

6/30/99
3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511965

A 49476

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

05-417848

DISTRICT _____

DATE 06-23-1999

DATE SYSTEM APPROVED 6/30/99

INSPECTOR BB

INDEXED

Edward McEvey

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 3122 Wheaton Way, Ellicott City, Maryland 21043

PHONE 410-750-3013

SUBDIVISION Hartman Property

LOT 3

ROAD 14494 Triadelphia Mill Road

PROPERTY OWNER Edward & Nancy McEvoy

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place distribution box 110 feet from a point on the East (right-934.65') lot line, which in turn, is 260 feet from the intersection of the right lot line and the 105.00 ft. access right-of-way (as viewed from Triadelphia Mill Road). Install trenches on contour toward left lot line.

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

OKCW

PLANS APPROVED BY Ronald J. Pinkley/C. Williams

DATE 2-09-1999

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

PERMIT SIGNED

AND RETURNED 6/24/99

Seal #B00118046
signature

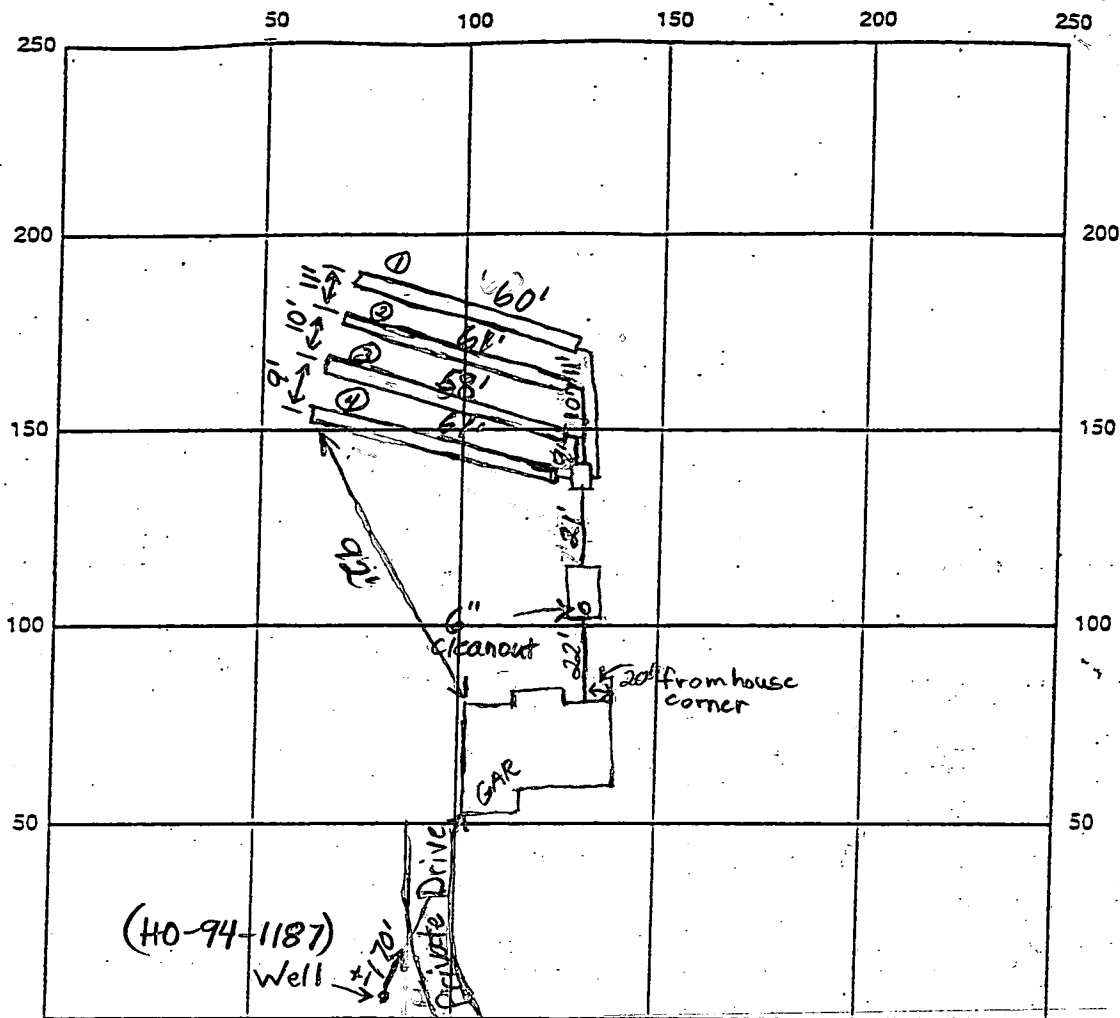
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

417848



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 6" septic tank
 DISTRIBUTION BOX LEVEL O.K.
 DRAIN FIELD/TILE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60, 61, 58, 61 FT. (240)
 NUMBER OF TRENCHES 4 ~~ONESIDE~~ BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER 1 FT. EFFECTIVE DEPTH BELOW INLET 1 FT.
 ABSORBENT AREA 1 SQ. FT.

REMARKS: House connection made. WPI O.K. Okay to cover everything.

