

PUB. SEWER STATUS VERIFIED BY RW

ISSUE DATE: 10/4/2004

APPROVAL DATE: 10/20/04

# PERMIT

P 521519

A REPAIR - 38061

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Terry E. Williams

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 11797A Triadelphia Road

PHONE NUMBER: 410-531-2865

SUBDIVISION:

LOT NUMBER:

ADDRESS: 11797A Triadelphia Road

PROPERTY OWNER: Terry E. Williams

SEPTIC TANK CAPACITY (GALLONS):

ANOTHER 1,000 compartmented tank

PUMP CHAMBER CAPACITY (GALLONS):

N/A

NUMBER OF BEDROOMS:

6 total - accommodating 3 new bedrooms

SQUARE FEET PER BEDROOM:

180'

LINEAR FEET OF TRENCH REQUIRED:

100'

|           |                                                                                                                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRENCHES: | Trench to be 3 feet wide. Inlet feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe. |
| LOCATION: | CALL IN INSPECTION @ TIME OF S. TANK INSTALLATION. Run 2-50' trenches (from distribution) on contour.                                                                                                       |
| PURPOSE:  | In support of building permit. Call for inspection when ground is opened so sanitarian can recommend repair. MAINTAIN Existing System designed for three bedrooms                                           |

PLANS APPROVED:

Kacie Noonan

DATE:

10-4-04

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

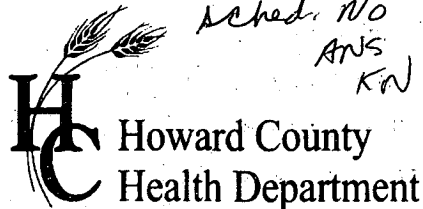
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

Ground OPENED ON Friday for trench  
installation, owner finished on SATURDAY.  
Field Run topo w/owner & SANITARIAN. OLD, EX  
TRENCH NOT run into. SEE PERC NOTES 10/4/04  
OWNER'S DRAWING

38061

Called 9:45 on 9/10 to  
sched. No  
ANS  
KN

upgrade



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 10/4/04 TEST TIME \_\_\_\_\_ AD 520853

AGENCY REVIEW: \_\_\_\_\_ DATE 9/1/04

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☒ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 5 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Terry Williams 410-531-9979

DAYTIME PHONE 410-531-2865 CELL 443-463-3761 FAX \_\_\_\_\_

MAILING ADDRESS 11797-A Triadelphia Rd. E.C. MD. 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT Ellen

DAYTIME PHONE 410-531-2865 CELL 443-463-3761 FAX \_\_\_\_\_

MAILING ADDRESS 11797-A Triadelphia Rd. E.C. MD. 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS Same \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Ellen Williams  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

(A)

Str ybrn  
w.c. S.g.  
LS-S  
fine gr.  
2 1/2

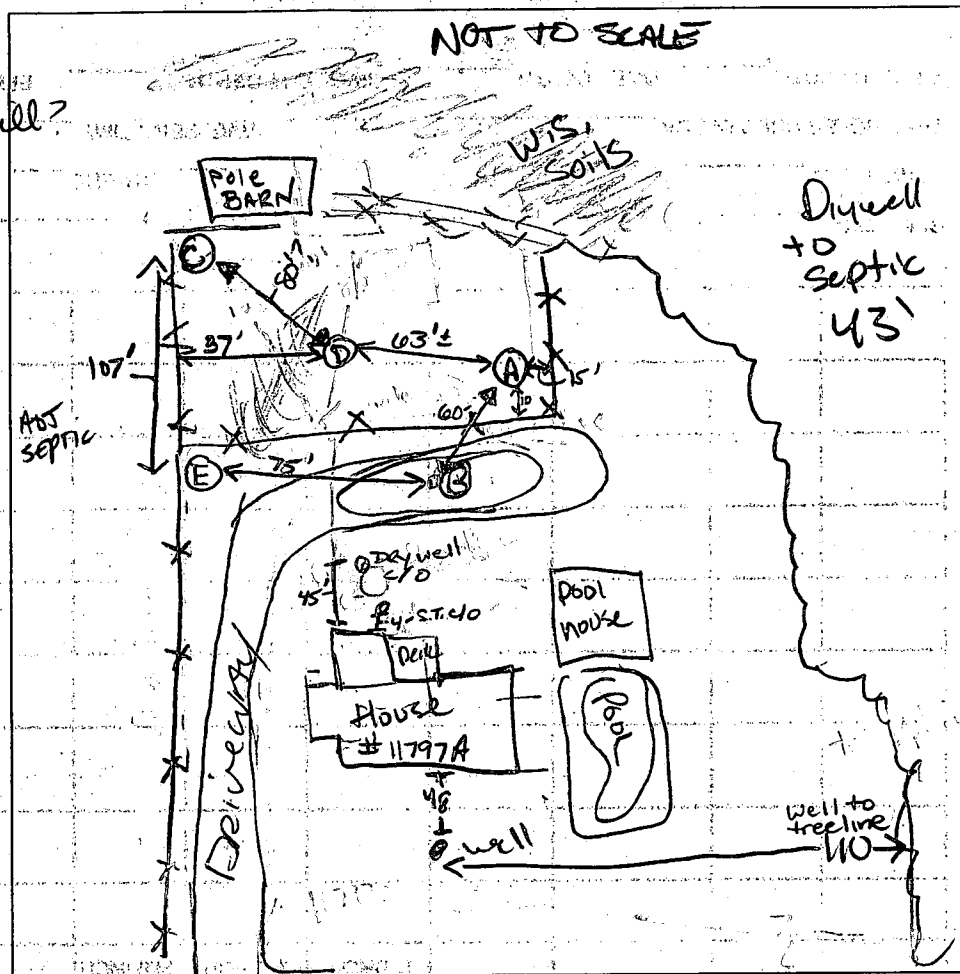
organic  
gray later  
3 1/2

w.c. S.g.  
LS-S  
Trace  
Rv  
6 1/2

glayish  
bluegray  
grey  
matrix  
few fm  
brn mottles  
7 1/2

Moist  
Soils

White bluish sand  
wet mottles  
not present



| DATE                  | TEST # | DEPTH  | START                       | BREAK<br>1" DROP    | STOP<br>2" DROP     | TIME OF<br>2nd INCH | P/F/H |
|-----------------------|--------|--------|-----------------------------|---------------------|---------------------|---------------------|-------|
| 10/4/04               | (B)    | 3' 1/2 | 9:42 <sup>00</sup>          | 9:43 <sup>26</sup>  | 9:45 <sup>03</sup>  | 1:30 +              | P     |
|                       | (A)    | Visual | wet sand & mottles @ 6 1/2' |                     |                     |                     | M/F   |
| 10x10" hole           | (C)    | 3'     | 10:03 <sup>00</sup>         | 10:04 <sup>30</sup> | 10:05 <sup>50</sup> | 1:24                | P     |
|                       | (D)    | 41'    | 10:27 <sup>00</sup>         | 10:34 <sup>45</sup> | 10:43 <sup>45</sup> | 9                   | P     |
|                       | (E)    | 3 1/2' | 11:00 <sup>00</sup>         | 11:03 <sup>30</sup> | 11:08 <sup>00</sup> | 5+                  | P     |
| AVG perc hole size 8" |        |        |                             |                     |                     |                     |       |

(C)

Str brn  
sm 2p sbk  
SL  
S"

org brn, dk brn, tan

micaceous

med gr.

SAND

S.g.

