10/24/85 20VE

05-395968

PERMIT

SEWAGE DISPOSAL SYSTEM

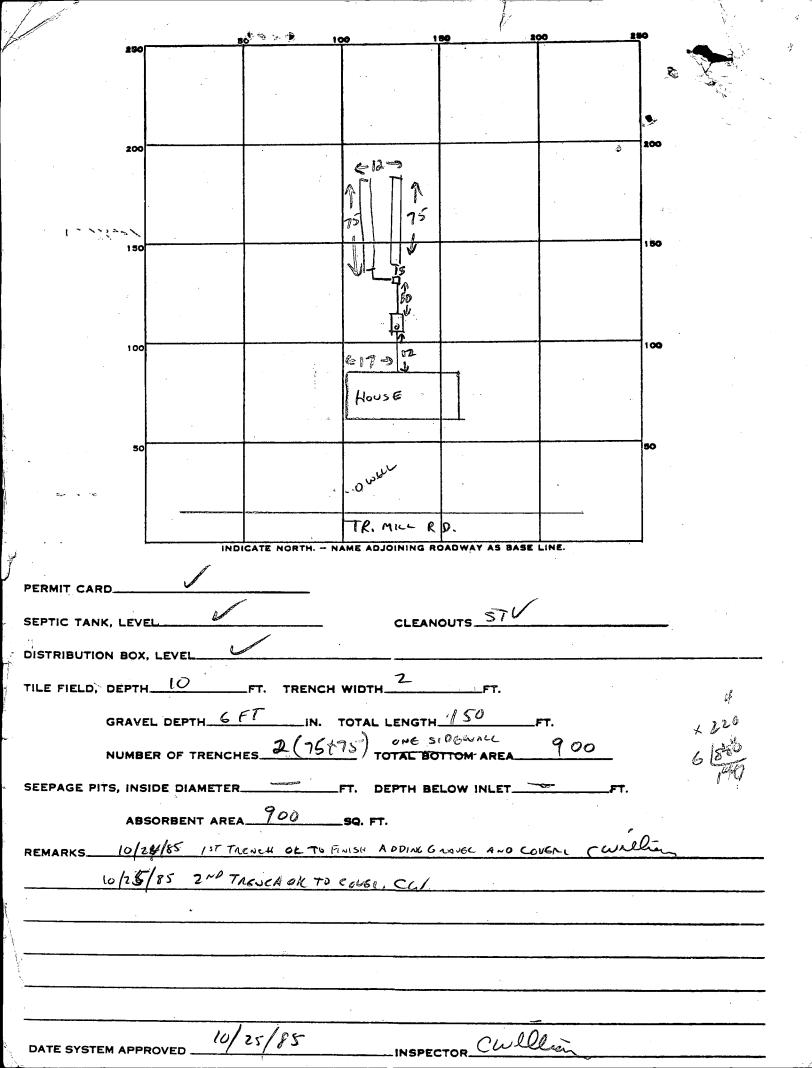
P<u>94/____</u>

▲ 33793

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH	INDEXED		RICT_5th
461-9933 { I,	C.O.P. me expered		DATE 124/65
		IS PERMITTED TO INSTALLPHONE986	
		* * * * * * * * * * * * * * * * * * *	
SUBDIVISION Fox Hall Vil	<u>las</u> ROAD <u>13331 Tri</u>	<u>adelphia Mill</u> LOT	3
PROPERTY OWNER	William B. Sines		
ADDRESS		:	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC	TANK CAPACITY BY 50% AND ABS	ORPTION AREA BY 22%.	
GARBAGE GRINDER? YES NO _	<u>X</u>		
SEPTIC TANK CAPACITY 1250 GALLONS TRENCHES - 220 sq. ft. per b	edroom. Trench to be 2	feet wide. Inlet	4 % feet below origi
grade. Bottom maximum dept. below original grade. 5 fee trench 190 feet from the from facing the lot from Triadelp.	h 10 feet below origina t of stone below distri nt lot line and 85 feet	el grade. Effective bution pipe. LOCA! from the right lo	e area begins at 5 TION: Start the fi t line as seen when
side of property.			
NOTE: No trench to exceed 1 box is required. Call for i	nspection of trench(s)	before and after gr	ravel is installed.
Provide 6" - 8" diameter cle	anout and cap to grade	or above on septic	Cank. Olfs As
	Williams	DATE	10/22/85
COVER NO WORK UNTIL INSPECTED AND APPROVED.			
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEA	ALTH DEPARTMENT IS RESPONSIBLE FO	R THE SUCCESSFUL OPERATION	OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEI			
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIA	METER. NO ABSORPTION TRENCH TO EX	(CEED 100 FEET IN LENGTH:	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUS	T BE CAST IRON OR SCHEDULE 40 PVC (OR ABS.	
PERMIT VOID AFTER THREE YEARS.			
MOTE INICIALL STAND DIDE ON SEPTIC TANK AND DE	OV WELL STAND PIPES MUST BE 6 INCHE	S IN DIAMETER CAST IRON CON	CRETE OR TERRA COTTA OR

37 93



SUBDIVISION: FOX HALL VILLAS

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

· •		sq. ft./bedroom
· .	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
bedroom	1250 gallon	
5 bedroom	1500 gallon	
Inlet fe	eet below original gra	de.
	oth feet bel	
		below original grade.
ground and	leave a 5 foot earth bu	orbent area, run the trench on level affer between dry well and trench. in length. Trench inlet to be same of stone below distribution pipe.
