

6/30/95
 WPI.
 4' DEEP - HOUSE
 5" WELL
 PIPES ADAPTER
 OK 2X CLAMPS
 SLEEVE THRU WALL
 OK, GROUND TO BE
 INSTALLED
 H0940102
 NEEDS GROUND
 + SLEEVE SEALED
 6/30
 OK TO COVER.
 SLEEVE SEALED
 100' GROUND WIRE
 INSTALLED
 (NOT SECURED TO
 WELL CANNOT YET)
 88

78
 64
 42

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 TRIADELPHIA RD

SEPTIC TANK LEVEL OK 1500 GAL CLEANOUTS 1 ON TANK
 DISTRIBUTION BOX LEVEL OK BARELY IN
 DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH ① 50 ② 80 ③ 65 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA ① 300 ② 480 ③ 390 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 1170 SQ. FT.

6/30/95
 REMARKS: MIKE GREEN INSTALLER OK TO MOVE DISTRIBUTION BOX 23'
TOWARDS W PROPERTY LINE (AGENS HIGHER TRENCH, INSTALLER REQUESTED 1 FOOT DEPTH OF TRENCH
TANK HOLE DUG - OK. IF FINAL GRADE AT TANK IS 23' MANHOLE RIVER IS REQUIRED.
TRENCHES ALL DUG OK TO STONE + PAPER LEAVE ENDS OPEN, LEAVE DISCARD OPEN
OK TO COVER BOX TO 1/2 TANK NEED TO SEE HOW TO TANK, MEASURE INLET DEPTH 82
6/30 OK TO COVER HOUSE TO DISG. BOX. 88 7/3/95 OK TO COVER MR

DATE SYSTEM APPROVED 7/3/95 INSPECTOR M. Ripkin

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35840

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3

DATE July 31, 1985

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 Shirley F. Meighan Louis G. Fantano

ADDRESS 12165 Mt. Albert Rd., E.C. PHONE 531-3148
301-586-9965

PROPERTY LOCATION:

SUBDIVISION Meighan property LOT NO. X 21

ROAD AND DESCRIPTION 13980 Tradelphia Rd. - Glenely

adj. to parcel 62 - west side of Tradelphia - opposite entrance to Luthicum Rd.

SIZE OF LOT 3 acres TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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. Shirley F. Meighan
(SIGNATURE OF APPLICANT)

