HOWARD COUNTY **BUREAU OF ENVIRONMENTAL HEALTH** 

461-9933

## PERMI

A	22111	

MARYLAND STATE DEPARTMENT OF HEALTH'

**DATE SYSTEM APPROVE** 

****	Charles A. Klein & Son	ns, Inc.	IS PERMITTED TO IN	STALL X ALTER
ADDRESS	514 Marriottsville Road,			,
SUBDIVISION	Traidelphia Woods	s ROAD 12520	Triadelphia Road	LOT
PROPERTY OWN	NER	Mr. & Mrs. Mic	hael Hasty	
ADDRESS			*,	
IF GARBAGE GR	RINDER IS USED INCREASE SEPTIC TA	ANK CAPACITY BY 50% AND	O ABSORPTION AREA BY 22	18/160
GARBAGE GRIN	IDER? YES NO /250 APACITY GALLONS	<u>x</u>	$\mathcal{L}$	40
	160 sq. ft. per bedroom		•	: maximum 4feet below
,	area begins at 4 feet 1	n maximum depth 9 .	feet below origina	al grade. Effective
LOCATION -	pipe. Start the trench or pla (310') lot line and 35 the lot from Right-of-w	feet from the rig	ht (306') lot line	e as seen when facing
NOTE -	No trench to exceed 100 cap to grade or above of	) feet in length.	Provide 6" - 8" o	liameter cleanout and
	160 x 4 + 5	= 640		
PLANS APPROVED I	•	S. Abel		DATE 10/27/86
COVER NO WORK U	UNTIL INSPECTED AND APPROVED.	•		
NEITHER THE HOW	VARD COUNTY COUNCIL NOR THE HEALTH DI	EPARTMENT IS RESPONSIBLE FOR	R THE SUCCESSFUL OPERATION C	OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

	·	. 5	0 10	NO 19	80 300 15	200	50
25		WKL		72 72		186	200
15	50			· ·			150
10	∞						100
	50			. 0 .			50
	•		TRIADE	L - NAME ADJOINING ROADW 5 C PHO A RO			306
SEPTIC TANK, LEVEL -				CLEANOUTS .	ST-MANK	ione RING	780
DRAIN FIELD/TILE FIEL	PTH	5	FT. T	OTAL LENGTH	96+35= 13	FT.	131
DRYWELL INSIDE DIAM	ETER _		FT. E	FFECTIVE DEPTH E		55 so. i	न.
REMARKS _3/23/8	7 C	UNTA ACTO	,	IDENTIFY Pa		, NO TRENERE	s DUC, CWI
			16- MANHO 16- TAUK of	•	TRENCH SUL	FICIENT FUR -	3 BR UNLY FOR YBR,
4/14/87	35	Them	4 ADD60-	Suffection	ton YBR	SYSTEM!	
DATE SYSTEM APPROV	ED 4	14/87	7	INSPECT	or Cuil	lian	

SUBDIVISION: TRIADOLPHIA WOODS

LOT NUMBER: /Q\_

### DRY WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	·
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	
Inlet fe	eet below original grade	e.
,	oth feet below	
		pelow original grade.
ground and No trench i	leave a 5 foot earth buff is to exceed 100 feet in	rbent area, run the trench on level fer between dry well and trench. In length. Trench inlet to be same of stone below distribution pipe.
•	TRE	ENCHES
	-	/60 sq. ft./bedroom
Trench to be	) wide	
,	eet below original grade	
	oth 9 feet below	
	gins at $\checkmark$ feet b	
	stone below distribution	
	Danie Boron mrourrount	pipo.
(2) If mor (3) Trench (4) Call i (5) Provide tank a (6) If a (	les to be installed on lefor inspection of trenchele 6"-8" diameter cleanded drywell.	evel ground.  The before gravel is installed.  The but and cap to grade or above on septical, increase septic tank capacity by 50%
LOCATION: START	THE TRENCH OR PLACE	THE DISTRIBUTION GOX AT A POINT
80 Ft FROM THE	= BACK (310') LOS	T LINE AND 35Ft FROM THE RIGHT
		_
	VE AS SEEN WITH	N FACING THE LOT ROM ROW. RUN
(306) WT W		D THE CEPT LOT LING. 10/27/84
(306) WT W		N FACING THE LOT ROM ROW. RUND

2/4/83

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Α	32	44	4
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HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

