

12/15/99  
2-3 PM  
3/30/00  
House connection anytime

12/16/99  
Nepelstout  
Cov (S)

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 573179

A 58471-G

DISTRICT \_\_\_\_\_

DATE 12-14-99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 3/30/00

INSPECTOR DS

## INDEXED

# #280578

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5670

SUBDIVISION The Woods at Rover Mill LOT Parcel "A" ROAD 13730 Old Rover Road

PROPERTY OWNER Deborah Prince

ADDRESS \_\_\_\_\_  
**TOP SEAMED SEPTIC TANK**

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right rear lot corner, (140.00' / 708.14' intersection), place the distribution box 135 feet up the 708.14' lot line and 60 feet off this same lot line. Run trenches on contour to right side of lot.

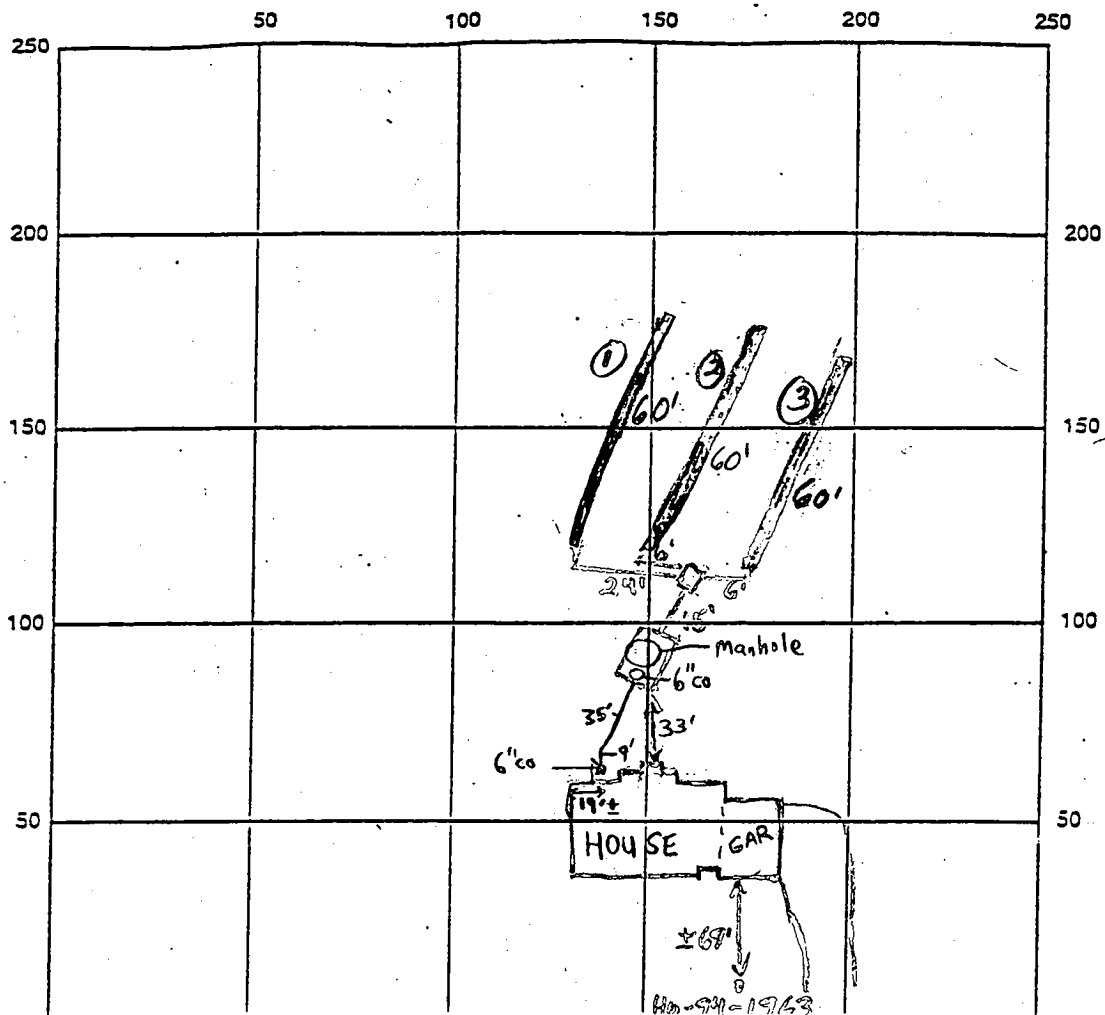
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ON SRW 8/19/99

PLANS APPROVED BY Nark E. Rifkin DATE 08/05/1999

- 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**

58471-G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 Old Rover Road 6" at house

SEPTIC TANK LEVEL 1000 gal ton seamed CLEANOUTS one on sit., manhole on S.F.

