

WPI - 4/25/85 ^{Approved} 4-25-85 SABL

4/18/85
NION

PERMIT

4-18-85
SABL

P 35738

SEWAGE DISPOSAL SYSTEM

approved

A 33708

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-419638
INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 3/15/85

Jack Fuock

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Mildred Brown ROAD 14701 Triadelphia Mill LOT 4

PROPERTY OWNER Walter F. Brown

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start first trench 125 feet from the 443' lot line and 150 feet from the rear (365.66') lot line. Run trench(s) along level ground toward 443' lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench (s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED

4/18/85
Serial # 58841 -
detached garage

PLANS APPROVED BY C. Williams

DATE 5/8/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

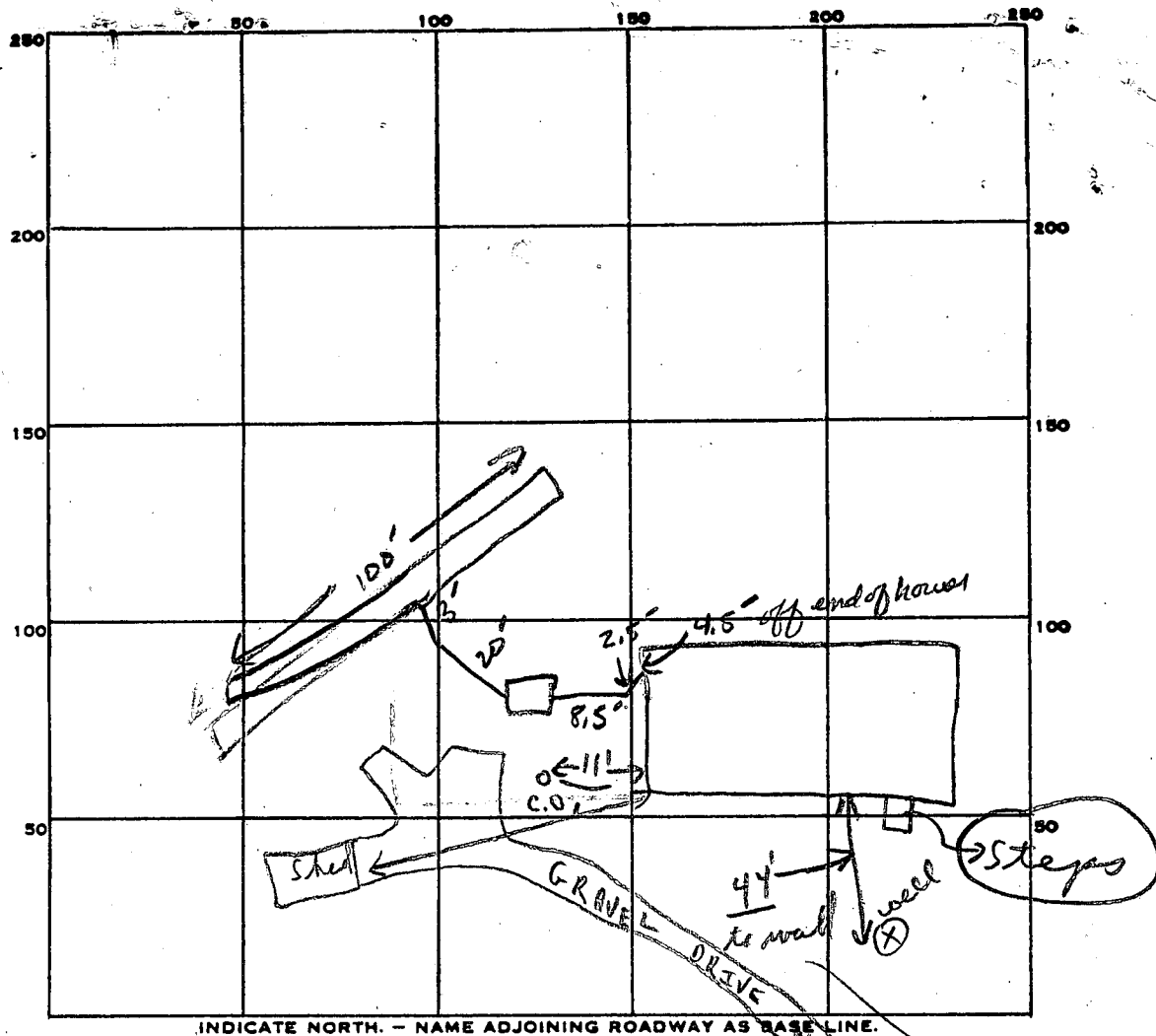
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
33708



PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 GAL ✓

CLEANOUTS ✓ 51

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8.0 FT. TRENCH WIDTH 2 FT.

