

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

1/30 P.C.O. *CHD*

P 50490

A 45676 A

DISTRICT 5th

DATE 1/23/95

DATE SYSTEM APPROVED 1/24/95

INSPECTOR *[Signature]*

Bill Ingram/Farm & Home Excavating IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 901 Driver Road, Marriottsville, Md 21104 PHONE 442-2139

SUBDIVISION Blom Property LOT 2 ROAD 14344 Triadelphia Mill Road

PROPERTY OWNER Paul F. Blom

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

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 - Place the distribution box 60 feet from the rear (199.15') lot line and 175 feet from the right (394.97') lot line as seen when facing the lot from Triadelphia Mill Road. Run the trenches along contour to rear of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/20/94 DKS

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED DATE 12/22/93

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

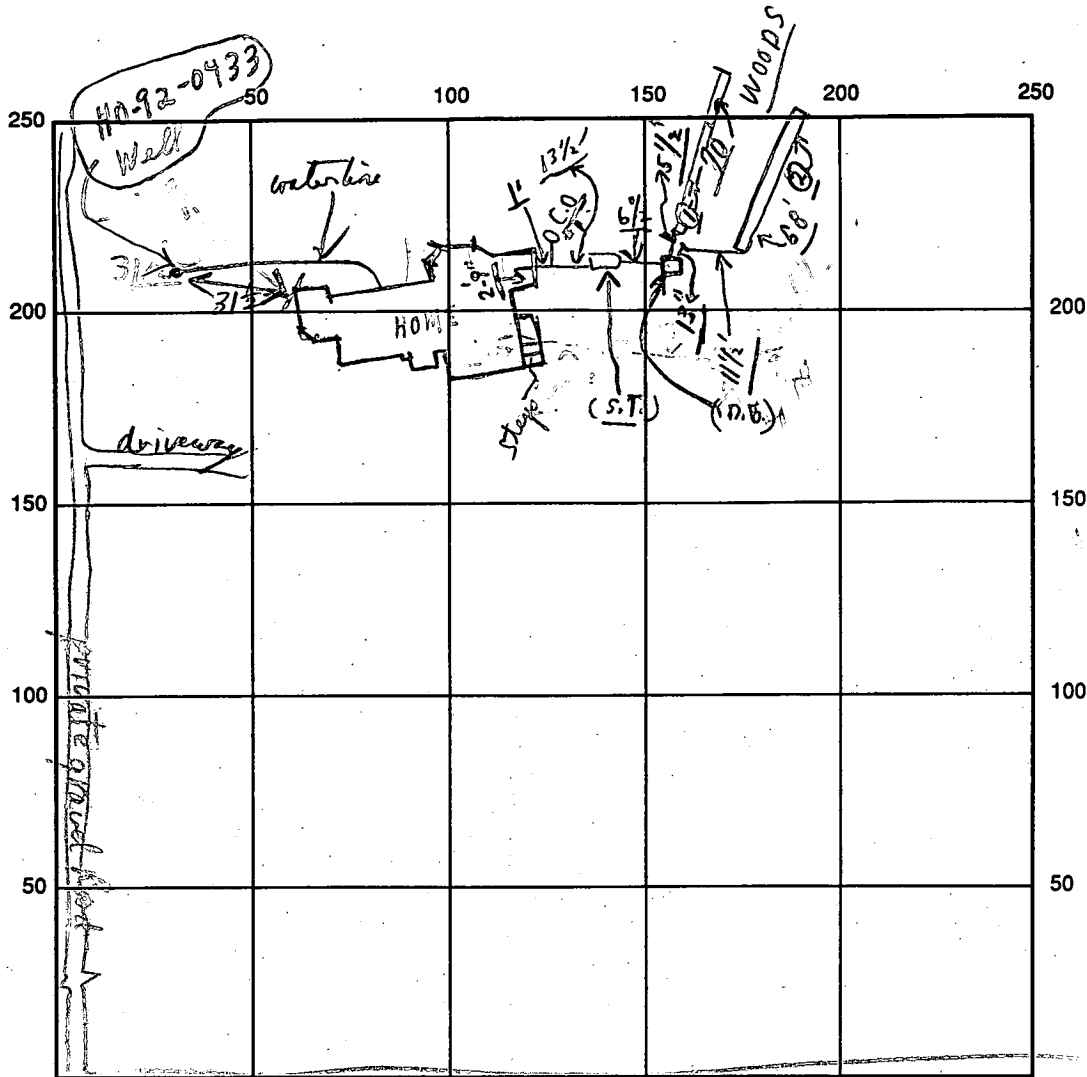
PERMIT VOID AFTER TWO YEARS

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 45676A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL (100) + OK TRIANGLE MILL ROAD S.T. CLEANOUTS No C.O. #1 OK

