PRE-WET          |       | 1" DROP   |         | TIME   |
|---------|----------|-------------|------------------|-------|-----------|---------|--------|
|         |          |             | START            | STOP  | START     | STOP    |        |
| 5/22/99 | 1        | 3'          | 12:57            | 1:00  | 1:00      | 1:16    | 1hr    |
|         | ② 2      | 12 1/2'     | 12:58            | 1:00  | 1:00      | 1:04    | 4m     |
|         | 3        | 3'          | 12:32            | 12:36 | 12:36     | 12:55   | 19m    |
|         | ④ 4      | 12 1/2'     | 12:33            | 12:38 | 12:35     | 12:50   | 15m    |
|         | 5        | 3'          | 12:22            | 12:24 | 12:24     | 12:27   | 3m     |
|         | ⑤ 6      | 12 1/2'     | 12:21            | 12:24 | 12:24     | 12:28   | 4m     |
|         | ⑥ 7      | 4 1/2' - 5' | Visual           |       | empty mic |         | low    |
|         | ⑦ 8      | 12          | "                |       | to other  |         |        |
|         |          |             |                  |       |           |         | ③ 2'   |
|         |          |             | ① 8' to no holes |       | ②         | 2 holes | 1 inch |

REMARKS

TYPE OF SOIL

TESTED BY

**ALSO PRESENT**

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Andrew N. & Elizabeth Adams

ADDRESS 13060 Triadelphia Mill Road PHONE 465-4100 (office)

Clarksville 21029

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Ten Oaks Nursery property

SIZE OF LOT ? TYPE BLDG. \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING for certified holes. Memos etc sent

5/22/79.

C.B.A.