INLET 3'

GRAVEL DEPTH 5 FT TOTAL LENGTH 100' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 500

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 500 SQ. FT.

REMARKS 4-18-85 OK TO COVER ALL WORK

DATE SYSTEM APPROVED 4-18-85

INSPECTOR Stahl

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33708

P _____

DISTRICT 5th

DATE 3-23-84

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

Walter Brown

ADDRESS

14729 Triadelphia Mill Rd.

PHONE

854-2946 (H)
461-5005 (W)

PROPERTY LOCATION:

SUBDIVISION

Mildred V. Brown

LOT NO.

3 4

ROAD AND DESCRIPTION

14701
14695 Triadelphia Mill Rd.
Walter F. Brown

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.

Walter F. Brown

(SIGNATURE OF APPLICANT)

APPROVED BY

Frank Shinn

FOR

Trenches

DATE

5/2/84

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

SUBDIVISION PLAT REQUIRED

Chapman

DATE

4/17/84

REASONS FOR REJECTION OR HOLDING

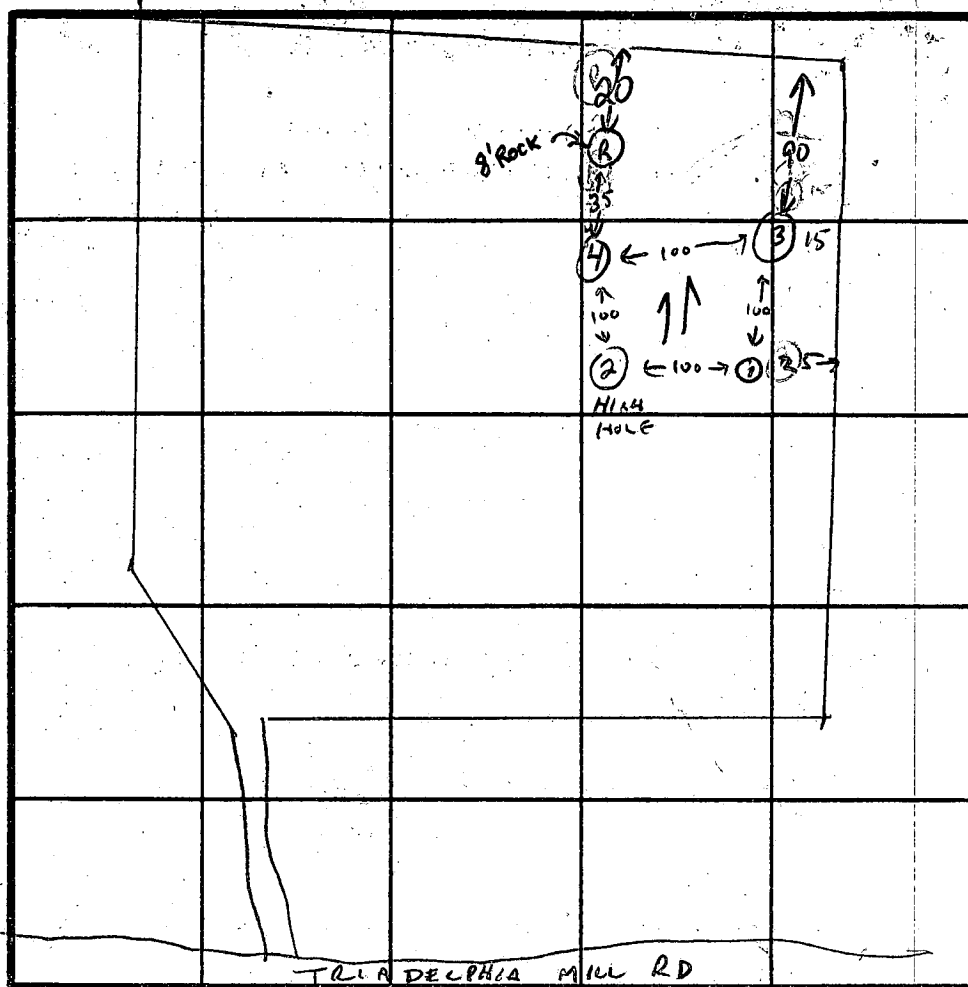
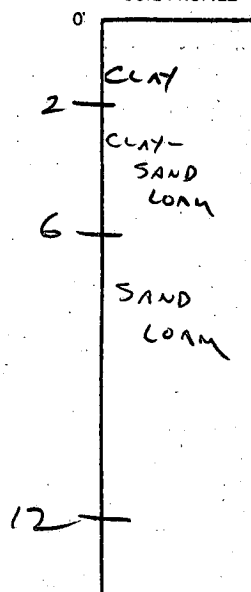
BP#61417

