

11/8/90 AM
3:00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

05-392802

INDEXED

P 46564

A 31714

DISTRICT 5th

DATE 11/8/90

DATE SYSTEM APPROVED 11-8-90

INSPECTOR JEN

11-8-90
well line in
covered

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Dunfretten Estates LOT 1 ROAD 13765 Tridelphia Mill Road

PROPERTY OWNER Mr. Michael D. James William Taylor Jr.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 160

$\begin{array}{r} 3 \ 180 \\ 4 \\ \hline 720 \end{array}$	$\begin{array}{r} 3 \ 160 \\ 4.5 \ 7200 \\ 45 \\ \hline 270 \\ 270 \end{array}$
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TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4½ feet below original grade. 4½ feet of stone below distribution pipe.

LOCATION - Start the first trench 140' from the front lot line and 30' from the right lot line. Run trenches along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

or start at ending point closer to the house & run 1st trench to indicated starting point

PLANS APPROVED BY Craig Williams cm DATE 08/23/89

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

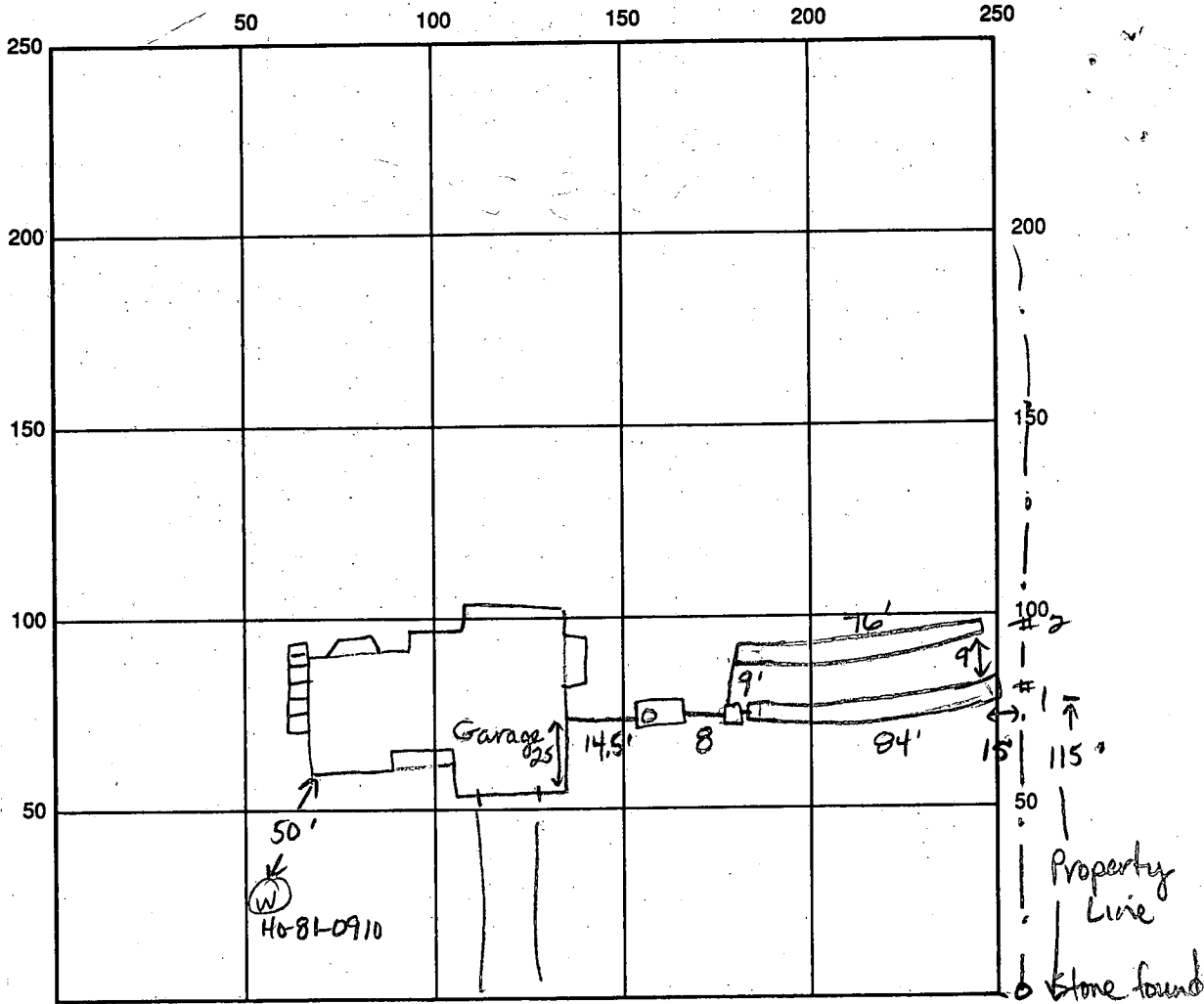
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 4/18/94
Serial # 53530 - deck