## THIS IS NOT A PERMIT

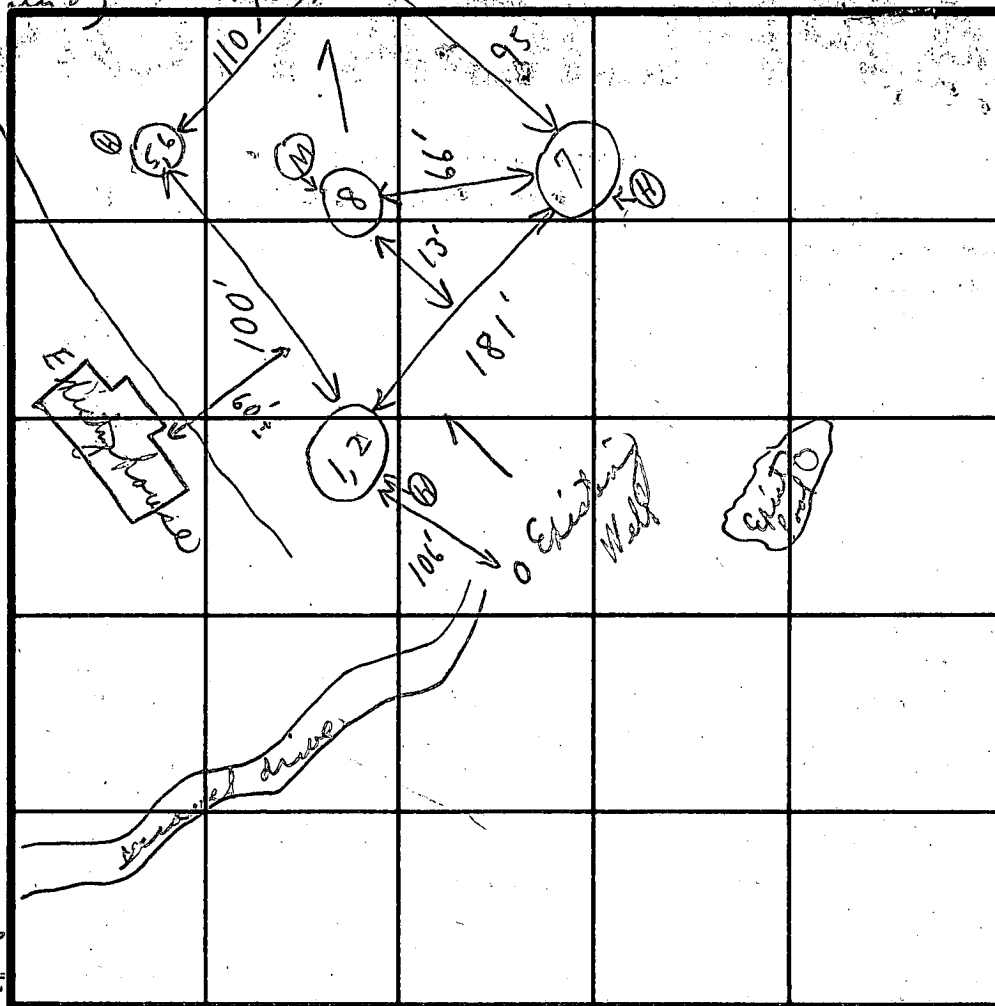
⊗ hole { 5'-6' clay }  
12' W 2m

Water 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

# SOIL PROFILE

Below  
clay

Misc  
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE     | TEST NO. | DEPTH              | PRE-WET      |       | TEST - 1" DROP |       | TIME              |
|----------|----------|--------------------|--------------|-------|----------------|-------|-------------------|
|          |          |                    | START        | STOP  | START          | STOP  |                   |
| 5/22/79  | Use 1    | 3'                 | 12:57        | 1:00  | 1:00           | 1:16  | 16 min            |
|          | ① 2      | 12 1/2'            | 12:58        | 1:00  | 1:00           | 1:04  | 4 min             |
|          | 3        | 3'                 | 12:32        | 12:36 | 12:36          | 12:55 | 19 min            |
| (Lowest) | 4        | 12 1/2'            | 12:33        | 12:35 | 12:35          | 12:50 | 15 min            |
|          | 5        | 3'                 | 12:22        | 12:24 | 12:24          | 12:27 | 3 min             |
|          | 6        | 12 1/2'            | 12:21        | 12:24 | 12:24          | 12:28 | 4 min             |
|          | 7        | 4 1/2' - 5' to 12' | Visual sandy |       | misc loam      |       |                   |
|          | 8        | 12'                | "            |       | "              |       | similar to others |
|          |          |                    |              |       |                |       |                   |
|          |          |                    |              |       |                |       |                   |

REMARKS

4/5/79 See initial sheet for more comments  
Test accomplished at offices per time & Mr. F.  
From Mr. F. recommendation.  
Tests in and around trees & shrubs

TYPE OF SOIL

TESTED BY

C. B. A.

ALSO PRESENT

{ Mr. Nick Adams  
Mr. J. Fyock Jr's man }



110-81-1163

Handwritten notes:  
 Adams  
 Collins  
 & Carter  
 Inc.  
 Ellicott City, Md.  
 21043