APPROVED BY PL AT SENT FOR SIGNATURE CW FOR _____ DATE 7/13/86

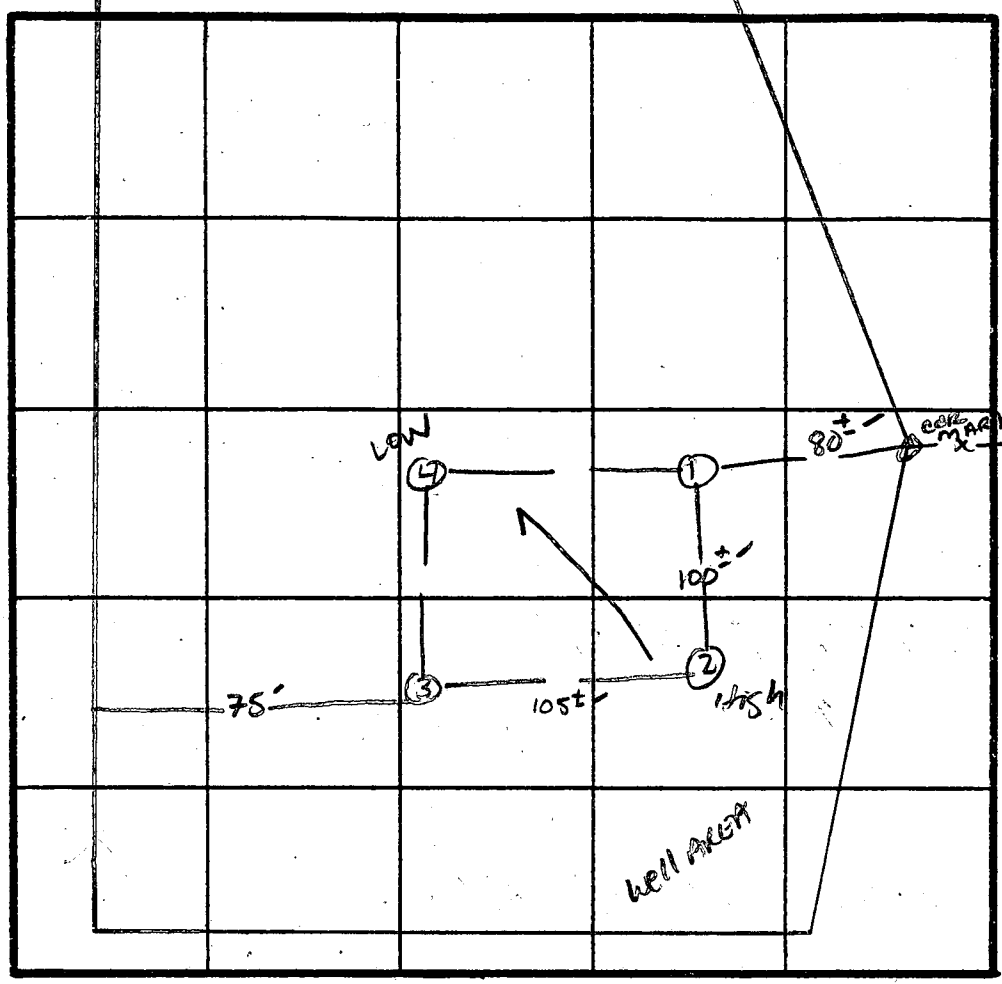
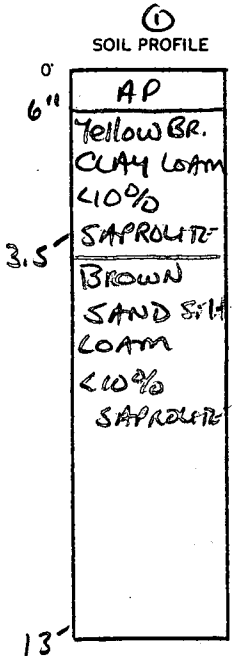
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

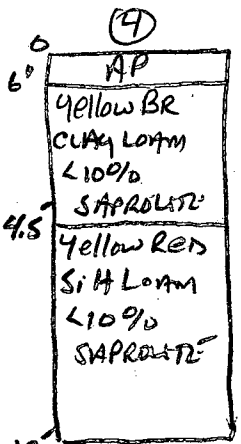
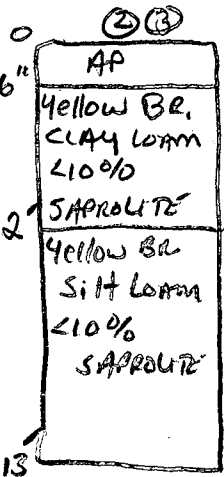
REASONS FOR REJECTION OR HOLDING 8-20-85 Perc. Results Satisfactory; Hold for certified hole location, house and well site. SAbel.

BLDG. PERMIT SIGNED
AND RETURNED 11/03/86
Serial # 57729
SFD-4Burr

THIS IS NOT A PERMIT



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



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/20/85	1 ✓	4' 13'	11:58	12:00	12:00	12:03	3min	
			UNIFORM SOIL STRUCTURE BELOW 3.5'					
	2 ✓	3' 13'	11:59:30	12:00	12:00	12:01	1min	
			UNIFORM SOIL STRUCTURE BELOW 2"					
	3 ✓	3' 13'	12:03	12:04	12:04	12:07	3min	
			UNIFORM SOIL STRUCTURE BELOW 2"					
	4 ✓	5' 12'	12:06	12:07	12:07	12:09	2min	
			UNIFORM SOIL STRUCTURE BELOW					

REMARKS hole dug per field evaluation

TYPE OF SOIL well-drained Glenelg Silt Loam

TESTED BY S. Abel JACK, SKIP
ALSO PRESENT

5186

SEQUENCE NO. (DENV USE ONLY)

