05-363322

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 38892
A 17308
ISSUE DATE _____
APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL ____ ALTER ____

ADDRESS _____ PHONE _____

SUBDIVISION Hawkes Property LOT NUMBER Parcel 103 ADDRESS 14945 Triadelphia Road

PROPERTY OWNER Hawkes PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. feet of stone below distribution box.

LOCATION:

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

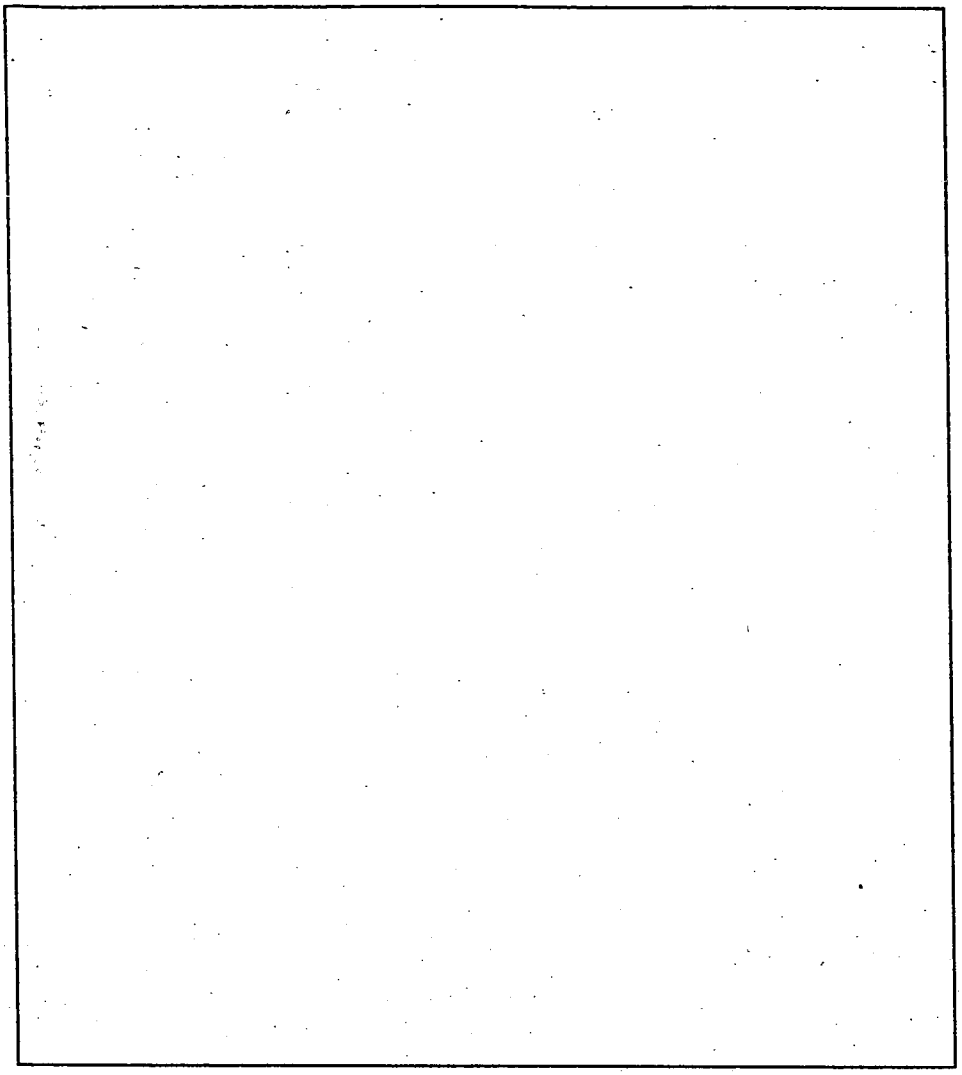
BLDG. PERMIT SIGNED AND RETURNED 5/16/01
B00130219
portico

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

38892

NEITHER THE HOWARD COUNTY COUNCIL NOR 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