DISTRIBUTION BOX LEVEL (Baffles)

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

EFFECTIVE GRAVEL DEPTH 4 FT. { 0 70' @ 68' = TOTAL LENGTH 138 FT. }

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: P.M. 1/30/95 OK to cover from home to dirt road, only;
ok for stone in trenches partial (Wait for a call).
Septic Trenches + Tanks OK to cover R/P 1/31/95

1/30/95 No W.P.I. C.H.S.

DATE SYSTEM APPROVED 1/31/95 INSPECTOR [Signature]

5/3/90

APPLICATION

PERCOLATION TESTING

A 45676

P _____

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

DISTRICT _____

DATE 3/13/90

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 LOUIS D. BLOM (Paul F. Blom)

ADDRESS 14340 TRIADDELPHIA MILL RD. PHONE 531-2259
DAYTON

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SAME AS ABOVE LOT NO. 2

ROAD AND DESCRIPTION (14344 Triadelphia Mill Road)

TAX MAP 27 PARCEL # 50

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAM.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 12/22/93
Serial # 52045-3 Blom

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.

Louis D. Blom
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/3/90 PERC. OK Hold for Plat
6/24/92 SPECS WRITTEN R/D

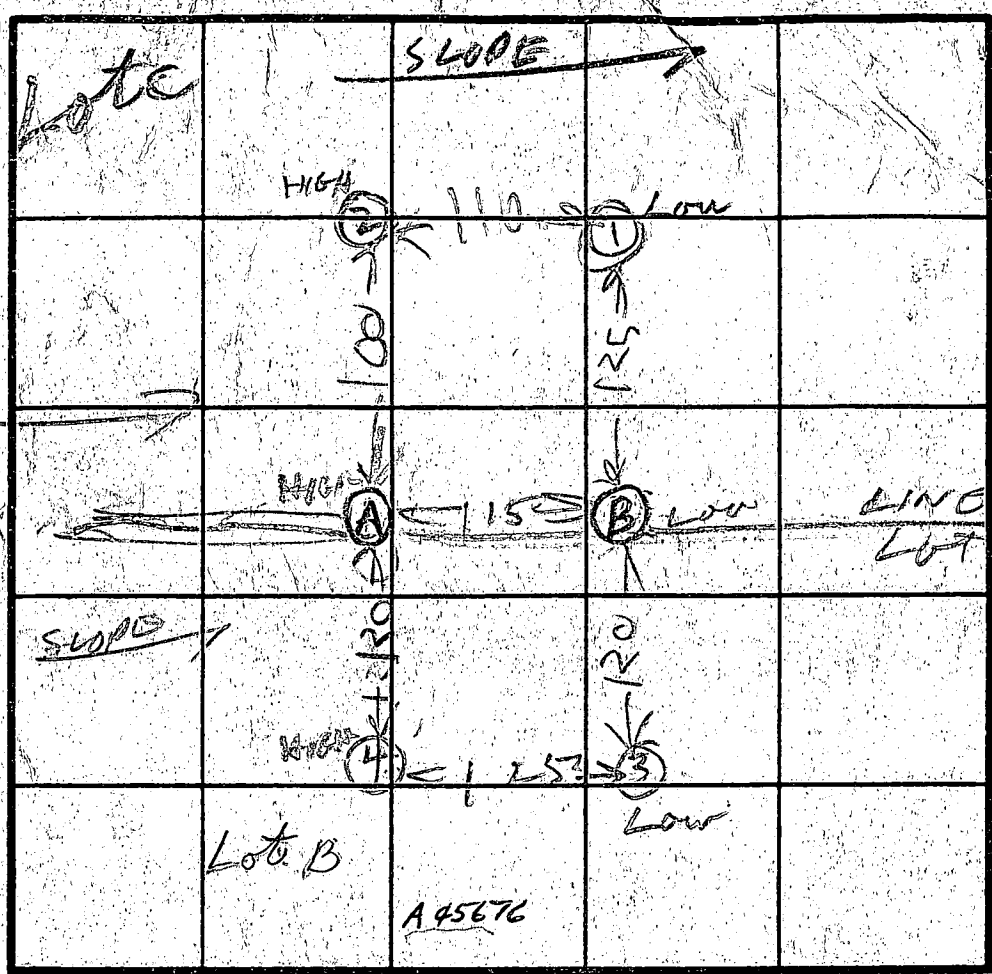
HD-216

THIS IS NOT A PERMIT

Lot B repeat
A45676

SOIL PROFILE