6/30/99 BB

DATE SYSTEM APPROVED 6/30/99 INSPECTOR Brian Baker

APPLICATION

PERCOLATION TESTING

A 49476

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 7/22/93

PERGREG OK

MAY TEST MON

ALSO IN CASE

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*WELL SITE TO
BE ADJUSTED
WITH RESPECT
TO SEPTIC ON LOT 1*

*200' STAGNATION RESTRICTION
IS RELAXED,*

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER FRANK AND CAROLYN HARTMAN Edward & Nancy McEvoy

ADDRESS 14498 TRIADELPHIA MILL Rd. DAYTON MD. 21036 PHONE (301) 596-9414

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC. c/o ZACHARIA FISCH

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION TRIADELPHIA MILL ROAD LOT NO. 3

ROAD AND DESCRIPTION (14494 Triadelphia Mill Road)

TAX MAP 27 PARCEL # 96

SIZE OF LOT 5A ± TYPE BLDG. S.F.D. - 4 Brm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

~~AND RETURNED~~ 3-9-99
Serial # B00116024

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. Zacharia J. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

483 49926
COUNTY #

SOIL PROFILE A

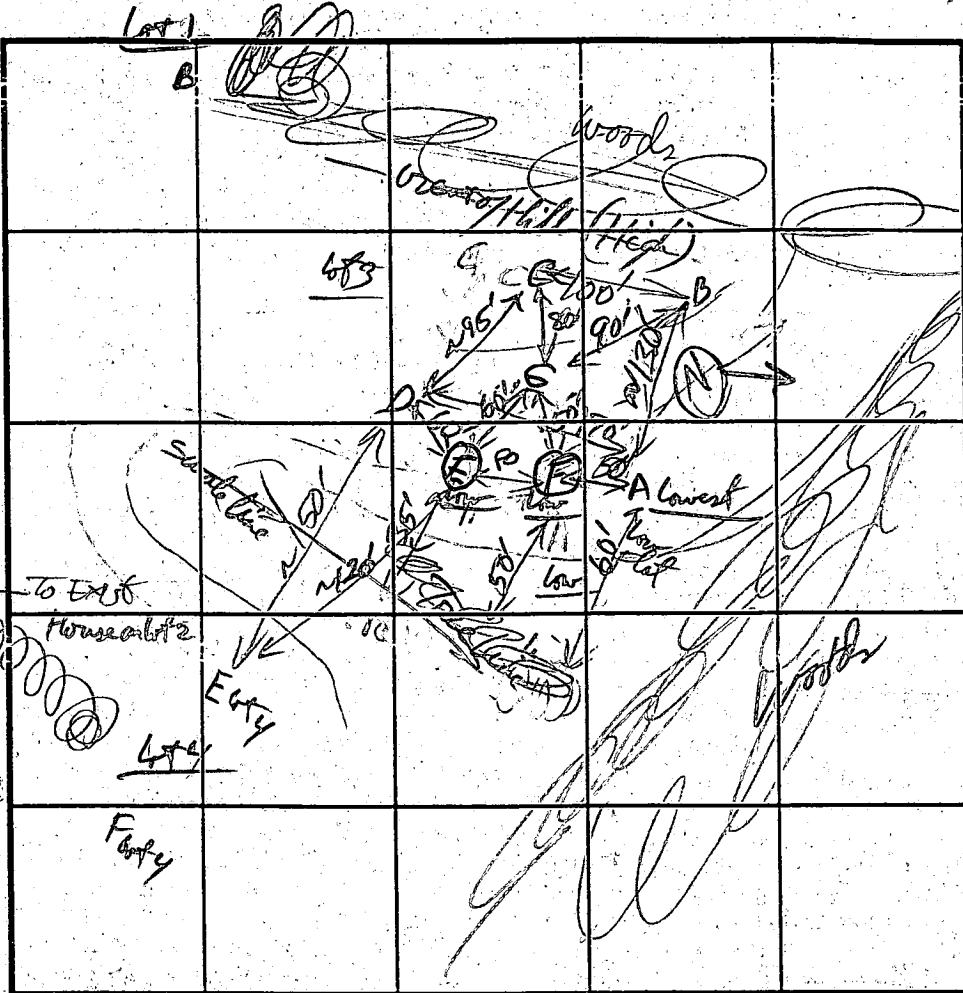
0' Reddish-brown
St. Aprn
Mica loam
1 1/2' gray Brn
to Sandy Brn
Sandy
Mica
loam
Mica
loam
No water
after 5 hrs.

B

2-3' St. Brn
HL-CL
Mid Brn
to gray Brn
Mica
loam

C

12' Red Brn-St. Brn
Mica loam
Red Brn
to Tan Brn
Mica
loam
6' Red Brn-St. Brn
CL
3' Mid Brn
Mica loam
7' Gray Brn
Mica loam
1 1/2' No water after
13 hrs



SOIL PROFILE D

0' Red HL-L
2' Mid Brn
to Neutral
Brn
Mica loam
1 1/2' F
1 1/2' Red Brn Mica Loam
4' Mid Brn
Mica loam
4' Mix Neutral Brn
to gray Brn
2 1/2' Gray Mica loam
with water seepage
+ chert
10' water