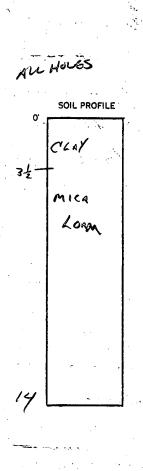
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT 3ed

INLET & MAX, 9'

TO: THE COUNTY HEALTH OFFICER			•	
ELLICOTT CITY, MARYLAND			•	, "
I. HEREBY, APPLY FOR THE NECESSARY TEST IN O	RDER TO CONSTRUCT (OR RECO	ISTRUCT) A SEWAGE DISPOS	SAL SYSTEM.	
PROPERTY OWNER Michael M. 14	0.4	P t.L.L.		
PROPERTY OWNER	the belocan	1. IVESNO	**************************************	
ADDRESS 824 Clar Aller	Dr Balkon	m 2/229 PHOP	NE 624-169	<u> </u>
PROPERTY LOCATION:		•	(SHOULD BE	PRESENT 17
ELIPPHINISION TRIA del obia W	10025	LOT NO.	SA	
SUBDIVISION TRia delphia 4  ROAD AND DESCRIPTION TRIA delp		,		(12)
ROAD AND DESCRIPTION TRIA delp	hia Road			
SIZE OF LOT 3 acres		TYPE BLDG.	Residential	(4 bedans)
			(NUMBER OF	BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATIO	N IS ACCEPTABLE ONLY UNT	IL PUBLIC FACILITIES BE	COME AVAILABLE. I FUL	LY UNDERSTAND THE
	TECT ADDITION IS NOW !	ACCUMINADI C MAIDED AND	V CIDCUMETANCES I ALS	O ACREE TO COMPLY
FEE CONNECTED WITH THE FILING OF THIS PERC	TEST APPLICATION IS NON-F	ELONDABLE ONDER AN	Y CIRCUMSTANCES. TALS	AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING	THIS LOT. Mach	1 00. 1 Jungo		<u> </u>
		(SIGNATURE	OF APPLICANT)	."
APPROVED BY	FOR	•	DATE	
AFTROVED DI				
REJECTED BY	FOR		DATE	·
HOLD PENDING FURTHER TESTS C WA	00		DATE	4-83
REASONS FOR REJECTION OR HOLDING NEED	CENTIFIED HOLE	COCATIONS	2-4-83 Ch	lliam
REASONS FOR REJECTION ON HOLDING			Ī	3 P#8494
		SECO ECONIT SH	grew.	<del></del>
	3	AND RETURNED	8 27 06.	