A
31714



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Triadelphia Mill Rd

SEPTIC TANK LEVEL 1500 gal, ok CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 9 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 4 FT.

EFFECTIVE GRAVEL DEPTH 5 5 FT. TOTAL LENGTH 84 76 FT. (1) (2)

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 420/380 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS: 11-8-90 OK to stone trenches and add pipe & paper. JEN
11-8-90 OK to cover all work. JEN

DATE SYSTEM APPROVED 11-8-90 INSPECTOR Jane E. Madear

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31714
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/87

Specs Write see attached sheet

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 S. Turner Nichols and James S. Nichols Michael D. James

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993 725-3703
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill LOT NO. #1

ROAD AND DESCRIPTION 13765 Triadelphia Mill Road (Macadam)

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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Trench DATE 4/27/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/27/83 Specs Written R-11

BUDG. PERMIT SIGNED
AND RETURNED 8/23/82
Serial # 28379
SFD -

THIS IS NOT A PERMIT

APPLICATION

A 31714

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 - ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/87

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993
Clarkeville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill LOT NO. #1

ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)

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

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S. Turner Nichols James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

B 1 **3285** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-0910

fill in this form completely

Date Received **4/3/85 9:30**

7/22/85

OWNER INFORMATION

WICKOLS Owner **DAMPS** First Name

13938 HIGHLAND RD. Street or RFD

CLARKSVILLE Town **2021029** Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

DUNFRET TEN SUBDIVISION

SECTION **44** LOT **1**

DAYTON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

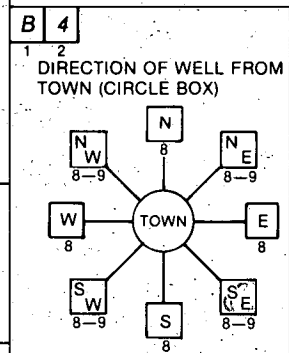
DRILLER INFORMATION

Joseph L. Mays Driller's Name **238** License No. 80

Joseph L. Mays Well Drilling Firm Name

5512 R. Doe RD. Mt. Airy 21771 Address

Joseph L. Mays Signature **5/1/85** Date



Triadelphia Mill Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W WEST **E** EAST

55 DISTANCE FROM ROAD ENTER FT or MI **FT**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A 31714** COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S _____

DATE ISSUED **030485** SIGNATURE **J. Stover** EXP. DATE **9/4/85**

NORTH GRID **503000** EAST GRID **0802000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY Drive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800 2

500 3

Location OK
 62'-casing
 40' open
 13-bags cement

4/13/85

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

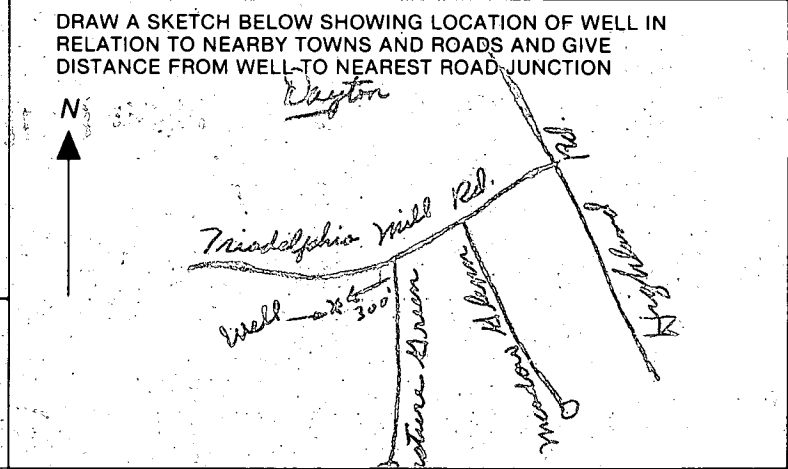
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____

