

5/10/94
LPM

PERMIT

03-314480

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49999

A 39575

DISTRICT 5th

DATE 4/29/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 6/10/94

INSPECTOR [Signature]

Harrison Contracting IS PERMITTED TO INSTALL ALTER

ADDRESS 2858 Flag Marsh Road, Mt. Airy, Maryland 21771 PHONE (410) 795-8691

SUBDIVISION Crystal Clear LOT 16 ROAD 13960 Triadelphia Road

PROPERTY OWNER ~~Crystal Clear General Partnership~~ Gene Parker

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 105 feet from the front lot line and 70 feet from the left lot line. Run trenches along contour toward right side of lot.

NOTES -- (OK to adjust starting point of trench to corner of septic area closest to house) No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/29/94 JKS

PLANS APPROVED BY C. Williams/Mark Rifkin REVISED DATE 2/24/94

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

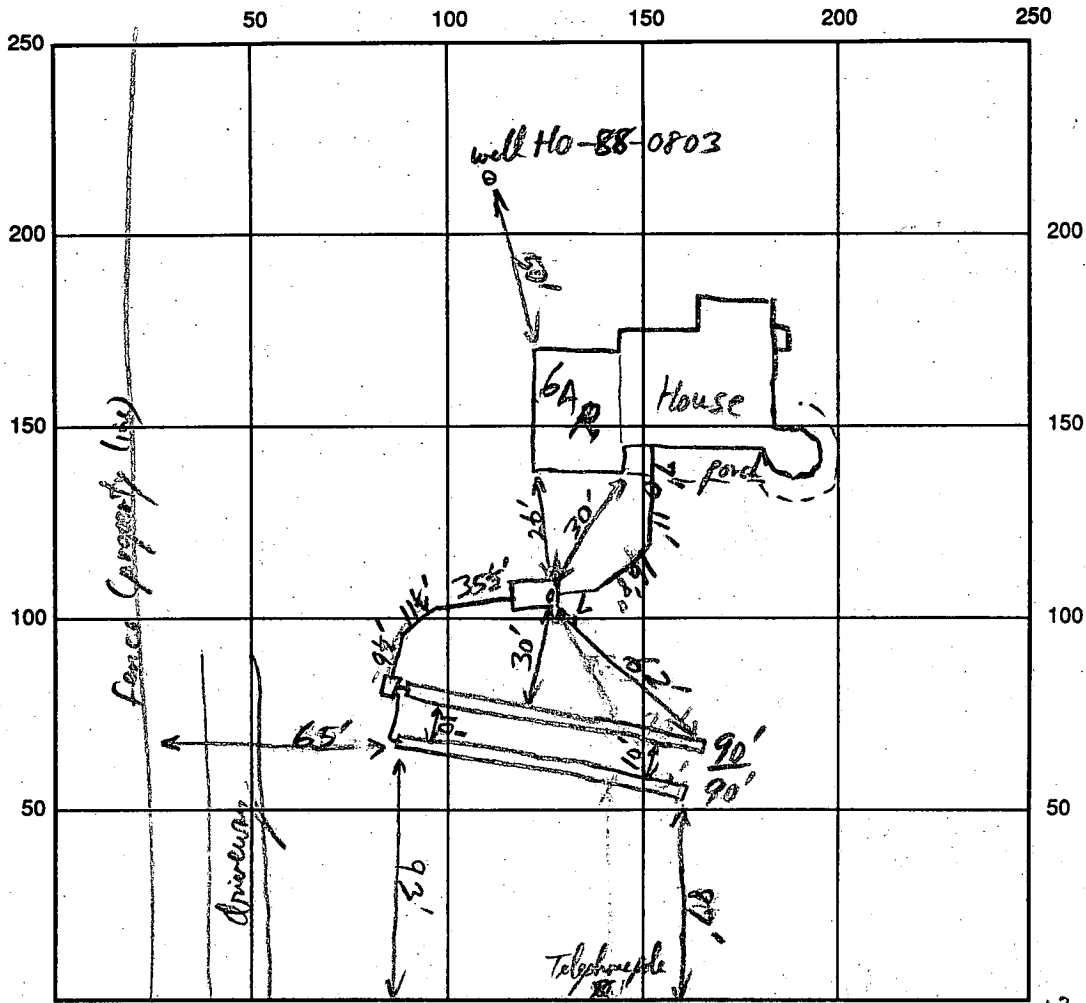
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 2/3/95
Serial # 58020-deck

A 39575



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Paradise Dr (?)