Trace Rv

REMARKS owner dug w/ personal bobcat LS mostly TRACE Rv

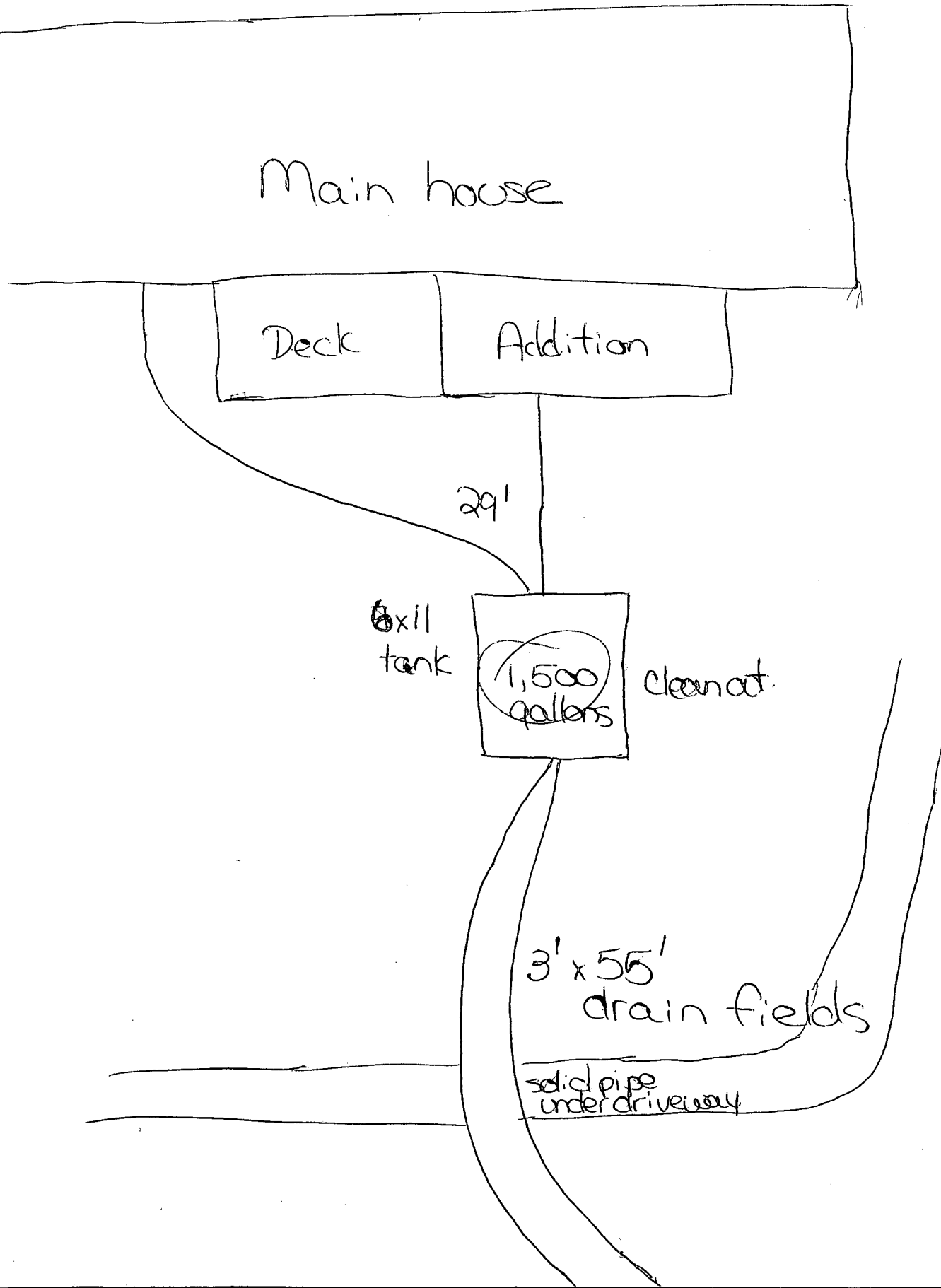
SANITARIAN KN/Py BACKHOE owner OTHERS

TEST HOLES USED IN SDA A-E AVG. PERC TIME 4 min SQ. FT/BR 180

TRENCH WIDTH INLET DEPTH 2 MAX. BOT DEPTH 4 EFFECTIVE SW 21

Wet S.  
white black  
brn micaceous  
SAND

The Williams Residence  
11797-A Philadelphia Rd.  
E.C. Md. 21042



Site plan for perc hole  
location 10-4-04 site visit  
SANITARIAN NOTES. ALSO  
SEE 10-4-04 percolation test  
notes.

EX. DRAIN FIELD  
?? Location ??

SEPTIC TANK  
• 120ft  
Septic

104-01  
ADDITION,  
NOT  
DECK  
c/o 4' from  
foundation

N67°03'W

pole  
barn

PARCEL 271

~~D 1.85 AC. +/-~~

M/F  
A.

N69°53'E

Phone                       
 Inc.                      APPROVED  
 WALK-THRU BUILDING PERMIT  
 BP# 150102 A# 520853  
 APP. SAN KN DATE: 10-4-04  
 DESC. OF WORK: ADDITION ?  
DECK upgrade septic.

ADDITION BUILT  
"AS IS"  
Size septic for 6 bdrm  
home

- FILTER PAD

POOL OK  
MR 6/12/02

SWIMMING POOL  
25'6"X47'

FENCE DATA:

150. well PROP. 4' HIGH WD  
PER CODE- BY  
BY OWNER

FRONT

Ex  
well  
here  
NO TAG

172.36'  
S25°10'W

GRAVEL DRIVE

TO TRIADELPHIA RD.

1:60

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B0015062 KN

Building Address 11797-H Trachley Rd  
C. D. H. 21040  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 60300 Subdivision mayfield  
Section TAP # 03-281213 Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 16 Parcel 271 Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 10A2 Lot size \_\_\_\_\_

Property Owner's Name Williams  
Address same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ 8,000  
Description of Work 1st floor 16x20  
24x36 steps to garage

Contractor Company Homeowner  
Contact Person \_\_\_\_\_  
Address same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Williams  
Contact Name Allen  
Address 11797-H Trachley Rd  
City C. State MD Zip Code 21040  
Phone 410-531-265 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics                                                                                             | Utilities                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Height: _____                                                                                                        | Water Supply: _____<br>Public _____ Private _____                                                                                                                    |
| No. of stories: _____                                                                                                | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                 |
| Gross area, sq. ft. per floor: _____                                                                                 | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| Use group: _____                                                                                                     | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                         |
| State Certified Modular _____                                                                                        |                                                                                                                                                                      |

| Building Characteristics                                                                                                                                                          | Utilities                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____                                                                             | Water Supply: _____<br>Public _____ Private _____                                                                                                                               |
| 1st floor: _____                                                                                                                                                                  | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                            |
| 2nd floor: _____                                                                                                                                                                  | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| Basement: _____                                                                                                                                                                   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/><br>NFA #13D _____<br>NFA #13R _____<br>Other: _____                                                                              |
| No. of Bedrooms _____                                                                                                                                                             |                                                                                                                                                                                 |
| Multi-family dwellings: _____<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                               |                                                                                                                                                                                 |
| Other Structure: _____                                                                                                                                                            |                                                                                                                                                                                 |
| Dimensions: _____                                                                                                                                                                 |                                                                                                                                                                                 |
| Footings: _____                                                                                                                                                                   |                                                                                                                                                                                 |
| Roof: _____                                                                                                                                                                       |                                                                                                                                                                                 |
| State Certified Modular _____<br>Manufactured Home _____                                                                                                                          |                                                                                                                                                                                 |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

Title/Company

Date

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

AGENCY DATE SIGNATURE APPROVAL

State Highways

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St: \_\_\_\_\_

All minimum setbacks met? YES ☐ NO ☐

Is Entrance Permit required? YES ☐ NO ☐

Historic District? YES ☐ NO ☐

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#:

Filing fee \$ 25

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 408

Validation # 76612

Accepted by

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

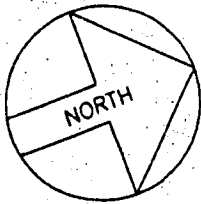
Pink: Health

Gold: SHA

T: forms/ PERMIT FRM

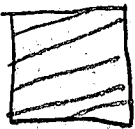
Rev 5/17/00

|          |     |
|----------|-----|
| SIDE FL. | 10  |
| HOUSE    | 0   |
| SEPTIC   | 20' |
| WELL     | 30' |



NOTE: A VACUUM BREAKER  
WILL BE INSTALLED  
ON JOB AS PER  
CODE.

Site plan for perc hole  
location 10-4-04 site visit  
SANITARIAN NOTES. ALSO  
SEE 10-4-04 percolation test  
notes.



= AVAIL  
SDA

$$150 \times 85 = 12,000$$

EX. DRAIN FIELD

SEPTIC TANK

130ft  
Septic

10-4-04  
ADDITION,  
NOT  
DECK  
c/o 4' from  
foundation

DRIVE

PARCEL 271

1.85 AC +/-

M/F  
A0

ACTUAL  
Drywell c/s

GAR.

FILTER PAD

POOL OK  
MR 6/12/02

SWIMMING POOL  
25'6" X 47'

FENCE DATA:

PROP. 4' HIGH WD  
PER CODE - BY  
BY OWNER

FRONT

Ex  
well  
here  
NOT TRS

172.36'

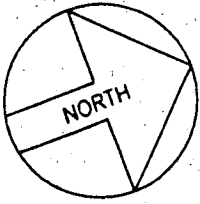
S25°10'W

GRAVEL DRIVE

TO TRIADELPHIA RD.

1:60

SIDE FL. 10  
HOUSE 0  
SEPTIC 20'  
WELL 30'



NOTE: A VACUUM BREAKER  
WILL BE INSTALLED  
ON JOB AS PER  
CODE.

