

PERMIT

SEWAGE DISPOSAL SYSTEM

-		
Α	32445	

1/09/87

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 3rd

DATE

INSPECTOR

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 UNDEXED

DATE SYSTEM APPROVED-

4/16/27

Charle	A. Klein & Sons, Inc.		IS PERMITTED TO	INSTALL X	ALTER
•	4 Marriottsville Road, Randa				
SUBDIVISION	Triadelphia Woods	ROAD 12500 TI	iadelphia Road	1 LOT14	
PROPERTY OWNE	Lorraine	& Terri Gulbi	andsen		
ADDRESS					
IF GARBAGE GRIN	DER IS USED INCREASE SEPTIC TANK CAPA	CITY BY 50% AND A	BSORPTION AREA BY	22%.	
	R? YES NO _X	4			
	ACITY 1250 GALLONS NUMBER OF STREET GALLONS NU	rench to be 2 184 feet belo	feet wide. In w original gra	de. Effe	ctive area begins
•	Place the distribution box a 306 ft. long and 90 feet fro lot from Triadelphia Road.	nt a point 200 om the right (feet from the 1075.00') line	e back lot e as seen	line which is when facing the
NOTE -	line.' No trench to exceed 100 feet cap to grade or above on sep	-	The state of the s		
				·	
PLANS APPROVED BY	C R. Hodg	ies		DATE	1/08/87

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.

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.

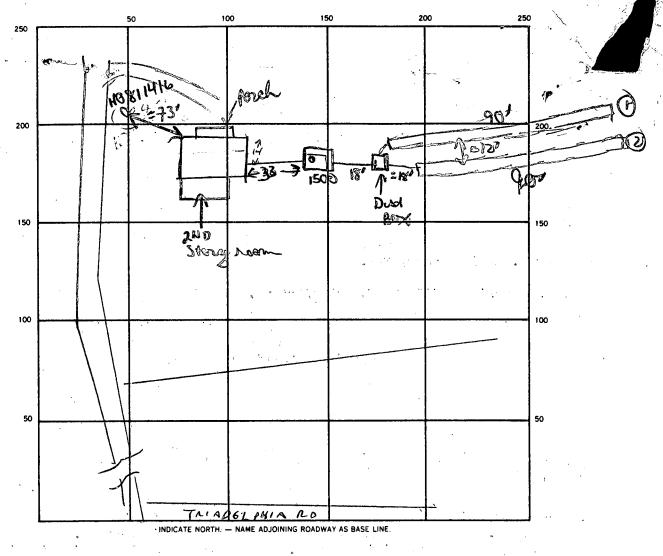
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