## THIS IS NOT A PERMIT



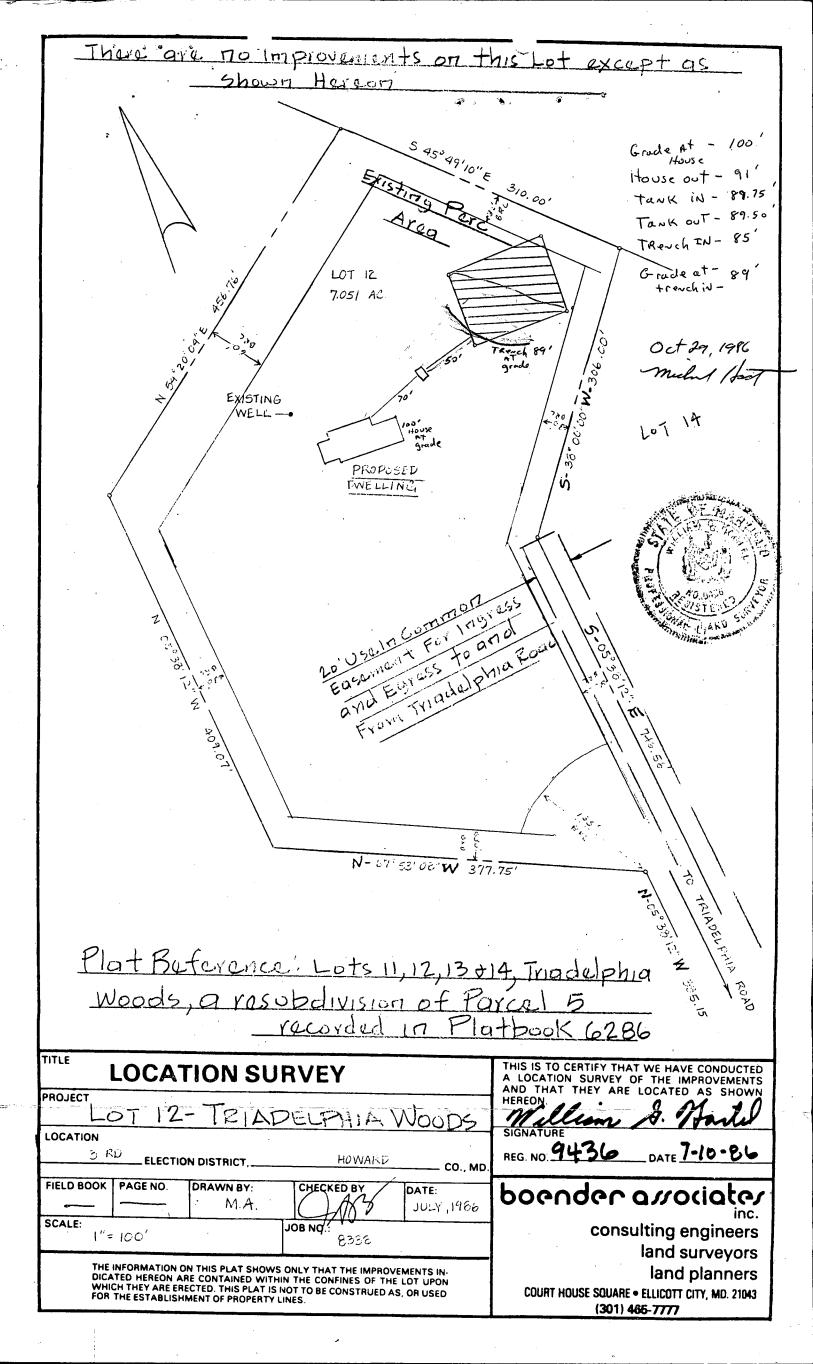
		Jat !	A	
		- mch		
		(3) € ↑ :00	100 -3(2)	
, and the second		(4) k	ormy (20)	- 'cos ta

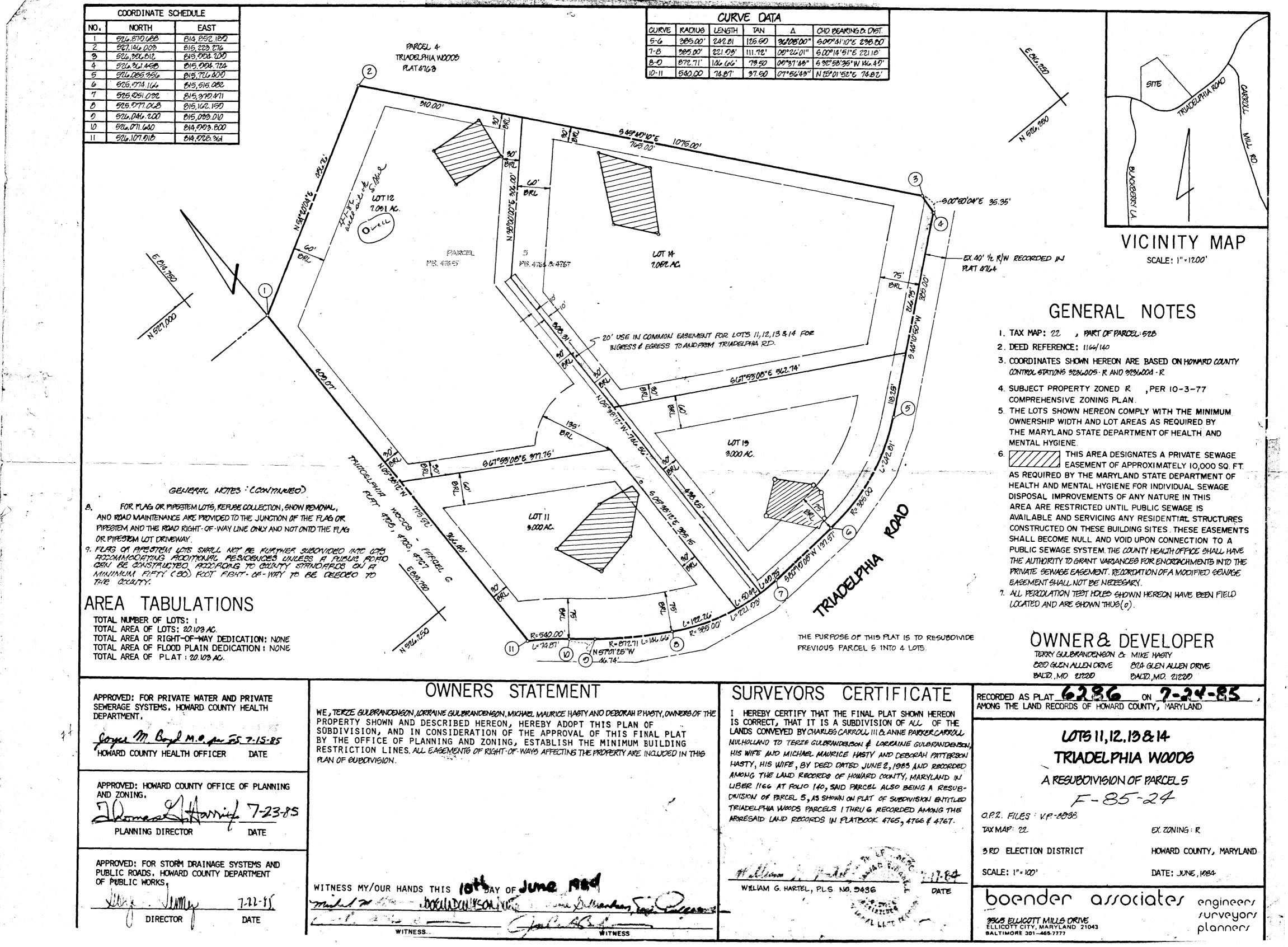
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