	<u> </u>	RENCHES
	_	220 sq. ft./bedroom
Trench to be	wide.	
Inlet #8 4 f	eet below original gra	ade.
Bottom maximum de	pth 10 feet bel	low original grade.
Effective area be	gins at <u>\$\mathfrak{S}\$</u> feet	t below original grade.
	stone below distribut	
(2) If mo (3) Trenc (4) Call (5) Provi tank (6) If a	hes to be installed or for inspection of trem de 6"-8" diameter clean and drywell	ed, a distribution box is required. In level ground. Inch before gravel is installed. Inch anout and cap to grade or above on septic Sed, increase septic tank capacity by 50%
		TRENCH 190' From THE
		1 FROM THE RIGHT LOT LINE
AR SEEN	WHEN FACING THE	ELOT FROM TRIADELPHIA MILL RO
RUN TRE	NCH(S) ALONG LE	VEL GROUND TOWARD LEFT SIDE
OF PROPERTY	•	
a heat to let	8/16/85 C4	1.00 -
	3/16/83 Ca	- Allen

H 1840 no

APPLIC	Anna Carlos		
1 8 8 4	POSAL TESTING		3793
4:3 STATE OF MARYLAND DEPARTMEN	IT OF HEALTH AND MENTAL H	YGIENE P	·
HOWARD COUNTY HEALTH DEPARTMENT		Karalan Baran Baran Baran Baran Ba	
ENVIRONMENTAL HEALTH SERVICES			·
P.O. BOX 476 ELLICOTT, MARYLAND 21043 TELEPHONE: 992-2330		DISTRICT	
Tecamone. 332 2333		DATE 4-16	1 5/1/
		DATE	- 84
		• .	i i
		\$. • •
	* 		
TO: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OF	PRECONSTRUCT) A SEWAGE DISPOSAL	SYSTEM	
PROPERTY OWNER DAVID N. ELZIST ADDRESS 6581 COL. P.KE C	William B. A		······································
PROPERTY LOCATION:	THOME		,
SUBDIVISION FOX HALL VILLAS	LOT NO	3	
ROAD AND DESCRIPTION TRIADE 2 PHIA MIL	4	CH LAND RE	2
# 13331 SOUTH EAST CO	RNER OF 1	NTERSECTION	
SIZE OF LOT 3 Acting	TYPE BLDG.	RESIDENTA	4
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS A	CCEPTABLE ONLY UNTIL PUB	BLIC FACILITIES BECOME	AVAILABLE.
I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FI	LING OF THIS PERC TEST APPL	ICATION IS NON-REFUND	ABLE UNDER
ANY-CIRCUMSTANCES.	and the second s		, , , , , , , , , , , , , , , , , , , ,
(1) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	000 th	Ta Ta	
SIGNATURE OF APPLICANT	Pryvell	6 6/1	184
APPROVED BY FO	N	UAIE VAIE	1-1-
REJECTED BYFO	R	DATE	Jan.
HOLD PENDING FURTHER TESTS		DATE 5145	184
REASONS FOR REJECTION OR HOLDING	low dere (97)	+ BN	
6/1/84 - Pen OK	·	B,P,6	6653
the transfer of the second sec	. —	5 to 10 to 1	

