

#413648

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511554

A 40810

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

410-313-2640

DATE 5/4/99

DATE SYSTEM APPROVED 5/13/99

INSPECTOR S.R.K.

INDEXED

Brian K. Michael Construction Co. IS PERMITTED TO INSTALL X ALTER

ADDRESS 13156 Holly Loch Lane Highland, MD 20777 PHONE (301) 854-3451

SUBDIVISION The Warfields LOT 44 ROAD 14855 Triadelphia Road

PROPERTY OWNER Brian & Patricia Michael

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 420

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet down the left (544.74') lot line and 140 feet off this same lot line as seen when facing the lot from Triadelphia Road. Run trenches on contour towards the front of the lot.

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

PLANS APPROVED BY Donna K. Soe DATE 10/16/98

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

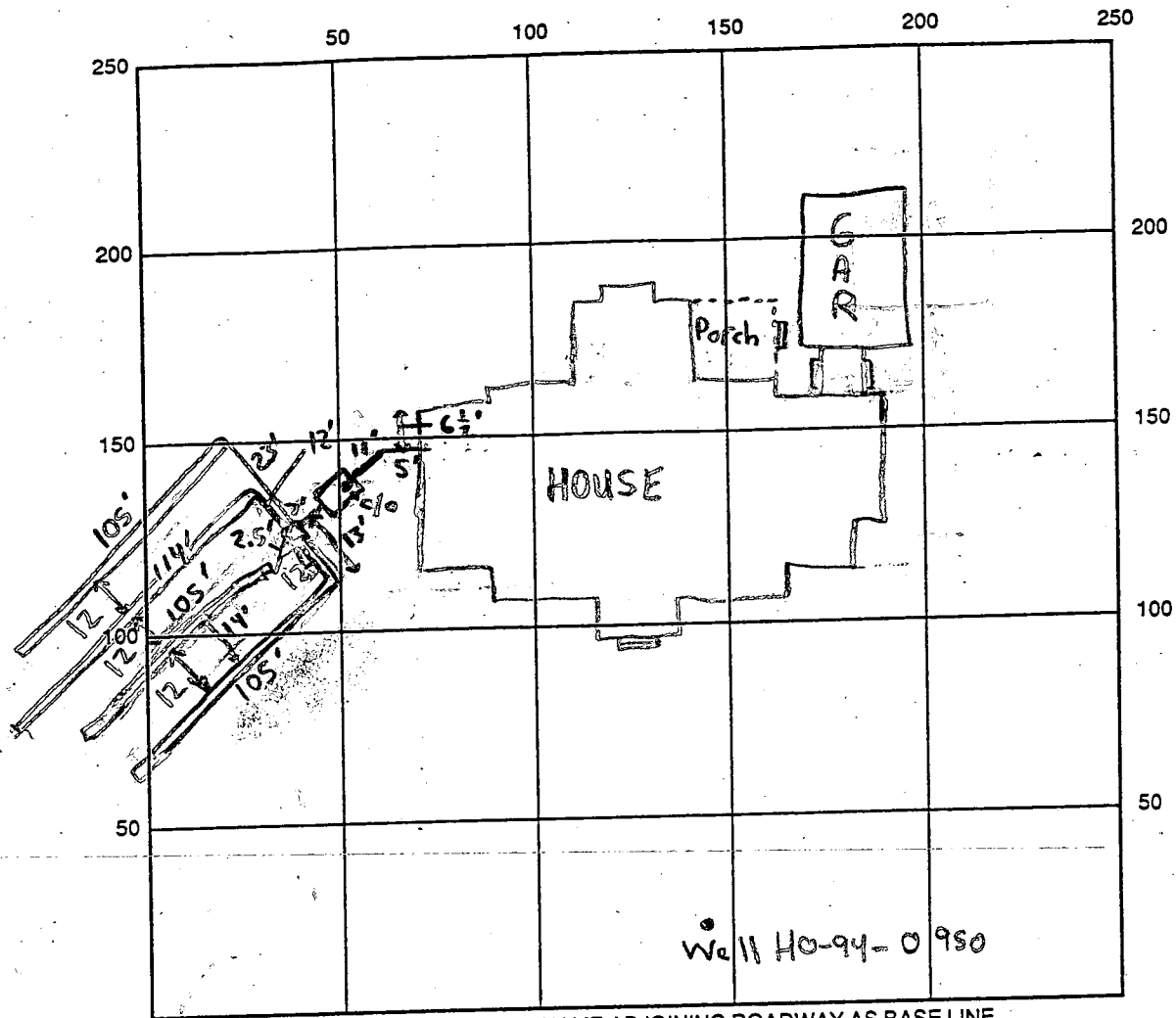
PERMIT VOID AFTER TWO YEARS

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**

A 410810



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
TRIDELPHIA ROAD

SEPTIC TANK LEVEL  2000 midspan tank CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL  Baffle is in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 429 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA 1287 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET NA FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/11/99 - OK TO COVER PIPING TO TANK, TANK & DIST. BOX, OK TO CONTINUE

SRK Well cap screened ok? 5/12/99 - OK TO COVER ALL WORK S.R.K.