BLDG. PERMIT SIGNED

AND RETURNED 10-29-84

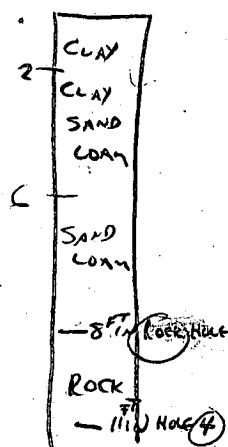
THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLES 46R



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-16-84	R	8'	ROCK				
4-16-84	1	3 8	SAND	TOP TO	BOTTOM		OK
		12					
4-16-84	2	3 8	2:24	2:27	2:27	2:31	4 MIN
		12	SAND				
4-16-84	3	4 8	2:31 2:31	2:33 2:32	2:33 2:32	2:36 2:32	3 2
		12	SAND				
4-16-84	4	3 8	2:23 2:22	2:25 2:25	2:25 2:25	2:27 2:29	2 4
		11	SAND				

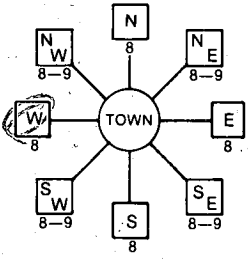
REMARKS HOLD FOR SUBDIVISION

TYPE OF SOIL SAND

TESTED BY Curtis

ALSO PRESENT

EH-12-1079

B 1 2664 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND <i>2M</i> PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-0687 <small>fill in this form completely</small>
Date Received <i>9/14/84 - 11:30 AM</i> OWNER INFORMATION 15 Last Name BROWN Owner First Name WALTER 36 14929 TRIADOLPHIA MILL RD 55 Street or RFD 57 DAYTON 70 State 72 MD 74 21032 76 Zip	B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION MILDRED BROWN PROP. 42 SECTION 44 46 LOT 4 50 52 NEAREST TOWN DAYTON 71 MILES FROM TOWN (enter 0 if in town) 2 1/4 73 M 76 77 78	
DRILLER INFORMATION Driller's Name <i>Joseph H. Mayne</i> 77 License No. 80 Firm Name <i>Joseph H. Mayne</i> Address <i>5512 Ridge Rd. Mt. Airy, Md</i> Signature <i>Joseph H. Mayne</i> 8/15/84 Date	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Triadelphia Mill Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 802 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30. AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37. CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP 63 FORCE CW WRITE INITIALS IN BOX PERMIT NO. HO-81-0687 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A33708**

COUNTY NAME _____ COUNTY NO. _____

OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41

DATE ISSUED **082284** *Craig Wilkin* 2/22/85

43 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID **508000** 50 55 EAST GRID **0792000** 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