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE	WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
			:				
					و منصوب در ده معدد		
		6					
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		э					:
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REMARKS		<u> </u>	<u></u>
the way to the second		,	
TYPE OF SOIL	er grand egyptische der	<u>क्षति ँ के पूर्वन</u> अस	
			<u> </u>
TESTED BY		ALSO PRESE	-1.1 -

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

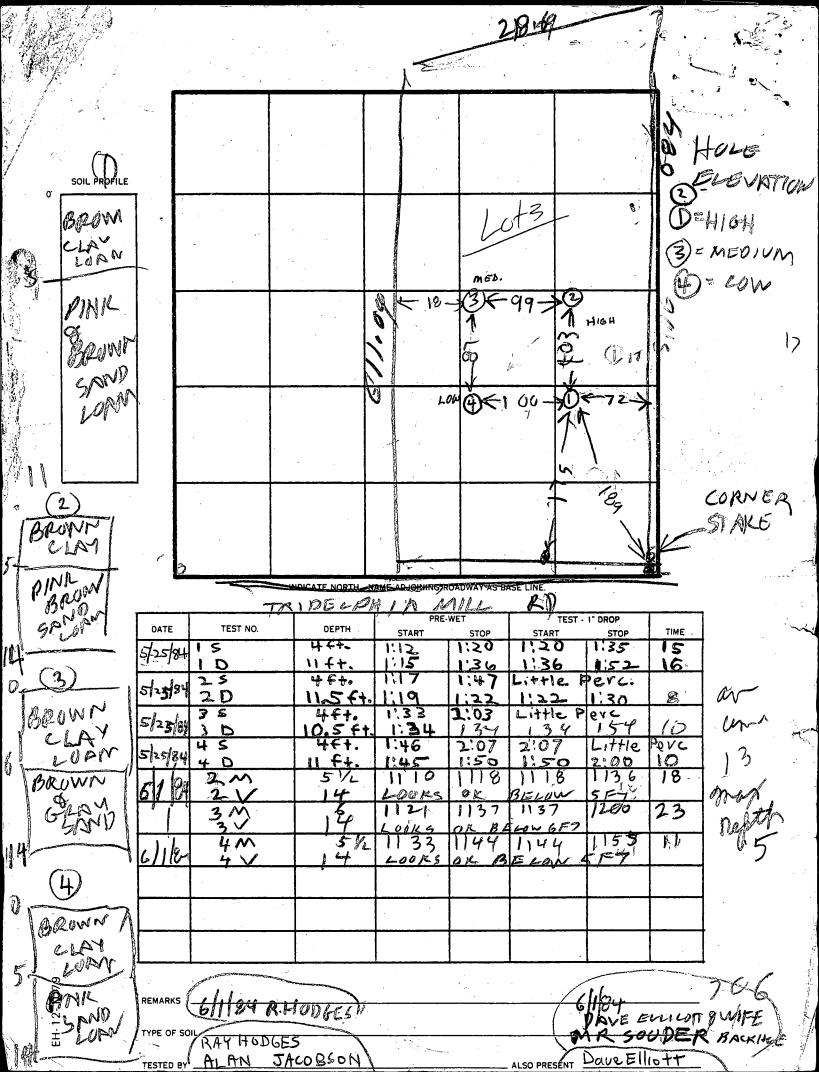
HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES**