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

_____

INSPECTION COMMENTS: _____

_____

_____

_____

_____

_____

_____

INSPECTOR _____ DATE SYSTEM APPROVED _____

PERMIT

P 38992

A 12108

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/10/87

DATE SYSTEM APPROVED 3-7-87

INSPECTOR JEN

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 854-2513

SUBDIVISION ____ ROAD 14945 Triadelphia Road LOT Tax Map 25 Parcel 103

PROPERTY OWNER Ken & Donna Hawkes

ADDRESS ____

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

GARBAGE GRINDER? YES ____ NO X

1250
200 sq. ft.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 6

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 foot wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from right front lot corner, place 1st trench 290 feet down the right (739.60') and 80 feet off the right line as seen when facing property from Triadelphia Road. Run trenches along contour towards the left (899.00') lot line. NOTE: MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Okfew

PLANS APPROVED BY Bert Nixon DATE 1/13/87

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 CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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

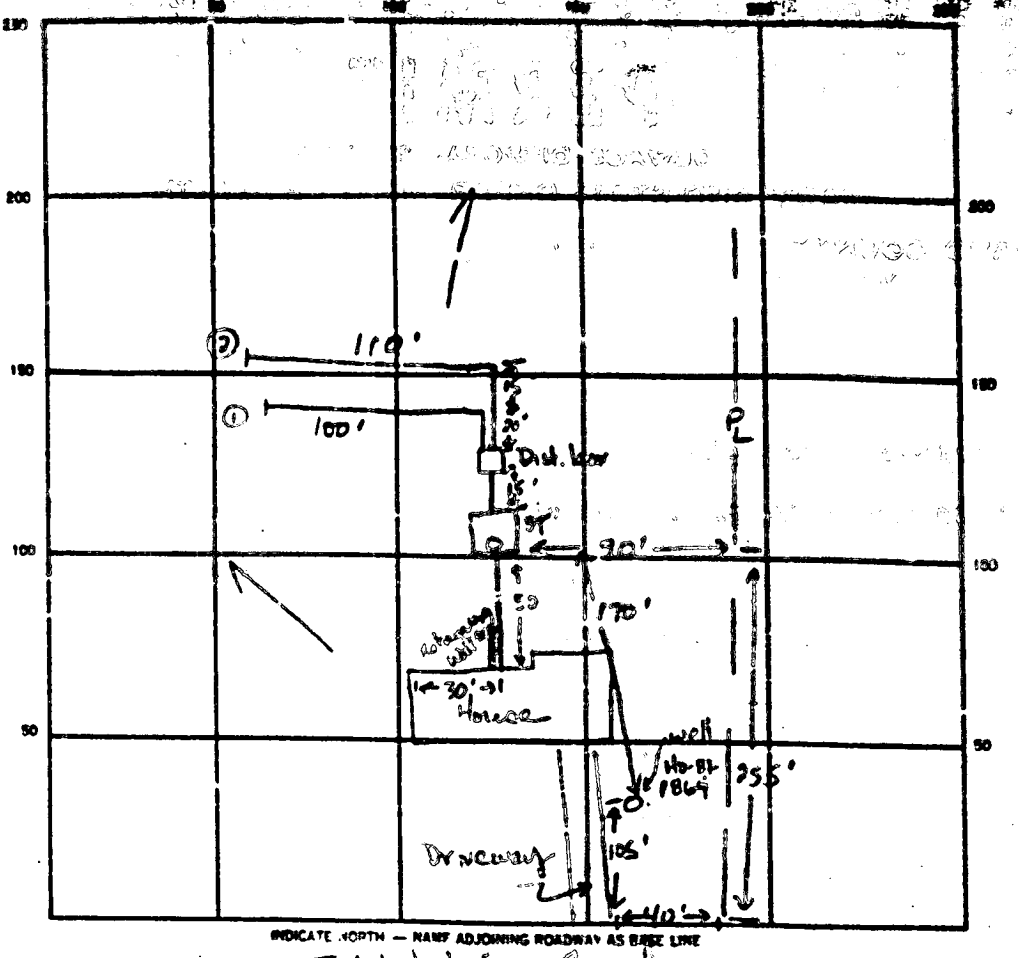
NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

A 17308

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



Triadelphia Road

SEPTIC TANK. LEVEL 1000 gal ok CLEANOUTS one ST ✓

DISTRIBUTION BOX. LEVEL ok

DRAIN FIELD/TILE FIELD. DEPTH ① 8' ② 8' FT. TRENCH WIDTH 2 FT. INLET DEPTH ① 4' ② 4' FT.