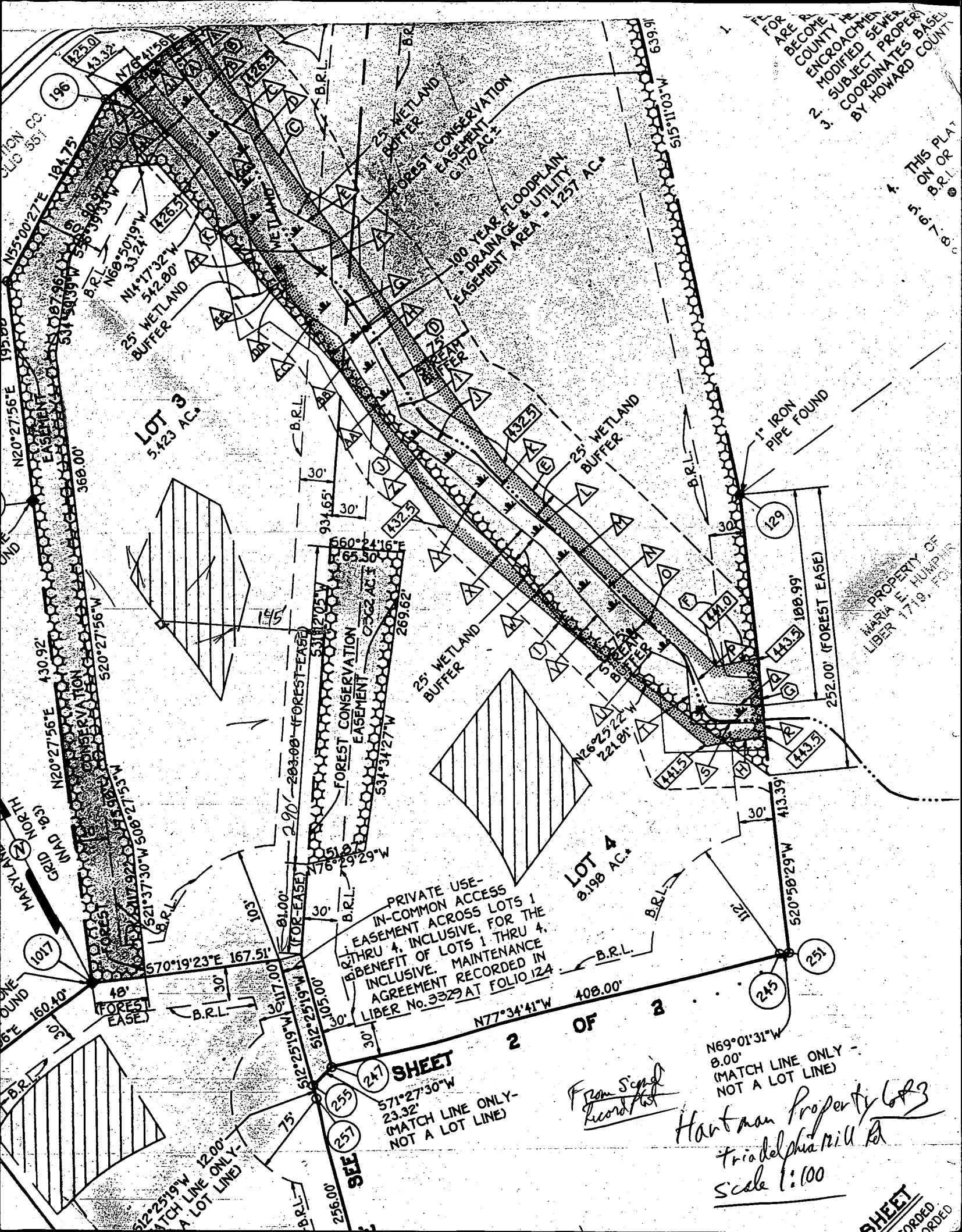
E

2 1/2' Red Brn loam (B)
11' Mix Color - gray Brn
Mica loam
c2d Blk Husk
covering below 3'
8' gray Mica loam
St. Saprophytic V. Moist
the wet
10' water at 10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8-10-92	A	12' 3"	11:38	11:46:25	11:40:25	11:42:35	2 min
	B	12' visual only		OK below 2 ft			5 min
	C	1 1/2' 2 1/2'	12:01:20	12:03:18	12:03:18	12:06:30	3 min
		6'	11:59:30	12:02:06	12:02:06	12:05:30	3 min
	D	1 1/2'	Visual Only	OK below 2 ft			2 ft
	E	1 1/2'	Water @ 10'	Soil OK below 2 ft			Fail
	F	10' 1/2'	Water @ 9'	OK below 1 1/2'			Fail
	G	11 1/2'	OK below 3'	No water after 3 hrs			

REMARKS E is 6-7' lower elevation than D, D is 4-5' lower elevation than F
TYPE OF SOIL Heavy loam - water in holes E & F (low)
TESTED BY R.P. Kelley ALSO PRESENT
TRENCH DESIGN DATA/AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3
INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180



FOR
ARE
BECOME
COUNTY
ENCROACHMENT
MODIFIED SEWER
SUBJECT PROPER
COORDINATES BASED
BY HOWARD COUNTY

1. THIS PLAT
ON OR
B.R.L.
5.6.7.8.

PROPERTY OF
MARIA E. HUNTER
LIBER 1718, PG.

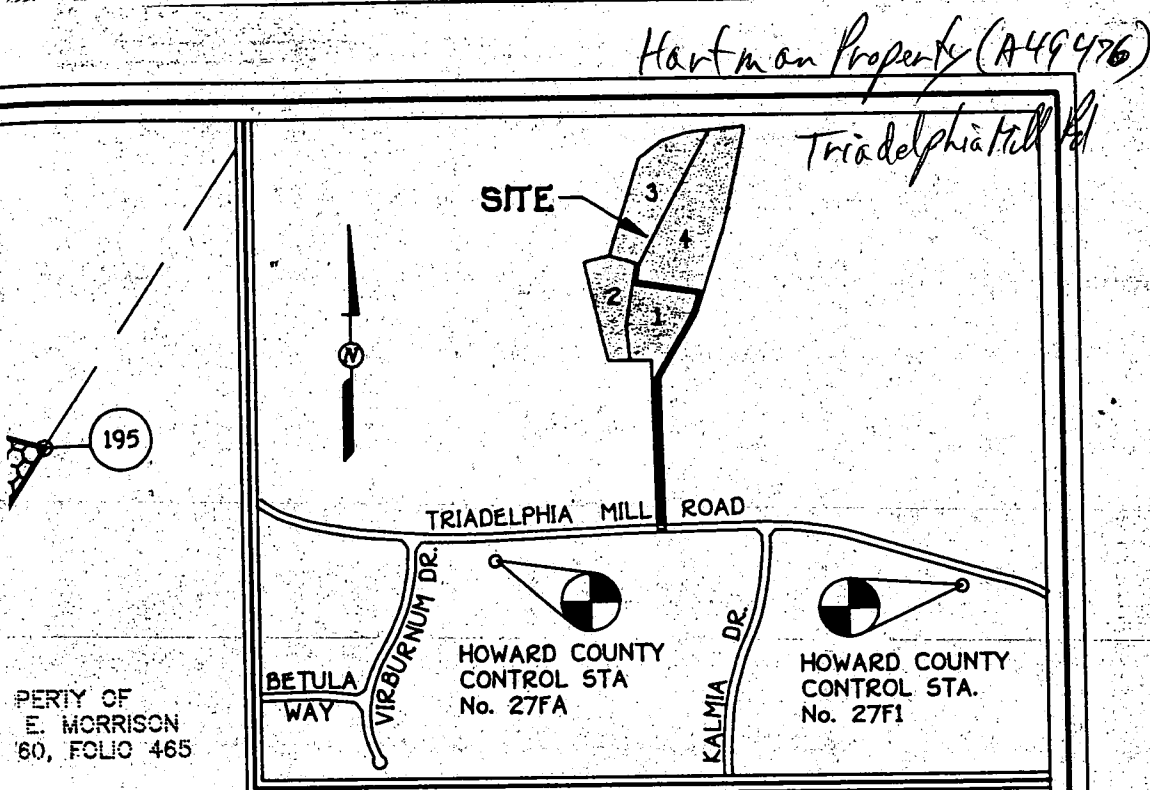
PRIVATE USE-
IN-COMMON ACCESS
EASEMENT ACROSS LOTS 1
THRU 4, INCLUSIVE, FOR THE
BENEFIT OF LOTS 1 THRU 4,
INCLUSIVE. MAINTENANCE
AGREEMENT RECORDED IN
LIBER No. 3329 AT FOLIO 124