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

A 3584C

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 070694

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-94-C102

OWNER: last name, first name, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries like Top Soil, Brown Shale, Brown Mica, Gray Mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST, CO, PL, OT STEEL, CONCRETE, PLASTIC, OTHER

MAIN CASING TYPE 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, BR, HO, PL, OT STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

DEPTH (nearest ft.) grid for screen depth, SLOT SIZE, DIAMETER OF SCREEN

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL

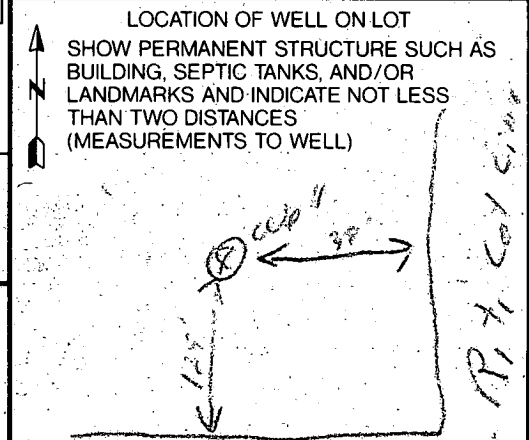
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO., DRILLERS SIGNATURE

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 12, 1996

Ms. Sharon Straka
13996 Triadelphia Road
Glennelg, Maryland 21737

RE: Meighan Acres, Lot #1
13996 Triadelphia Road
Well Permit #HO-94-0102

Dear Ms. Straka:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on July 3, 1995.

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

FINAL CERTIFICATE 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 #HO-94-0102.

Dates of Water Samples: May 7, 1996
July 30, 1996

Date of Well Completion: July 6, 1994

Approving Authority

Donna K. Soe, R.S.
Water and Sewerage Program

DKS
cc: file

SITE DEVELOPMENT PLAN

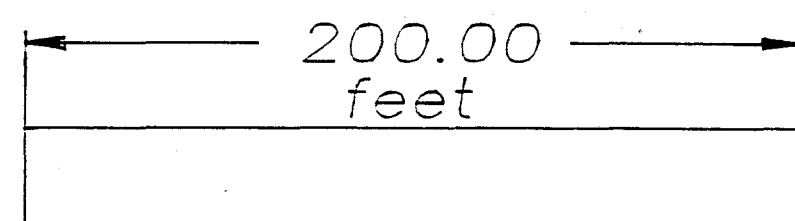
MEIGHAN ACRES
LOT 1
TAX MAP 22
PARCEL 42

Owner/Developer:

Louis Fantano
Sharon A. Straka
9426 Clocktower Lane
Columbia, Maryland 21046

Day Phone: (301) 286-9965
Eve Phone: (301) 490-8960

PLAN SCALE
1" = 50'

