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PERMIT

38903

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

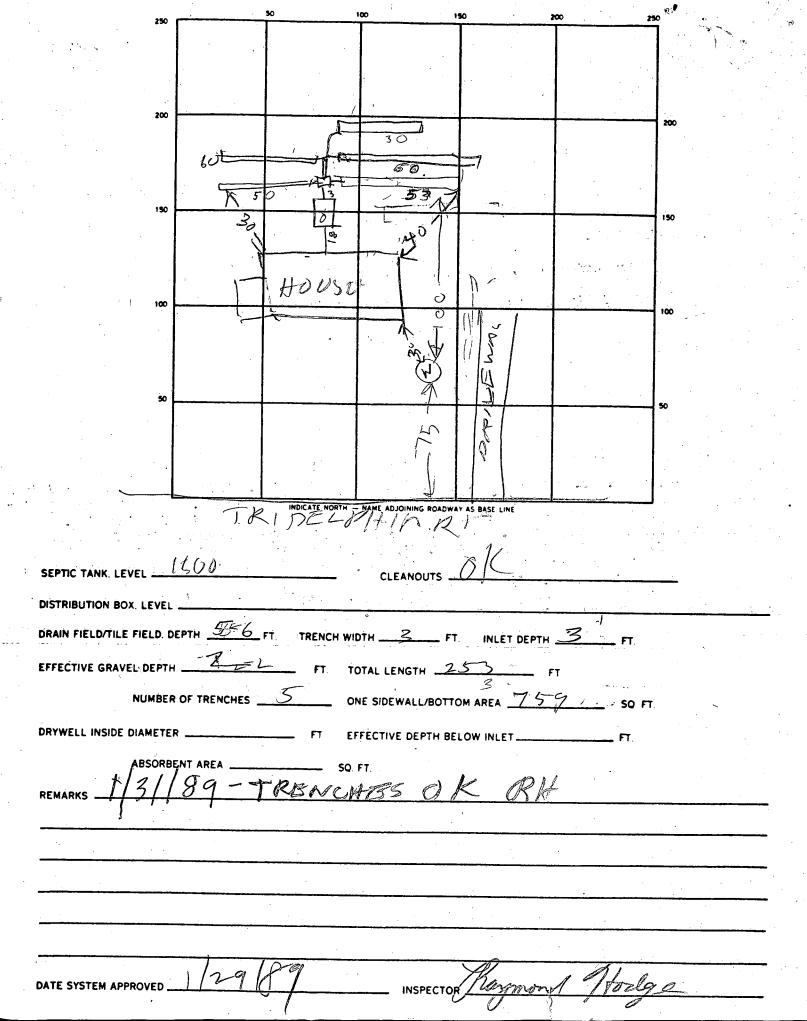
INDEXED

DATE SYSTEM APPROVED

K & K Excavating, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS14960 Frederick Road, Woodbine, Maryl	
SUBDIVISION <u>Triadelphia Estates</u> ROAD <u>l</u>	
PROPERTY OWNER Woodfield Home	s, Inc.
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 5	0% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES NO _X	
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF E	SEDROOMS _4
TRENCHES - 194 sq. ft. per bedroom. Trench to	be 3 feet wide. Inlet 3% feet below origina
grade. Bottom maximum depth 5½ fee	et below original grade. Effective area hegin
at 3% feet below original grade. COCATION - SHALLOW SYSTEM ONLY. Beginning from	2 feet of stone below distribution pipe.
170 feet down the right (622.33')	om the right front corner, place 1st trench tot line and 100 feet off the line as seen when
lacing property from Triadelphia Ro	oad. Run trenches along contour back towards
$\underline{\qquad}$ the fight (622.33) lot line.	ngth. Provide 6" - 8" diameter cleanout and
cap to grade or above on septic tar	igth. Provide 6" - 8" diameter cleanout and κ
PLANS APPROVED BY Bert Nixon	DATE 5/18/87
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSI	ILE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS	
NOTE ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE	A Control of the Cont
NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLAN	
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSURPTION TRENCH	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40	
PERMIT VOID AFTER TWO YEARS	
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 IN ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRAI	CHES IN DIAMETED. CAST 190N CONCESTE OF TERM COTTA OF DUC OF ALS
/ · · · · · · · · · · · · · · · · · · ·	E REQUIRED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



14702TRDEEPHIR SAND VAOU (9)= HIGHEST 5 NEXTHIGH 6332) FMEQUIN Pronn (H) LOW CLAY BANNA co O Lowest JUNE S North State two sen CONTOUR MAP BROWN TRINGLANIN o Tulled Boom SAND MAN 45 5/5 247 248 248 (3) 4 546 OK. LOOKS 12 BACUS 258 259 25 8 5/5 302 TOPSULL WATER 5/5 13FT BROW 25 3,09 305 309 SAMII OK LOPA LOOK 5 315 321 or Tel By R Hodge also Preson RXD

rdelphio Estates

BROWN BANN SAMP. LURY 6 BOWN BEIGG. GAND LUAN TRIDELPHIA RD 5/6/31 55 1.4 1053 1055 1055 1057 5/6/84 5V 12 LOOKS ON 65 3/2 1100 1101 1101 1102 LOOKS OF