SHEET
571°27'30"W
23.32'
(MATCH LINE ONLY -
NOT A LOT LINE)

N69°01'31"W
8.00'
(MATCH LINE ONLY -
NOT A LOT LINE)

Hartman Property
Philadelphia Mill Rd
Scale 1"=100'

SHEET
RECORDED



GENERAL NOTES:

VICINITY MAP

SCALE: 1" = 1200'

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT. INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE CITY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR DISCHARGE INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A PRIVATE SEWERAGE EASEMENT SHALL NOT BE NECESSARY. THE PROPERTY IS ZONED RR-DEO PER 10/18/92 COMPREHENSIVE ZONING PLAN. COORDINATES BASED ON NAD '83, MARYLAND COORDINATE SYSTEM AS PROJECTED. HOWARD COUNTY GEODETIC CONTROL STATIONS No. 27F1 AND No. 27FA.

27F1	N 568,964.527
	E 1,308,655.180
27FA	N 569,002.022
	E 1,306,892.381

PLAT IS BASED ON A FIELD RUN MONUMENTED BOUNDARY SURVEY PERFORMED ABOUT MAY 21, 1993 BY FISHER, COLLINS AND CARTER, INC.

DENOTES BUILDING RESTRICTION LINE.

DENOTES IRON PIN SET CAPPED "F.C.C. 10692".

DENOTES IRON PIPE OR IRON BAR FOUND.

DENOTES ANGULAR CHANGE IN BEARING OF BOUNDARY OR RIGHTS-OF-WAY.

DENOTES CONCRETE MONUMENT SET WITH ALUMINUM PLATE "F.C.C. 10692".

DENOTES STONE OR MONUMENT FOUND.

DENOTES EXISTING CENTERLINE OF STREAM.

DENOTES WETLAND AREA.

DENOTES APPROXIMATE ELEVATION OF 100 YEAR FLOOD LEVEL.

DENOTES LIMITS OF 100 YEAR FLOODPLAIN. 100 YEAR

PLAIN STUDY APPROVED UNDER F-94-58.

FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD

ENHANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM AND THE

R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.

WAY(S) SHALL BE PROVIDED PRIOR TO RESIDENTIAL OCCUPANCY TO INSURE

6051.01

check # 3768

C/R 22371

H6825

6-22-99

OK AS PRO 10567

6/23/99

C. W. D.

June 22, 1999

Avis Corbin
Chief, Licenses and Permits Division
Department of Inspections, Licenses and Permits
3430 Court House Drive
Ellicott City, MD 21043

Re. 14494 Triadelphia Mill Road Permit # B-00116024

Dear Ms. Corbin,

I am requesting a revision to the above-mentioned permit, to show a change in the location of the house and as a result a minor change to the septic area. The change was necessary in order to better situate the house for visual reasons, as well as to save considerable grading costs. Thank you in advance for your quick attention to this matter.