Permit #  
B00150102

PARCEL 271  
1.85 AC. +/-

EX. DRAIN FIELD

EX. SHED

SEPTIC TANK

FILTER PAD

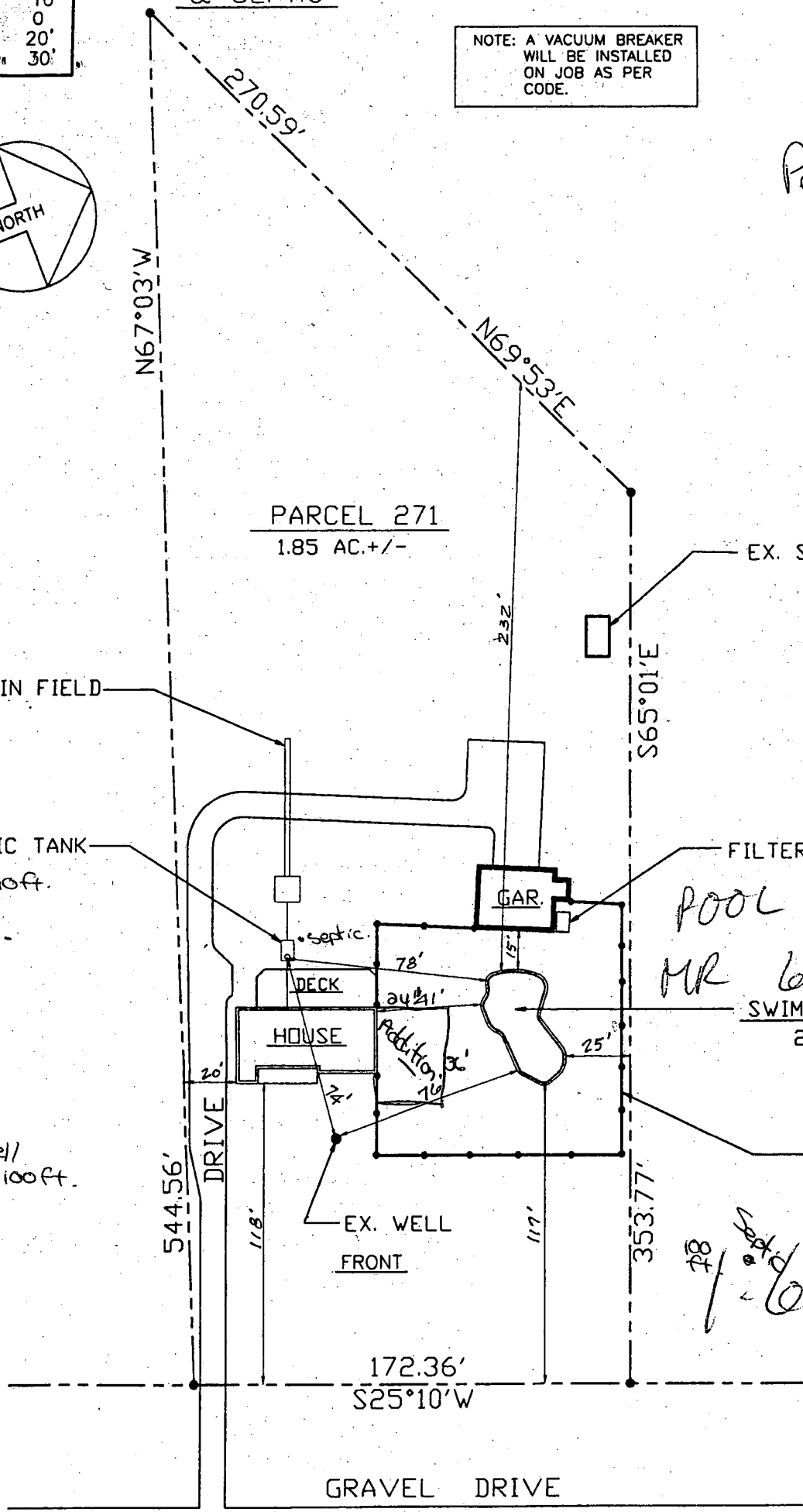
POOL OK  
MR 6/12/02

SWIMMING POOL  
25'6" X 47'

FENCE DATA:

PROP. 4' HIGH WD  
PER CODE- BY  
BY OWNER

78  
Septic  
1-60





Approved 10/30/86  
Stage

10/30/86  
ASAP

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

P 38061

A REPAIR

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

XX992X2335  
461-9933

ELLICOTT CITY

DISTRICT \_\_\_\_\_

DATE 11/14/86

INDEXED

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

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

SUBDIVISION \_\_\_\_\_ ROAD 11797 A Triadelphia RD LOT \_\_\_\_\_

PROPERTY OWNER DICK Bittner TERAY WILLIAMS  
11797 A Triadelphia Road

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS \_\_\_\_\_

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

**BUILDING PERMIT SIGNED**

**AND RETURNED 6/12/02**

B00136866-16 POOL

PLANS APPROVED BY C. Williams DATE 10/29/86

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.

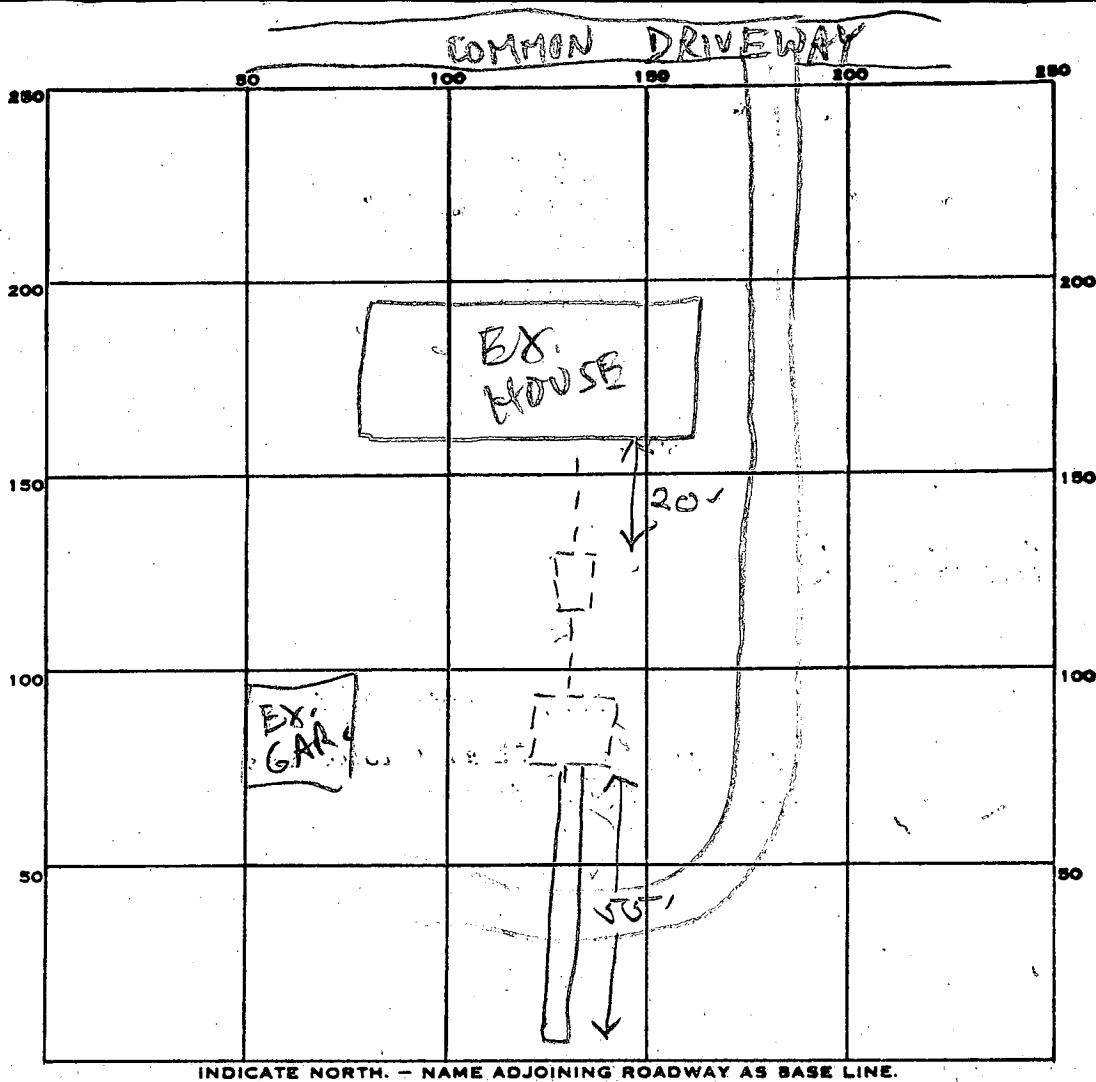
BLDG. PERMIT SIGNED  
AND RETURNED 7/1/91  
Pool #38663  
Pool