SEPTIC TANK LEVEL 1250' (Trick Road - 5/13/94) CLEANOUTS ST, AREA 4/30/94

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90/90 FT.

NUMBER OF TRENCHES 2 ^{Total} ~~ONE~~ SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK to proceed Fill Trenches 5/10/94 AP OK to cover up 5/10/94

DATE SYSTEM APPROVED 5/10/94 INSPECTOR [Signature]

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

52591

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

13960 TR DELPHIA Rd
ELLICOTT CITY MD 21043

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

NEW FAMILY SINGLE HOME
WITH ATTACHED 3 CAR GARAGE
4 BEDROOMS
2 1/2 BATHS

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
16	533	N/A	N/A	13		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
CRYSTAL CLEAR	RR	22	3	6030

OWNER NAME AND ADDRESS PHONE NO.

CRYSTAL CLEAR GEN. PART. - RICHARD PETTIT
18205 FLOWER HILL WAY
GAITHERSBURG MD 20879 301-854-5263

OCCUPANT'S NAME AND ADDRESS PHONE NO.

JEANNE M. + GENE C. PARKER JR.
5006 JORSEY HALL DR.
ELLICOTT CITY MD 21042 301-570-5121

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CLASSIC AMERICAN HOMES INC.
4412 CHERRY TREE LANE
SHREVEPORT MD 21784 410-795-5808

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

CLASSIC AMERICAN HOMES INC.
4412 CHERRY TREE LANE
SHREVEPORT MD 21784

EXISTING USE PROPOSED USE

VACANT LOT

S.F.H.

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

175,000.00

475193

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	H.P.	<input checked="" type="checkbox"/>

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

James A. Zeman

SIGNATURE

President

TITLE

2-14-94

DATE

W/S CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	2/25/94	Mark P. Ripkin
FIRE PROTECTION		
STORM WATER MGM.		

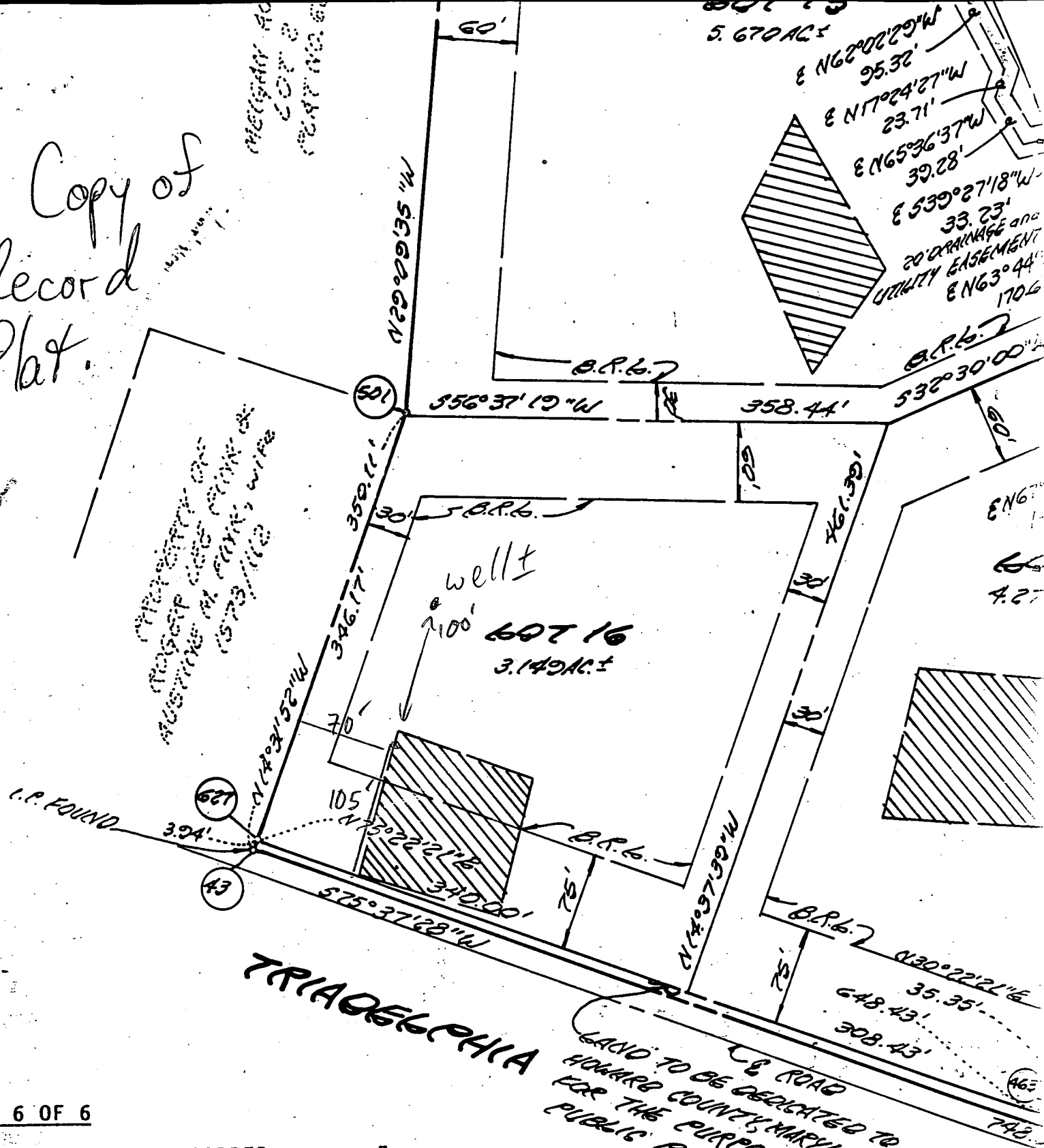
APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