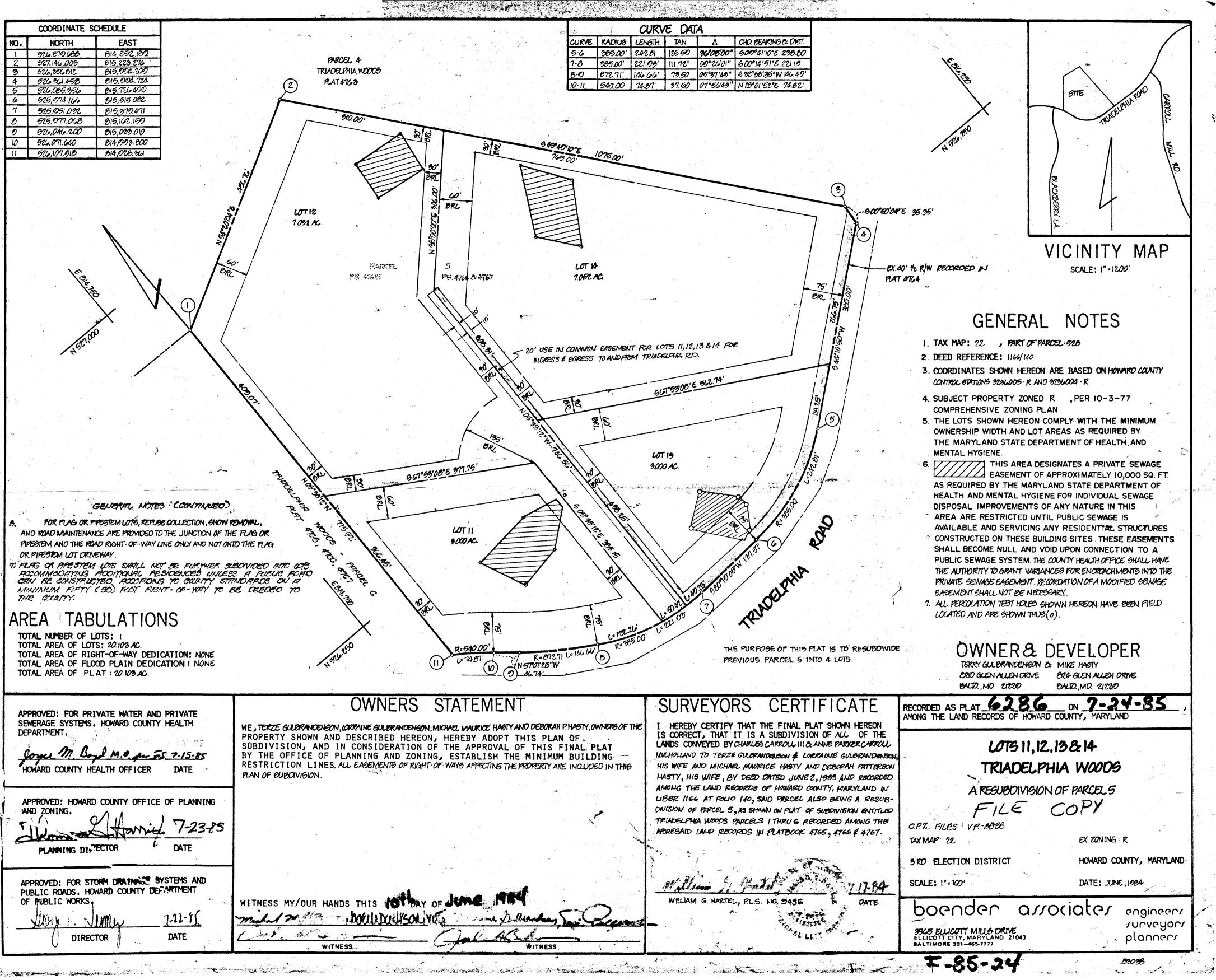
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



SEPTIC TANK, LEVEL 1500 CLEANOUTS 150T.
DISTRIBUTION BOX, LEVEL
PRAIN FIELD/TILE FIELD, DEPTH 5 TENCH WIDTH 2 FT. INLET DEPTH 7 FT. 45
FFECTIVE GRAVEL DEPTH 45 FT. TOTAL LENGTH 90 + 90 FT.
NUMBER OF TRENCHES ONE SIDEWARL/BOTTOM AREA SO. FT.
DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
ABSORBENT AREA 310 SQ FT.
REMARKS 3/23/87 CONTRACTOR COLD NOT 106STIFY BROKESTY BOWNDARIES, NO TRENCHES DVG. CW
415/87 or to fench adding stone size paper + digging french & ?
OK to cover from house to tomb, OK to finish trench #5
or to stool there LIBZ
4/16/87 OK to finish stowing & pipup trench \$2.0K to cover \$2
a sol often work.
DATE SYSTEM APPROVED 4/16/87 INSPECTOR B NEWS



SUBDIVISION RUPER A COURS A

LOT NUMBER:

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	feet below original grad	de.	
Bottom maximum d	epth feet belo	ow original grade.	
Effective area b	egins at feet	below original grade.	
ground an No trench	d leave a 5 foot earth buf is to exceed 100 feet i	orbent area, run the trench on level ffer between dry well and trench. in length. Trench inlet to be same of stone below distribution pipe.	
	TR	RENCHES	
	. 	200 sq. ft./bedroom	
	2_	go sq. 10.7 bed100m	
Trench to be	*************************************		
Inlet	feet below original grad	de.	
Bottom maximum d	epth 82 feet belo	ow original grade.	
Effective area b	egins at # feet	below original grade.	
feet o	f stone below distributi	ion pipe.	
NOTE: (1) No +			
	rench to exceed 100 feet ore than one trench used	t in length. d, a distribution box is required.	
(3) Tren	ches to be installed on	level ground.	
		ch before gravel is installed.	
	and drywell.	nout and cap to grade or above on septic	
(6) If a	•	ed, increase septic tank capacity by 50% wall area by 22%.	
LOCATION:		DISTRIUBION BOX ATA	
POINT	LOOFT FROM	THE BACK LOT LINE	
WHICHIS	306 FT 40.	NG & 90FT FROM THORK	`));
75.00) KINE	MS SEPT 1	WHEN FACING THE COLONG COWN IN BD. BUN TREMINES TOWN ALONG COWN	Toi
krom	TRIDGEPH	1 P P. BUN TRENCHES TOWN SONS THE LEFT (308.31) W	I E
2 60 61			
100 17 8	POW TAG	WELL	
BN MADE	-FIELP SINS	TON.	
MERC H	ULB LOCA,	TLON,	

