## PERMIT

SEWAGE DISPOSAL SYSTEM

Α	3	38	7	0	7	
	_					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd DATE 7

HOWARD COUNTY HEALTH DEPARTMENT

**BUREAU OF ENVIRONMENTAL HEALTH** 461-9933

INDEXED

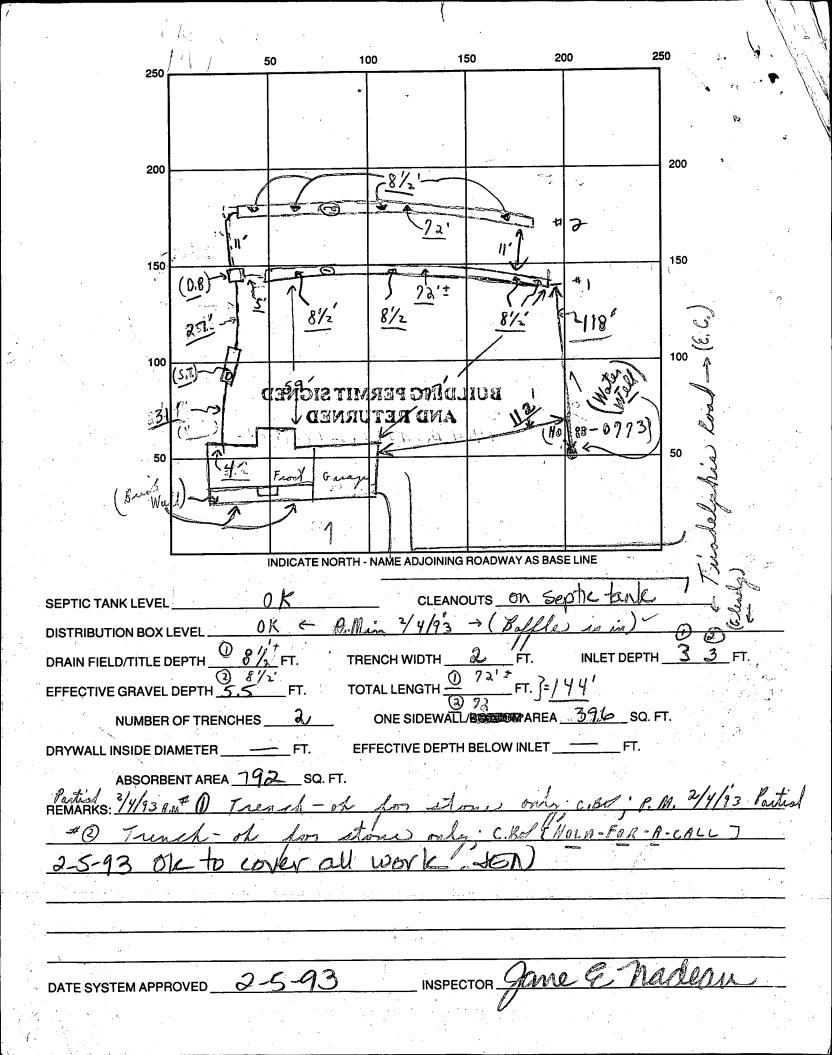
DATE SYSTEM APPROVED &-

PAUL DYMOND	IS PERMITTED TO INSTALL X ALTER
ADDRESS.	PHONE PHONE
SUBDIVISION_Triadelphia Ridge Estates LOT 14	ROAD 13066 Triadelphia Road
PROPERTY OWNER Kottapall	Li B. Rao
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS AND	G PERMIT SIGNED RETURNED
NUMBER OF BEDROOMS 4 4-1-04 BO	0747289-I6 POUL
180 SQUARE FEET PER BEDROOM	
TRENCHES - Trench to be 2 feet wide. Inlet 3 depth 8 feet below original grade.	Barbara managan
original grade. 5 feet of stone be LOCATION - Place the distribution box 345 feet	t up the left (490') lot line and 200 feet  facing the lot from Reynard Drive. Run  t and right lot lines.  ngth. Provide 6" - 8" diameter cleanout
PLANS APROVED BY Sid Abel	DATE 7/18/88
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS R	ESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT ACCEPTABLE.	90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRE AUTHORIZED)	NCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AF	TER PLACING GRAVEL IN TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TO	RENCH TO EXCEED 100 FEET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEE	DULE 35/40 PVC OR ABS
PERMIT VOID AFTER TWO 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

PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



2/25/67

# APPLICATION

PERCOLATION TESTING

Α.	38'/07

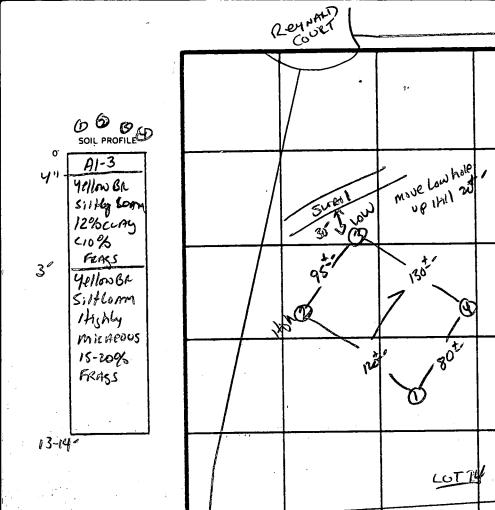
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

DATE 1/2/87

					• 5
TO: THE COUNTY HEA	LTH OFFICER		•		• St. Links to the state of the
ELLICOTT CITY, M	ARYLAND				r e
I, HEREBY, APPLY	FOR THE NECESSARY TEST IN ORDE	R TO CONSTRUCT (OR RECONST	TRUCT) A SEWAGE DISPOSAL S	SYSTEM.	,
PROPERTY OWNER	KOTTAPALLI	B RAO	· .		* *** *
ADDRESS	6570 et 32	Clarksville	PHONE _	854-08	09
	•			e ·	
PROSPECTIVE BUYER				. 2	
ADDRESS	. 1	e=0	PHONE -	9	
PROPERTY LOCATION:		*		. 7	
SUBDIVISION	TRIDELPHIA RID	GE ESTATES	LOT NO.	Z (14)	· · · · · · · · · · · · · · · · · · ·
ROAD AND DESCRIPTION	13044 TRIDELPHI	A ROAD	· .		,
22	17	*			,
TAX MAP	PARCEL #	•	:		
SIZE OF LOT	S Ac	* * * * * * * * * * * * * * * * * * * *	TYPE BLDG. SA	NOLE FAMILY DWELL	ING OR COMMERCIAL)
		·			
THE SYSTEM INSTALL	ED UNDER THIS APPLICATION IS	S ACCEPTABLE ONLY UNTIL	PUBLIC FACILITIES BECOM	IE AVAILABLE. I FULL	Y UNDERSTAND THE
FEE CONNECTED WIT	H THE FILING OF THIS PERC TE	ST APPLICATION IS NON-REI	FUNDABLE UNDER ANY CIF	RCUMSTANCES. I ALS	O AGREE TO COMPLY
WITH ALL M.O.S.H.A.	REQUIREMENTS IN TESTING T	HÏS LOT.	Chtapelli C	3nas	
			(SIGNATURE OF		
APPROVED BY	<u> </u>	FOR		DATE	······
REJECTED BY		FOR		DATE	
HOLD PENDING FURTHER	TESTS				
	N OR HOLDING 2-25-87	Rue pa ho factor	hold for sub	division Ha	A S. Alul

THIS IS NOT A PERMIT



XPUR 9MIN 180 \$1BR INCET 3-BOTTOM 9

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

	1" DROP	TEST	WET	PRE			
TIME	STOP	START	STOP	START	DEPTH	TEST NO.	DATE
0.0		_	below 3	Germa Spil	13 / 1201	1,	2/25/87
4 mi	11:53	11:49	11,49	FORM SOIL 11:47 11:47	3-		
Smi	11:54	11:49	11; 49	11:47	7'	2 sm	
m)		w 3′	11 546	FORM SI	13' 02	21	
24 min		12:08	12:08	11:58 WIFORM S	14°	3 3	
3 min	12:06	12103	12:03	12:02 M. GORM	3.5	45,	
				, 1-17, 7-1			
1							
<del> </del>	<del> </del>		<b> </b>	<b></b> -	<u> </u>		<u> </u>

REMARKS'	fores fer frat/SHALLOW	SYST.ONLY.
TYPE OF SOIL	Glovela	
TESTED BY	S. Abel	SKIP, ROCKY

EH-12-1079

INITIALS PERMIT NO.