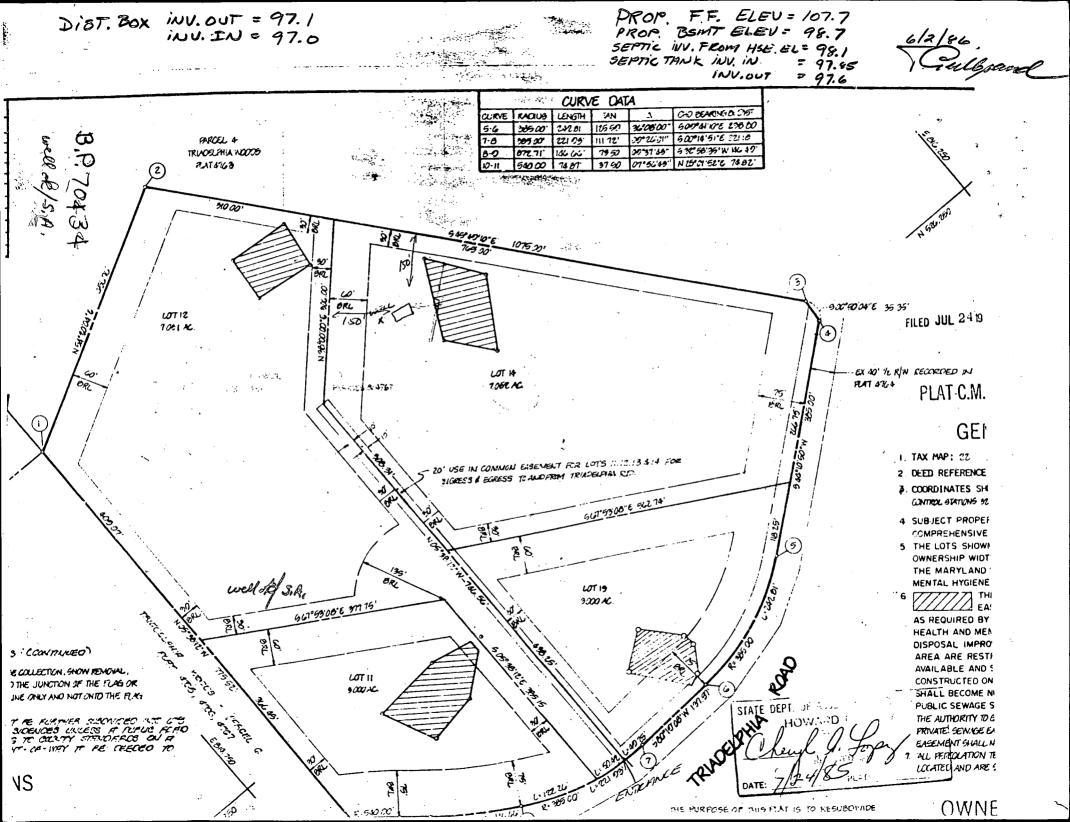
	7507.10	PRE-WET			TEST -		
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
2-4-83	1,	4	11:32	11:33	11133	n335	2mu
		14'	v —	MICA	oan		
		4'	· · · ·	MICA	LOAM	, ,	
		14	- V -	MICA	دممس		
	3	4'	11:38	11:39	11139	11:41	2 min
+,		14'	V	MICA	LOAM		
	4	4'	11:46	11:47	11:47	11/49	2411
-		14	V	MICA	COXM		
71177							·
	* •				,		