Sincerely,

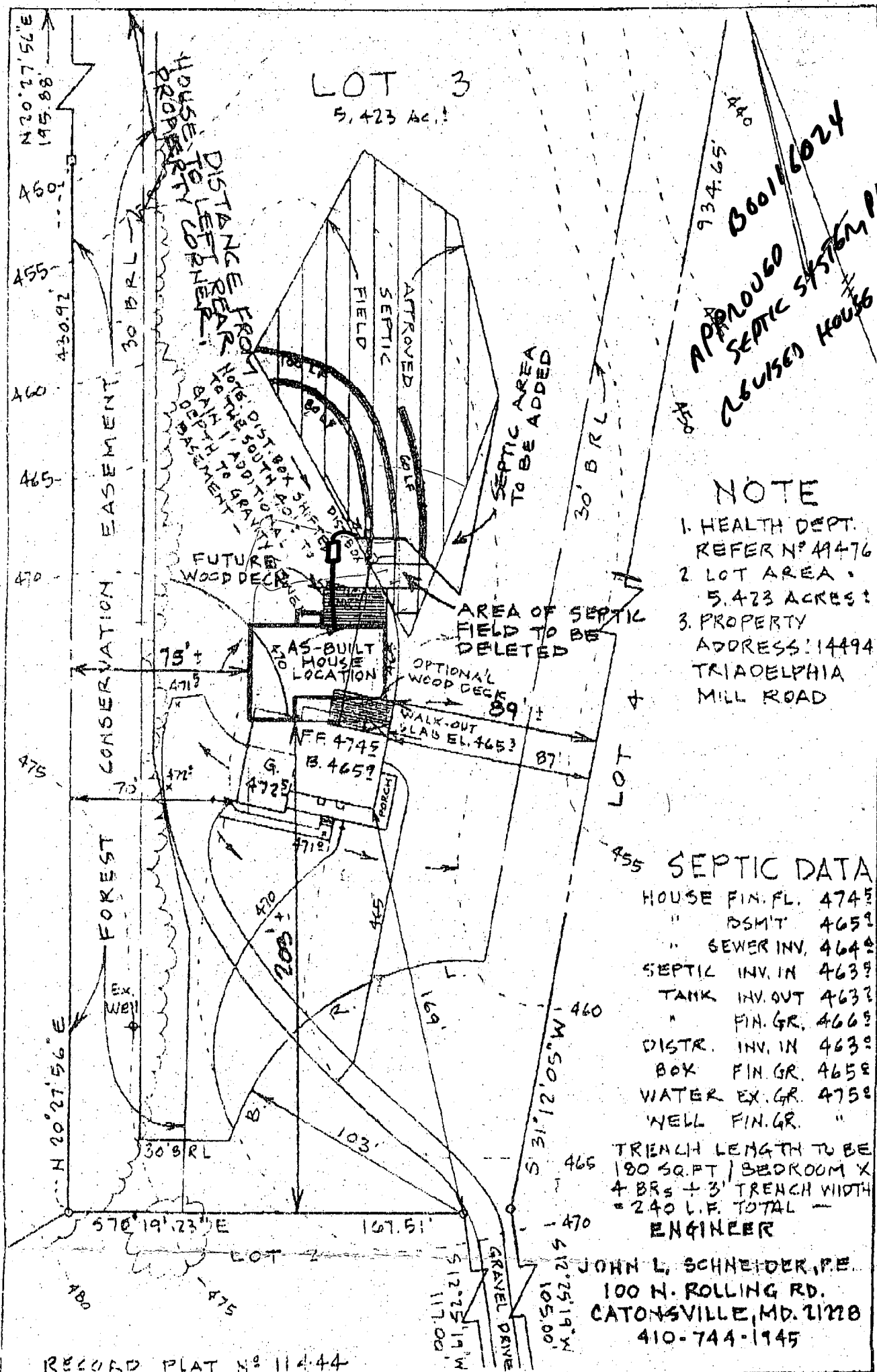


Ed McEvoy

✓
cc: Health Dept
6/23/99

RASAP





DR. GREGORY V. MEYER
1336 HORNELL DRIVE
SILVER SPRING, MD

Home 301 - 421-9295 20905
WC 301 384-1223
301 (384-~~7~~4731)

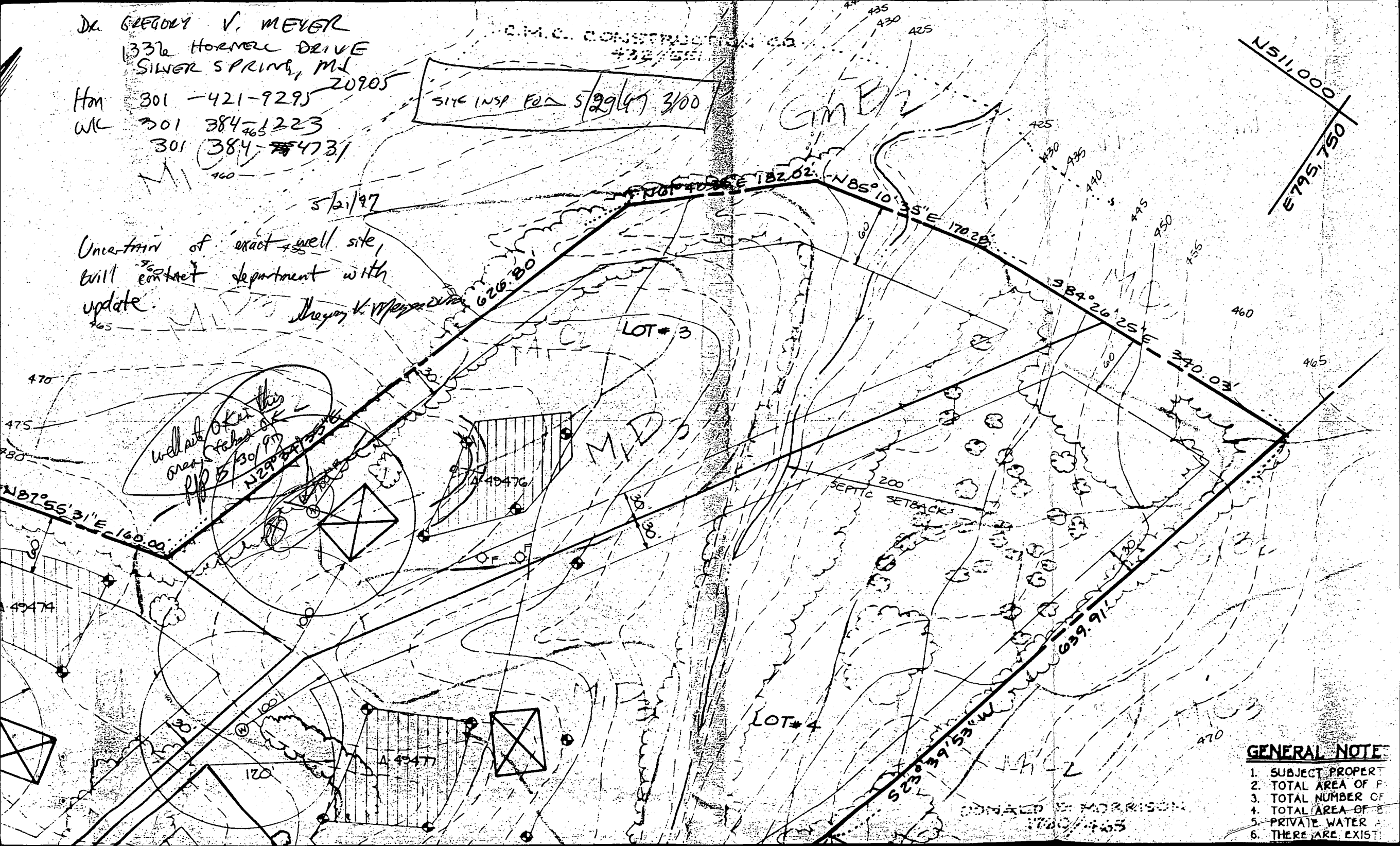
C.M.C. CONSTRUCTION CO.
432/551

SITE INSP FOR 5/29/97 3/00

Gm Br

5/2/97
Uncertain of exact well site,
will contact department with
update.