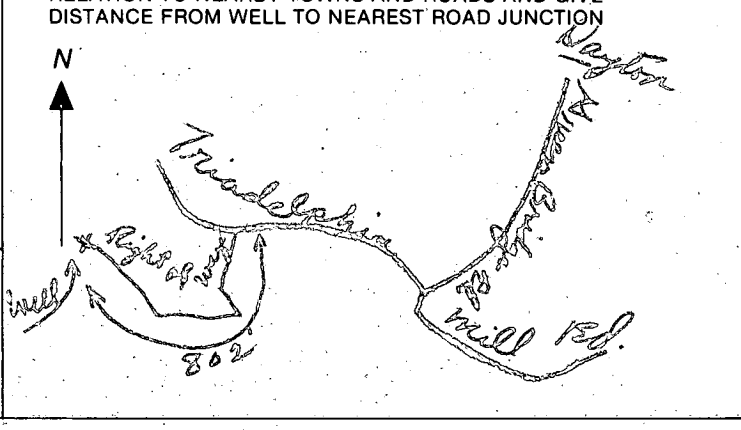
- well*
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790** 2
N **500** 8

000 000 **9/14/84**

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



C1 4557 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 33708

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

09/14/84

22 165 26
(TO NEAREST FOOT)40-81-0687
28 29 30 31 32 33 34 35 36 37

OWNER

last name

first name

STREET OR RD

TOWN

SUBDIVISION

SECTION

LOT

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
bearing

Brown Shale 0 15
Sand 15 38
Gray mica rock 38 165

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 39 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

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

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

57 6 43

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

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

C2

DEPTH (nearest ft.)

1 10 42 165

2 23 24 26 30 32 36

3 38 39 41 45 47 51

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
70(E.R.O.S.)
72WQ
74 75 76TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

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)

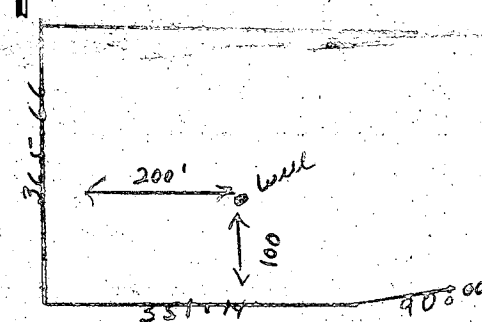
PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+ above
- below
LAND SURFACE (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)

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
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238

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

Date 9/14/84

Review 10/22/84 OK. J.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0687

Location of property (road) Philadelphia mill Rd.

Subdivision	Mildred Brown Pk.	Lot	4	Block	Plat	Sec.
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Well Driller Joseph L. Masine Owner Walter F. Brown

Depth of well 165

Distance of measuring point (M.P.) above ground /

Static water level (S.W.L.) below M.P. 60'

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 10

Total time 30 m. to reach pumping water level 90 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