2/4/83

APPLICATION

	32	4	45
А		<u> </u>	

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE P

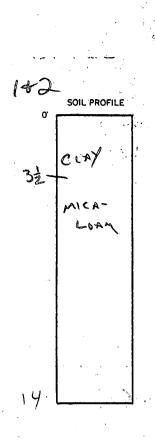
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3 RA

					•	
TO: THE COUNTY HEALTH OFFICER			•			•
ELLICOTT CITY, MARYLAND		<i>•</i>		•	:	
I, HEREBY, APPLY FOR THE NECE	SSARY TEST IN ORDER T	O CONSTRUCT (OR REC	ONSTRUCT) A SEWAGE (DISPOSAL SYSTEM.		
PROPERTY OWNER Michael	m. HAsty	, Debora	L P. 1415 K	, · · · · · · · · · · · · · · · · · · ·		·
ADDRESS 824 Clos	Allen Dr.	Baltina	nel 21129	PHONE 62	1-1696	<u> </u>
PROPERTY LOCATION:						
SUBDIVISION TRiadel	phia Wo	ods	LO	T NO#_5	B NGW	14
ROAD AND DESCRIPTION			-			· · ·
		· · · · · · · · · · · · · · · · · · ·				
SIZE OF LOT 7 a C a	245		TYPE 8	BLDG. <u>Resia</u>	UMBER OF BEDROO	1 belin
			•	:	DWRFW OF BEDROO	
THE SYSTEM INSTALLED UNDER TH	IS APPLICATION IS AC	CEPTABLE ONLY U	ITIL PUBLIC FACILITIE	ES BECOME AVAIL	ABLE. I FULLY UNDE	RSTAND THE
FEE CONNECTED WITH THE FILING	OF THIS PERC TEST	APPLICATION IS NON	-REFUNDABLE UNDE	R ANY CIRCUMSTA	NCES. I ALSO AGREE	TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMEN	TS IN TESTING THIS	LOT. Mul	1 70. Ins	URE OF APPLICAT	XV	·. ,
APPROVED BY	·	FOR	· ·	0	ATE	
REJECTED BY		FOR	·	· · · · · · · · · · · · · · · · · · ·	ATE	
HOLD PENDING FURTHER TESTS	Carll			D.	ATE 2-4-8	3
REASONS FOR REJECTION OR HOLDING	NEED CEN	TIFIED HOLE	LOCATIONS	2-4-83	Cwillia	
		· · · · · · · · · · · · · · · · · · ·			·	·