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

*Andrew N. Adams Jr.*

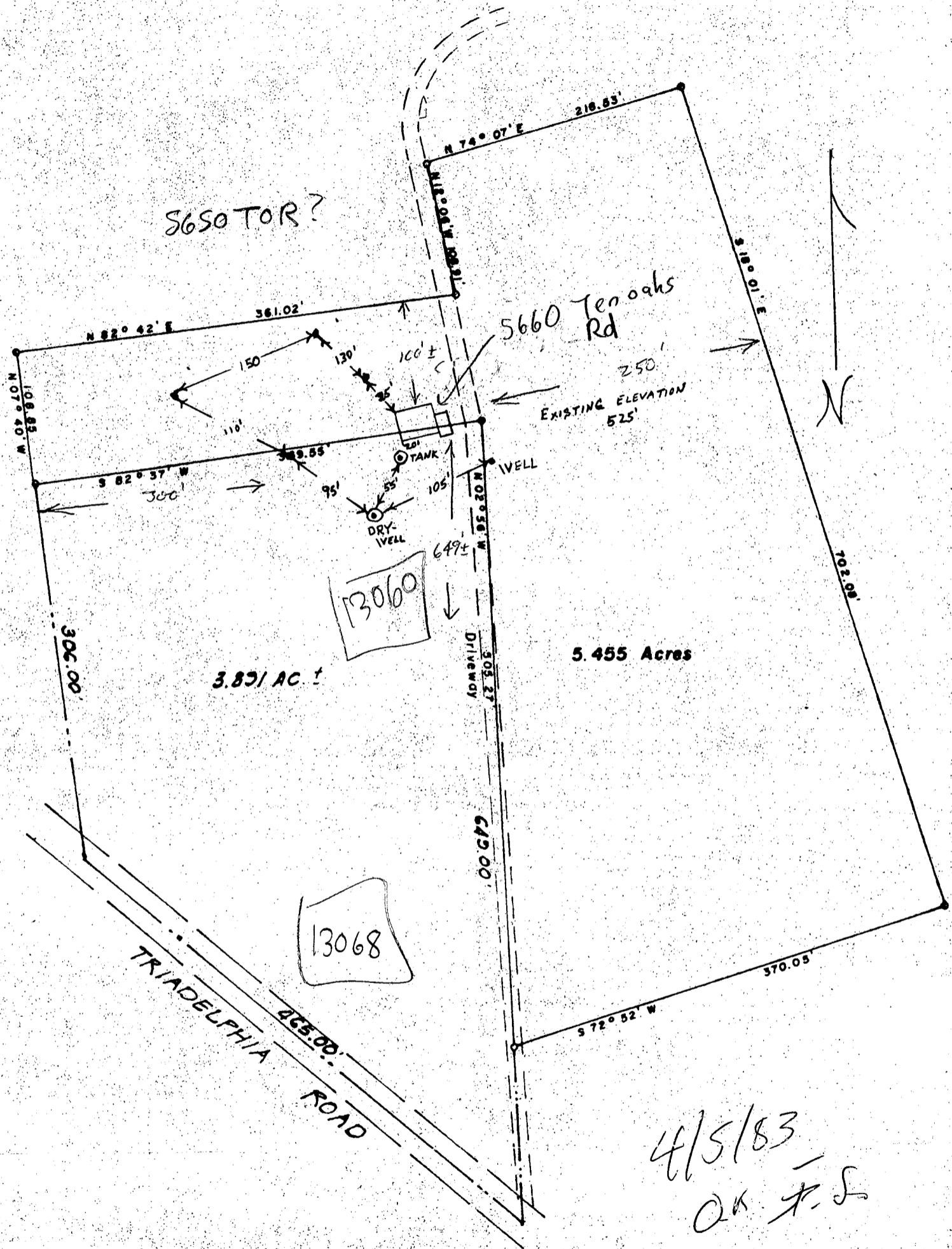
PLAT OF SURVEY  
 FOR  
 ANDREW N. ADAMS JR.  
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY  
 CLARKSVILLE, MARYLAND  
 SCALE: 1 IN. = 100 FT. MARCH 2, 1965

*Claude M. Skinner Jr.*  
 Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

FISHER, COLLINS  
 & CARTER, INC.  
 CONSULTING ENGINEERS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MD. 21043

ADAMS





4/5/83  
QK F.S.

DEPARTMENT OF  
WATER RESOURCESAPPLICATION MUST BE SUBMIT-  
TED AND PERMIT RECEIVED BE-  
FORE DRILLING IS STARTED.

## APPLICATION FOR PERMIT TO DRILL WELL

2c 634

Owner Frank A. [unclear]

Street or R. F. D. \_\_\_\_\_

Post Office ClarksvilleQuantity of Water to be Produced 34 G.P.M.Total Quantity Needed For Use 350 G.P.D.Use for Water FarmApproximate Depth of Well (feet) 100Method of Drilling to be used CableIs this a Replacement Well? Yes ~~No~~If YES, indicate date abandoned well is to be

sealed: \_\_\_\_\_

and by whom: CH-1PERMIT TO DRILL WELL  
(Not To Be Filled In By Driller)Well Permit No. HO-66-W-308Samples of Cuttings Required by Department: ☒ Yes ☐ NoOwner Requires Permit to Appropriate Water: ☒ Yes ☐ NoOwner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. \_\_\_\_\_

The applicant is herewith granted a permit to drill this well  
subject to the conditions stipulated.Paul W. McKee 5-3-66  
Director Date

THIS PERMIT IS NOT TRANSFERABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Healthor ☐ State Department of HealthApproved by Palmer F. WardTitle Chief SanitarianDate 5/2/66