38061  
REPAIR

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



PERMIT CARD ✓

**BUILDING PERMIT SIGNED  
AND RETURNED**

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

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

GRAVEL DEPTH 7 1/2 IN. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 412.5

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10/30/86 - OK to cover all work for

DATE SYSTEM APPROVED 10/30/86

INSPECTOR Stanger

3 20  
3/1/74

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 1/2/74

31

**INDEXED**

Angus Construction Company

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Box 205, Reisterstown, Maryland

PHONE 876-1129

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD 11797 Triadelphia Road LOT A

PROPERTY OWNER George Hess

ADDRESS \_\_\_\_\_

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 300 sq. ft. sidewall area below inlet with maximum depth of 11 ft. Dry well inlet to be no deeper than 6 ft. Place the dry well 285 ft. from the front lot line and 27 ft. from the left side line of the lot as seen when facing the lot from the right-of-way.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.  
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

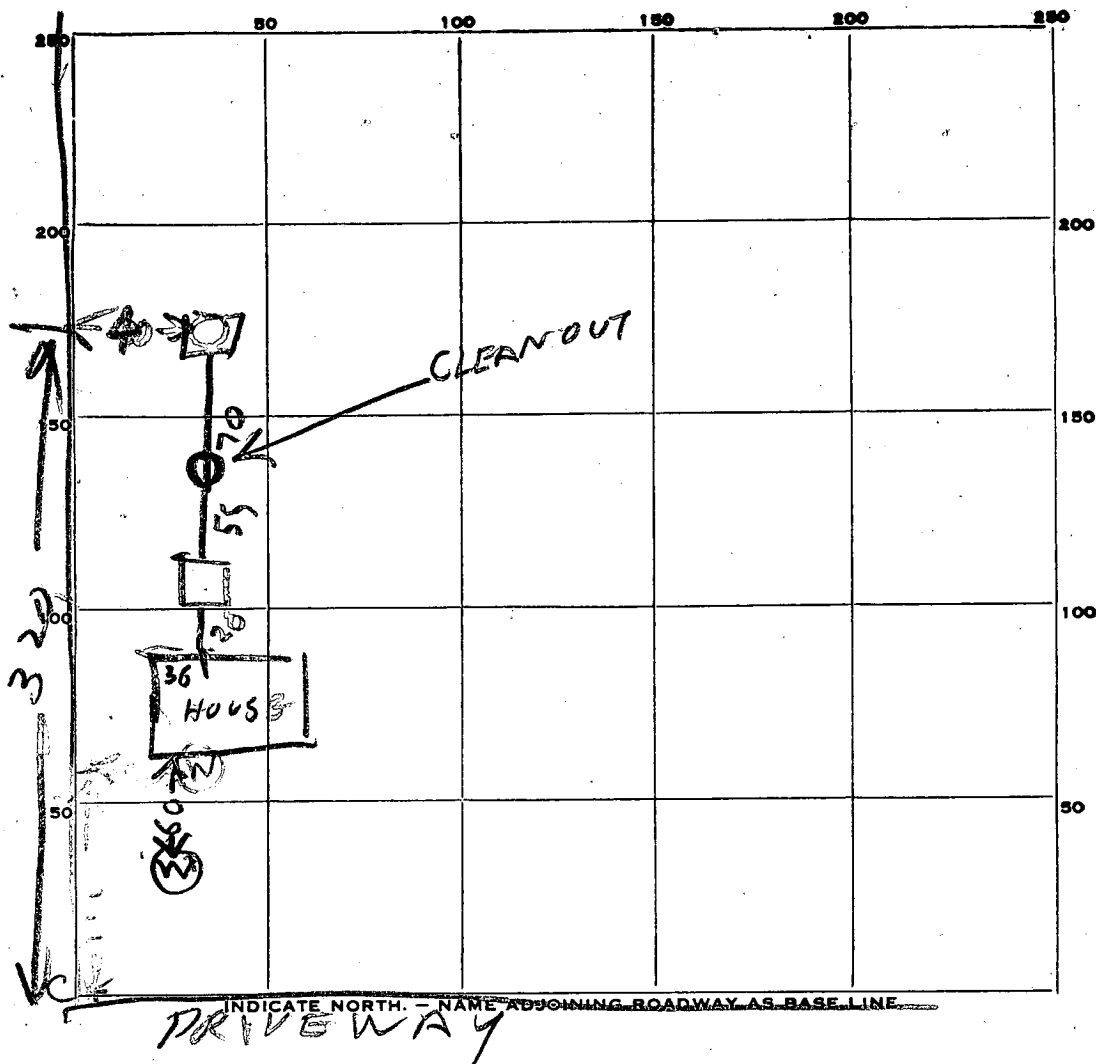
PLANS APPROVED BY Raymond Hodges

DATE 7/26/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 15905



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK 1000

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 10 FT.

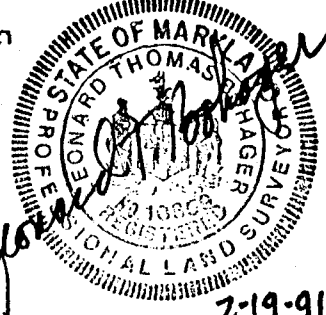
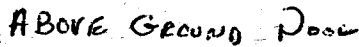
ABSORBENT AREA 660 SQ. FT. not counting stone

REMARKS 3/1/74 - Dry Well Inlet is 3 FT below grade  
Perimeter of Dry Well is 66 FT

DATE SYSTEM APPROVED 3/1/74

INSPECTOR Raymond Hodges

18  
 12  
 36  
 30  
 66

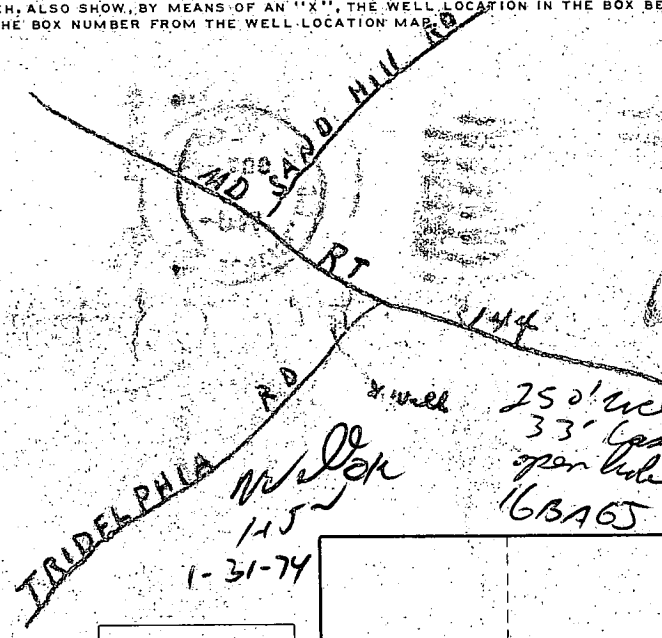


|                                                             |      |                                |                                                                                                                                                             |                                                                    |
|-------------------------------------------------------------|------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| C 1                                                         | 8997 | SEQUENCE NO.<br>(DWR USE ONLY) | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAWES-STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b><br><b>WELL COMPLETION REPORT</b> | THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION |
| (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3, 6 ON ALL CARDS) |      |                                | FILL IN THIS FORM COMPLETELY                                                                                                                                |                                                                    |
| DATE RECEIVED (DWR USE ONLY)                                |      |                                | DEPTH OF WELL                                                                                                                                               | PERMIT NO. FROM "PERMIT TO DRILL WELL"                             |
| 2/1/74<br>DATE WELL COMPLETED                               |      |                                | 250<br>(TO NEAREST FOOT)                                                                                                                                    | HO-73-0434<br>28 29 30 31 32 33 34 35 36 37                        |
| 6-13<br>15 20                                               |      |                                | DRILLERS IDENTIFICATION NO. 209                                                                                                                             |                                                                    |

|                                |             |             |       |
|--------------------------------|-------------|-------------|-------|
| OWNER                          | Hess GEORGE | FIRST NAME  | 21794 |
| STREET OR RFD W. FRIENDSHIP MD |             | POST OFFICE |       |