DISTRIBUTION BOX LEVEL O.K. Baffle installed

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x60' FT. (180' Total)

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 12/13/99 Tank installed. Trenches 1 and 2 O.K. to cover. End of trench 3 needs to be inspected (SRK)

12/16/99 OK to cover all trenches. Needs house connection inspection. DKS 12/20/99 - HOUSE CONNECTION STILL

NEEDED - (SRK) 12/29/99 Needs house connection (SRK)

3/20/00 FINAL INSP - OK to cover all septic work. HOUSE conn. OK. DKS

DATE SYSTEM APPROVED 3/20/00 INSPECTOR JAS

6/18/97

# APPLICATION

PERCOLATION TESTING

A 584716

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE. 461-9933

DISTRICT 4

DATE 5/19/97

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 IRWIN CHATLIN AND GERALDINE BLAZEK

ADDRESS 221 WASHINGTON STREET 21613 PHONE (410) 228-4446

PROSPECTIVE BUYER CFCC PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY, MD. 21041 PHONE (410) 442-5613

PROPERTY LOCATION:

SUBDIVISION CHATLIN PROPERTY LOT NO PRESERVATION PARCEL 'A'

ROAD AND DESCRIPTION 1/2 OLD ROVER ROAD 900' WEST OF PFEFFERKORN ROAD

TAX MAP 15 PARCEL # 1804181

SIZE OF LOT 214,667 SQ. FT. TYPE BLDG SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

*Ronald J. Oates*

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

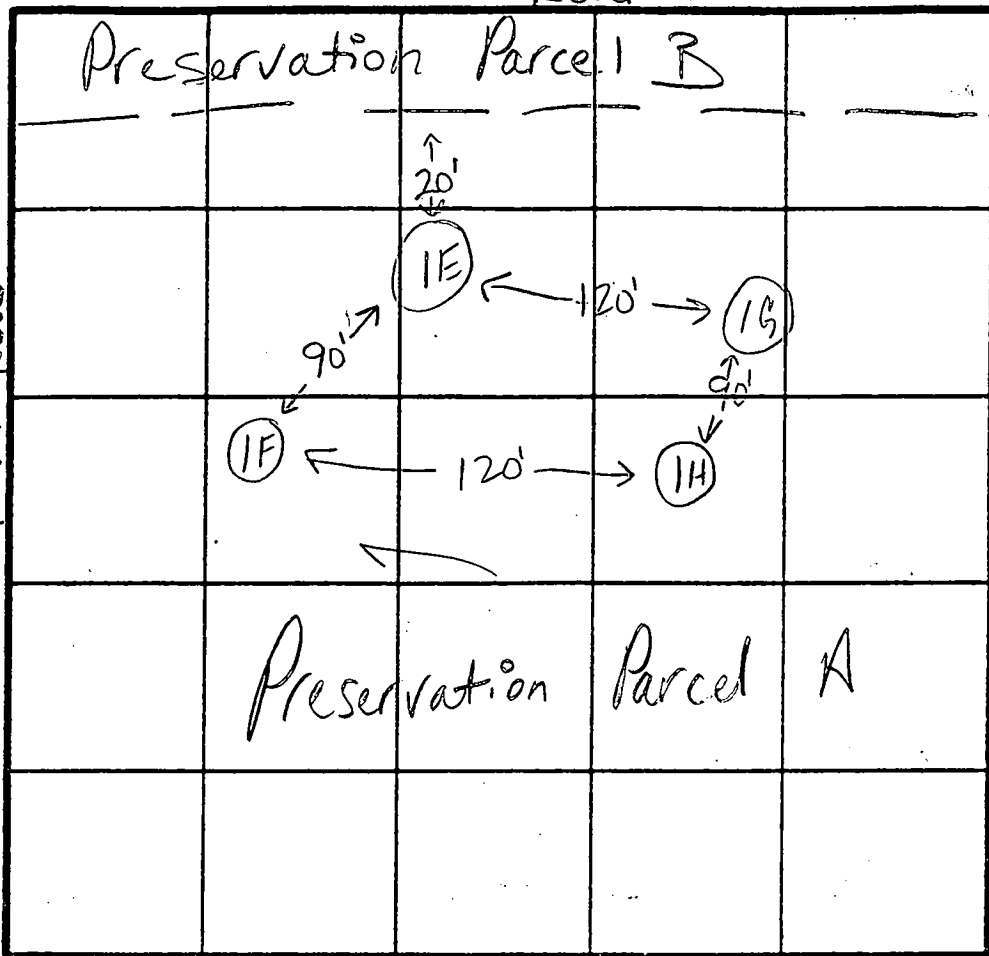
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