CLAY
BEIGE
SAND
LOAN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

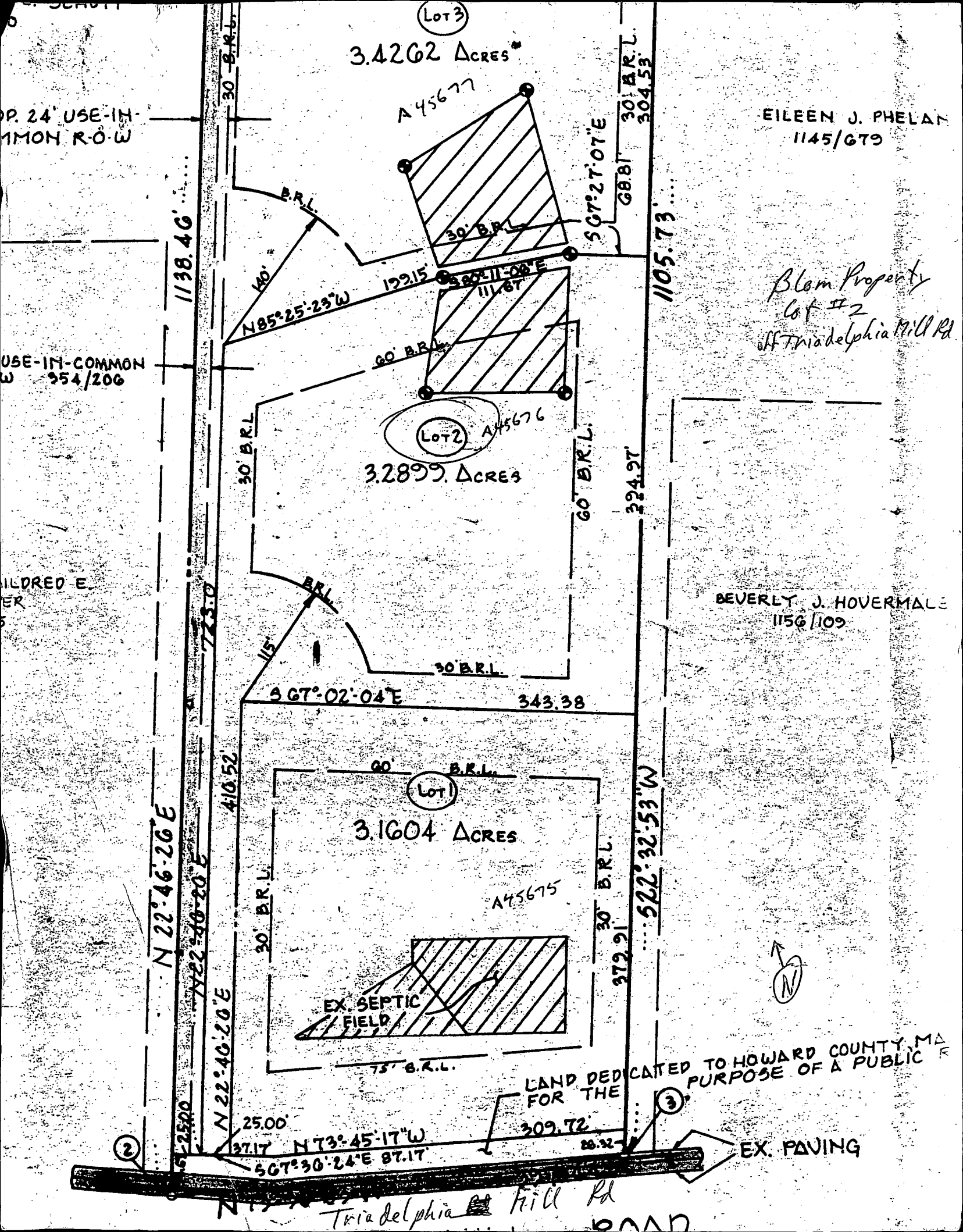
Inlet 2 FT
BOTTOM 9 FT

ONLINE
Lot B & C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/90	AS	3	1043	1144	1144	1246	12
	AV	13	OK				
	BS	3	1053	1054	1054	1155	1
	BV	13 1/2	OK				
	CS	3	1059	1100	1100	1101	1
	CV	13	OK				
5/6/90	CS	13 2/3	1102	1103	1103	1104	1
	CV	13 2/3	OK				

7 FT STONE
1800 ft
PER PER
26 LINEAR
FT PER PER

REMARKS: Hole du different from Plot
TYPE OF SOIL:
TESTED BY: R. J. Jodry
ALSO PRESENT: R. J. Jodry



76 x 40

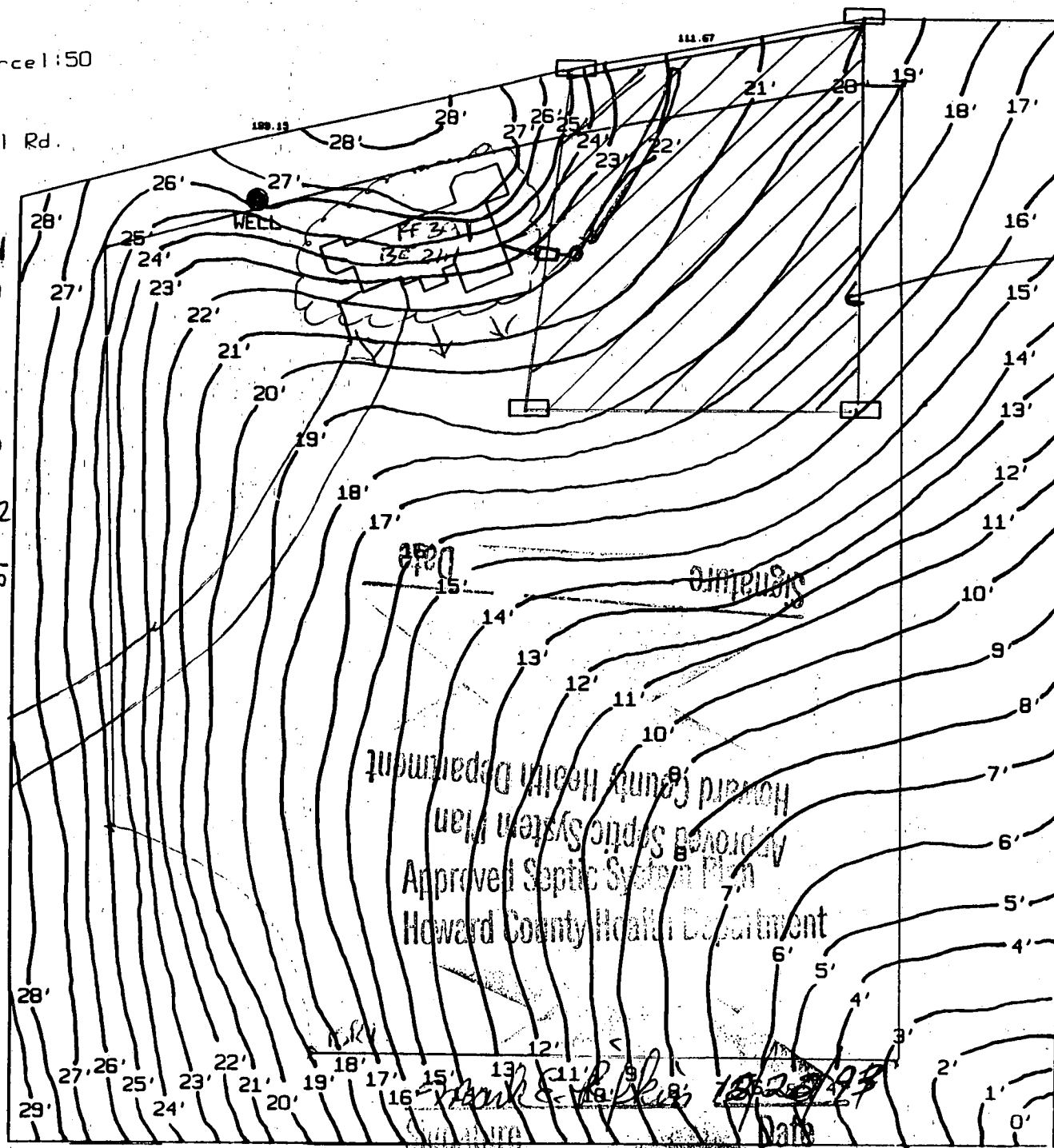
Address:
14340 Triadelphia Mill Rd.
Dayton, MD