REMARKS					`
in the second	MICH COAM	Becow	3 2 CCA/		
TESTED BY	C will	•		ALSO PRESENT	MIKE HASTY LARRY HOWELL

H-10,1070







7:30 Am - 3 hrs. 9:30 Am - Jourt

Page	of
Date	Must 1996

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Noil Permit No	. HO - 81-131	8				
	operty (road)	MIADOIPHIA	Rcl.			
Woll Desile	MIADALPHIA NO	260	Not 12 Block Plat Sec. Owner Michael Hasty			
well briller _	R. MAYNO	<i>.</i>	OwnerMiCHAE	2 HASTY		
Distanc	f well e of measuring po water level (S.W.	oint (M.P.) abov .L.) below M.P.	e ground			
1. High rate	pumping reser	rvoir drawdown	•		•	
Time pum	p started		Pumping rai	te	•	
Total ti	p started to	reach pumping w	ater level	ft. I	below M.P.	
II. Recovery	pump test data -	observations to	be recorded eve	ery 15 minut	tes	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER	R READING	CALCULATED FLOW	
	below M.P.		5 (if us	sed)	(gallons per	
tervals	<u> </u>	gallon bucket			minute)	
				~		
	NO 01	PONTUNITY TU	(2)5P =/1	186 C/101	2.	
	7		3/ 1/	100 (4)		
<del></del>						
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		•				
					÷	
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C 1 00454 SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (CHIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A		
DATE Received	DATE WELL CO	MPLETE	Depth of Well  22 2 4 2 26	PERMIT NO.  FROM "PERMIT TO DRILL WELL"  [40 - 8 / - / 3 5 8	
8 13	15	20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNER	last name of	9Del0	micheral Town	G181001G	
STREET OR RFD		6200 D	10111	LOT R	
WELL	LOG		GROUTING RECORD ves no	C 3	
Not required for STATE THE KIND O PENETRATED, THE	F FORMATIONS		WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)	
THICKNESS AND IF	FEET	Check if water	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min. )	
additional sheets if needed)	FROM TO	bearing	NO. OF BAGS 15 NO. OF POUNDS 1500	to nearest gal.)	
jor soil	0 2		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	METHOD USED TO MEASURE PUMPING RATE Bucker WATER LEVEL (distance from land surface)	
sandy	2 60		48 TOP 52 S4 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 3 3	
Sand Stone	60 65		casing CASING RECORD types insert  CASING RECORD	WHEN PUMPING	
micke.	65 80		appropriate code STEEL CONCRETE	TYPE OF PUMP USED (for test)  A air  P piston  T turbine	
SAND STONE	80 85	and the second	PEASTIC OTHER	27 27 27 27 ather	
micka	85 150	مر.	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe 27 below)	
SAND STONE	150 155			jet Submersible	
Micke	155 245		60 61 63 64 66 70  E OTHER CASING (if used) A diameter depth (feet)		
·			H inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP YES NO	
				(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION	
. ' .			screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED	
			or open hole ST BR HO insert appropriate STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
			code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31 35	
			PLASTIC OTHER  C 2	PUMP HORSE POWER  37 41  RUMP COLUMN LENGTH	
		·	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box	
			E   7   0   5   7   21   15   17   21   16   17   17   17   17   17   17   1	and enter casing height)  LAND SUBFACE	
0,001.5 4,000		<u></u>	S 2 23 24 26 30 32 36 E 3 3 38 39 41 45 47 51	below (nearest foot)	
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			E 3	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS	
E ELECTRIC LOG OBTAINED			SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS	
P TEST WELL CONVERTED TO PRODUCTION WELL  THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN			DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION			GRAVEL PACK		
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	2000	
DRILLERS IDENT. NO. 233			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
DRILLERS SIGNATURE			T (E.R.O.S.) ® WQ	2000	
(MUST MATCH SIGNATURE ON-APPLICATION).			70 72 74 75 76	S. S	
SITE SUPERVISOR (sign. of driller or journeyman			TELESCOPE LOG OTHER DATA CASING INDICATOR	630	
responsible for sitework if different from permittee)			ORDING INDICATOR	·	