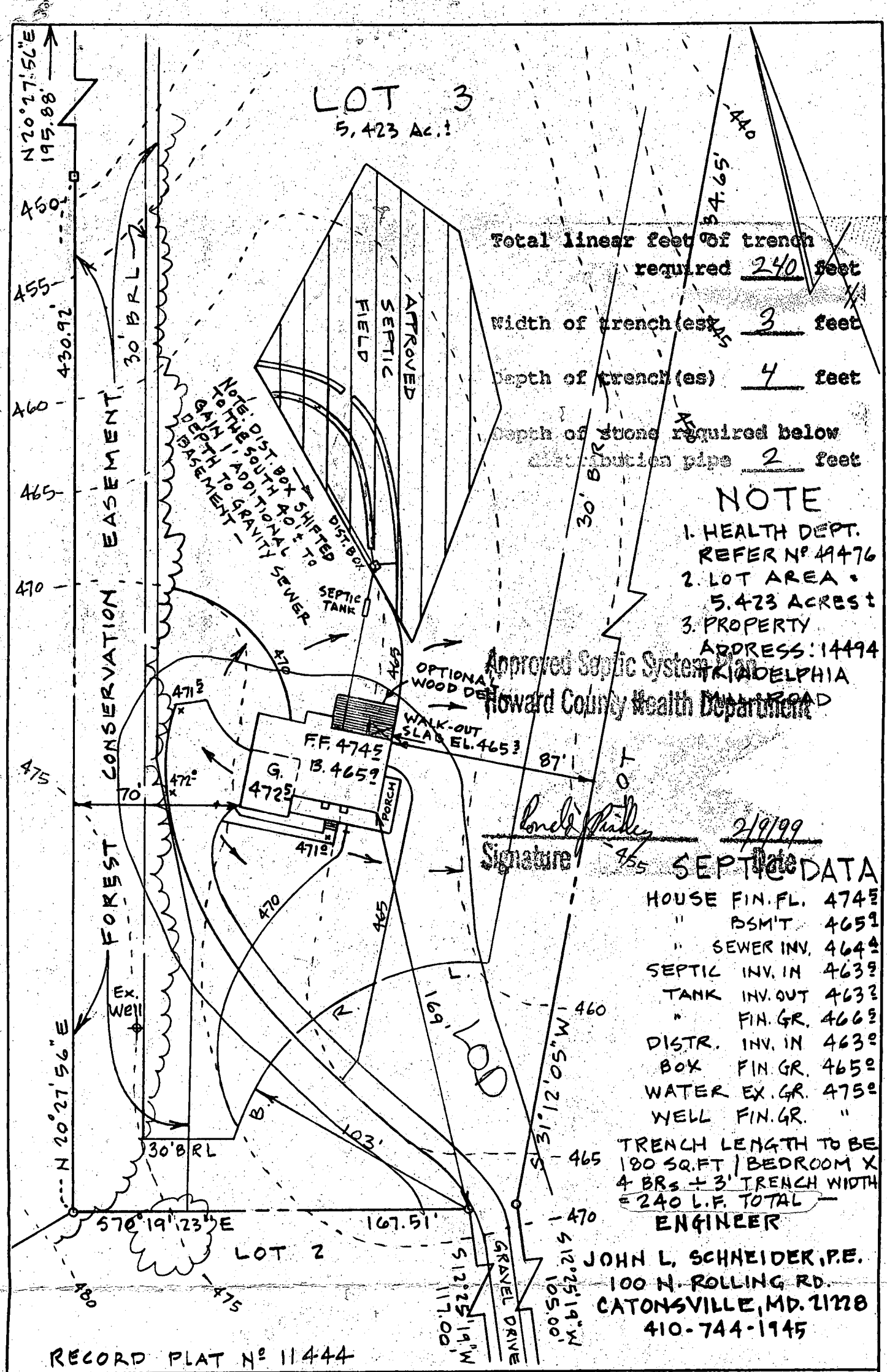
Gregory V. Meyer



GENERAL NOTE

1. SUBJECT PROPERTY
2. TOTAL AREA OF P
3. TOTAL NUMBER OF
4. TOTAL AREA OF B
5. PRIVATE WATER A
6. THERE ARE EXIST

DONALD E. MORRISON
7700/465



Total linear feet of trench required 240 feet
Width of trench (est) 3 feet
Depth of trench(es) 4 feet
Depth of stone required below distribution pipe 2 feet

NOTE

1. HEALTH DEPT. REFER NO 4476
 2. LOT AREA • 5.423 ACRES ±
 3. PROPERTY ADDRESS: 14494 KINDELPHIA ROAD
- Approved Septic System Plan
Howard County Health Department

Signature: *Lonely Bailey* Date: *2/9/99*

SEPTIC DATA	
HOUSE FIN. FL.	4745
" BSM'T	4659
" SEWER INV.	4644
SEPTIC INV. IN	4639
TANK INV. OUT	4632
" FIN. GR.	4662
DISTR. INV. IN	4632
BOX FIN. GR.	4652
WATER EX. GR.	4752
WELL FIN. GR.	"
TRENCH LENGTH TO BE 180 SQ. FT. / BEDROOM X 4 BRs + 3' TRENCH WIDTH = 240 L.F. TOTAL	

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

RECORD PLAT NO 11444

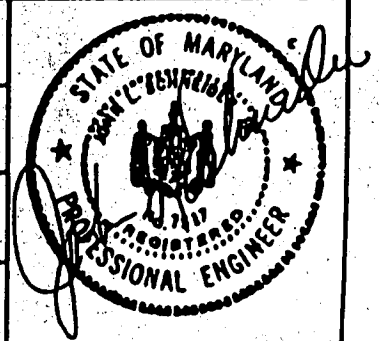
GRADING STUDY

LOT 3 "HARTMAN PROPERTY"

5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: FEB. 2, 1999



PROPERTY OF
C.M.C. CONSTRUCTION CO.
LIBER 432, FOLIO 551

LOT 3
5.423 AC.