Rover Mill Road



SOIL PROFILE  
 (1E)  
 red/or br  
 clay  
 loam  
 tan/or  
 silty  
 loam  
 10-15%  
 shale  
 frags

(1H)  
 Same  
 as  
 hole  
 #  
 1E

Same  
 as  
 hole  
 # 1E

Same  
 as  
 hole  
 # 1E

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-10-97	1E	5.0'S	11:55	11:57:30	11:57:30	12:01	4 1/2 min
		7.0'S	11:55	11:56	11:56	11:57	fast
		(repour)	11:57	11:59	11:59	12:01	2 min
		12.0'D	Visual	ok - see	profile		
	1F	4.5'S	12:03:30	12:04	12:04	12:05	fast
		12.0'D	visual	ok - see	profile		
		(repour)	12:06:30	12:08	12:08	12:09:30	1 1/2 min
	1G	12.0'D	Visual	ok - see	profile		
	1H	4.0'S	12:13:30	12:14	12:14	12:15	fast
		11.5'D	visual	ok - see	profile		
		(repour)	12:15:30	12:16:30	12:16:30	12:17:30	1 min

ok per  
 Am

ok per  
 Am

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY Kim Maiste / Amy McMillan

ALSO PRESENT Ron Carter / Alan Kettermen



Total linear feet of trench required 180 feet

Width of trench (as) 3 feet

Depth of trench (as) 6 feet

Depth of stone required below distribution pipe 2 feet

Forest Conservation Easement II

PROPERTY OF IRWIN LEONARD CHATLIN LIBER FOLIO

3BR

572°45'07"E 110.00'  
13.00'  
N72°45'07"W 117.36'