FORCE **JS** INITIALS PERMIT No. **HO-81-0910**

SPECIAL CONDITIONS

C1 9556 (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 31714

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

DATE Received

DATE WELL COMPLETED 040385

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0910

OWNER NICHOLS last name JAMES first name STREET OR RFD TRINIDADIA Mill RD TOWN DAYTON SUBDIVISION DUNFRETTEN SECTION LOT 1

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Slate 0 57, Gray Mic Rock 57 165.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 13, NO. OF POUNDS 1222, GALLONS OF WATER 78, DEPTH OF GROUT SEAL 40 ft.

CASING RECORD: MAIN CASING TYPE ST (STEEL), Nominal diameter 6, Total depth of main casing 62.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with columns 1-21. Includes SLOT SIZE 1-3, DIAMETER OF SCREEN (NEAREST INCH).

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

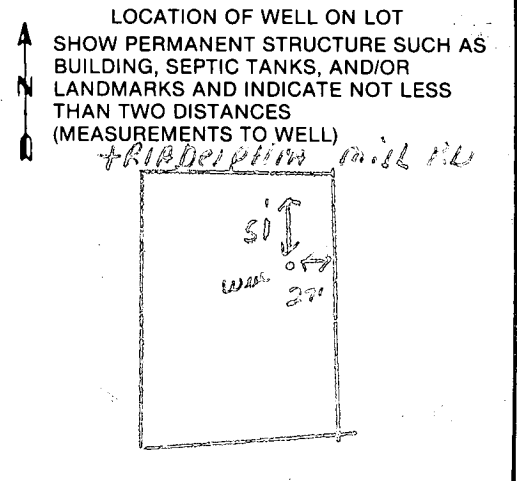
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 9 gal. per min., METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 30 ft. BEFORE PUMPING, WHEN PUMPING 15 ft., TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (CIRCLED), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE.



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 46492
Date 10/16/90

Name of Installer KRISS HAFFER

Telephone (301) 926-0737

License Number 7970

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Michel James

Telephone 725-3782

Subdivision Don F. Redden, Esq. Lot #

Well Tag # 40-81-0910

Site Address 13765 Trade Venia Mill Rd

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

2. Make 3AC 1222
3. Model # 92-56-8593

4. Capacity GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 3/4
- RPM 3450
- Voltage
 - 110
 - 220

Pitless Adapter

- Make M. H. Brown
- Model # B2-10X
- Depth 32"

Tank

- Capacity 42
- Pressure relief valve? RS

Piping

- Type poly
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 250 ft.
- Yield 15 GPM
- Static water level 52 ft.
- Will water supply be disinfected by installer? yes

OK 10/19/90 CBS

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10/12/90

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

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
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

S. Jimmy Medals

(Name)

Leta Dunfetter

13270 Triadelphia mill Rd
(Address) Clarksville, MD 21029

H0-81-0910

(OEP Well Permit Number)

