

10/4/88
10-8-88
mm

WPI

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

05-392977

① P.C.O. - R.H.

② P.C.O. C. Bo

[NEED S.T.C.O. only]

P 42686

A 31729

DISTRICT 5th

DATE 10/4/88

DATE SYSTEM APPROVED 10/7/88

INSPECTOR R.H.

Bill Ingram

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE 442-2139

Clarksville, MD 21029

SUBDIVISION Dunfretten Estates

ROAD 13725 Triadelphia Mill LOT 16

PROPERTY OWNER

William Sturgenson

ADDRESS

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

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 195 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 210 feet from the front lot line and 70 feet from the right side of the lot as seen when facing the lot from Triadelphia Mill Road. Run trenches towards right and left lot lines.

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

PLANS APPROVED BY

Raymond Hodges

DATE

5/23/83

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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.

BLOG. PERMIT SIGNED

AND RETURNED

Serial # 27459 - Prol.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-31729

A 31729SUBDIVISION: DUNFRETTON ESTATESLOT NUMBER: 16DRY WELL OR DRY WELL AND TRENCH137 sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	<u>1500 gallon</u>

Minimum Total Square FeetInlet 4 1/2 feet below original grade.Bottom maximum depth 11 feet below original grade.Effective area begins at 4 1/2 feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 1/2 feet of stone below distribution pipe.

TRENCHES160 sq. ft./bedroomTrench to be 2 wide.Inlet 4 feet below original grade.Bottom maximum depth 9 feet below original grade.Effective area begins at 4 feet below original grade.5 feet of stone below distribution pipe.

195' w/ disposal
3 BR w/ disposal
Bill Ingram
442-2139

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH OR PLACE THE DRY WELL 210 FT FROM
THE FRONT LOT LINE AND 70 FT FROM THE RIGHT SIDE OF THE LOT
AS SEEN WHEN FACING THE LOT FROM TRIDELPHIA MILL RD

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 11/24/81

A 31729

P _____

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 William Spurgeon

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

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #16

ROAD AND DESCRIPTION 13725 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 OR DRY WELL DATE 5/23/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/23/83 Spec Writer

BLDG. PERMIT SIGNED

AND RETURNED 3-16-89

BP 16683
SM

THIS IS NOT A PERMIT

[illegible]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-1281079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
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PHONE 286-2993

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LOT NO. #16

ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)

SIZE OF LOT 3 Acres

TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT

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

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

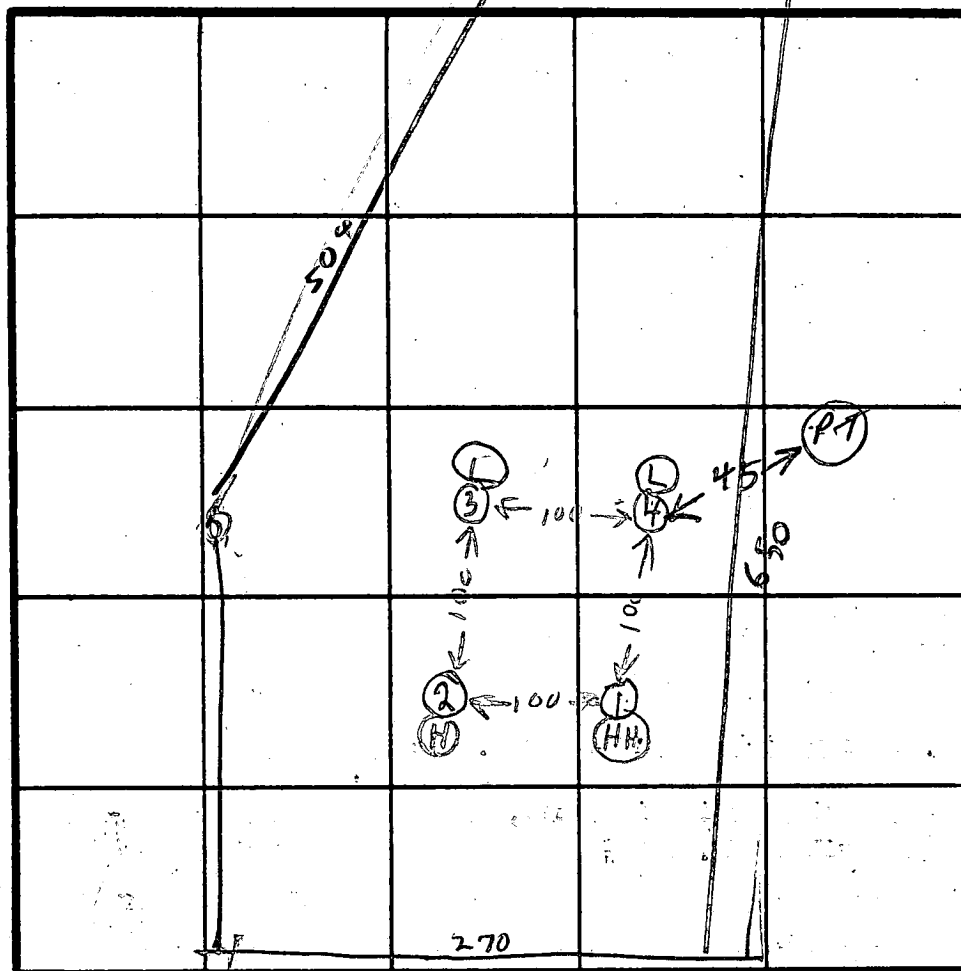
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