B 7 721 / SEQUENCE NO.	STATE OF MARYLAND		OEP PERMIT NUMBER
(OEP USE ONLY)	PERMIT TO DRILL WELL		110-81-2020
IN COLS. 3-6 ON ALL CARDS)	please pr	int or type	70 fill in this form completely 79
Date Received		B 3	LOCATION OF WELL
OWNER INFORMA	ATION	HOWARD	
JACOBSON RAZO	ALL	8 COUNTY TO INFLE	MIMESH
11906 BLUE FE	BRUANU 34	23 SUBDIVISION	42
36 Street or RFD	mn 2 16 44	SECTION 44 46	LOT 48 50
57 Town 70	State 72 Zip 76	SZ NEAREST TOWN	71
PALOL MAYNE	N PIDZI	MILES FROM TOWN (ent	er 0 if in town) 73 76 77 78
Driller's Name U	77 License No. 80	B 4	
Firm Name Change Change	[MILLINE)	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address All Mark (Line Ch.	2/2/cm		NORTHN
Signature J. Mayre	- 3/3/8) Date	N 8 N E 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION		TOWN E	SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	12	8	34 7 5 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		S _E	DISTANCE FROM ROAD ENTER FT OF MI
USE FOR WATER (CIRCLE APPR	OPRIATE BOX	8	38 39
D HOME (SINGLE OR DOUBLE HOUSEH			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & A	AGRICULTURAL	HOWARD COUNTY NAME	W-38903 COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE A OTHER (REQUIRES APPROPRIATION F	ND FEDERAL GOV.	OEP SIGNATURE	STATE HEALTH INSERT S
PUBLIC OR PRIVATE WATER COMPAN	IY (REQUIRES	DATE ISSUED	41
APPROVAL)		43 48 CC	SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING (NAPPROPRIATION PERMIT)	MAY REQUIRE	GRID 50 0	0 GRID 0 7 9 3 0 0 0 55 63
APPROXIMATE DEPTH OF WELL 150		SHOW MAJOR FEATUR BOX & LOCATE WELL _	ES OF 2/16/188 LOCATION OK
24	1/ NEAREST	WITH AN X SOURCES OF DRILLING	WATER Question Paris To Anklush,
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. Well	WATER DAILLE INDICATES WE CASING (2' AB. 62)
METHOD OF DRILLING	circle one)	2. 3.	35-1 OPEN HOLD
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUMB	ER PROPERTY OF THE PROPERTY OF
32 AIR-ROTary AIR-PERcussion RC	TARY (Hydraulic Rotary)	FROM THE MAP HERE	10 BAGS CEMENT
<u>CABLE</u> <u>REV</u> erse-ROTary	DRive-POINT	E SSS	2903 2/16/88 CWelli
other		N 510	000 000 000
REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE BO			W SHOWING LOCATION OF WELL IN
N HIS WELL WILL NOT REPLACE AN E		DISTANCE FROM WELL	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THE ABANDONED AND SEALED	HAT WILL BE	ENTLY H	
39 S THIS WELL WILL REPLACE A WELL THE AS A STANDBY		★ 313 377	
D THIS WELL WILL DEEPEN AN EXISTIN	IG WELL	9 4 22 14 000	np
PERMIT NUMBER OF WELL TO BE REPLACE	CED OR DEEPENDED	B Mox	Bury no Jayon
(IF AVAILABLE) 41	52 13 O.A.	W. Arman	- Wells
Not to be filled in by driller (OEP L	JSE ONLY)	ECT SOIT	Bury No Talbelling
APPROP. PERMIT NUMBER G	A P 63	6 A	,
FORCE WRITE INITIALS PERMIT No. 70 71 72	8 1 - 5 2 2 6	L.C	(6) JE
SPECIAL CONDITIONS 330-1845	19 14 15 10 11 18 19	 	ACT CONTROL OF CONTROL

Review 5 6 88 1

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Locat Subdi Well	Permit No. HO - 81-2020 tion of property (road) TRIADELPHIA ROBE vision TRIADELPHIA 2574755 Lot 2 Block Plat Sec. Driller RALPH MAYNE Owner TACOBSON, RANDALL
	Depth of well 105 ft Distance of measuring point (M.P.) above ground 2ft Static water level (S.W.L.) below M.P. 22 ft
I.	High rate pumping reservoir drawdown Time pump started 11.30 Pumping rate 106.PM Total time 15m.v to reach pumping water level 22-14 ft. below M.P.
II.	Recovery pump test data - observations to be recorded every 15 minutes