FORCE

SPECIAL CONDITIONS

adolphia

1 1 .

Road

C 1 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 38707
ST/CO USE ONLY DATE Received DATE WELL COMPLETE	Depth of Well	PERMIT NO.
	22 <b>3 1/5</b> 26	FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	Alpha Rafirst name TOWN G	lenela
SUBDIVISION Triadelphia Rida	SECTION	LOT_/4
<u>WELL LOG</u> Not required for driven wells	GROUTING RECORD YES NO WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST
THICKNESS AND IF WATER BEARING  DESCRIPTION (Use FEET Check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO if water bearing	NO. OF BAGS 10. OF POUNDS 1034	PUMPING RATE (gal. per min. to nearest gal.)
SAND STONE 0 50	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Bucket
	from 7 ft. to 4 7 ft.	WATER LEVEL (distance from land surface)
50 345 v *	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 2 / 17 20
GRAY MICH 50 345 V	casing types insert ST CO	WHEN PUMPING 22/22
, ccx	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
	below PLASTIC OTHER	$\left[\begin{array}{c c} \mathbf{A} \\ 27 \end{array}\right]$ air $\left[\begin{array}{c} \mathbf{P} \\ 27 \end{array}\right]$ piston $\left[\begin{array}{c} \mathbf{T} \\ 27 \end{array}\right]$ turbine
	MAIN Nominal diameter Total depth CASING top (main) casing ∉of main casing	C centrifugal R rotary Other (describe
	TYPE (nearest inch) (nearest foot)	J jet (S submersible
	60 61 63 64 66 70 .	27
	OTHER CASING (if used) C diameter depth (feet)	PUMP INSTALLED
	inch from to	DRILLER WILL INSTALL PUMP YES (NO)
		(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O)
	appropriate STEEL BRASS OPEN	IN BOX - SEE ABOVE: 29 CAPACITY: TITLE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL
	below PL OT	GALLONS PER MINUTE (to nearest gallon)
	PLASTIC OTHER	PUMP HORSE POWER 37 41
	1 2 DEPTH (nearest ft/)	PUMP COLUMN LENGTH (nearest,ft.)
	E HO SH BUST	CASING HEIGHT (circle appropriate box
	C 8 9 11 15 17 21 H 2	LAND SURFACE
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 R S S S S S S S S S S S S S S S S S S	below below (nearest foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	IE Land Land Land Land Land	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1:23	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
IHEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"	OF SCREEN   INCH)   INCH)   from to	(MEASUREMENTS TO WELL)
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-	GRAVEL PACK L	
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68	
DRILLERS IDENT. NO.	OEP USE ONLY	
DRILLERS/SIGNATURE	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	120:
(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76	ich l
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if different from permittee)	CASING INDICATOR	

Page	of
Date	9/5/89

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

T4	Permit No. HO - 88-0773 tion of property (road)	TRIANE	lahin k	24.		
Subdi	ivision TRIANEIPHIA RINGE ESTATE	(Lot <u> 4</u>	Block	Plat	Sec	
Well	Driller Joseph MAYNE	Owner	Bo	B RAD		
	Depth of well 345  Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P.					
I.	High rate pumping reservoir drawdown			•		
	Time pump started       25 Total time 45 mills to reach pumping	Pum <u>p</u> water leve	oing rate el <u>2/5</u>	12 apm ft/belo	w M.P.	

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 🖫   gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:40	145	5 sec.		12
11:55	217	5	<u>'</u>	10-
12:10	215	15		4
12:25	215	15		4
12:40	215	15		4
12:55	215	15		4
1:10	215	15		4
1:25	215	15-		4
1:40	215	15		4
1:53	215	15		4
2.10	215	15		4
2:25	215	15		4
2:40	2/5-	15		4
			-	
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313-2648