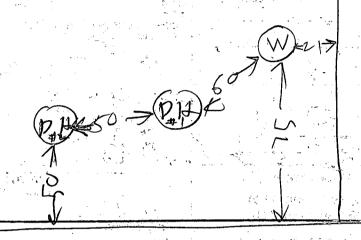
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

TO:	THE COUNTY HEALTH OFFICER			
	ELLICOTT CITY, MARYLAND			•
	I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONST	TRUCT OR RECONS	STRUCT) A SEWAGE DISPOSAL SYSTEI	vi .
	•	, ** *		
PROPE	ERTY OWNER			
	ADDRESS		PHONE	,
PROPE	ERTY LOCATION:			
	•			
SUBDI	VISION		LOT NO	``
ROAD	AND DESCRIPTION	*****		
			s je	
4				
SÌZE (DF LOT		TYPE BLDG.	WHITE OF BEDDOOMS
				(NUMBER OF BEDROOMS)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTA	ABLE ONLY UNTIL	PUBLIC FACILITIES BECOME AV	AILABLE. I FULLY UNDERSTAND THE
				•
FEE	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICA	ATION IS NON-RE	FUNDABLE UNDER ANY CIRCUM	STANCES. I ALSO AGREE TO COMPLY
	ALL MOCHA PEOUSEMENTS IN TESTING THIS LOT			
WIII	HALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT		(SIGNATURE OF APPLI	CANT)
•				
APPRO	DVED BY	FOR		_ DATE
05.15	TED DV	500		DATE
KEJE	CTED BY	FOR		_ UATE
HOLD	PENDING FURTHER TESTS			_ DATE
REAS	ONS FOR REJECTION OR HOLDING			
		•		
				

THIS IS NOT A PERMIT





- 1 40 FT PIPE
- 2 32 OPEN HOLE
- 3 9 BAGS
- 4 2 DRY HOLES SEALED BACH USING 4BAGS

WELLINGS.

The flyggs + 8 1985

8:14	Am-	Chrs
	į	

	2 and
Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	No. HO - <u>f/- /</u> property (road)	198- Triodelphia	Will Road	
subdivision _	Foxball Vil		3 Block Pl	at Sec.
will Driller	Joseph Ma	yne Owne		. Sines
Depth Distan	of well 3	25 pint (M.P.) above gr L.) below M.P.	·	
Time pu	te pumping reservants time 30M/N to	' 1 <u>~</u>	Pumping rate $\frac{12}{100}$ ft	. below M.P.
:1. Recovery	pump test data -	observations to be	recorded every 15 mi	nutes
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
m:nute in- tervals	below M.P.	time to fill 5 gallon bucket	(if used)	(gallons per minute)
100	203.	30 SEC		2
1115	104	30460		7_
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•		I	L <u> </u>	

C 1 2358 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS 3.6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 33 7 93
DATE Received DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
	22 3 2 5 26	HO-81-1098
8 13 15 20 OWNER 5/NES	(TO NEAREST FOOT) WILLIAM	28 29 30 31 32 33 34 35 36 37
	Contract Con	DAYTON
SUBDIVISION FOXHALL VILL,	95 SECTION /	LO <u>T</u> 3
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour) 6 8 9
additional sheets if needed) FROM TO if water bearing	NO. OF BAGS	PUMPING RATE (gal. per min. 11a 15
The appropriate and the control of t	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE bucket
BROWN SHALE 0 37	from fr. to 32 c ft.	WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 4 1 20
GRAY MICA HOCK 37 325	casing CASING RECORD types ST CO	WHEN PUMPING 204
	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
	code P L O T PLASTIC OTHER	A air P piston T turbine
	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 below) S submersible
	S-1 6 40 1	27 Submersible
	60 61 63 64 66 70 E OTHER CASING (if used)	
	diameter depth (feet) inch from to	PUMP INSTALLED
	CAS	DRILLER WILL INSTALL PUMP YES (NO)
		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	(appropriate) BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
Deu Wolds. 1- 3-25	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 31 35 PUMP HORSE POWER
DRY WELLS 3-25	<u>C</u> 2	PUMP COLUMN LENGTH
	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
FILLED IN WITH CEMENT +	E	and enter casing height)
DRILLING MATERIALS		LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER	E 3 24 26 30 32 36	below
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 39 41 3 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I 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	from to	OF CO TO SP. 111
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	800
DRILLERS IDENT. NO.	F IN BOX 68 68	08/10 10 10
locach & . Mayor	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	346
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	AGT F
(The state of the	70 72	325
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	L & w.
	HEALTH	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LABORATORIES ADMINISTRATION REPORT OF WATER ANALYSIS