House to well
MINIMUM 30'

House to S.T.
MINIMUM 10'

House to D.B.
MINIMUM 20'

Well to S.T.
MINIMUM 100'



- See Attached

Howard County Health Department
Approved Septic System Plan
Howard County Health Department

I certify that the above measurements are actual and correct for this property.

7-131

8/20/93

VISITED SITE WITH MR BLUM'S FATHER

- ① THE STAKE IS ALMOST EXACTLY 100 FT FROM THE SEWAGE DISPOSAL EASEMENT & ABOUT THE SAME ELEVATION AS SEWAGE DISPOSAL EASEMENT. PERCHOLLS SEEN
- ② NOT SURE OF HOUSE SITE
- ③ NOT SURE OF DRIVEWAY SITE
- ④ NOT SURE OF SEPTIC TANK SITE
- ⑤ RECOMMENDED MORE DETAILED PLANS TO MR BLUM'S FATHER WHO SEEMED UNHAPPY WITH DECISION

R/H

8/20/93

DISCUSSED WITH CW AFTER MR BLUM CALLED. DECIDED TO ISSUE WELL PERMIT & RECOMMENDED THAT WELL BE SHIFTED NORTH WEST NOT NECESSARY TO SUBMIT MORE DETAILED PLANS R/H

8/26/93

Paul Blum shifted well site over phone R/H

2-2-95

amphre

2/2/95

Fard

C.B.S.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # -0-
Date 2-1-95

Name of Installer WILLoughby PLUMBING

Telephone 781-7051

License Number 6492
Certified Well Pump Installer ☐

Well Driller ☐ Registered Plumber ☒

Name of Property Owner Paul Blom Telephone 531-2259
Subdivision BLOM PROPERTY Lot # 2 Well Tag # HO-92-0433
Site Address 14344 TRIA DELPHIA MILL RD
DAYTON, MD

Pump

1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

Motor

1. Horsepower 3/4 HP
2. RPM ☐
3. Voltage ☐
a. 110 ☐
b. 220 ☒

Pitless Adapter

1. Make HARVARD
2. Model # ☐
3. Depth 4'

2. Make TACUZZI
3. Model # ☐
4. Capacity 5 GPM

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 tape

Tank

1. Capacity 40 gal.
2. Pressure relief valve? yes

Piping

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

Well data

1. Depth 365 ft.
2. Yield 1 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? yes

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: Chris J. Willoughby

Date: 2/1/95

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

HO-215

2/2/95 Note over water line - 0.5' from home
+ 3.4' water well casing and 1' OR in area seen

C1 0482 SEQUENCE NO. (DENV. USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A45176

ST/CO USE ONLY

DATE Received

8 13

DATE WELL COMPLETED

090893

Depth of Well

365 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

10-92-0432

OWNER BLOM last name first name TOWN DAYTON
STREET OR RFD
SUBDIVISION BLOM PROPERTY SECTION LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearingSand 0 64
Gray Mica 64 365
Rock

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 158

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 57 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

S 6 68

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter: depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHERC2
E
A
C
H
S
C
R
E
E
N

DEPTH (nearest ft.)

1 40 66 365
2
3

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) W Q
74 75 76TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 NO

(CIRCLE) (YES or 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
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } (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)See Attached
locationI 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 24

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

COUNTY