Copy of
Record
Plat.



SHEET 6 OF 6

ABLE LOTS TO BE RECORDED.....	5
SPACE LOTS TO BE RECORDED.....	0
S TO BE RECORDED.....	5
ABLE LOTS TO BE RECORDED.....	22.362AC.±
SPACE TO BE RECORDED.....	0.000AC.±
AY TO BE RECORDED.....	1.397AC.±
CORDED.....	23.759AC.±

OWNER'S CERTIFICATE

WE, CRYSTAL CLEAR GENERAL PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, (MANAGING GENERAL PARTNER), OWNERS OF THE PROPERTY SHOWN HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS,

WATER AND PRIVATE SEWERAGE
RD COUNTY HEALTH DEPART-

5/13/94
10:30
No work done
10:45
home
C.B.J.

5/13
(No inspection)
10:45 C.B.J.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # -0-
Date 4/15/94

Name of Installer Vantage Mechanical

Telephone 410-761-4411

License number #5563

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Richard Pettit Telephone 301-854-5263

Subdivision Crystal Clear Lot # 16 Well tag # NO - 88 - 0803

Site Address 13960 Triadelphia Road
Ellicott City MD 21043

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
(c) Submersible _____
2. Make JACUZZI
3. Model # T7BS471282
4. Capacity 17 GPM

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
(a) 110
b. 220 _____

Pitless Adapter

1. Make Campbell
2. Model # BP10X
3. Depth _____

5. Pump exceeds well capacity Yes _____ No /
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors / Cable guards _____ Other _____

Tank

1. Capacity _____
2. Pressure relief valve? Yes

Piping

1. Type _____
2. Size 1/2"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 190'

Well data

1. Depth 200 ft.
2. Yield 8 1/2 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 5/12/94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

(A.M.) 5/13 No work done; saw GARY plumber @ site C.B.J.
HOLD FOR R. CALL

APPLICATION

PERCOLATION TESTING

A 39575

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

7-29-87 Percs ok
pending plat approval JEN

DISTRICT 5TH

DATE 6-12-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Kennard Warfield Jr Crystal Clear General Partnership

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Crystal Clear LOT NO. 22

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
13950 Tridelphia Road

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Myrdal Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc hole location and sub-division plat approval JEN

BLDG. PERMIT SIGNED AND RETURNED 2/25/89
Serial # 52591
SFD - 4/1/87

BLDG. PERMIT SIGNED AND RETURNED 9/11/87
Serial # 28934 - SFD
5 Bedrooms with joint sleep