THIS IS NOT A PERMIT



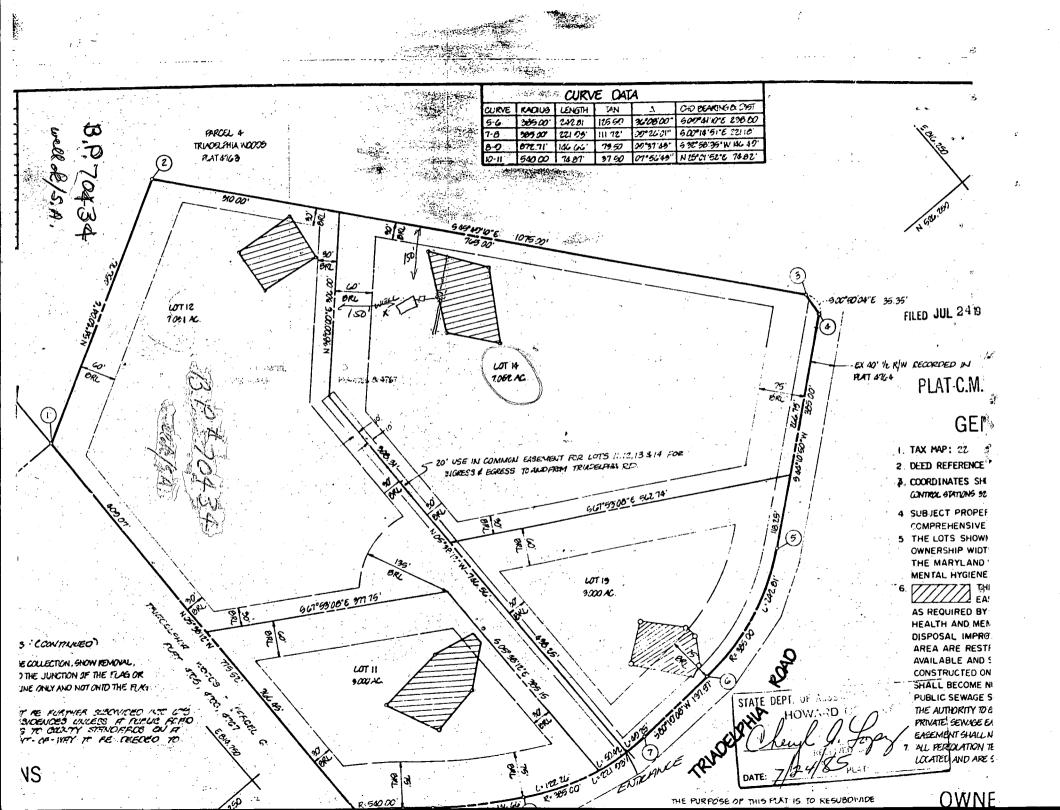
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			1			The state of the s
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ė,		figure . See		(2) 	(4)	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

		1	PRE	WET	TEST -	1" DROP	1
DATE	TEST NO.	DEPTH	START.	STOP	START	STOP	TIME
24-	§3 /	3支	41:54	12:08	12:08	12:30	22 711
		1416	レール	ICA CO	AM	194K	i T
2-4-8	3 2	4'1	12:03	12:08	12:08	12:20	12min
		141	U- M	ca Lo	AM		
LD TO	EST DATA BY	STREAKER	d KIEL	3-4-81			
3-4-8	5,6	3		·			26
		りも					4
3-4-8	7,8	3		e commentered			27
		7克					2

REMARKS	NEED HOLE LUCATIONS			•
TYPE OF SO	CLAY OVER MIC	a loan		¿'
and the second second				MIKE HASTY
TESTED BY	Curllian		ALSO PRESENT	LARRY HOWELL