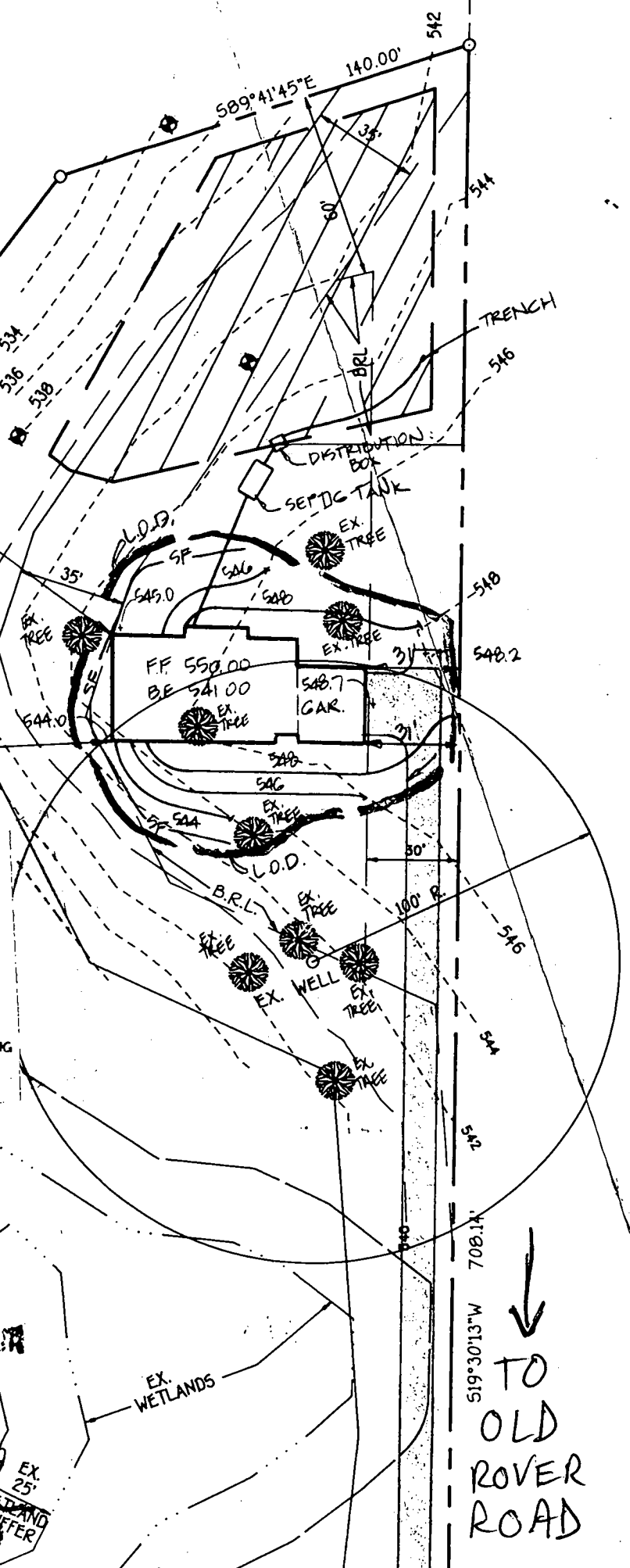
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 550.00  
B. BASEMENT ELEVATION: 541.00  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 543.50  
D. INVERT IN AT SEPTIC TANK: 542.50  
E. INVERT OUT AT SEPTIC TANK: 542.20  
F. PROPOSED GRADE OVER SEPTIC TANK: 545.50  
G. INVERT AT DISTRIBUTION BOX: 548.00  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 549.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

Approved Septic System Plan  
Howard County Health Department

*Mark E. Peltkin*  
Signature

8/5/99  
Date

EX. 25' WETLAND BUFFER



519°30'13"W 708.14'  
↓  
TO OLD ROVER ROAD

Building Address 13730 Old Keeler #111  
W. Friendship RD 21754 Del. Road

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 633 Subdivision \_\_\_\_\_

Section 11A Area 11C Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid 11

Zoning \_\_\_\_\_ Map Coordinates 11-5 Lot size \_\_\_\_\_

Owner's Name Deborah Prince

Address 64 Bryans Mill Way

City Catonsville State MD Zip Code 21228

Home Phone 410 460 5496 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work SFD-3BR

Contractor Company 1ST Bldgs

Contact Person \_\_\_\_\_

Address 3545 Ellicott Mills Dr Ste 307

City E.C. State MD Zip Code 21043

License No. \_\_\_\_\_

Phone 410 203-2320 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 NFPA #13  
 Full  
 Partial  
 Other Suppression

**Building Characteristics**

SF Dwelling  SF Townhouse   
Depth Width

1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms 3

Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_

Other: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

THE UNDERSIGNED CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Deborah Prince 3001 - STARBUCK  
 Applicant's Signature Print Name

1ST Bldgs 7/13/99  
 Title/Company Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**VALIDATION**

- FOR OFFICE USE ONLY -

<input checked="" type="checkbox"/> AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	42108
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing Fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit Fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>8/5/99</u>	<u>Mark C. R. [Signature]</u>	Side St: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/> )
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise Tax \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/> )
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES
			Lot Coverage for New Town Zone _____	Check # <u>1031</u>
			SDP/Red-line approval date _____	Validation # <u>23401</u>
				Accepted by: <u>[Signature]</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

C1 9328

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 584719

ST/CO USE ONLY DATE RECEIVED 11/30/98

DATE WELL COMPLETED 11 27 98

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-94-1963

OWNER Carter Kon STREET OR RFD Old Rover Rd. TOWN West Friendship SUBDIVISION The Woods at Rover Mill SECTION I LOT 1st Parcel A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Sand and Craymeyer Rock.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP-INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED form with YES/NO options and instructions for A, E, P.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