DATE SYSTEM APPROVED 5/12/99

INSPECTOR Steven R. Kiez

# APPLICATION

PERCOLATION TESTING

A 40810

P \_\_\_\_\_

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

DISTRICT 5th

DATE 12/1/87

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. Brian & Patricia Michael

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

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

PROPERTY LOCATION:

SUBDIVISION Sapling Range THE WARFIELD'S LOT NO. 44 Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

14855 Triadelphia Rd

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD - 6 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 3-16-98  
Serial # B10110367

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. Myard Reil  
(SIGNATURE OF APPLICANT)

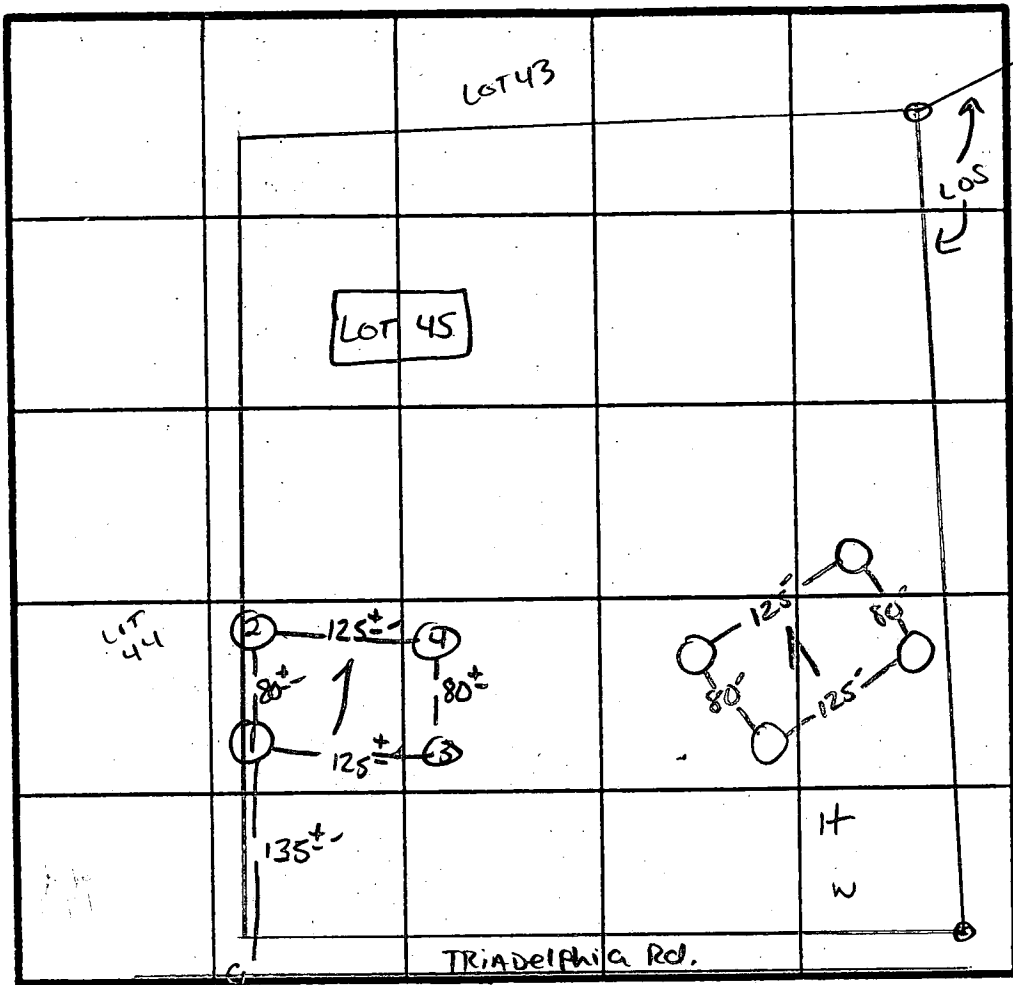
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