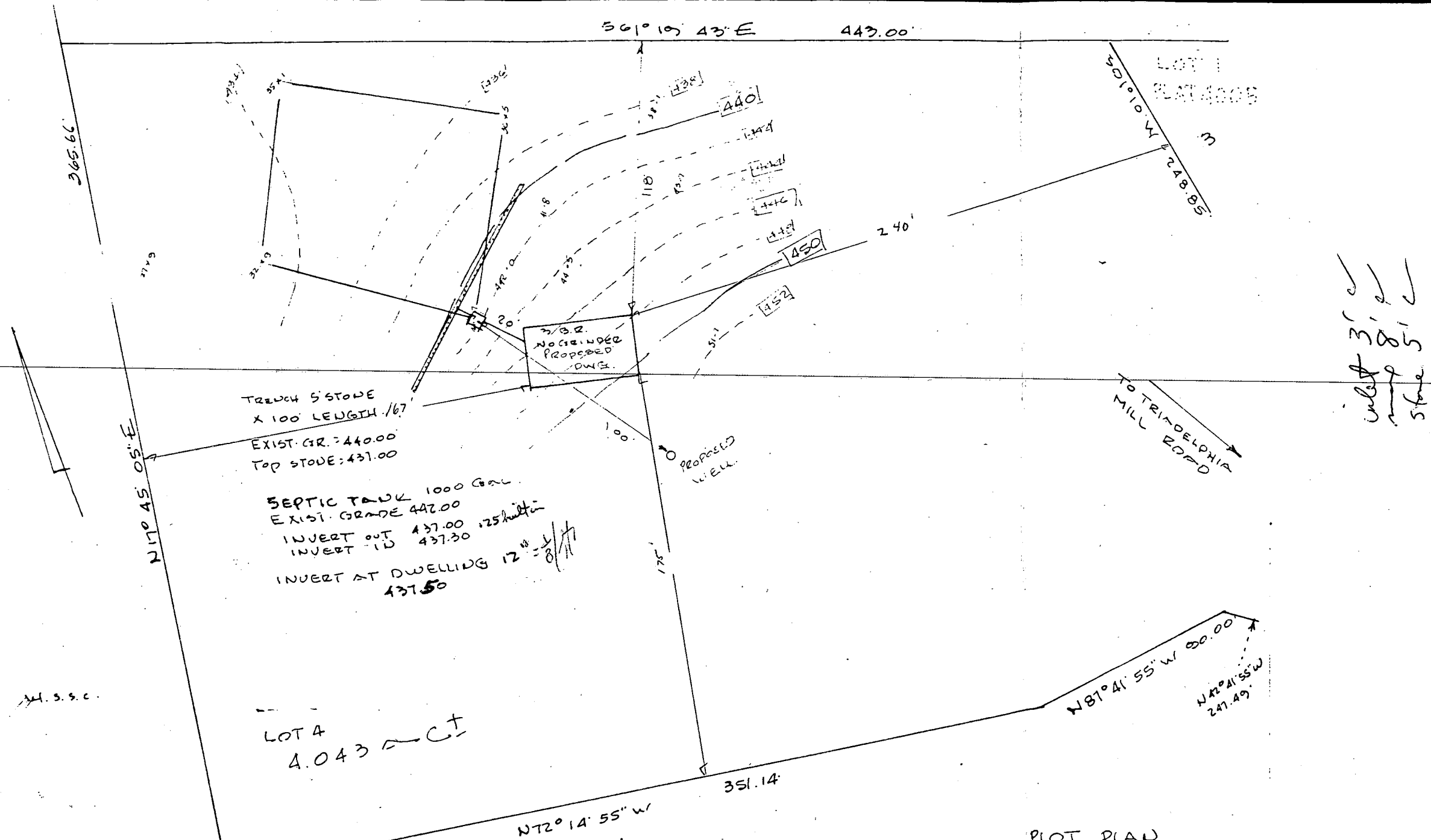
C.R. # 61417

owner: WALTER BROWN
14701 Trindolph Mill Rd.
Signed 10-19-84

HUDKINS ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5485 HARPERS FARM ROAD
COLUMBIA, MD 21044