LOT 4
8.198 AC.

SHEET 2 OF 2

571°27'30"W
23.32'
(MATCH LINE ONLY -
NOT A LOT LINE)

N69°01'31"W
8.00'
(MATCH LINE ONLY -
NOT A LOT LINE)

S12°25'19"W 12.00'
(MATCH LINE ONLY -
NOT A LOT LINE)

MATCH LINE SEE

LOT 3.493

AREA TABULATION THIS SHEET

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED.	3
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED.	3
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED.	15.77
TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED.	0.00
TOTAL AREA OF ROADWAY TO BE RECORDED.	15.77

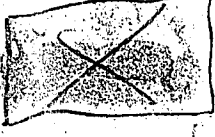
E 1307750
N 570250

1" = 100'

Gravel road build Lot 1

Brown field

House being built on the



STONE FOUND

PRIVATE USE
IN-COMMON ACCESS
EASEMENT ACROSS LOTS 1
THRU 4, INCLUSIVE, FOR THE
BENEFIT OF LOTS 1 THRU 4,
INCLUSIVE. MAINTENANCE
AGREEMENT RECORDED IN
LIBER No. 3329 AT FOLIO 124

25' WETLAND
BUFFER

100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT AREA - 1257 AC.

25' WETLAND
BUFFER

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C1 6082

SEQUENCE NO.
(MDE USE ONLY)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

A 49476

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM 08 DD 14 YY 97

DATE WELL COMPLETED

MM 06 DD 12 YY 97

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-1187

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

St

6

80

OTHER CASING (if used)

E C H C A S I N G
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y NCIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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.

DRILLERS LIC. NO. 1 MW D 040

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 481

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

11 15

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

43 ft.

WHEN PUMPING

216 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 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
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)30' x 50' lot
well
cc 8/16/97

COUNTY

B 1	9371	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho 94-1189 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 05/24/97		OWNER INFORMATION Greg		
15 Last Name 1336 Hornell Dr.		34 First Name		
36 Street or RFD Silver Spring, Md. 20905		55		
57 Town		70 State		72 Zip
DRILLER INFORMATION George F. Easterday				
Driller's Name Franklin Easterday, Inc.		81 License No.		
Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771				
Address George F. Easterday				
Signature 5/20/97				
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.) 500				
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 APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL 300 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one) BORED (or Augered) ☒ AIR-ROTARY ☐ CABLE ☐ other _____ JETTED ☐ AIR-PERCussion ☐ ROTARY (Hydraulic, Rotary) ☐ Drive POINT ☐				
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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER RP				
FORCE 70				
PERMIT No. Ho-94-1189				
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	Howard	LOCATION OF WELL#
8 COUNTY		21
23 SUBDIVISION		42
SECTION 3		LOT 48
44 46		48 50
52 NEAREST TOWN		71
MILES FROM TOWN (enter 0 if in town)		73 76 77 78

B 4	Triadelphia Mill	NEAR WHAT ROAD
11		30
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD		ENTER FT. OR MI
34 37		38 39
TAX MAP: 24 BLK: _____		PARCEL 26

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A49406 COUNTY NO.

STATE SIGNATURE _____

DATE ISSUED **06/02/97**

43 MM DD YY 48

CO SIGNATURE **Franklin Easterday**

EXP. DATE **6-2-98**

41

NORTH GRID **516** 0 0 0

50 55

EAST GRID **0995** 0 0 0

57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Wells**

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

790 5

500 516

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Dayton

Triadelphia Mill

Greenbridge

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 X
Replacement _____

Receipt # _____
Date _____

Name of Installer Fireside Plbg Inc / Thomas Eckert

Telephone 410-581-5726

License Number 20088 State _____

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber 20088

Name of Property Owner Edward & Nancy McEvoy

Telephone 410-750-3013

Subdivision Hartman Property

Lot # _____

Well Tag # HO-94-1187

Site Address 4494 Philadelphia MCRD

Dayton MD 21036

Lot 14 Hartman Property

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible X

2. Make Jacuzzi

3. Model # 3/4 HP 2 wire

4. Capacity 8 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other of tape

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage 220

a. 110 _____

b. 220 X

Pitless Adapter

1. Make Campbell / Martase

2. Model # 3-3008

3. Depth 48"

Tank

1. Capacity 80 Gall

2. Pressure relief valve? YES

Piping

1. Type Black Plastic

2. Size 1" HDPE

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 18"

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? Builder

Pitless adapter 5' below grade.

Well casing 2" above grade.

- O.K. to cover work -

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).