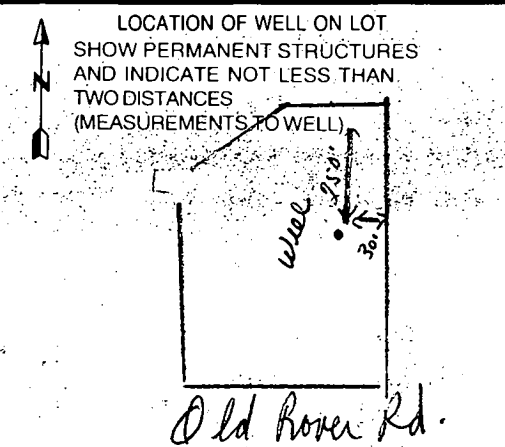
DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE Larry Mayne LIC. NO. 1 M SD 027

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

DEPTH (nearest ft.) table with columns for casing sections and depth ranges.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



RECEIVED HOWARD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH 1998 NO 30 PM 3:15

B 1 0368

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1963 fill in this form completely

Date Received (APA) 11/9/98

OWNER INFORMATION

Owner: Carter, Ron; Street: 1750 Daisy Rd.; Town: Woodbine, MD; Zip: 21797

B 3 LOCATION OF WELL

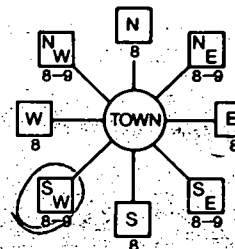
County: Howard; Subdivision: The Woods at Rova Mill; Section: 1, Lot: Parcel A; Nearest Town: West Friendship; Miles from town: 4

DRILLER INFORMATION

Driller: Joseph L. Mayne, MS D 024; Firm: Joseph L. Mayne Well Drilling; Address: 3512 Ridge Rd. Mt. Airy 21771; Signature: Joseph L. Mayne; Date: 11/5/98

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 30 NEAR WHAT ROAD: Old Rover Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH

34 37 440 DISTANCE FROM ROAD: 440 FT

ENTER FT OR MI: FT

TAX MAP: 15 BLK: 13 PARCEL: 180

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.): 5; AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name: Howard; County No.: N584716; State Signature: Kim Mauto; Date Issued: 11/13/98; CO Signature: 11/13/99; Grid: 532000 North, 802000 East

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) AIR-ROTary
Jetted AIR-PERCussion
Jetted & Driven ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary
Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (N)
This well will replace a well that will be abandoned and sealed (Y)
This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S)
This well will deepen an existing well (D)

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

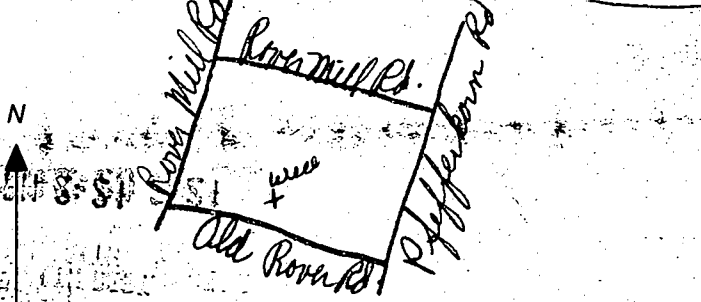
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002, N 5302

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER: 54; G.A.P. 63; PERMIT No.: HO-94-1963

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

1/11/00  
W.P.F.  
anytime

C.F.I.  
1/10/00 @ 10:16  
Am.

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 4/10/00

Name of Installer ROBERT L. FEEZER Co, Inc.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner JST BUILDERS Telephone 410-795-1405

Subdivision PRESERVATION - PARCEL A Lot # PARCEL A Well Tag # HO-94-1963

Site Address 13730 OLD ROVER ROAD

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make FLINT & WALLING
- 3. Model # 4F07505301
- 4. Capacity 7 GPM

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make Campbell
- 2. Model # 7800
- 3. Depth 42"

- 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 \_\_\_\_\_

Tank

- 1. Capacity 32 GALS.
- 2. Pressure relief valve? YES

Piping

- 1. Type Poly.
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 42"

Well data

- 1. Depth 225 ft.
- 2. Yield 20 GPM
- 3. Static water level 37 ft.
- 4. Will water supply be disinfected by installer? YES

1/11/00 W.P.F. OK 3' B.G.  
2-PC CAP + CONDUIT  
OK

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: 4/10/00

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