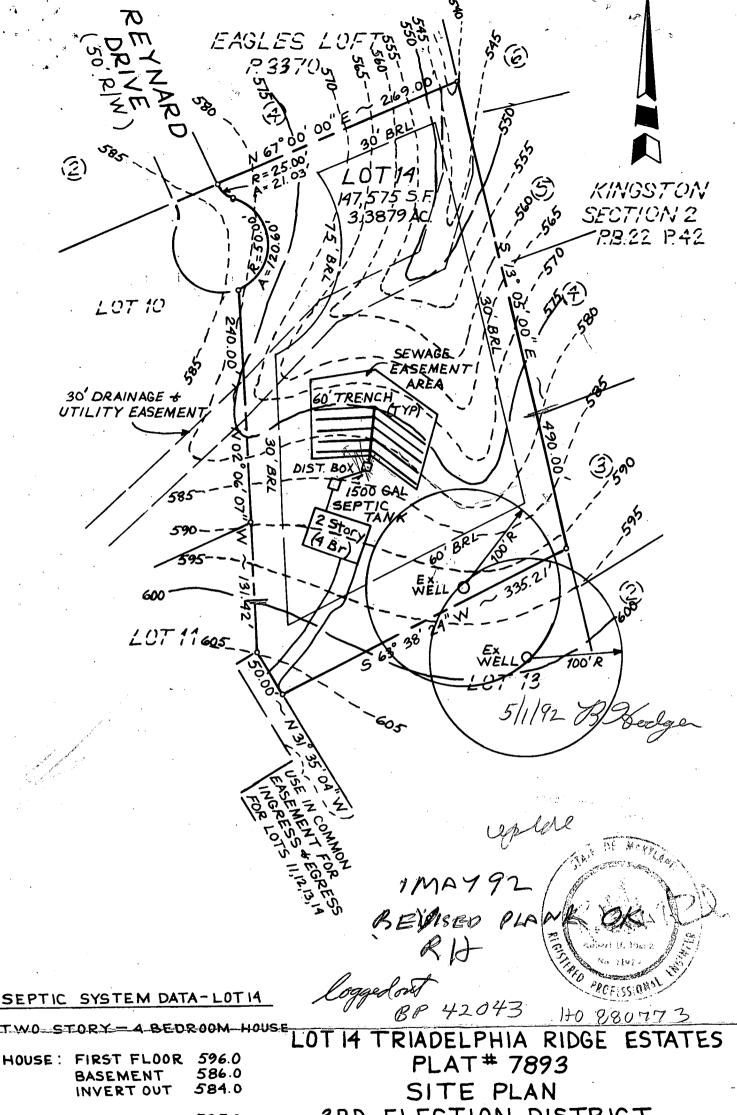
#### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Replacement		Receipt #
Name of Installer Froc	K Brothers	Telephone <u>410-876-05</u>
License Number 4/86 Certified Well Pump Inst	taller Well Driller	Registered Plumber
Name of Property Owner Subdivision Ridge ES	tates Lot # /4/ We	Telephone 23-831-0191  11 Tag # 88-07-73
<ul><li>6. If Yes, is low pressu</li><li>7. What methods are used</li></ul>	7	rical wiring from
•	Piping Que Ol	Well data
Tank  1. Capacity wxfro/203  2. Pressure relief valve? wps  WORK OKTO CO  MR/RH 2/9/	1.19"	1. Depth 37,5 ft. 2. Yield 4 GPM 3. Static water level 21 ft. 4. Will water supply be disinfected by installer? 40-00
1. Capacity wxfro/203 2. Pressure relief valve? wes work of to co	2. Size /// 3. NSF and/or BOCA Code approved 4. Depth of supply	2. Yield GPM 3. Static water level 21 ft. 4. Will water supply be disinfected by installer? Mor Out
1. Capacity wxfro 203 2. Pressure relief valve? yfs  WORK OKTO CO  MR/RH 2/9/  I understand that it is Department when the institution is null and void).	2. Size /// 3. NSF and/or BOCA Code approved _/ 4. Depth of supply line _/8"	2. Yield GPM 3. Static water level 1 ft. 4. Will water supply be disinfected by installer? 10-00  the Howard County Health on (otherwise this permit

Note: A sticker indicating approval/status of the installation will be placed

on the well casing at the time of the inspection.