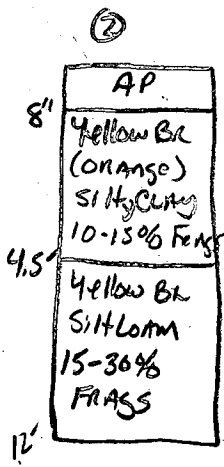
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2-1-88 PERC SATISFACTORY - HOLD FOR SUBDIVISION PLAT. SGM

# THIS IS NOT A PERMIT



X Perc  
8 min  
210 D/BM  
INLET 3.5'  
BOTTOM 5.0'



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/88	1S	4"	2:18	2:20	2:20	2:22	2 MIN
	1M	35"	2:18	2:21	2:21	2:25	4 MIN
	1V	13"	UNIFORM soil below 3"				
	2S	5"	2:25	2:37	2:37	2:58	21 MIN
	2V	12"	UNIFORM soil below 4.5"				
	3V	12"	UNIFORM soil below 2.5" (COLOR TAN)				
	4S	2.5"	2:34	2:37	2:37	2:41	4 MIN
	4V	12"	UNIFORM soil below 2.5" (COLOR BROWN)				

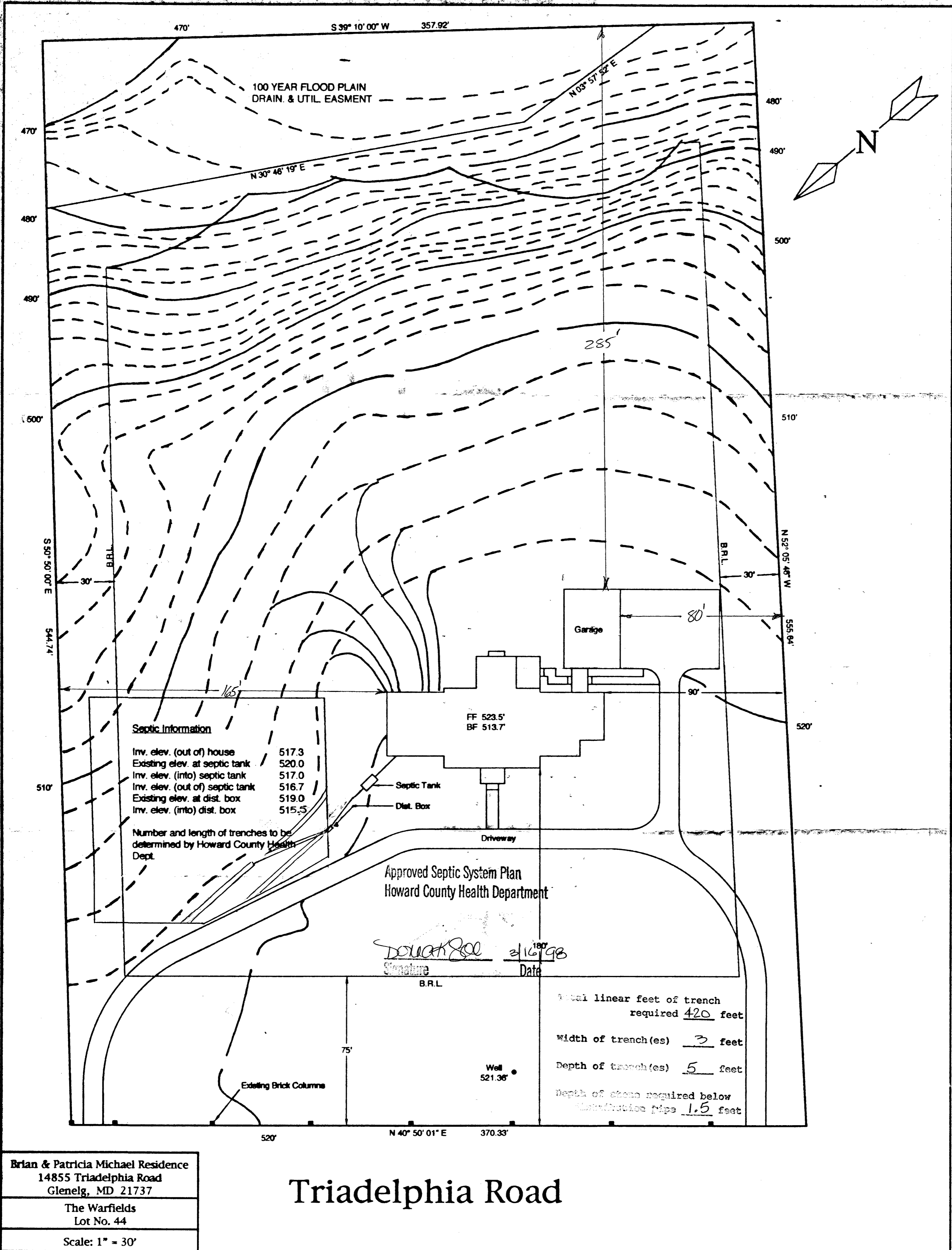
REMARKS Holes DIFF THAN PLAT

TYPE OF SOIL Glennelg - manor

TESTED BY S. Abel ALSO PRESENT KETTERMAN + Co. MARK







**Brian & Patricia Michael Residence**  
14855 Triadelphia Road  
Glenelg, MD 21737

The Warfields  
Lot No. 44

Scale: 1" = 30'

# Triadelphia Road

**C1** **7850** SEQUENCE NO. (MDE USE ONLY)

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

ST/CO USE ONLY DATE Received **1/20/96**

DATE WELL COMPLETED **10/7/96**

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

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

COUNTY NUMBER **A40810**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-94-0950**

OWNER **Warfield** (last name) **Philadelphia Rd** (first name) TOWN **Glenn**

STREET OR RFD **The Warfields** SECTION **4** LOT **4**

**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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	40	✓
Sandstone	40	45	
MICKA	45	70	
Sandstone	70	75	✓
MICKA	75	200	
Sandstone	200	205	✓
MICKA	205	305	

**GROUTING RECORD** (yes  no )

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

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **22** NO. OF ROUNDS **2200**

GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** **6** **55**

Nominal diameter top (main) casing (nearest inch!) Total depth of main casing (nearest foot)

**OTHER CASING (if used)**

diameter inch depth (feet) from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL **BR** BRASS BRONZE **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

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 26.04.04 "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.

TYPE: **MWD/MSD/MGD**

DRILLERS LIC. NO. **116**  