EFFECTIVE GRAVEL DEPTH ① 4 ② 4 FT. TOTAL LENGTH ① 100 ② 110 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA ① 400 ② 440 SQ. FT.

DRYWELL INSIDE DIAMETER ——— FT. EFFECTIVE DEPTH BELOW INLET ——— FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS 7-6-87 septic tank and distribution box location ok. Continue to excavate trenches JEN, 7-6-87 Trench ① is 55 ft ok ② ok to add stone pipe and paper. Call when ready with end of trench ② JEN 7-7-87 ok to add stone, pipe & paper to trench ②, cover trench ①. Must use double line from distrib. box to trenches. Must vent - tee. JEN 7-7-87 Ok to cover all work JEN.

DATE SYSTEM APPROVED 7-7-87 INSPECTOR Jane E Madeau

CL 3811

SAG/CARD NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER: H-17398

PERMIT NO.: 3771

FROM "PERMIT TO DRILL"

DATE Received: [ ]

DATE WELL COMPLETED: 030280

Depth of Well: 200 (TO NEAREST FOOT)

OWNER: CORPORATION — RCM (first name)

STREET OR RFD: PHILADELPHIA ROAD — TOWN: DAYTON

SUBDIVISION: MAP 27 Q5 P133 — SECTION ____ LOT ____

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Top soil	0	2	
Muddy	2	25	
[illegible]	25	35	✓
mica	35	50	
Mica stone	50	55	✓
Mica	55	200	

3-7-87 pump test & grout ok'd R. Moore

~ 9 gpm.

CIRCLE APPROPRIATE LETTER

- **A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- **E** ELECTRIC LOG OBTAINED
- **P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT. NO. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) [signature]

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) [signature]

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): **Y** (circled) N

TYPE OF GROUTING MATERIAL: CEMENT **CM** (circled) BENTONITE CLAY BC

NO. OF BAGS: 2 — NO. OF POUNDS: [illegible]

GALLONS OF WATER: 42

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 37 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC (circled), OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	35

OTHER CASING (if used): diameter inch, depth (feet) from ____ to ____

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BP BRASS BRONZE, HO OPEN HOLE (circled), PL PLASTIC, OT OTHER

C2

	Type	DEPTH from (nearest ft.)	DEPTH to
1	HO	35	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING — (E.R.O.S.) LOG INDICATOR — WO OTHER DATA

PUMPING TEST

C3

HOURS PUMPED (nearest hour): [illegible]

PUMPING RATE (gal. per min. to nearest gal.): [illegible]

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: [illegible]

WHEN PUMPING: [illegible]

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, **S submersible** (circled)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES **NO** (circled)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

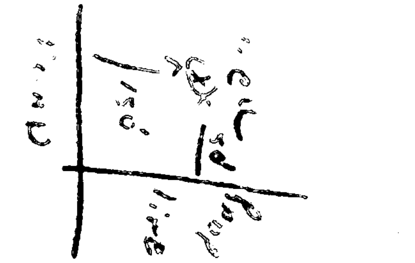
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): **+ above** (circled) / − below LAND SURFACE: 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HEALTH

A 17305

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER

Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-8958
Water & Sewerage, Permits - 461-8883
Community Environmental Health - 461-8844
Technical Services - 461-8888

July 5, 1989

Mr. & Mrs. Ken Hawkes
14945 Triadelphia Road
Glenelg, Maryland 21737

Re: 14945 Triadelphia Road
Well Permit No. HO-81-1864

Dear Mr. & Mrs. Hawkes:

This is to advise you that the septic system was installed, inspected and approved on July 7, 1987.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1864.