HOUSE: FIRST FLOOR

585.0 SEPTIC Ex. GROUND TANK : INVERT IN 581.0 INVERT OUT 580.8

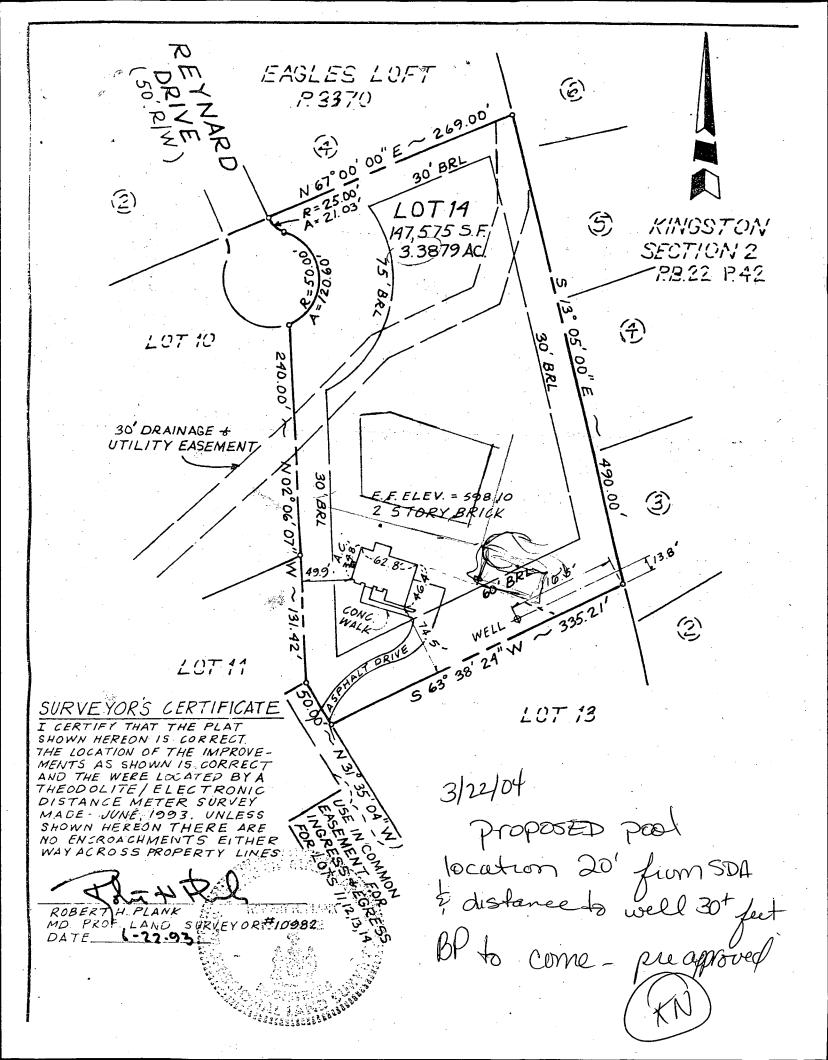
DISTRIBUTION

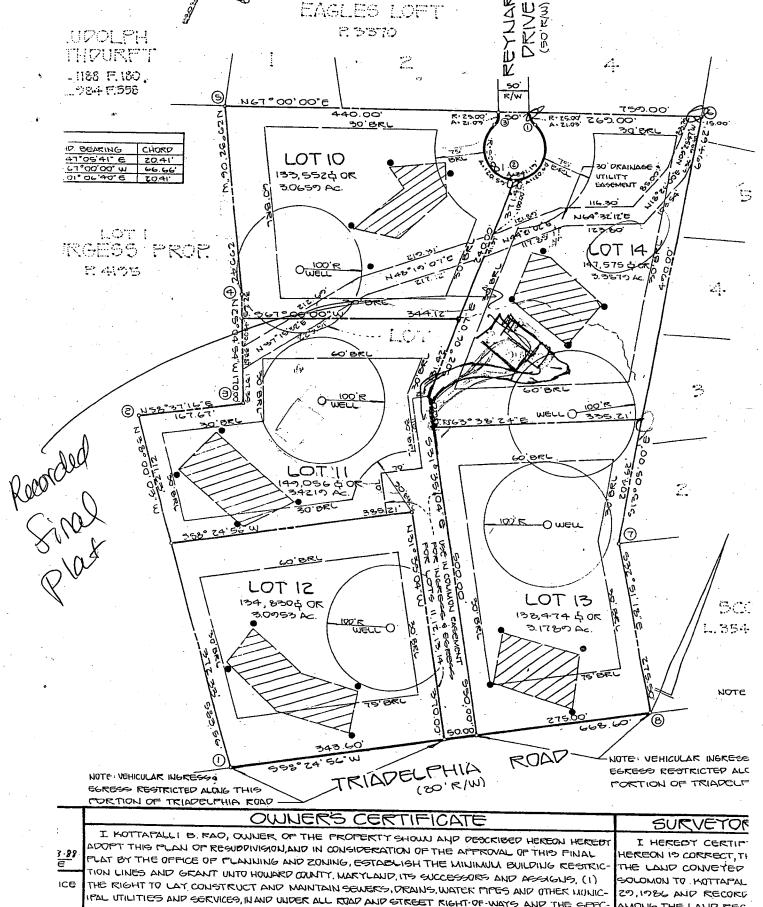
Ex. GROUND 582.0 INVERT IN 578.4 INVERT OUT 578.2 *578.4* 