Sottle 11 9 7 7 1	Varne:	Sew S	ounty: 1-4-3
Source of Sample:	Will Sull	Collect	and the same
Source of Sample:	Street	Town or City	OI.
	Non-Community Privat		Routine
(Circle): Source	Distribution MCL	Recheck	11/201 30
Remarks:			
		ISST V TIPAM	
County Plant No.	= + · · · · · · · · · · · · · · · · · ·	Collected Time	Acid Iced
	Station Chlorine		
Field Data:	Residual	Free Total	Specific Conductance
pH*	<u>, , , , , , , , , , , , , , , , , , , </u>	rice	
ANALYSIS	CODE RESULTS	- ANALYSIS	CODE RESULTS
pH*	011	Arsenic	253
Alkalinity (Total)	040	Barium	262
Alkalinity (HCO ₂)	050	Cadmium	273
Alkalinity (CO _s)	060	Chromium	283
pH*, Ca CO ₃ SAT.	071	Lead	302
Alkalinity, Ca CO, SAT	080	Mercury	314
Hardness	110	Selenium	323
Ammonia-N	143	Silver	333
Nitrate-Nitrite N	162 1 260	Aluminum	192
Nitrite N	173	Calcium	231
MBAS	182	Copper	241
Chloride	091	Iron	122
Fluoride	101	Magnesium	241
Color*	020	Manganese	133
Turbidity*	031	Nickel	391
Conductance*, SPEC	201	Potassium	361
Silica	210	Sodium	371
Sulfate	220	Zinc	342
Total Residue	381		
	1		
* Results reported in units	all others in milligrams per liter.	(ppm) p	705 11 2 2 2 2 2 2
Date Received	all others in milligrams per liter Date Reported AUG 1 6	Chemist L. Solnick	PE. D. 101829