| <b>WELL LOG</b><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING<br><table border="1" style="width:100%; border-collapse: collapse;"> <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> <tr> <td>Clay</td> <td>0</td> <td>10</td> <td></td> </tr> <tr> <td>Office Sand</td> <td>10</td> <td>40</td> <td></td> </tr> <tr> <td>Office Rock</td> <td>40</td> <td>250 X</td> <td></td> </tr> </table> | DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET  |  | CHECK IF WATER BEARING | FROM                   | TO | Clay | 0 | 10 |  | Office Sand | 10 | 40 |  | Office Rock | 40 | 250 X |  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>TYPE OF GROUTING MATERIAL (CIRCLE BOX)<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS 11 NO. OF POUNDS 1000<br>GALLONS OF WATER 110<br>DEPTH OF GROUT SEAL (TO NEAREST FOOT)<br>FROM 0 FT. TO 40 FT.<br>(ENTER 0 IF FROM SURFACE)<br><b>CASING RECORD</b><br>(INSERT APPROPRIATE CODE BELOW)<br>STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>MAIN CASING TYPE <input checked="" type="checkbox"/> S <input type="checkbox"/> T<br>NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6<br>TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40<br><b>OTHER CASING (IF USED)</b><br>DIAMETER (INCH) DEPTH (FEET) FROM TO<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> </tr> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  | <b>PUMPING TEST</b><br>HOURS PUMPED (TO NEAREST HOUR) 6<br>PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5<br>METHOD USED TO MEASURE PUMPING RATE TIME<br>WATER LEVEL: (DISTANCE FROM LAND SURFACE)<br>BEFORE PUMPING 60 (NEAREST FOOT)<br>WHEN PUMPING 200 (NEAREST FOOT)<br>TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)<br>AIR <input checked="" type="checkbox"/> PISTON <input type="checkbox"/> TURBINE <input type="checkbox"/><br>CENTRIFUGAL <input type="checkbox"/> ROTARY <input type="checkbox"/> OTHER (DESCRIBE BELOW) <input type="checkbox"/><br>JET <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/><br><b>PUMP INSTALLED</b><br>TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <input type="checkbox"/><br>DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>CAPACITY:<br>GALLONS PER MINUTE (TO NEAREST GALLON) 31 35<br>PUMP HORSE POWER 37 41<br>PUMP COLUMN LENGTH (NEAREST FOOT) 43 47<br><b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)<br>ABOVE <input checked="" type="checkbox"/> BELOW <input type="checkbox"/><br>LAND SURFACE 2 (NEAREST FOOT)<br><b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).<br><div style="border: 1px solid black; padding: 10px; margin-top: 10px;">             HOUSE<br/>             FRONT<br/>             40 ft<br/>             x well           </div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------|--|------------------------|------------------------|----|------|---|----|--|-------------|----|----|--|-------------|----|-------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | FEET  |  |                        | CHECK IF WATER BEARING |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FROM                                             | TO    |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                | 10    |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Office Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10                                               | 40    |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Office Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 40                                               | 250 X |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |       |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |       |  |                        |                        |    |      |   |    |  |             |    |    |  |             |    |       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CIRCLE APPROPRIATE BOXES</b><br><input type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><input type="checkbox"/> E ELECTRIC LOG OBTAINED<br><input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL<br>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.<br>DRILLERS NAME<br>(PLEASE PRINT) HOWARD DILLON<br>SIGNATURE Howard Dillon | <b>SCREEN RECORD</b><br>(INSERT APPROPRIATE CODE BELOW)<br>STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>C 2<br>(SEQ. NO.) 6<br>DEPTH (NEAREST WHOLE FOOT)<br>FROM 10 TO 21<br>23 24 26 30 32 36<br>38 39 41 45 47 51<br>SLOT SIZE 1, 2, 3,<br>DIAMETER OF SCREEN 56 (NEAREST INCH)<br>FROM 60 TO<br>GRAVEL PACK<br>IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F<br>DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>(E.R.O.S.)<br>T 70 <input type="checkbox"/> W 72 <input type="checkbox"/><br>TELESCOPE CASING LOG OTHER DATA AVAILABLE | C 3<br>(SEQ. NO.) 6<br>DEPTH (NEAREST WHOLE FOOT)<br>FROM 10 TO 21<br>23 24 26 30 32 36<br>38 39 41 45 47 51<br>SLOT SIZE 1, 2, 3,<br>DIAMETER OF SCREEN 56 (NEAREST INCH)<br>FROM 60 TO<br>GRAVEL PACK<br>IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F<br>DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>(E.R.O.S.)<br>T 70 <input type="checkbox"/> W 72 <input type="checkbox"/><br>TELESCOPE CASING LOG OTHER DATA AVAILABLE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                      |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| B 1                                                                                                                                  |  | 9871                                                    | SEQUENCE NO.<br>(DWR USE ONLY) | <b>STATE OF MARYLAND</b><br>DEPARTMENT OF WATER RESOURCES<br>STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b>                                                                                                                                                                                                                                                                                                                               |  | DWR PERMIT NUMBER<br><b>HO-73-0434</b><br>FILL IN THIS FORM COMPLETELY     |  |
| DATE RECEIVED<br>(DWR USE ONLY)<br><b>1/31/74</b><br><b>1:00 P.M.</b>                                                                |  | OWNER<br>COL 15 LAST NAME<br><b>HESS</b>                |                                | FIRST NAME<br><b>GEORGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | COL 34                                                                     |  |
| STREET<br>OR RFD<br>COL 36<br><b>117974 TRIDELPHIA RD</b>                                                                            |  | POST<br>OFFICE<br>COL 57<br><b>WEST FRIENDSHIP</b>      |                                | <b>21794</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | COL 76                                                                     |  |
| B 1 CONTINUED                                                                                                                        |  | DRILLER INFORMATION                                     |                                | B 3 LOCATION OF WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                            |  |
| 1 2 3 (SEQ. NO.) 6<br><b>8/14/73</b>                                                                                                 |  | LICENSE<br>NUMBER<br><b>209</b>                         |                                | 1 2 3 (SEQ. NO.) 6<br><b>HOWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | COUNTY<br>(DO NOT ABBREVIATE COUNTY NAME)<br><b>PLAT OF E. W. SWEIGART</b> |  |
| DATE                                                                                                                                 |  | 77 80                                                   |                                | SUBDIVISION<br><b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 42                                                                         |  |
| FIRST NAME<br><b>HOWARD</b>                                                                                                          |  | DRILLER<br><b>DILLON</b>                                |                                | SECTION<br><b>44</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | LOT<br><b>A</b>                                                            |  |
| SIGNATURE<br><i>Howard Dillon</i>                                                                                                    |  | LAST NAME                                               |                                | NEAREST TOWN<br><b>MAYFIELD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 48 50                                                                      |  |
| B 2                                                                                                                                  |  | WELL INFORMATION                                        |                                | B 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DIRECTION FROM TOWN<br>(CIRCLE APPROPRIATE BOX)                            |  |
| 1 2 3 (SEQ. NO.) 6<br><b>5</b>                                                                                                       |  | MAXIMUM PUMPING RATE (GALLONS PER MINUTE)<br><b>300</b> |                                | 1 2 3 (SEQ. NO.) 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | N NORTH E EAST NE NORTHEAST SE SOUTHEAST                                   |  |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)<br><b>300</b>                                                                        |  | 14 20                                                   |                                | S SOUTH W WEST NW NORTHWEST SW SOUTHWEST                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 8 9                                                                        |  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)                                                                                               |  |                                                         |                                | NEAR WHAT<br>ROAD<br><b>TRIDELPHIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ON WHICH SIDE OF ROAD<br>(CIRCLE APPROPRIATE BOX)<br><b>N</b>              |  |
| <input checked="" type="checkbox"/> DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)                                            |  |                                                         |                                | DISTANCE FROM ROAD<br>(ENTER DISTANCE AND CIRCLE<br>APPROPRIATE BOX)<br><b>200</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 34 37 38 39                                                                |  |
| <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION                                                                            |  |                                                         |                                | <p>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.</p> <div style="text-align: center;"></div> |  |                                                                            |  |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.                                                       |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY                                                                                      |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| <input type="checkbox"/> PRIVATE WATER COMPANY                                                                                       |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| <input type="checkbox"/> TEST                                                                                                        |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| APPROXIMATE DEPTH OF WELL<br><b>200</b>                                                                                              |  | 24 28 FEET                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| APPROXIMATE DIAMETER OF WELL<br><b>6</b>                                                                                             |  | (NEAREST INCH)                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)                                                                                  |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN               |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 30-37 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)               |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT                          |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| OTHER (DESCRIBE)                                                                                                                     |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 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<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 41 52                                                                                                                                |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)                                                                                        |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| APPROPRIATION<br>PERMIT NUMBER                                                                                                       |  | ENGINEER REVIEW<br>DISTRICT NO.                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 54 63 65                                                                                                                             |  | A E N S G W Q C U                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| FORCE <input type="checkbox"/> WRITE<br>INITIALS<br>IN BOX                                                                           |  | CONDITIONS                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 67 68                                                                                                                                |  | 70 71 72 73 74 75 76 77 78 79                           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| B 4 CONTINUED                                                                                                                        |  | HEALTH DEPARTMENT APPROVAL                              |                                | NORTH<br>COORDINATE<br><b>530000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 50 51 52 53 54 55                                                          |  |
| 1 2 3 (SEQ. NO.) 6<br><b>Howard</b>                                                                                                  |  | 3371                                                    |                                | EAST<br>COORDINATE<br><b>082000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 57 58 59 60 61 62 63                                                       |  |
| 41 S STATE HEALTH<br>(CIRCLE BOX)                                                                                                    |  | COUNTY NAME<br><b>Palmer F. Wine, Director</b>          |                                | ELEVATION AT<br>WELL HEAD (FEET)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 65 66 67 68                                                                |  |
| DATE<br><b>081773</b>                                                                                                                |  | APPROVED BY                                             |                                | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 0/0 5/0                                                                    |  |
| 43 48                                                                                                                                |  | SPECIAL CONDITIONS 8-63                                 |                                | (DWR USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                            |  |
| B 5                                                                                                                                  |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |
| 1 2 3 (SEQ. NO.) 6                                                                                                                   |  |                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 4/27/71