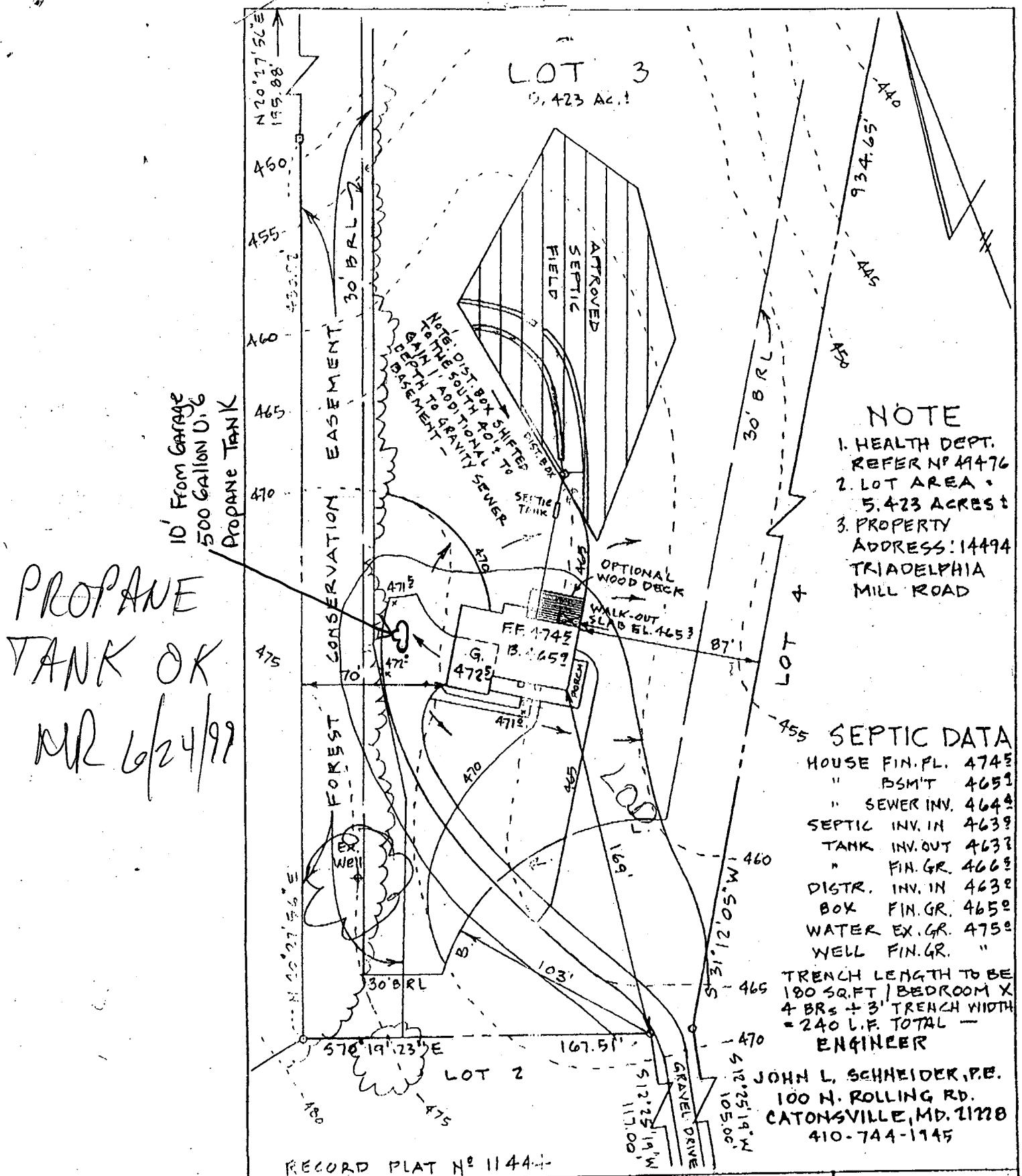
All information given above is true to the best of my knowledge.

6/30/99
WPI O.K.
BB

Signature of Applicant: Thomas Eckert / Fireside Plbg Inc

Date: 6/25/99

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



RECORD PLAT N° 1144-1

GRADING STUDY

LOT 3 "HARTMAN PROPERTY"

5th ELECTION DISTRICT
HOWARD COUNTY-MARYLAND



Mail

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610 AUTOMATED INFORMATION (410) 313-3500	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>800118646</u>
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Building Address <u>14494 Trindelpia Mill Rd.</u> <u>Dayton, MD 21036</u> Suite/Apt. #: <u>N/A</u> SDP/NP/Petition #: <u>N/A</u> Census Tract <u>6640</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u> Tax Map <u>21</u> Parcel <u>29</u> Grid <u>21</u> Zoning <u>RC-600</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>EDWARD J. McEvoy</u> Address <u>14494 Trindelpia Mill Rd</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Home Phone <u>410 750 3013</u> Work Phone <u>301 953 9870</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
--	--

Existing Use <u>SFD</u> Proposed Use <u>U.G. PROPANE TANK</u> Estimated Construction Cost \$ <u>2300.00</u> Description of Work <u>BUY a 500 GALLON</u> <u>U.G. PROPANE TANK</u>	Contractor Company <u>SUBURBAN PROPANE</u> Contact Person <u>MIKE DeVINCENT</u> Address <u>31 Derwood Circle P.O. Box 1766</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u> License No. _____ Phone <u>301 251 0606</u> Fax <u>301 251 0608</u>
--	---

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ ☐ State Certified Modular ☐ Manufactured Home	Utilities Water Supply: _____ Public _____ Private ☒ Sewage Disposal: _____ Public _____ Private ☒ Electric Yes ☒ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒ Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTED THEREON.

<u>Michael DeVincent</u> Applicant's Signature <u>Residential Energy Rep.</u> Title/Company	<u>Michael DeVincent</u> Print Name <u>6/14/99</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY ☒ Land Development DPZ ☐ State Highways ☐ Building Official ☒ Dev. Engineering DPZ ☒ Health DATE <u>6/24/99</u> SIGNATURE APPROVAL <u>Mark E. Kipper</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES ☐ NO ☐ Is Entrance Permit required? YES ☐ NO ☐ Historic District? YES ☐ NO ☐ Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____ Accepted by <u>_____</u>	PROPERTY ID# <u>31531</u> Filing fee \$ _____ Permit fee \$ <u>100.00</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1044</u> Validation # <u>22464</u>
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CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

ap/permit.fm

Rev. 10/13/98