Ex GROUND 581.0 MITIAL TRENCH: INVERT IN 578.0

3RD ELECTION DISTRICT HOWARD COUNTY , MARYLAND 5CALE: 1"= 100' APRIL, 1992

ADVANCE RESOURCE CONSULTANTS, INC. 7940 AIRPARK ROAD GAITHERSBURG, MARYLAND 20879 301-840-0746



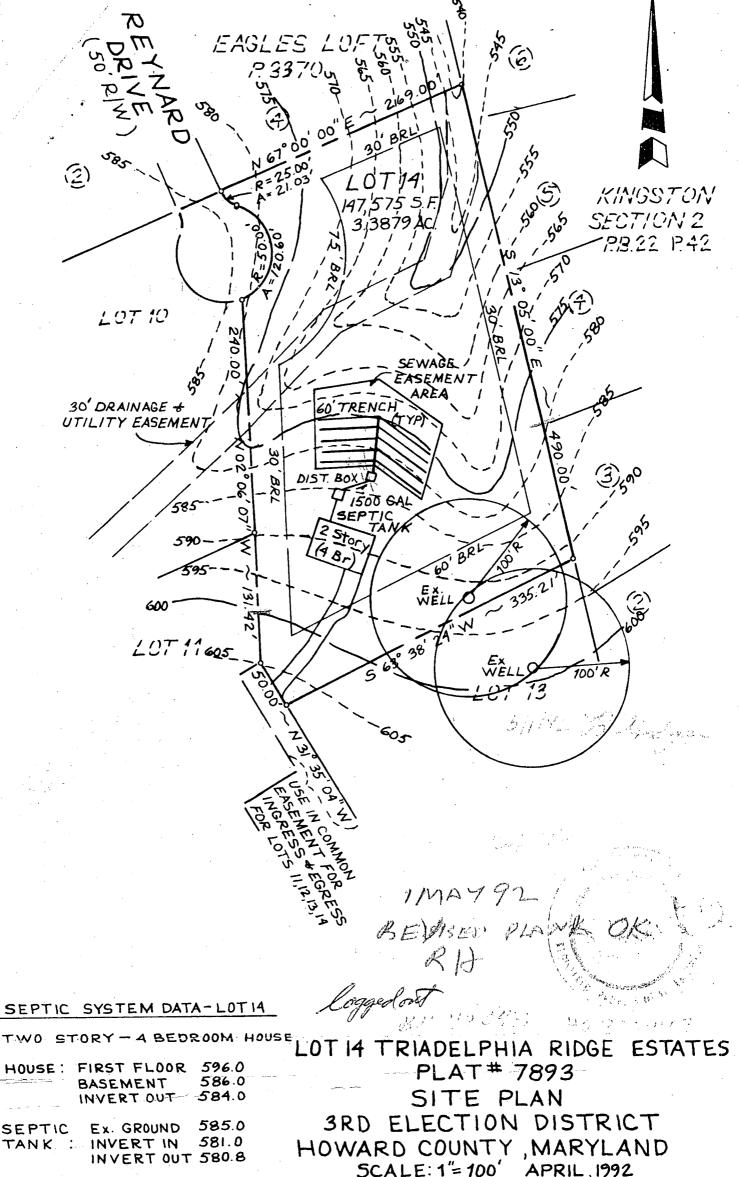


IPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROAD AND STREET RIGHT OF WAYS AND THE SPEC-IFIC EAREMENT AREAS SHOWNHEREON (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREET AND /OR ROAD AND FLOOD PLAIN AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER? VALUELE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO AQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND PLOOD PLAIN STORM DRAINAGE PACILITIES AND OPENSPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATER WAYS AND DRAINAGE EASEMENTS FOR SPECIFIC FURFOSE OF THEIR CONSTRUCTION, REFAIR AND MAINTENANCE, AND (A) THAT NO BUILDING OR SIMILAR STRUCTURE OF AND KIND SHALL BE ERECTED ON OR OVER THE SAID FACELIFITE AND RIGHT -OF HIAYS . ... WITHERS LAY HALID THIS !

AMONG THE LAND REC LAND AND THAT ALL K BE IN MLACE PRIOR T IN THE SUBBIUISION ! IN THE SUBSCIPLING TO TAND AS WASHINGED

4xte

DAY OF 1/ 1997



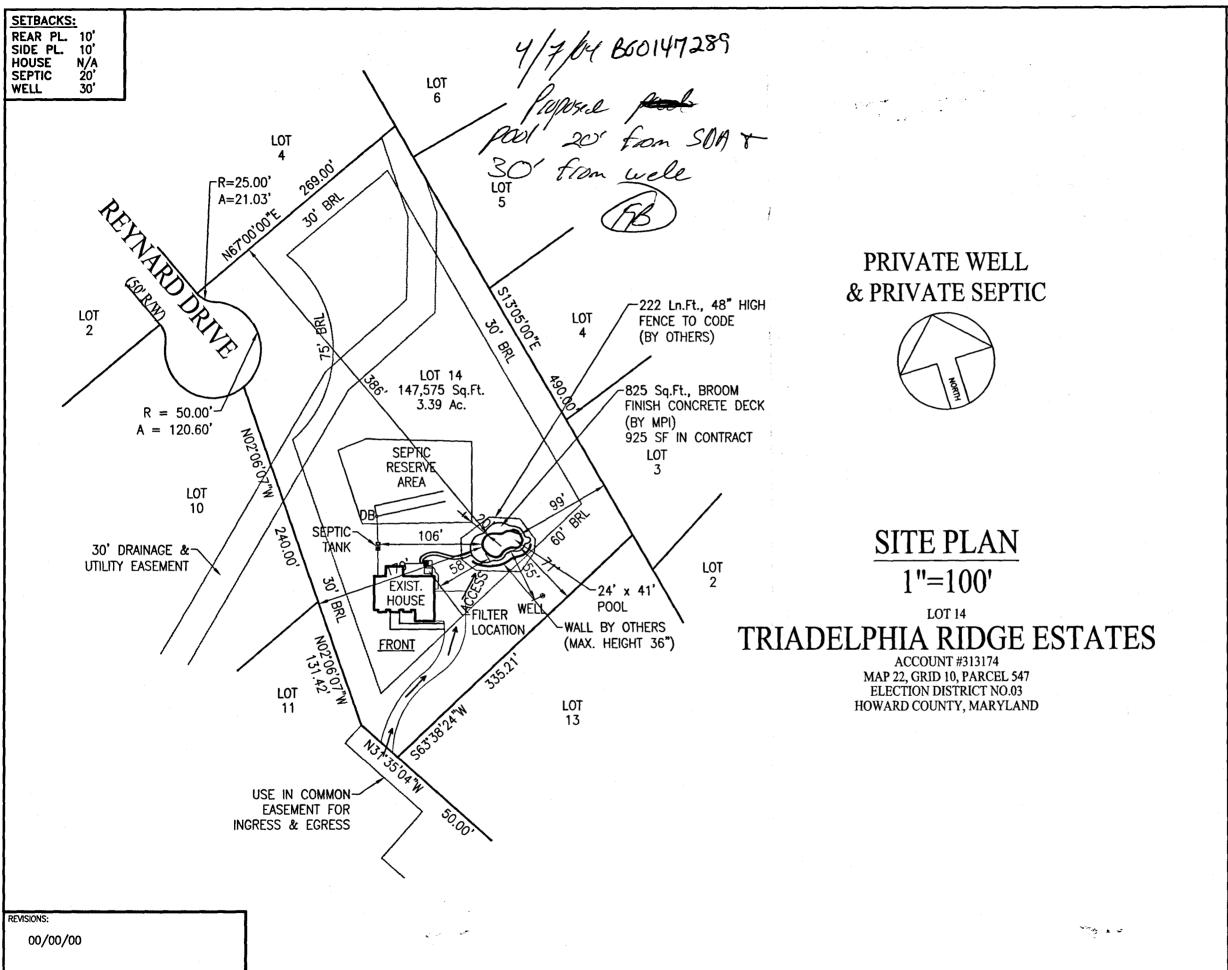
BOX:

DISTRIBUTION Ex. GROUND 582.0 INVERT IN 578.4 INVERT OUT 578.2 *578.4* 

INITIAL EX GROUND 581.0 TRENCH: INVERT IN 578.0

5CALE: 1"= 100' APRIL, 1992

ADVANCE RESOURCE CONSULTANTS, INC. 7940 AIRPARK ROAD GAITHERSBURG, MARYLAND 20879 301-840-0746



# Maryland

9515 GERWIG LANE | 11166 MAIN STREET SUITE 119

SUITE 402 COLUMBIA, MD 21046 FAIRFAX, VA 22030 703-359-7192

410-995-6600 800-252-SWIM WWW.MARYLANDPOOLS.COM

### EQUIPMENT LIST

DIRT/GRADING: HAUL SPA: NONE RAISED BEAM: NONE

TILE: TBD

COPING: STD. 'SUIT SAVER' PLASTER: WHITE MARBELITE

FILTER SYS: C&C 420 SF CART. W/2HP PUMP

CLEANING SYS: PCC-2000

TREATMENT SYS: MINERAL SPRINGS

CONTROL SYS: NONE

HEATER: AC-125 (HEAT PUMP)

LIGHTS: TWO WATTS: 500 VOLTS: 120
LOVESEAT: (1) © 6' - OUTSIDE
AQUA BENCH: (1) © 10' W/ (4) JETS

RAIL GOODS: NONE

DECKING: 925 Sq.Ft., BROOM FINISH CONCRETE

FENCE: BY OWNER

POOL COVER: NONE TYPE: N/A

CHEMICALS: \$100 CHEMICAL ALLOWANCE OTHER ITEMS: (2) UMBRELLA SOCKETS

BLOWER FOR (4) JETS, 1.5 HP

TRIM TILE ON ALL STEPS & BENCHES

(APPROX. 50 Ln.Ft.)

ELECTRIC: 200 FT.

### POOL DATA

SIZE/SHAPE: 24' x 41' - CUSTOM

POOL AREA: 700 SPA: OTHER: 12

TOTAL AREA: 712

PERIMETER: 111

SPA:

GALLONAGE: 28,875

**DEPTH:** 3'-0" TO 8'-6"

### DIRECTIONS TO SITE

MD-32 W TOWARD US-29/COLUMBIA TOWN CENTER, 10.8
MILES. L/T ONTO TEN OAKS RD, 0.3 MILES. L/T ONTO
TRIADELPHIA RD, 0.3 MILES. L/T TO STAY ON TRIADELPHIA RD,
0.7 MILES. FOLLOW TO LEFT INTO DRIVEWAY AT 13066 DRIVEWAY IS PAST BENSON ESTATES COURT.

10 GRID A-9

MAP #

### Matthew & Jean Hauser 13066 Triadelphia Road Ellicott City, Maryland 21042 Howard County

HOME PHONE: 410-531-6740 CELLULAR PHONE 1: 410-905-6393 (Mr.) CELLULAR PHONE 2: 443-804-3693 (Mrs.)

	ZONE: ONE				
LOT:	SUBDIV	DISTRICT:	PIN #		
14	TRIADE	LPHIA	RIDGE ESTS	03	313174
SCALE:				JOB NUMBER:	SHEET #:
1"=1	00,	J.L.R.	3/29/04	JC04-7833	S-1