A 15905

P \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Eugene W. Sweigart, Sr.

ADDRESS 11797 Triadelphia Road, Ellicott City, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

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

ROAD AND DESCRIPTION Triadelphia Road (look on enclosed sheet for directions)

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 1.855 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS  
(Single Family Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Eugene W. Sweigart, Sr.

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

(KIND OF SYSTEM)

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

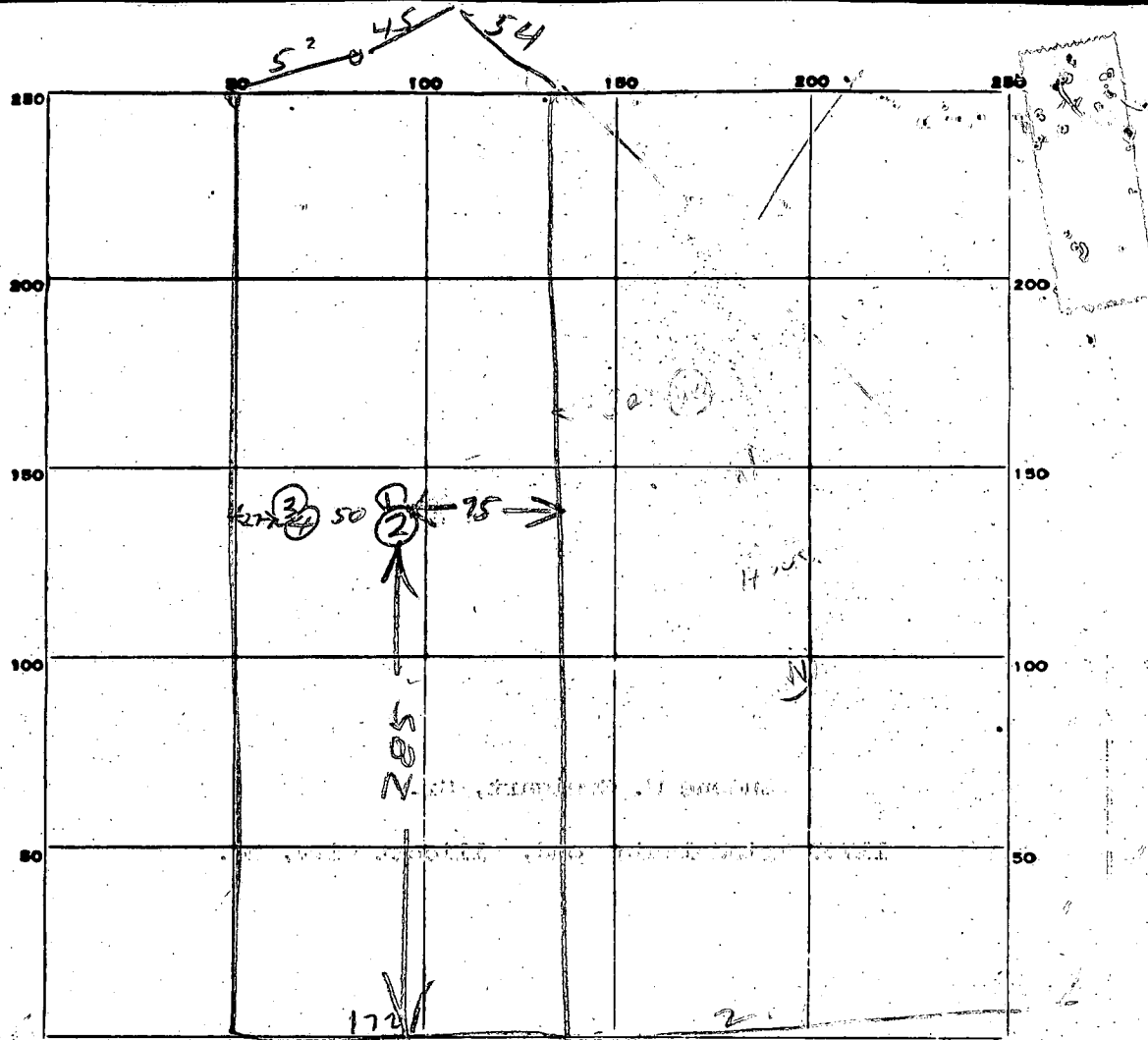
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT





INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BT OF WAY

TO TRIDELPHIA RD

| DATE    | TEST NO. | DEPTH  | PRE-WET |      | TEST - 1" DROP |      | TIME |
|---------|----------|--------|---------|------|----------------|------|------|
|         |          |        | START   | STOP | START          | STOP |      |
| 5/20/71 | 1        | 11 1/2 | 1008    | 1015 | 1015           | 1027 | 12   |
| 1       | 2        | 7      | 1008    | 1014 | 1014           | 1022 | 8    |
| 1       | 3        | 11     | 1012    | 1013 | 1013           | 1014 | 1    |
| 1       | 4        | 6      | 1014    | 1017 | 1017           | 1024 | 7    |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |
|         |          |        |         |      |                |      |      |