June 27, 1989 DHMH
Date of Final Sampling

July 5, 1989
Date of Acceptance

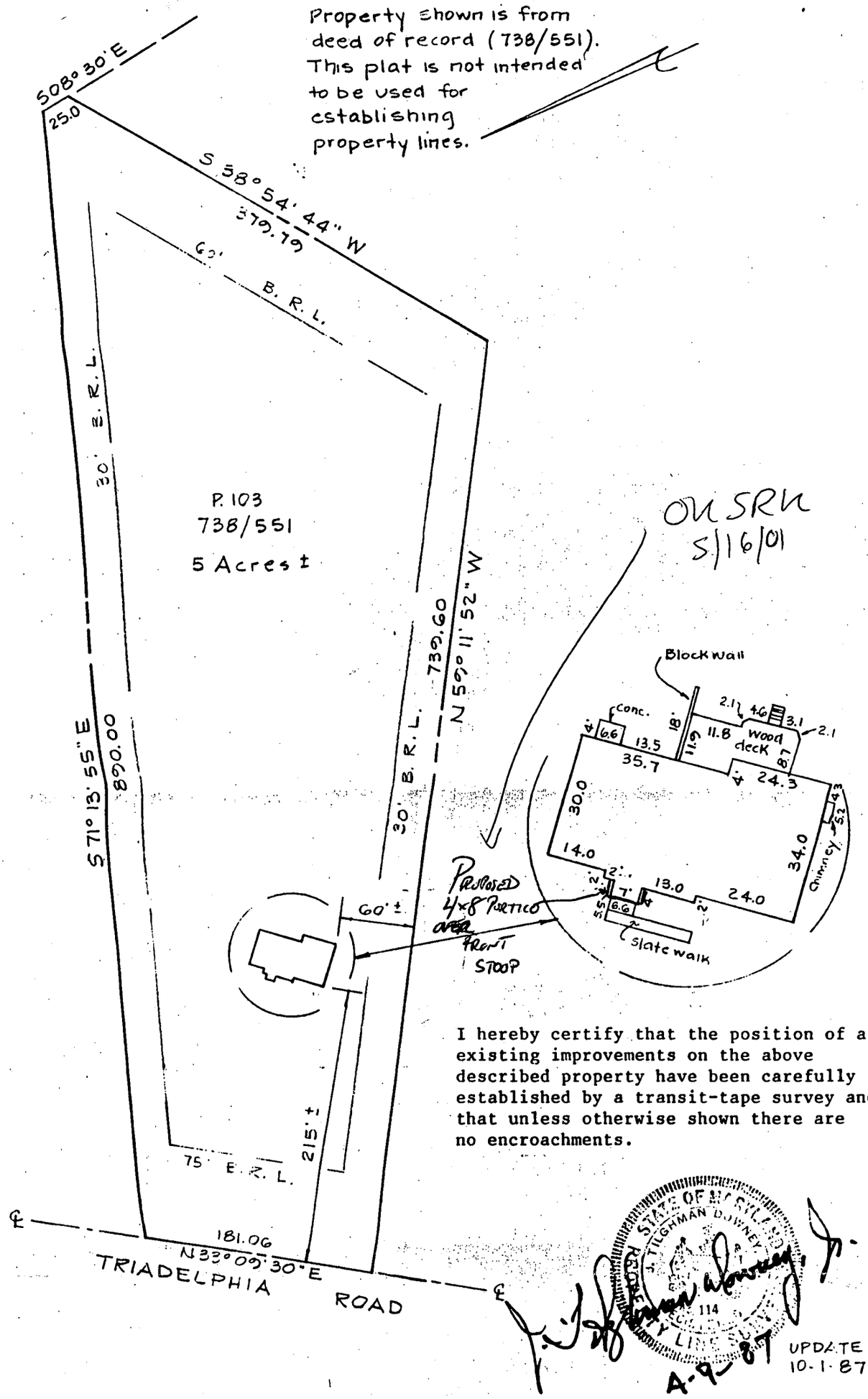
Nitrate 3.8

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
September 23, 1987
June 27, 1989

CBS/cm

NOTE:
Property shown is from deed of record (738/551). This plat is not intended to be used for establishing property lines.



I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown there are no encroachments.

STATE OF MARYLAND · TILGHMAN DOWNEY · 114 · LICENSED PROPERTY LINE SURVEYOR

A-9-87

UPDATE 10-1-87

LOCATION SURVEY

14945 TRIADELPHIA ROAD

P. 103 Tax Map 27

5th Election District — Howard County, Md.

Scale: 1" = 100' — Date: 4-9, 1987 UPDATE 10-1-87

The RBA Group ENGINEERS·ARCHITECTS·PLANNERS

5485 HARPER'S FARM ROAD
SUITE 200
COLUMBIA, MARYLAND 21044

9026
0003