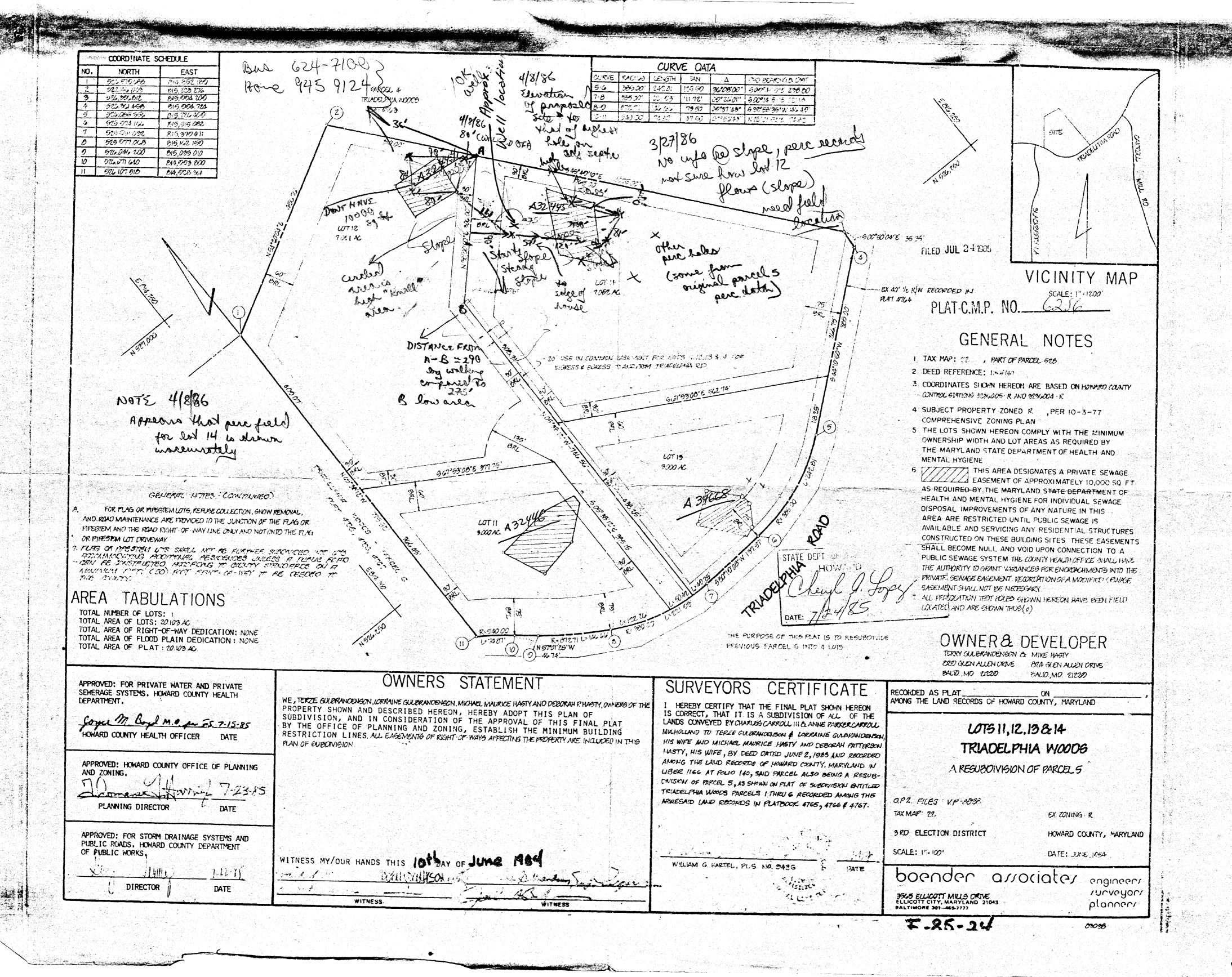
H-12-1079



WRITE INITIALS PERMIT NO.

FORCE

SPECIAL CONDITIONS



7:30 AM - 3his. 9:31 AM - Grout

Review **H9687**

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

•				
Well Permit No. HO - 81-1416	,			•
intion of property (road) Turnslublia	Toud			
abdivision Madelphia Wrow Lo	t 14 Bloc	k Pla	t Sec.	
well Driller Kalph Mayne Ow.	ner <i>Juna</i>	y Tull	random	
Depth of well 265				
Distance of measuring point (M.P.) above	. G around A			a
Static water level (S.W.L.) below M.P.	40"			•
:. High rate pumping reservoir drawdown				-
Time pump started 7130	Pumping :	rate 9		
Total time /5 row to reach pumping water	er level	5 ft.	below M.P.	
II. Recovery pump test data - observations to be	e recorded e	every 15 min	utes	

TIME (in 15 minute in-	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
tervals	101	gallon bucket		minute)
10:15	65'	7 sec		9
10:30	65'			9
				:
				-
	-			
	(
				•
				·
			<i>y</i>	