11. Recovery pump test data - Observations to be recorded every 13 minutes				
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 🖠	(if used)	(gallons per
tervals		gallon bucket	<u> </u>	minute)
11:43	22ft	6 su		106.P.M
12:00	22ft	6 per		106.Pm
12:15	27/1	6per		100pm
16:30	ZZH	bre		106 m
12,45	27#	ber		100.tim
1,00	22-14	6, sec		10 G.m
1:15	224	6pe		10 C. F.m
1:30	22+4	6 sec		106.P.m
1145	22ft	6su		106.P.M
2:00	22+4	6 pu		106.8M
2:15	32ft	6 sec		IDBEM
2:30	2211	6		10 G.C.M
		,		
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	A CONTROL OF THE CONT	The state of the s		
				-

4/ft 12 35 open 10 bags

C1 2355	SEQUENC (OEP USE		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN ' 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR	PUNCHED		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY W 38903
DATE Received	DATE WELL	COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL" O - 8 / - 2 0 2 0
OWNER JA	COBS	ON	RANDALL	28 29 30 31 32 33 34 35 36 37
STREET OR RFD	last name	ELPH	(IB RO first name TOWN	SLENELG
SUBDIVISION TRIA		1111	SECTION	LOT 2
WELL Not required fo	r driven wells		GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF PENETRATED, THEI THICKNESS AND IF	R COLOR, D	EPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min.
Top Soil	FROM TO	O bearing	NO. OF BAGS / NO. OF POUNDS / OO GALLONS OF WATER / CO DEPTH OF GROUT SEAL (to nearest foot)	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE See LKT
Sandy	2 3	٠ '	from ft. to 5 SOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20
SANd Store	30 3	5	casing types insert ST CO	WHEN PUMPING 22 25
Micka	35 4	,	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
SANd Store	45 5	0	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe below)
MickA	50 10	5	TYPE (nearest inch) (nearest foot)	J jet S submersible
· .	1.	4	E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED
			inch from to	DRILLER WILL INSTALL PUMP YES (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
			screen type SCREEN RECORD or open hole	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A.C. LR.R.S.T.O)
			insert appropriate code speed broken	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: CAPACITY: GALLONS PER MINUTE
		l i	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 37 41
•		-	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
				CASING HEIGHT (circle appropriate box and enter casing height)
			H 2 30 32 36 R 30 32 36	LAND SURFACE (nearest foot)
A WELL WAS ABAND WHEN THIS WELL W	ONED AND	SEALED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA			SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERT	TED TO PRO	DUCTION	DIAMETER (NEAREST OF SCREEN INCH)	THAN TWO DISTANCES
HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.1	7.13 "WELL CO	NSTRUCTION"	56 60	(MEASUREMENTS TO WELL)
AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT AN	CONDITIONS S	TATED IN THE	GRAVEL PACK L L IF WELL DRILLED WAS	(1)c 75'
		FLOWING WELL INSERT F IN BOX 68 68	40	
DRILLERS IDENT. NO. 233			OEP USE ONLY	100
DRILLERS SIGNATURES / PLATE STA			(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q	0
(MUST MATCH SIGNATURE ON APPLICATION)		ATION)	70 72 74 75 76	unof Live
SITE SUPERVISOR (sign. of responsible for sitework if of	Maritier or joi different from	urneyman permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
on a management of the second	7		HEALTH	April 1990 and 1990 a

2/2/89

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

New Installation Replacement	Receipt # 42651 Date 10/3/98-
Name of Installer CLARKE P+H UM	Telephone <u>489- 402</u> 9
License Number 3808 Certified Well Pump Installer Well Driller	Registered Plumber 3808
Name of Property Owner Wood Fild Homes Subdivision Iralelph's Frate Lot # 2 W Site Address 14830 Triblish & R	Telephone <u>489-4029</u> Tell Tag # <u>#0 -8 - 2020</u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make 3. Voltage a. 110 b. 220 3. Model #	Pitless Adapter 1. Make 2. Model # 3. Depth
4. Capacity GPM 5. Pump exceeds well capacity Yes No 6. If Yes, is low pressure cutoff switch installed? 7. What methods are used to protect the pump and election vibrations? Torque arrestors Cable guard	trical wiring from
Tank Piping 1. Capacity 1/-/00-6654/ 1. Type 1/05+ic 2. Pressure relief 2. Size 1/2 valve? 75/b 3. NSF and/or BOCA	2. Yield GPM
Code approved 4. Depth of supply line 42'	ft.
I understand that it is my responsibility to notify Department when the installation is ready for inspect is null and void).	
All information given above is true to the best of my	,
Signature of Applicant:	unith Clarke
Date:	9-22-88
Note: A sticker indicating approval/status of the is on the well casing at the time of the inspection.	nstallation will be placed