**Ralph Wayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Ralph E. Atkinson**

LIC. NO. **117**

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

**C2**

DEPTH (nearest ft.) **HO** **53** **305**

SLOT SIZE 1 **2** 3

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T **70** **72** **74** **75** **76**

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **120**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **21** ft.  
 WHEN PUMPING **32** ft.

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

**PUMP INSTALLED**

DRILLER WILL INSTALL PUMP (YES or NO) **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

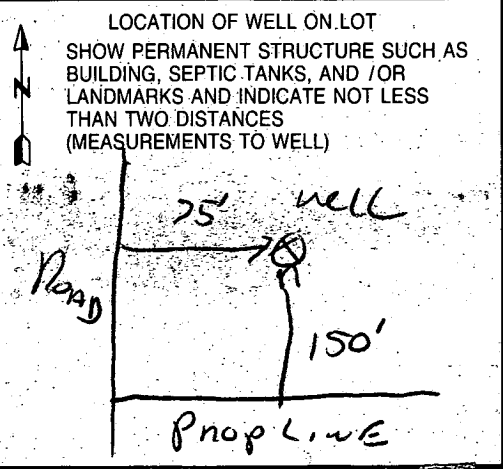
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above }  
**-** below } **2** (nearest foot)



B 1 **8236** SEQUENCE NO. (MDE USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-94-0950**  
 fill in this form completely

Date Received (APA) **100996**  
 OWNER INFORMATION  
**WARFIELD** **BERNARD**  
 Last Name Owner First Name  
**14663** **TRIDELPHIA RD**  
 Street or RFD  
**GLENEZLG** **MD21237**  
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**TRIDELPHIA** SUBDIVISION  
 SECTION **4** LOT **49**  
**GLENEZLG** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
**Ralph MAYNE** MSD/MGD/MWD  
 Driller's Name **Ralph MAYNE Well Drilling** License No. **176**  
 Firm Name **4120 Brown Church Rd. Mt. Airy**  
 Address **Nella Mayne 10/7/96**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **TRIDELPHIA Rd**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **75** FT OR MI  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

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)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME **A 40810** COUNTY NO.  
 STATE SIGNATURE **Donna Joe** DATE ISSUED **10/10/96** EXP. DATE **10/1/97**  
 NORTH GRID **515000** EAST GRID **0793000**

APPROXIMATE DEPTH OF WELL **150** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTARY  DRive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

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  
**2923**  
**5105**  
 location of tag @ site

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER **GAP**  
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No: **40-94-0950**