C1 00472	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 P		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY 0 37 WILL
IN COLS. 3-6 ON ALL CARE	DS)	PLEASE PRINT OR TYPE	NUMBER A SCHOOL
DATE Received	DATE WELL COMPLET		* FROM 'PERMIT TO DRILL WELL"
8 13	050286	22 265 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER		in teats	
20 - 20	Past names a P H 1 F		LINELC
0,500 (1,010 (1) 1,12 (1)	OSLPNIA L	MOTS SECTION RESUBTION	
WELL Not required for		WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF PENETRATED, THEIR		(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF	WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	45 46	PUMPING RATE (gal. per min.
	, , , , , , , , , , , , , , , , , , ,	I GALLONS OF WATER I	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE But Market State
Top So. L	0 5	DEPTH OF GROUT SEAL (to nearest foot)	WATER LEVEL (distance from land surface)
		from to	BEFORE PUMPING
Ca da		(enter 0 if from surface) casing CASING RECORD	17 20
Sandy	2 30	types	WHEN PUMPING
SAND Stone.	30 40 4	(insert appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
SAME Trong		code below PL OT	A air P piston T turbine
Micka		PEASTIC OTHER	27 27 27 27 On ther
I CK & C	140 55	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe
Sand Stone	55 60 0	TYPE (nearest inch) (nearest foot)	Delow)
Didorn Die			J jet Submersible
Micka	70 SOO	60 61 63 64 66 70 E OTHER CASING (if used)	
Short Stours	200 205 /	diameter depth (feet) H inch from to	PUMP INSTALLED
I JAMA JAMA		C A S	DRILLER WILL INSTALL PUMP YES (NO)
Micka	205 265		IF DRILLER INSTALLS PUMP, THIS SECTION
	with the life	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
The same of the sa		or open hole ST BR (HO)	TYPE OF PUMP INSTALLED PLACE (A.C. J. P.R. S. T. O) PLACE (A.C. J. P.R. S. T. O) 29
1		Appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
		code PL OT	GALLONS PER MINUTE
	g g	PLASTIC OTHER	(to nearest gallon)
			PUMP COLUMN LENGTH
		DEPTH (nearest ft.)	(nearest ft.)
		E'HO 38 1 265 1	CASING HEIGHT (circle appropriate box and enter casing height)
			LAND SURFACE
	·	S 23 24 26 30 32 36	below (nearest foot)
A WELL WAS ABANG	PRIATE LETTER DONED AND SEALED	R g 3 38 39 41 45 47 51	49 50 51 LOCATION OF WELL ON LOT
WHEN THIS WELL W		N 30 39 41 45 47 51 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
TEST WELL CONVED	RTED TO PRODUCTION	DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS
WELL THEREBY CERTIFY THAT THIS WELL		OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.1	17.13 "WELL CONSTRUCTION	rom to .	one line
ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE	ND THAT THE INFORMATIO	IF WELL DRILLED WAS	1250 M
OF MY KNOWLEDGE.	272	FLOWING WELL INSERT F IN BOX 68 68	1000
DRILLERS IDENT, NO.	Acus	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	ver of
DRILLERS SIGNATURE	wyrres -	T (E.R.O.S.) WQ	
(MUST MATCH SIGNATUR	E ON APPLICATION	74 75 76	
SITE SUPERVISOR (Sign of	" I Colored	TELESCOPE LOG OTHER DATA	NZ-Manager
SITE SUPERVISOR (sign. or responsible for sitework if		0.0000	

Same and the second

Page of Date MAN 2 ~1986

Review 5-10-84 of SAW

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1416	
TRIADELPHIA RD.	
abdivision TRIADSIPHIA WOODS Lot 14 Block Plat Sec.	
Well Driller LAZPH MAYNE Owner GULBRANDSIA TERTE	
Depth of well $265f$ Distance of measuring point (M.P.) above ground $27f$	
Static water level (S.W.L.) below M.P. 40ft	9
. High rate pumping reservoir drawdown	£,
Time pump started 750F+ Pumping rate 7 FR.M	
Time pump started Your Pumping rate The Property of the Delow M.P. Total time 15.10m. 14.to reach pumping water level 65 ft. below 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 FLOW
tervals	below M.P.	time to fill #	(if used)	(gallons per
		gallon bucket		minute)
7:45	65 FL	- Car		9 C.P. p
8, 60	65	7	and the second s	9
4, 15	65	7	parties de merches, q	9 :
8,30	65 Fr	1 Dec	, and the second	9 6,00
8, 45	65	7	and the state of t	g
9.00	65	7		9
9: 15	65 Ft	7 020	The second secon	9 6.8.M
9: 30	65	7	AND ADDRESS OF THE PARTY OF THE	9
9:45	65	2		9
10: 80	65 Ft	7 see		9 616
10:15	-65	7		9
10, 30	65	7		9
10: 45	65 4+	n sec		9 FPM
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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 Replacement Name of Installer Anries A License number 1693 Certified Well Pump Installer Name of Property Owner Anriane Subdivision Site Address 2500 Triadely	Well Driller Ro	egistered Plumber
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make	off switch installed? Yes otect the pump and electr	ical wiring from
Tank 1. Capacity <u>lauton</u> Mork * 2. Pressure relief valve? <u>yes</u>	Piping Plastic 1. Type Plastic 2. Size /" 3. NSF and/or BOCA Code approved /cs 4. Depth of supply " line 36" to 40"	Well data 1. Depthft. 2. YieldGPM 3. Static water levelft. 4. Will water supply be disenfected by installer? YES
I understand that it is my resp Department when the installation permit is null and void). All information given above is	n is ready for inspection	n (otherwise this 多

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

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PUNP 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 representative. (Pursuant to Chapter XVII, of the Plumbing Code of

Tuallyhin Wood

Paul 5

930.00

930.00

2/1/20

P-36507

Howard County.)

Allen Dr. Balto und 2126

(OEP Well Permit Number)

2/21/86