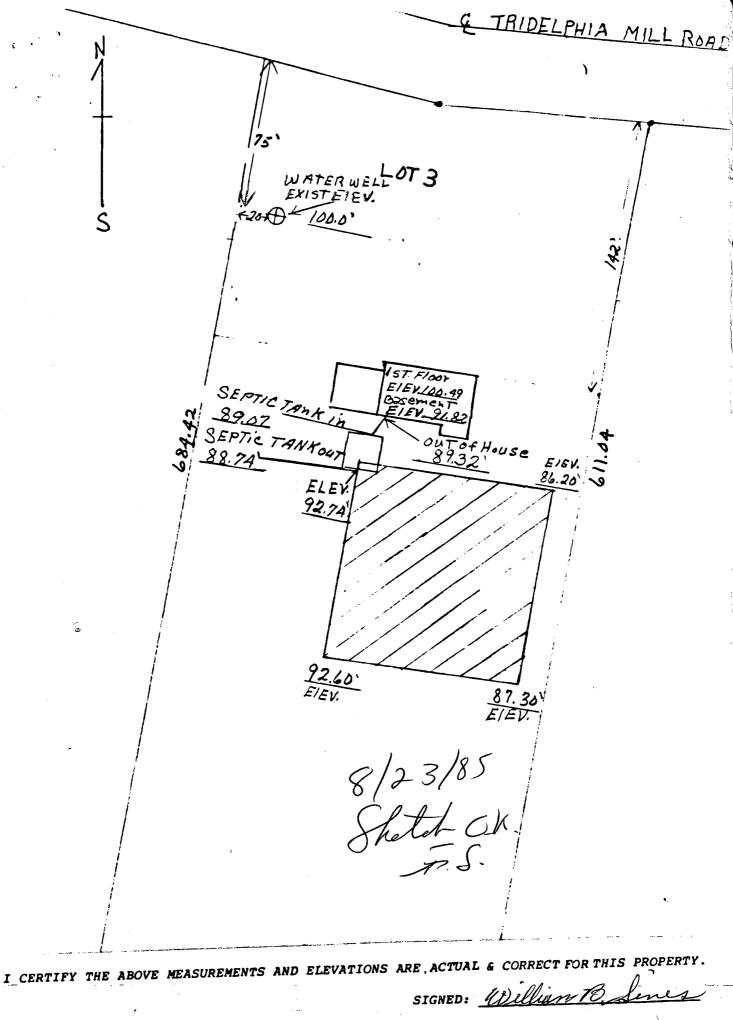
Page) of , /	
Date	8/8/85	•

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8/- 1098 Location of property (road) Gradelphic Subdivision Hothael Villas	Dil Rd. Lot 3 Block Pla	at Sec. 7
Well Driller Useed Marine	Owner Williams &	(nea)
Depth of well 325 Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.		
I. High rate pumping reservoir drawdown		· · · · · · · · · · · · · · · · · · ·
Time pump started 8:15 Total time 30 m/N. to reach pumping		gpl. below M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill	(if used)	(gallons per
tervals		gallon bucket	, == ===,	minute)
8:30	118	saee.		12
8-45	200	5	·	/2
9:00	200	30		2
9:15	198	30		2 :
9:30	199	26		24
9:45	203	30		2 -
10:00	203	30		2
10:15	203	30	·	2
18:30	203	30		2.
10:45	203	30		2
11:00	203	30		2
11:15	204	30		2
11:30	204	30	,	2
11:15 11:30 11:45 12:00	204	30		2
12:00	203	30		2 :
12:15 12:30 12:45	203	30		2 ;
12:30	203	30		2
12:45	202	30		2
1:00	202	30		2
1:15	202	30		2
1:30	202	30		2
1:45	202	30 30		2
2:00	202	30		2
2:15	202	30		2
2:30	202	30		2 2 2



FOX HALL VILLAS SECTION 1 LOT3 SCALE 1"= 50"

ALL ELEVATIONS ARE

September 3, 1985

Mr. William B. Sines 6617 Weaver Court Laurel, Maryland 20707

> RE: Foshall Villas - Lot 3, Sec. 1 Well Permit Number -

HO-81-1098

Dear Mr. Sines:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 26.0pparts per million. COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This Department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

- 1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
- 2. There must be a continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
- 3. If in the future, you decide to sell or rent you home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

Craig Williams, Director Water and Sewerage Program

Howard County Health County P. O. Box 476 Ellicott City, Maryland

WELL PUMP INSPECTION

Owner's Name: William B. Sines

Address: 13301 dr. adelphia Rd

clasissille md 2029

Location of Property:

Well Tag Number;

Lot 3 FoxHall Villa

HO-81-1098

TRIADEPHIC Mill Rd.

Flumber or Certified Pump Installer:

Kis w. Hafer

Phone Number: 253 - 4213

License Number: 7920

Receipt Number: 36103

Date: 10/17/85

comments: OK TO Proceed w/ INSTACTION S. Abel

Inspection: 11/21/85 - NOT READY BUT WILL BE READY

11/21/25 PM =

DPITLESS ADADTER OIL

(3) PITIE OK

(3) WIRES 016

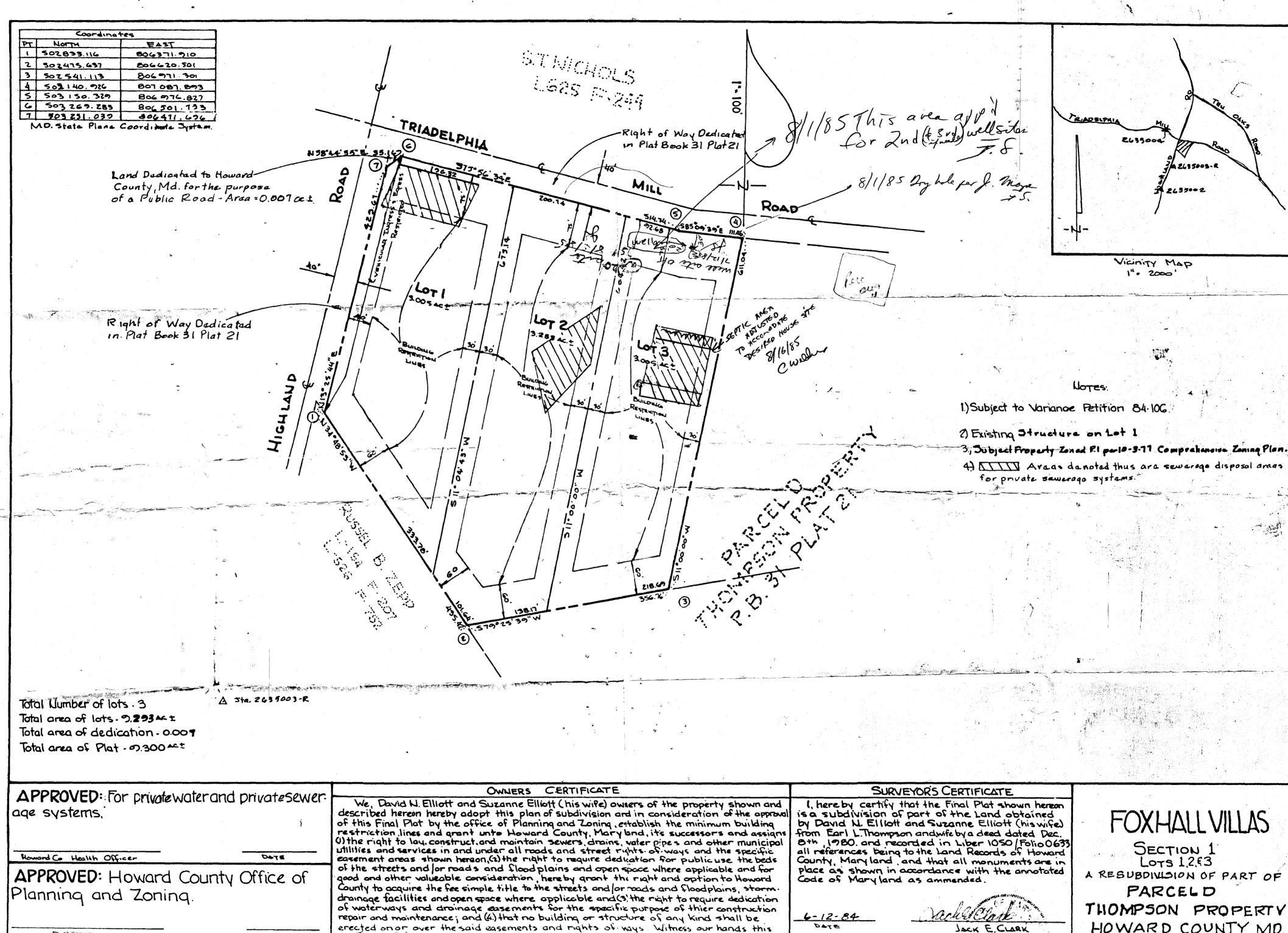
PART OF DITLH ONLY 2/ ZINGGP BUT EXTRA FLUI TO BE DUT OVER TERRICH

(5) PRESSURG TOME

Date Well Pump Inspection was approved:

11/21/85

Inspector: Ruymund Hodger



. Aday of Macy 1954

DIRECTOR

APPROVED The percent washed and the state of the

A RESUBDIVISION OF PART OF THOMPSON PROPERTY

HOWARD COUNTY, MD. FIFTH ELECTION DISTRICT

Registered Professional Land

Surveyor-Md. Registration 4379