See Plot #16

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TAIDE LAMIA MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/1/81	1S	5 1/2	154	156	156	158	2
	1V	14	TOP	5 FT	CLAY		
			BOT	9 FT	SANDY		
	2S	5	159	201	201	204	3
	2V	12 1/2	TOP	2 FT	CLAY		
			BOT	10 1/2 FT	SANDY	DRY	
	3S	5	205	208	208	211	3
	3V	13	TOP	4 FT	CLAY		
			BOT	9 FT	SANDY	DRY	
	4S	5 1/2	214	222	222	251	29
	4V	12 1/2	TOP	5 FT	CLAY		
			BOT	8 FT	SANDY	DRY	

air time 9
Max depth 4 1/2

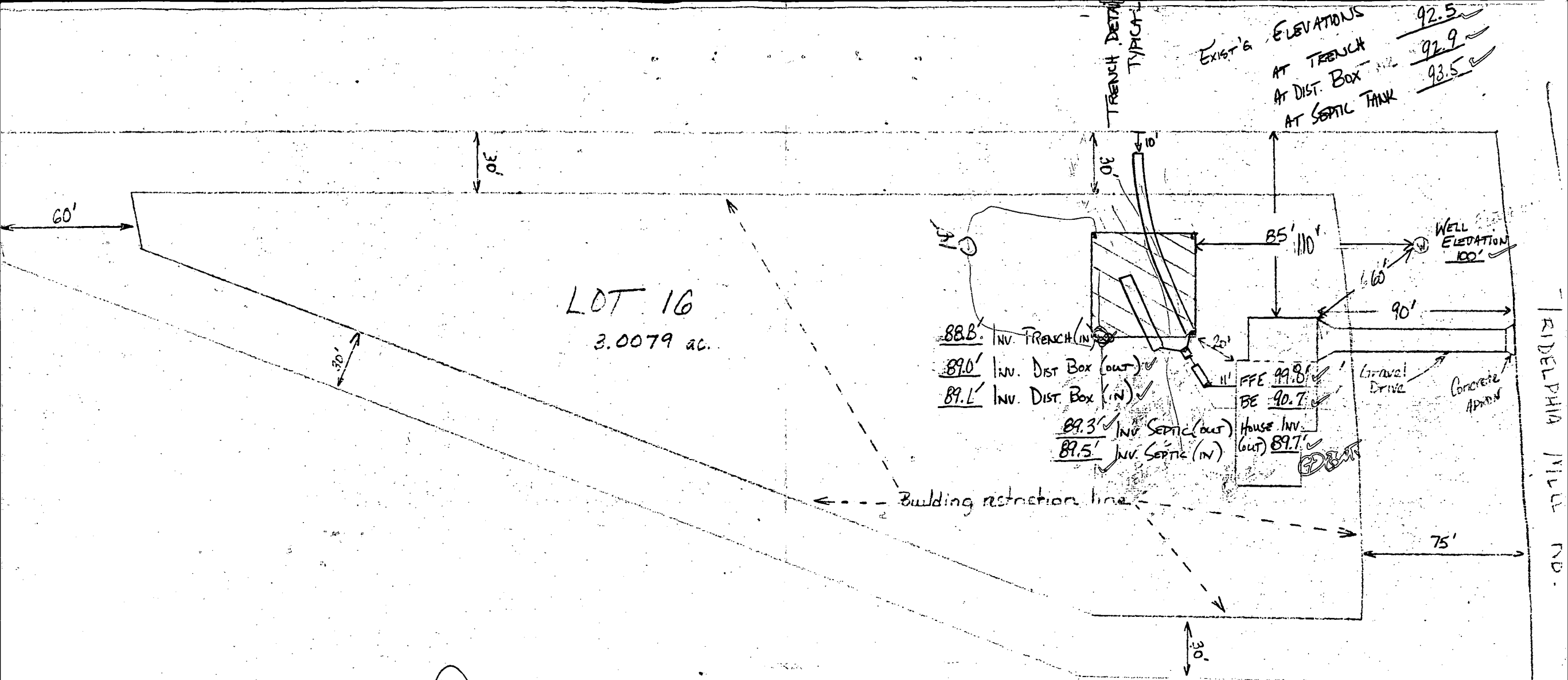
REMARKS

TYPE OF SOIL

TESTED BY RHODGES

ALSO PRESENT

T NICHOLS
J NICHOLS
JERRY
ORNDORF MAN



68

295
193
585/8

585/8

SCALE 1" = 50.0'

3/16/88
elevation
on site

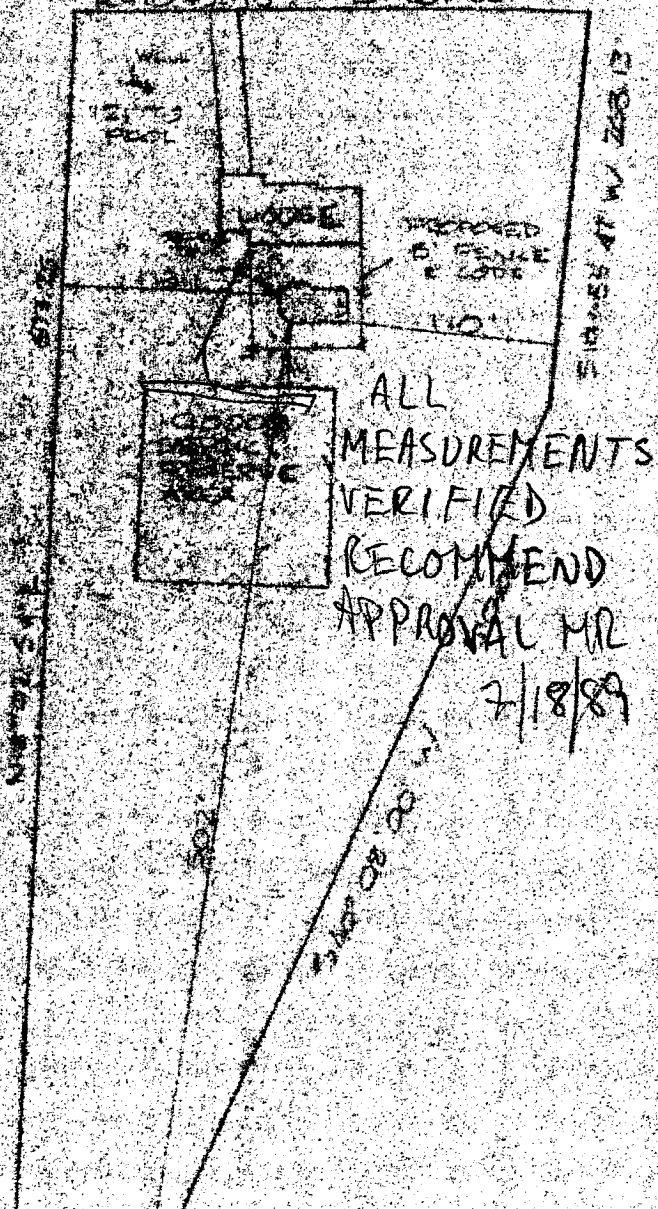
BLDG. PERMIT SIGNED
AND RETURNED 3-16-88
BP16683
OK