LOT 9
ORIGINAL LOT 2
PLAT 4005

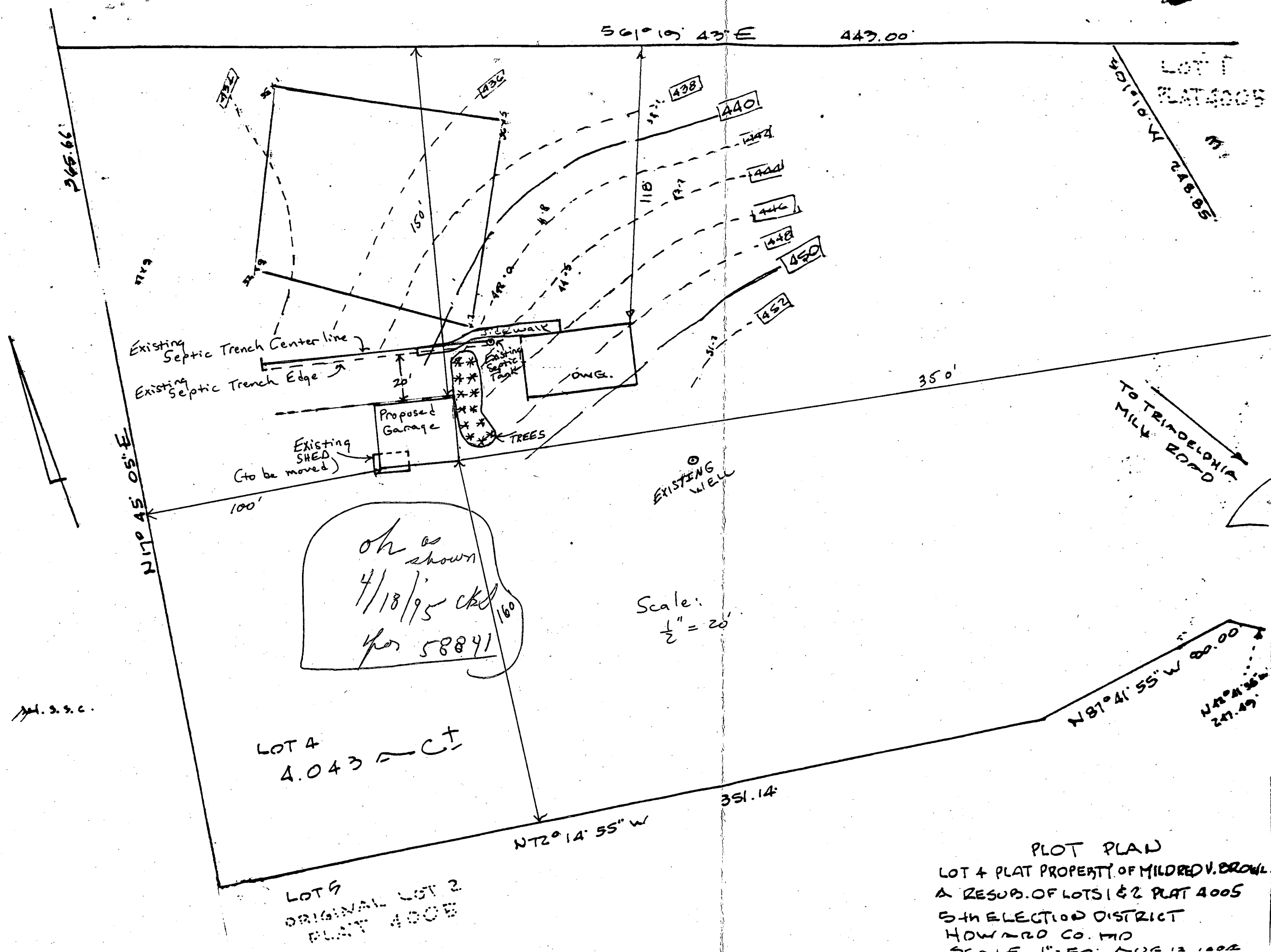
PLOT PLAN
LOT 4 PLAT PROPERTY OF MILDRED V. BROWN
A RESUB. OF LOTS 1 & 2 PLAT 4005 #5960
5th ELECTION DISTRICT
HOWARD CO. MD
SCALE 1"=50' AUG. 13, 1984
TAX MAP 27 PARCELS 72



Needs For 7/2/15
Field
check
+ for litter
or stake
out of bldg
Hold to receipt
Too close
To call!!
Chad

95 APR - 5 PM 3:58

RECEIVED
HOWARD COUNTY
HEALTH DEPT.



PLOT PLAN
 LOT 4 PLAT PROPERTY OF MILDRED V. BROWN
 A RESUB. OF LOTS 1 & 2 PLAT 4005
 5th ELECTION DISTRICT
 HOWARD CO. MD
 4-15-11-22 AUG 12 1902



HOWARD COUNTY HEALTH DEPARTMENT

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

April 10, 1995

Mr. and Mrs. Walter F. Brown
14701 Triadelphia Mill Road
Dayton, MD 21036

RE: Building Permit #58841
Incomplete plans of Garage
to septic system

Dear Mr. and Mrs. W.F. Brown:

The Howard County Health Department can not recommend approval of your building permit #58841 at this time. The plan submitted appears to be incomplete in showing the distance from the existing septic to the proposed new garage. A field check revealed possible conflict with existing trenches of septic system and the new construction of a garage per drawing. Please stake out new garage and where your trenches of septic exist, call us for a recheck of situation. The trenches should be 20' plus from any construction foundation.

If any questions, call C.B. Streaker, Sr., at 313-2640, 8:30 to 5:00, Monday through Friday.

Very truly yours,

C.B. Streaker, Sr., R.S.

C.B. Streaker Sr., R.S.
Water and Sewerage Program

CBS:vr

cc: File