THIS IS NOT A PERMIT

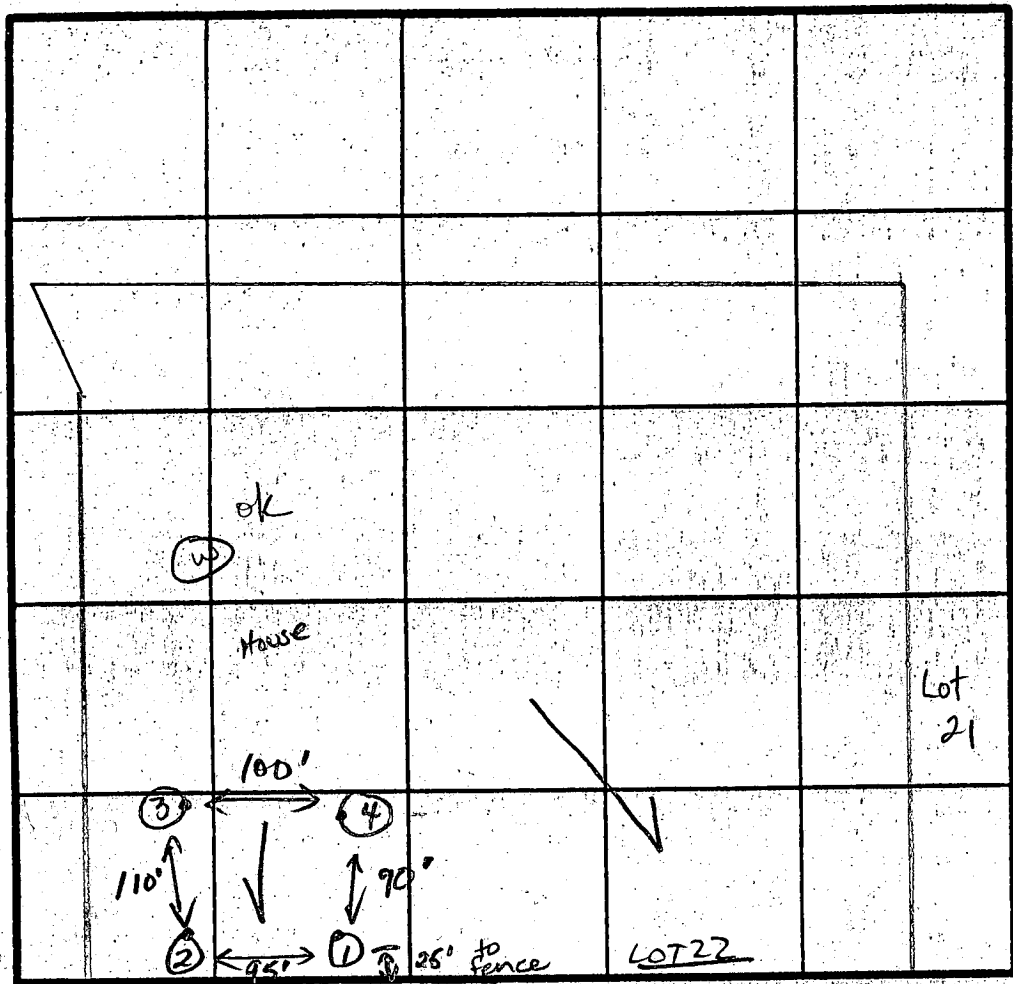
Highest
↓
Lowest

①
SOIL PROFILE

0-4 Br si cl lm
4-10.5 Rd br sa si lm, trc broken rock frags < 20%
10.5 Bottom

②
0-4 Br si cl lm
4-7 Red sa si lm, trc lg gravel
7-12.5 Red to yellow sa si lm
12.5 Bottom

③
0-1.5 Br si cl lm
1.5-3 Rd-br sa si lm
3-10.5 Red to yellow sa si lm, trc broken rock frags, < 10%
10.5 Bottom



④
0-2 Br si cl lm
2-7 Brown sa si lm
7-11.5 Red sa si lm, trc of broken rx frags < 20%
11.5 Bottom

X Perc Smin

3'-7.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-29-87	1	4.5 S	12:13	12:15	12:15	12:19	4	
		10.5 D	Bottom (see profile)					
	2	4 S	12:15	12:19	12:19	12:25	6	
		12.5 D	Bottom (see profile)					
	3	4.5 S	12:25	12:29	12:29	12:35	6	
		7.0 M	12:23	12:25	12:25	12:28	3	
		10.5 D	Bottom (see profile)					
	4	11.5 V	(see profile)					ok

REMARKS All holes as located per plat.
TYPE OF SOIL 0'-4' Br si cl lm; 4'-7' Rd sa si lm; 7'-12' Rd to yellow sa si lm, < 20% frags
TESTED BY Jane Nadreau ALSO PRESENT Mark R. Olen Sr.