SURGEON RESIDENCE

RIDELPHIA MILL RD.

TRIADELPHIA MILL ROAD

RE 1045.95 LA 267.66



B 1	3268	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40-81-0919 </div> <div style="font-size: 8pt; margin-top: 2px;"> 70 fill in this form completely 79 </div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) <i>3/29/85 2nd</i>				
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03/29/85 </div>		LOCATION OF WELL		
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> NICHOLS S. DAMES </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13938 HIGHLAND RD. </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> DUNFRETEN </div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> CLARKSVILLE MD 21029 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> DAYTON </div>		
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> JOSEPH L. MAYNE </div>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 MI</div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> JOSEPH L. MAYNE WELL DRILLING </div>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5512 RIDGE RD. N.H. KINGMAN, 21771 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Triadelphia Mill Road </div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> JOSEPH L. MAYNE </div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>		DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">35</div> FT		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>		ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT</div>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				
<input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				
<input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)				
<input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div> FEET				
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY				
<input type="checkbox"/> D THIS WELL WILL DEEPMEN 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div>				
FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">JS</div> INITIALS PERMIT NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-0919</div>				
SPECIAL CONDITIONS				

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A31729

OEP SIGNATURE _____ STATE HEALTH INSERT S _____

DATE ISSUED 03/12/85 J. Stanger 9/12/85

CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 503000 EAST GRID 0802000

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

E 800 2
N 500 3

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

Page _____ of _____
Date April 1, 1983

Well Permit No. HO - 81-0919
Location of property (road) Dunfretten Triadelphia Mill Road
Subdivision Dunfretten Lot 16 Block Plat Sec.
Well Driller Joseph Mayne Owner James Nichols

High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

C19572

SEQUENCE NO.
(OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY
NUMBERA31729

DATE Received
813

DATE WELL COMPLETED
040185

Depth of Well
2214926
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-81-0919

OWNER
NICHOLS
last name

JAMES
first name

STREET OR RFD
PHILADELPHIA MILL RD

TOWN
DAYTON

SUBDIVISION
DUNFRETEN

SECTION

LOT
16

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET
FROMTO

Check
if water
bearing

BROWN SLATE032

SAND3279

GRAY MICHA ROCK79145

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS16NO. OF POUNDS1504

GALLONS OF WATER96

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to50ft.

(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below

STEELSTCONCRETECO

PLASTICPLOTHEROHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

S7683

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

SCREEN RECORD
screen type
or open hole

insert
appropriate
code
below

STEELSTBRASSBRONZEBR

PLASTICPLOTHEROHER

DEPTH (nearest ft.)

14082145

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5660

fromto

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

7072747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min. to nearest gal.)10

METHOD USED TO
MEASURE PUMPING RATEbucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING30

WHEN PUMPING52

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

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)

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
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, 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)

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)

PHILADELPHIA MILL RD.

46'

58' well

Well Permit No. HO - 81-0919
Location of property (road) Irishdelphia Mill Rd.
Subdivision Monkresten Lot 16 Block _____ Plat _____ Sec. _____
Well Driller Joseph Mayne Owner James Nichols
Depth of well 145'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 30'

Time pump started 10:55- Pumping rate 10
Total time 30 min to reach pumping water level 52 ft. below M.P.

[illegible]

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 Turner Nicholas

(Name)

13270 Inwood Plaza Mill Rd

(Address)

Clarksville, MD 21029

Lat 16 Shenandoah

HO-81-0919

(OEP Well Permit Number)

3-11-85

(Date)