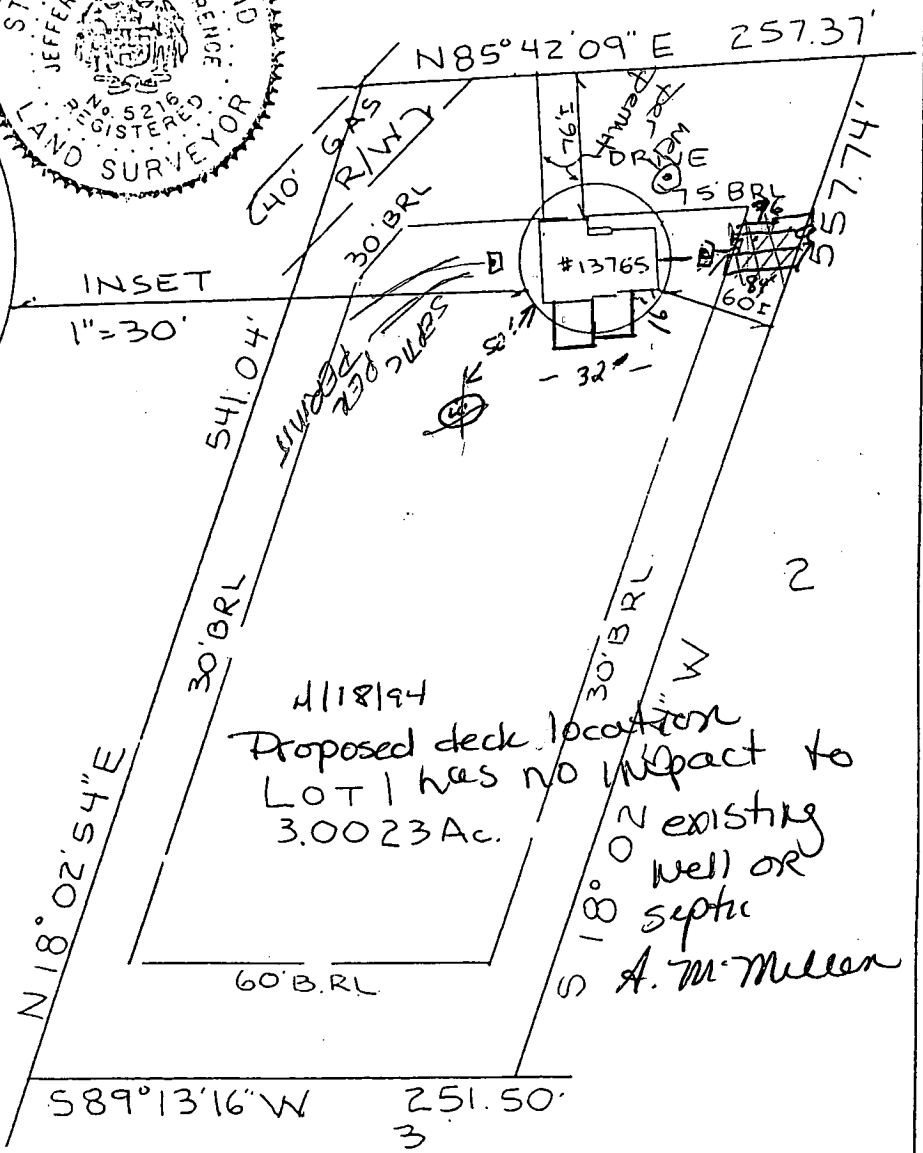
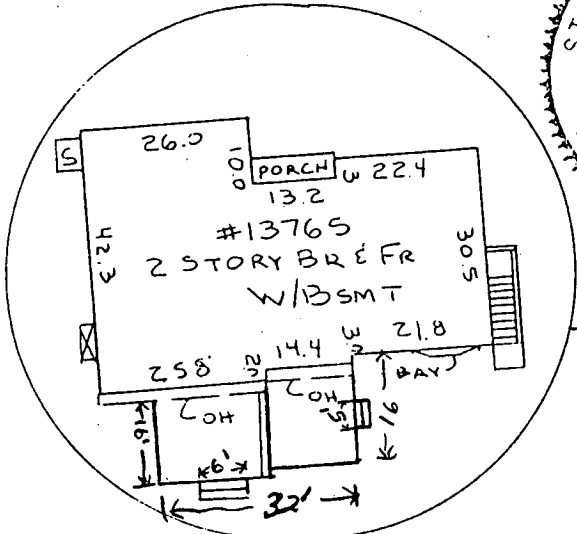
3-11-85

(Date)

6/26/92
 William Taylor, Jr.

6/26/92
 Brenda L. Taylor

TRIADELPHIA MILL RD.



Property shown hereon is not in a flood plain per existing records unless otherwise noted. 921699

SCALE: 1" = 100'
 RECORDED IN:
 PLAT BOOK:
 PLAT: 5401

NOTE: This drawing is not intended to establish property lines nor are the existence of corner markers guaranteed. All information shown hereon taken from the land records of the county in which the property is located. Do not attempt to erect fences from information contained on this drawing.

HOUSE LOCATION
 LOT 1
 DUNFRETEN ESTATES
 HOWARD COUNTY, MD

200510 01:10

I hereby certify that to the best of my knowledge and belief, the position of all the existing improvements on the above described property has been established by accepted field practices.

Date: June 15, 1992

Jefferson D. Lawrence
 JEFFERSON D. LAWRENCE,
 PROFESSIONAL LAND SURVEYOR #5216