> 10

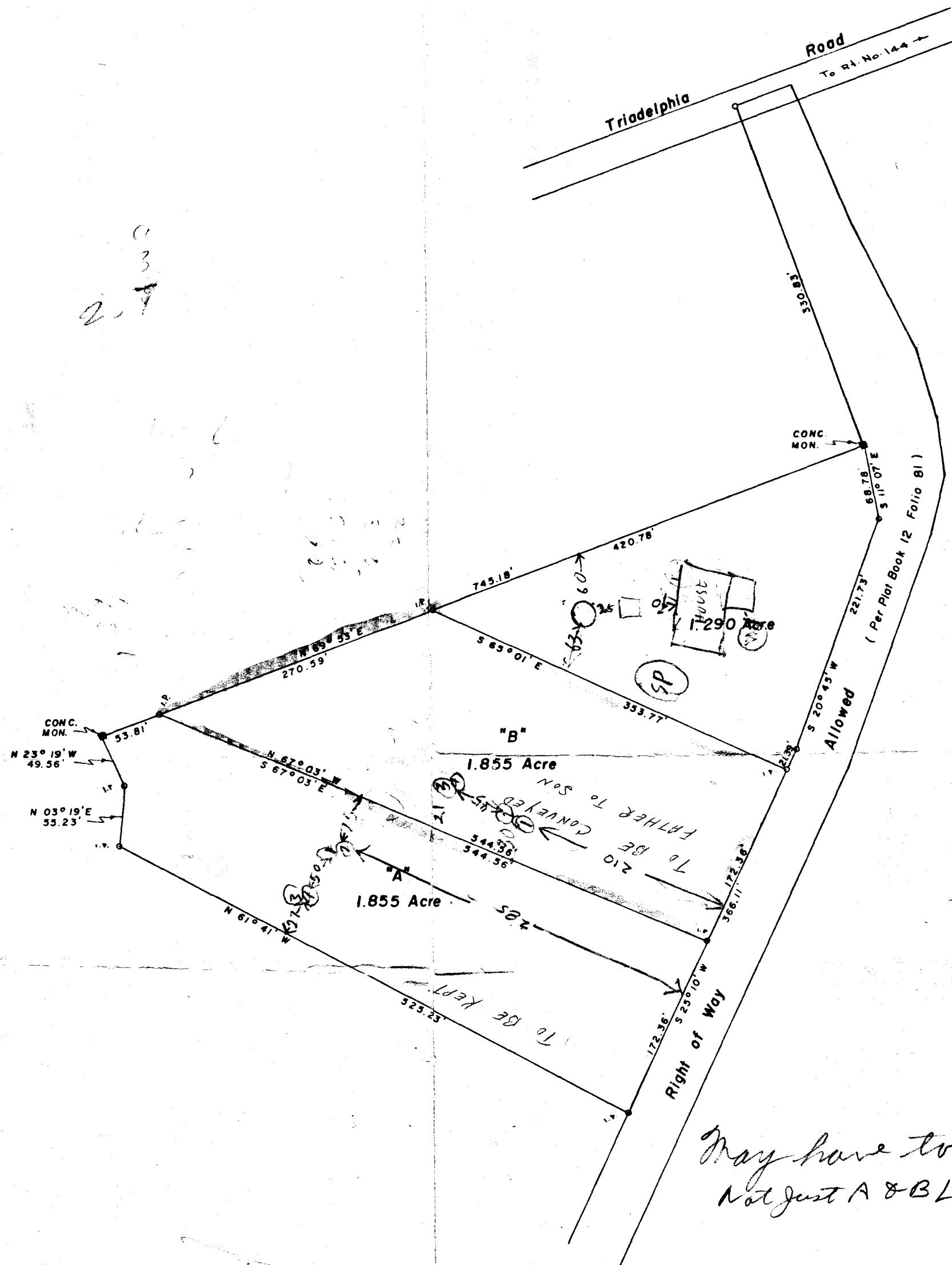
> 4

SOIL AUGER FINDING

TESTED BY

REMARKS

Raymond Hodges  
House on adj Lot System OK on this house

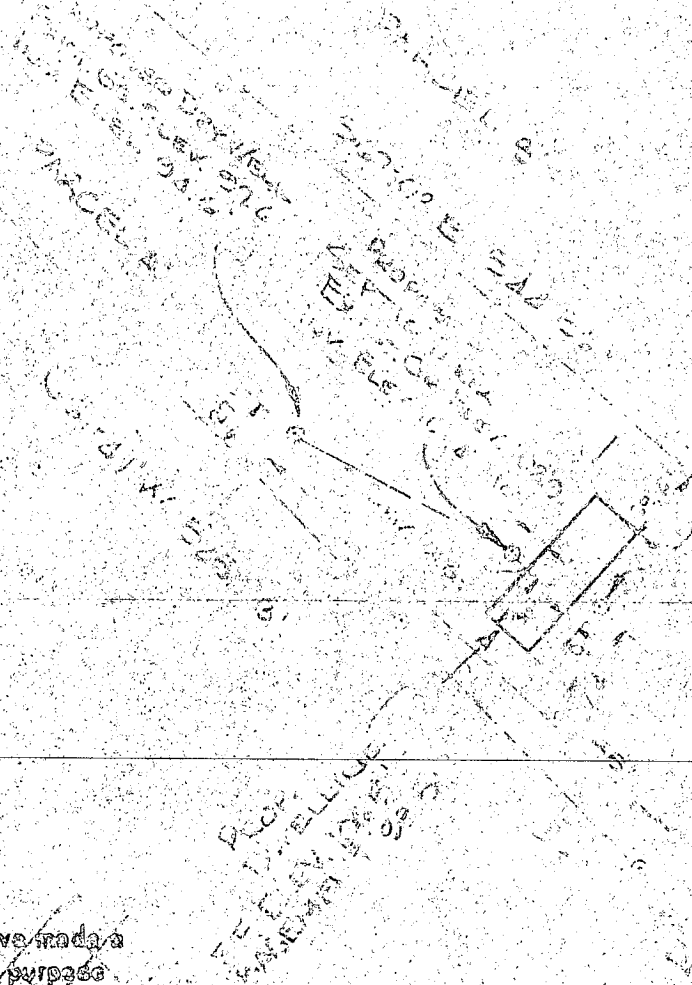


PLAT OF SURVEY  
FOR  
EUGENE W. SWEIGART  
THIRD ELECTION DISTRICT OF HOWARD COUNTY  
ELLCOTT CITY, MARYLAND  
SCALE: 1 IN. = 100 FT. SEPTEMBER 29, 1970

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



# SWEGAR 7 PERMIT



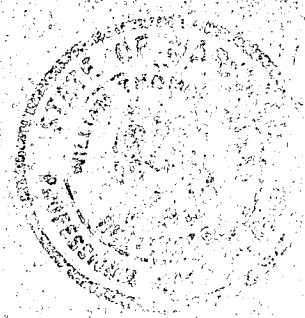
I hereby certify that I have made a survey of this lot for the purpose of locating the improvements thereon and that they are located as shown.

*William T. Badler*

I CERTIFY THE ABOVE SURVEY AND ELEVATION ARE ACTUALLY LOCATED AND PLACED IN THE FIELD.

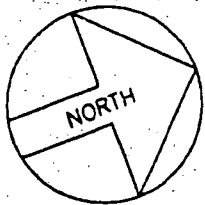
REG. NO. 7730

|         |                                                                                             |
|---------|---------------------------------------------------------------------------------------------|
| SCALE   | LOCATION SURVEY                                                                             |
| DATE    | WILLIAM T. BADLER<br>REGISTERED LAND SURVEYOR<br>11610 TERRYTOWN DRIVE<br>REISTERSTOWN, MD. |
| JOB No. | 8/16/73 - Sept. Plans OK R. Hodges                                                          |



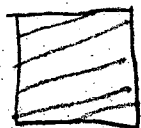
NOTE: This plot is not to be used for any other purpose.

SIDE PL.  
HOUSE 0'  
SEPTIC 20'  
WELL 30'



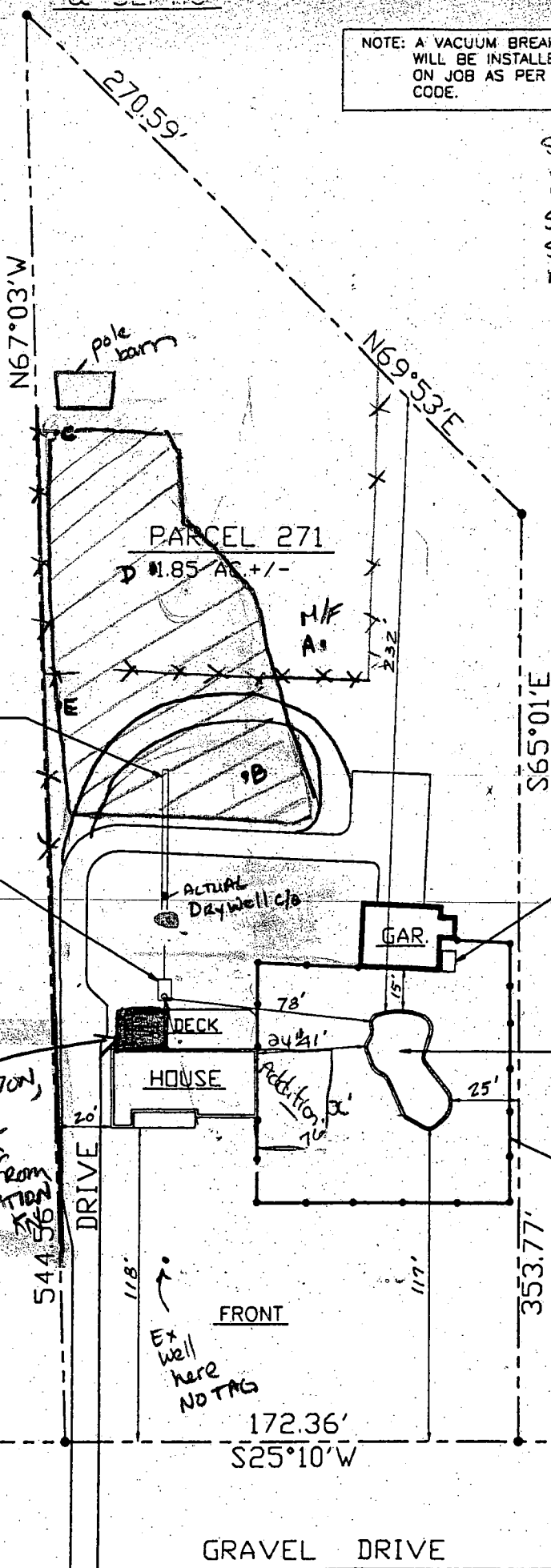
NOTE: A VACUUM BREAKER  
WILL BE INSTALLED  
ON JOB AS PER  
CODE.

Site plan for perc hole  
location 10-4-04 site visit  
SANITARIAN NOTES. ALSO  
SEE 10-4-04 percolation test  
notes.