COUNTY HEALTH

Driller Ed Brown License Number 288

Street or R. F. D. \_\_\_\_\_

Post Office R.3 Mt AiryDate 4/28/66

Location of Well

Subdivision \_\_\_\_\_

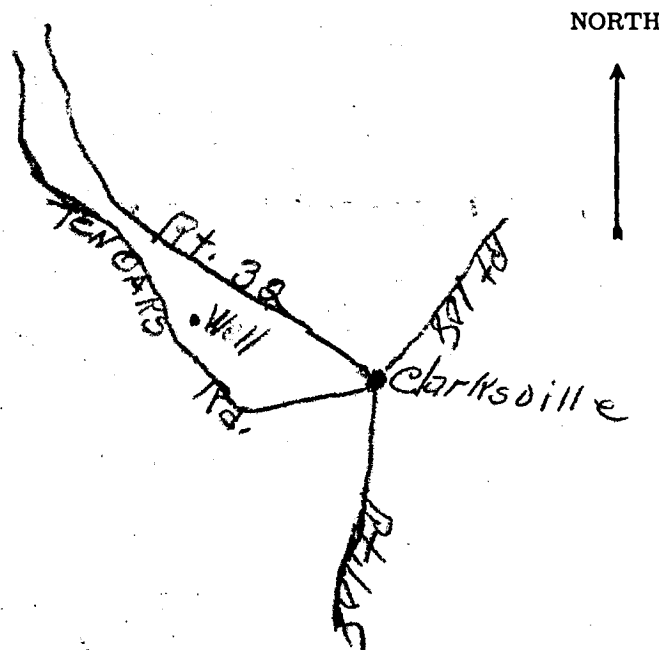
Section \_\_\_\_\_ Lot \_\_\_\_\_

County HOWARDNearest Town ClarksvilleDistance from Town 1.2 mileDirection from Town WEST

Description of Location of Well

(This information should be definite enough to permit locating  
well on a county map).Near what road T-4 OAKS Rd.On which side of road EAST

(North, East, South, West)

Distance from road 300+ ft.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.

2-65

STATE OF MARYLAND

DEPARTMENT OF  
WATER RESOURCES

Office Building  
ANNE ARUNDEL COUNTY, MARYLAND 21401

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

# WELL COMPLETION REPORT

## WELL DESCRIPTION

### WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

### CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)

FEET  
from to

4  
clay  
100  
Sand  
+  
gravel

26  
micaceous  
Rock  
130

FEET  
from to

8" MA 88 8 11" 104

6" o.d. 104  
Well  
Casing

Permit Number He-1661348  
Owner Brookside  
Address Clarksville  
Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Lot \_\_\_\_\_

### PUMPING TEST

Hours Pumped 2  
Type of Pump Used Bailer  
Pumping Rate \_\_\_\_\_  
Gallons per Minute 3

### WATER LEVEL

Distance from land surface to water:  
Before Pumping 36 Ft.  
When Pumping \_\_\_\_\_ Ft.

### APPEARANCE OF WATER

Clear X Cloudy \_\_\_\_\_  
Taste \_\_\_\_\_  
Odor None

Height of Casing Above Land  
Surface 1 Ft.

### PUMP INSTALLED

Type \_\_\_\_\_  
Capacity \_\_\_\_\_  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

### LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well  
Was Completed 5/24/66

Well Driller  
Signature Ed. Brown

TRIPLICATE

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLCOTT CITY, MARYLAND  
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 16" O.D. Well casing 104 ft
2. Total depth of well 130 ft
3. Type, diameter and length of strainer none. Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 188 lbs.  
Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 36 ft
7. Yield of well in gallons per minute 3; elevation of water surface when pumped at the designated rate. \_\_\_\_\_
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance none
10. Log of materials encountered during drilling 4 ft clay 100 Sand & gravel 26 ft. Mica Rock
11. Physical appearance of water at end of final pumping test clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth ✓
13. Disinfected, by 1 ounces of quart. % Chlorine (Brand name Clorox)

Property Owner Brook Adams Address Clarksville  
Location of property \_\_\_\_\_

Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. Ho-66-W-308

Date: 5/24/66, 1966. Ed. Brown  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.