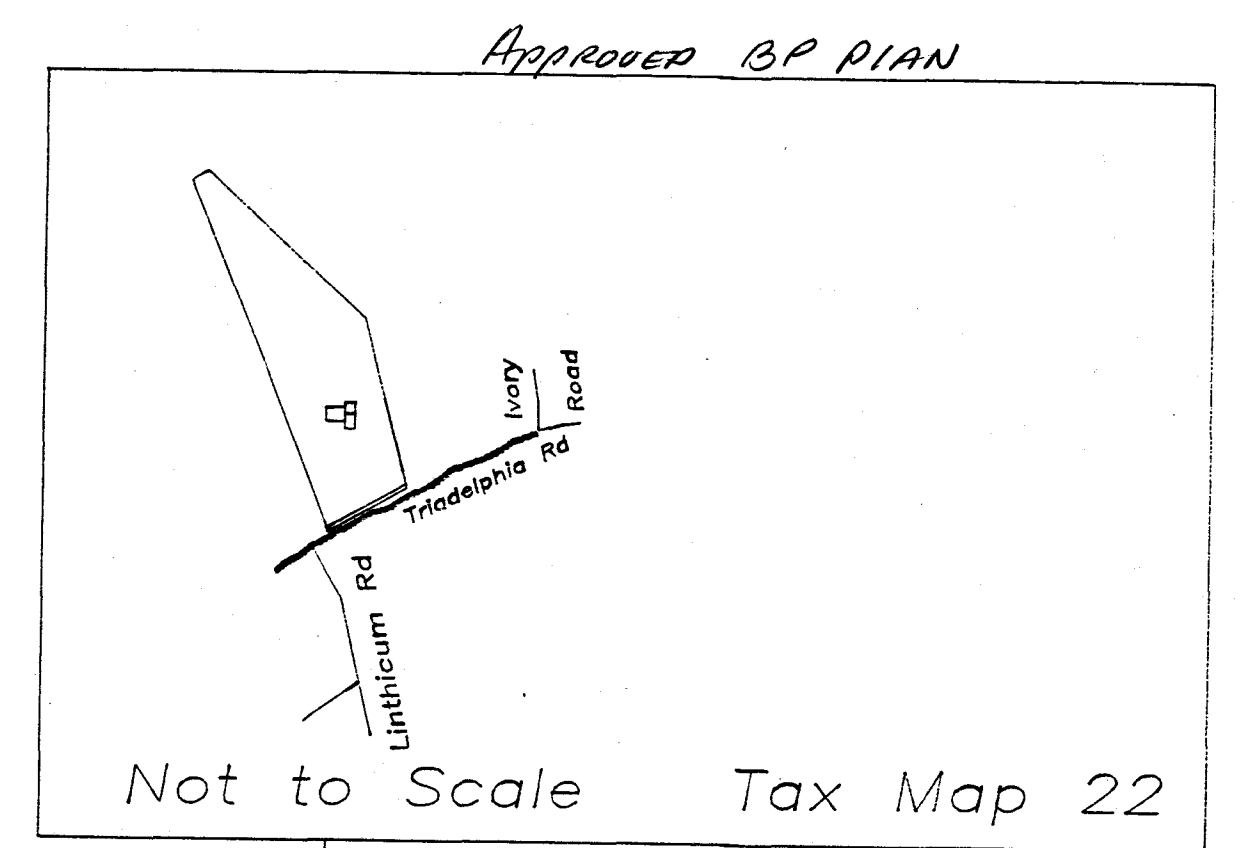
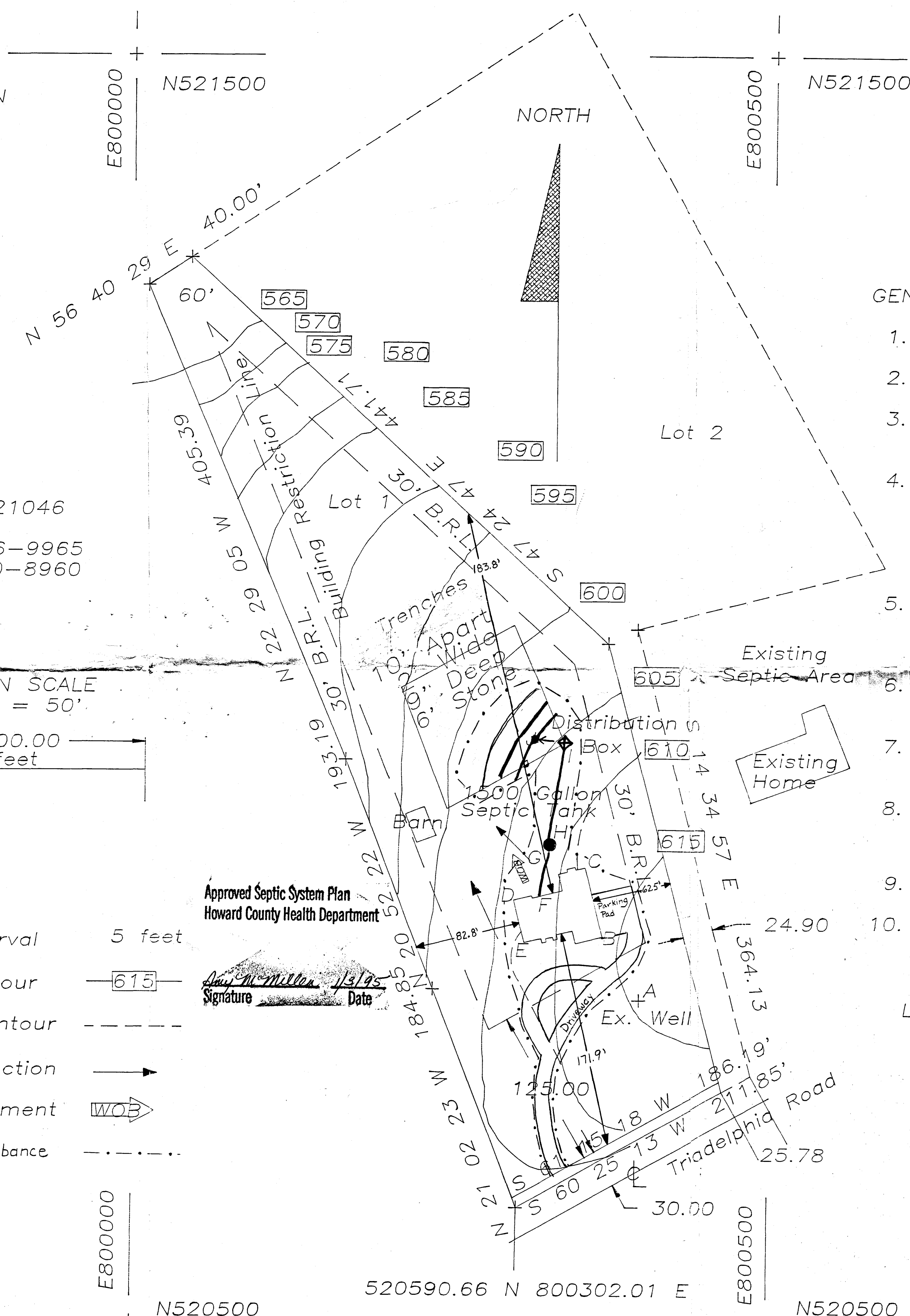