= AVAIL  
SDA

150x85 = 12,000



EX. DRAIN FIELD

SEPTIC TANK

130 ft  
Septic

ACTUAL  
Daywell c/o

FILTER PAD

GAR.

DECK

HOUSE

SWIMMING POOL

25'6" X 47'

FENCE DATA:

PROP. 4' HIGH WD  
PER CODE - BY  
BY OWNER

FRONT

Ex  
well  
here  
NO TAG

172.36'

S25°10'W

GRAVEL DRIVE

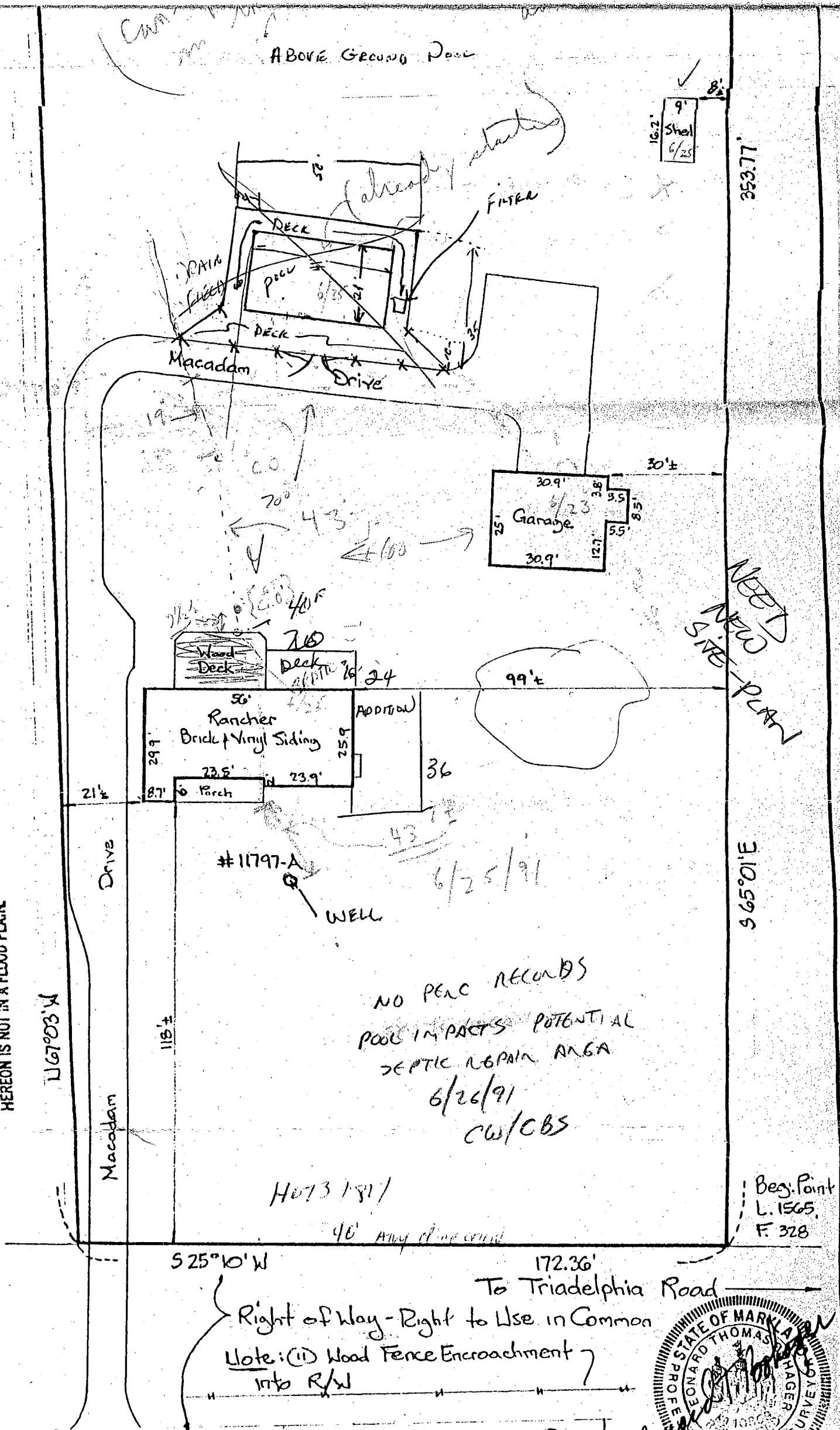
TO TRIADELPHIA RD.

POOL OK  
MR 6/12/02

78  
150  
60

1:60

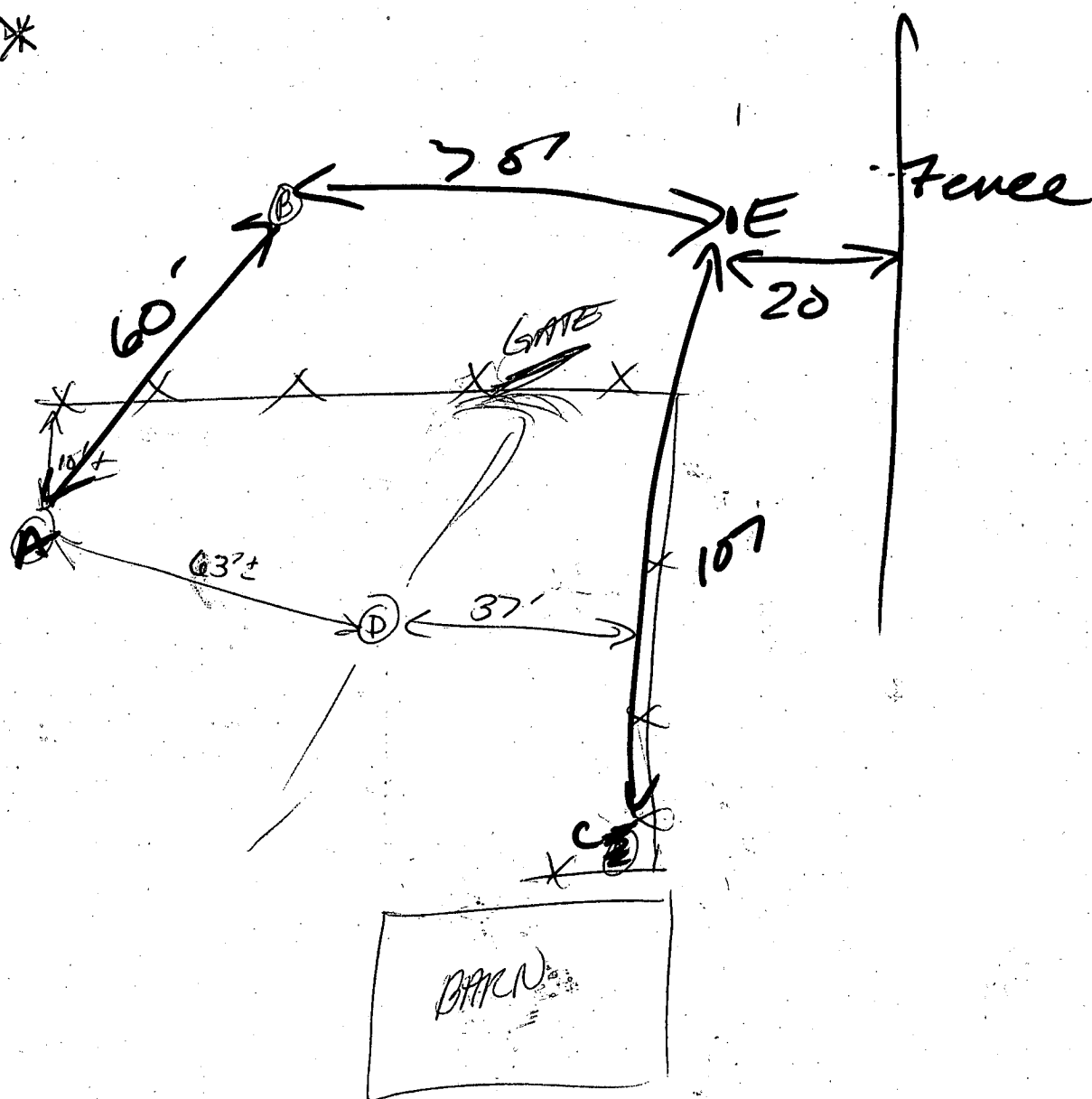
THIS IS TO CERTIFY THAT THE PROPERTY SHOWN  
HEREON IS NOT IN A FLOOD PLAIN



THIS IS TO CERTIFY That The Improvements Indicated Gravel Drive  
Hereon Are Located As Shown. This Is Not A Property



- \* Current house - 4 bed.
- \* Proposing 2- beds + 2 bath.
- \*



RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
2004 AU 32 PM 2:32