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Review 5/19/00 WY OKA

Page		of			
Date	MAY I		Ī	9	86

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8/-1398  Leation of property (road) TRIADILPHIA  Subdivision TRIADILPHIA WOODS  Well Driller R. MAYNE	Rd. Lot 12 Block Plat Owner MicHAEI MASTY	Sec.
Depth of well 245 Distance of measuring point (M.P.) a Static water level (S.W.L.) below M.	bove ground 34/	
High rate pumping reservoir drawdow  Time pump started <b>9.40</b> Total time <u>20 M, M</u> to reach pumpin		7 M.P.

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

TIME (in 15 minute in-	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLO
tervals	below M.P.	time to fill #	(if used)	(gallons per
		gallon bucket		minute)
7:00	60 fr	7 Dece		9 G.P.N
9:15	60	7	grand and a	9
9:30	60	7		9
9:45	60 ft	7 sec		9 6.80
0,00	60	7		1
0:15	60	7	4	9
0:30	60 FY	7 occ	AND ADDRESS OF THE PARTY OF THE	9 GP1
0:45	60	7		9
1,06	60	7		9
1:15	60 ft	7 24		9 60
1,30	60	7		9
1:45	60	7		9
2:00	60 F+	y ou		9 6 81
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70 ft PL 55X Open 15 lags

#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

#### PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their (Pursuant to Chapter XVII, of the Plumbing Code of representative. Howard County.)

Wither Hasty

824 GLEN ALLEW DO.

(OEP Well Permit Number)

Date) PH- 1-236-393>

#### APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department Bureau of Environmental Health 3525-H Ellicott Mills Drive Court House Square Ellicott City, Md. 21043 461-9933

New Installation		Receipt #	38402
Replacement		Date	1/7/8/
Name of Installer Charles A	Klein & Sons Inc.	Telephone	922-4660
License number $\frac{1693}{\text{Pump Installer}}$	Well Driller	Registered P	lumber 🗸
Name of Property Owner Michael Subdivision Site Address 12520 Triade	el & <u>Dehorah Hasty</u> Lot # Well Iphia Rd.	Felephone <u>62</u> 1 tag #	<u>4-1696</u> 
Puma	M-4	D:41 Ad	
Pump 1. Type	Motor  1. Horsepower /2	Pitless Ad	
a. Deep well jet	1. Horsepower /	1. Make	THIVAIU
b. Shallow well jet	2. RPM /70 ?		
c. Submersible //	3. Voltáge	3. Depth	36-40
2. Make Mc Donald	a. 110 b. 220		
3. Model #	B. 220		
4. CapacityGPM		•	
5. Pump exceeds well capacity	V N- //:		
		A1	
6. If Yes, is low pressure cu	toff Switch Installed? Ye		
7. What methods are used to pr vibrations? Torque arrestors	Cable guards (	trical wiring Other	trom
Tank 0//11/#0	n:-: // /		
1 Canadia Mark #9	Piping //	Well data	
1. Capacity May #9 2. Pressure relief	1. Type Plastic	1. Depth	tt.
2. Fressure Periet	2. Size /"	_ 2. Yield_	
valve? YPS	3. NSF and/or BOCA	3. Static	
	Code approved yec	_ level_	
	4. Depth of supply		ater supply
	line_36" 1240		enfected by
	·	install	ler? / / / /
I understand that it is my res Department when the installat permit is null and void).			
All information given above is	s true to the best of my	Knowledge.	4
	Signature of Applican	Musles	Alling
	Date: 1/7/8	7 -	, —
	/ //		

Note: A sticker indicating approval/status of the installation will be placed

on the well casing at the time of the inspection.