LEGEND

- Contour Interval 5 feet
- Existing Contour
- Proposed Contour
- Drainage Direction
- Walkout Basement
- Limits of Disturbance

Approved Septic System Plan
Howard County Health Department

David M. Miller 1/3/95
Signature Date



VICINITY MAP

GENERAL NOTES:

1. This property is Zoned "R".
2. The total lot area is 3.0 acres.
3. The site is clear of trees, except along the North, West, and South property lines.
4. This site is not served by Public Water or Sewer. A well is already in place. A Septic System will be constructed per Howard County Health Department requirements. A satisfactory Percolation Test was performed on July 31, 1985.
5. This lot is recorded on a plot of subdivision entitled Meighan Acres, and is recorded among the land records of Howard County Land Records as Plat Number 6828.
6. Topography taken from Howard County Sheet Number GC-0119-T-31-34.
7. All existing wells and septic areas within 100' of property line are shown.
8. No construction may start until the proper permits have been obtained.
9. Total disturbed area less than 16000 feet.
10. Field run elevations measured in feet based on reference located on top of well casing beneath well tag.

Location @ Grade	Existing Elevation	Description	Proposed Elevation
A.	0.0	Top Well Casing	Reference: Well (Contour) 0.0 (616)
B.	-2.0	SE House Corner @ Grade	-2.0 (614)
C.	-4.0	NE House Corner @ Grade	-2.0 (614)
D.	-8.9	NW House Corner @ Grade	-9.0 (607)
E.	-7.8	SW House Corner @ Grade	-2.0 (614)
F.	-7.0	Inv. Out of House	-10.5 (605.5)
G.	-7.0	Inv. Into Septic Tank	-11.1 (604.9)
H.	-7.0	Inv. Out of Septic Tank	-11.4 (604.6)
I.	-9.6	Inv. Into Distribution Box	-12.7 (603.3)
J.	-11.6	Inv. Into Trench	-13.2 (602.8)

Additional Elevations:

- Foundation Footer Top Surface @ -9.5 feet. (606.5)
- Foundation Basement Wall Top Surface @ 0.5 feet. (616.5)
- First Floor Subfloor Elevation at 1.65 (617.65)