EH 12-1079

C1 9975

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A39575

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

072587

22 220 26 (TO NEAREST FOOT)

10-88-0803

OWNER GOSSEN LAND CO. last name first name TOWN GREENGL SUBDIVISION SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries like 'top soil', 'shale', 'sandstone', 'limestone'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY, NO. OF BAGS 31, NO. OF POUNDS 3100.

CASING RECORD: casing types insert appropriate code below. Includes codes for STEEL, CONCRETE, PLASTIC, OTHER. MAIN CASING TYPE S+, Nominal diameter 10 1/2 inch, Total depth 105 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

DEPTH (nearest ft.) grid with handwritten values: 8, 10, 15, 20, 25, 30, 35, 40, 45, 50.

CIRCLE APPROPRIATE LETTER 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

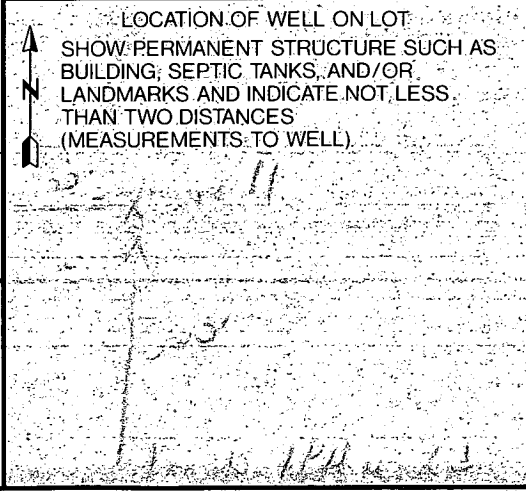
DRILLERS IDENT. NO. 44 DRILLERS SIGNATURE SITE SUPERVISOR responsible for sitework if different from permittee.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F-IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 2, PUMPING RATE 9 gal. per min. to nearest gal. METHOD USED TO MEASURE PUMPING RATE. WATER LEVEL BEFORE PUMPING 52. WHEN PUMPING 177. TYPE OF PUMP USED: S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO). 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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 9172 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 8-6 ON ALL CARDS)

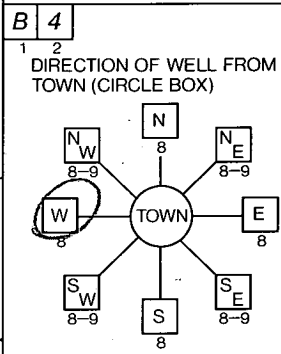
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-0803
fill in this form completely

Date Received (APA) 052689
OWNER INFORMATION
GUSHAEN LAND CO INC
21006 BRINK CT
GAITHERSBURG MD 20879

B 3 LOCATION OF WELL R 44402
HOWARD COUNTY
CRYSTAL CLEAR
SECTION 16 LOT 16
CLEMELG
MILES FROM TOWN 1 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., Mt. Airy, Md. 21771
Signature: George F. Easterday Date: 5/24/89



B 4 13960 TRIADELPHIA RD
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 250 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 39575
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 070389
NORTH GRID 521000 EAST GRID 09000000

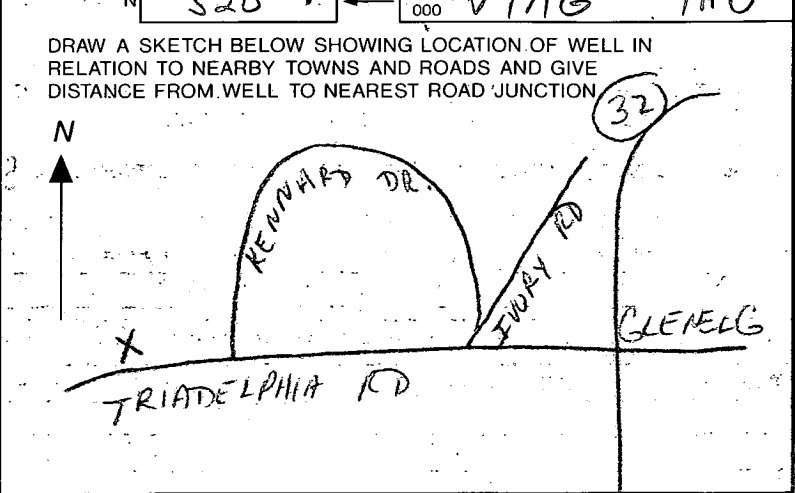
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 0
N 520 1

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE CW PERMIT No. 40-88-0803

SPECIAL CONDITIONS
COUNTY

