

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511097

A510619

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

03-292606

INDEXED

DISTRICT _____

DATE 7/8/99

DATE SYSTEM APPROVED 7/9/99

INSPECTOR CW

Farm & Home Excavating - Bill Ingram

IS PERMITTED TO INSTALL ALTER

ADDRESS 901 Driver Road, Marriottsville, Maryland 21104

PHONE 410-442-2139

SUBDIVISION Oland Property

LOT _____

ROAD 1509 Grooms Lane

PROPERTY OWNER Calvin Oland, Sr.

ADDRESS _____

COMPARTMENTED TANK REQUIRED

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 22 OFF DRYWELL

DRYWELL AND TRENCH

TOTAL SQUARE FEET REQUIRED: 542 SQ. FT.

DRYWELL - 392 Square Feet

Trench - 150 Square Feet

542 Square Feet Total

DRYWELL - Install one drywell as shown on site plan. Size: 14 x 14 x 7 = 392 square feet.

Inlet 2 feet below original grade. Bottom depth 9 feet below original grade.

Effective area is 2.0 feet below original grade with 7 feet of stone.

TRENCH: Trench to be 22 linear feet. Inlet 2.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 7.0 feet of stone below pipe.

LOCATION - Install drywell 105 feet off the front lot line and 20 feet off the left lot line.

Add 22 ft. trench off the drywell toward the back of the lot as seen when facing the lot from Grooms Lane.

NOTES - MAINTAIN 75 FEET FROM ALL PARTS OF SEPTIC SYSTEM TO THE WELL. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell. OK 4/10/99 DLS

PLANS APPROVED BY Amy McMillen

DATE 3-24-1999

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A510619

9-2-98
10:00 a.m.

APPLICATION

PERCOLATION TESTING

A 510619

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 8-13-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Cabin Oswald Sr.

ADDRESS 1511 Grooms Ln. Woodstock, Md. PHONE 410-465-6684

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION 1509 Grooms Lane - left of 1511 Grooms Ln LOT NO. 2

ROAD AND DESCRIPTION _____

~~BLDG. PERMIT DENIED~~
AND RETURNED 3-24-99

TAX MAP _____ PARCEL # 2

SIZE OF LOT 8/10 TYPE BLDG. Cabin W. Oswald Sr.
(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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

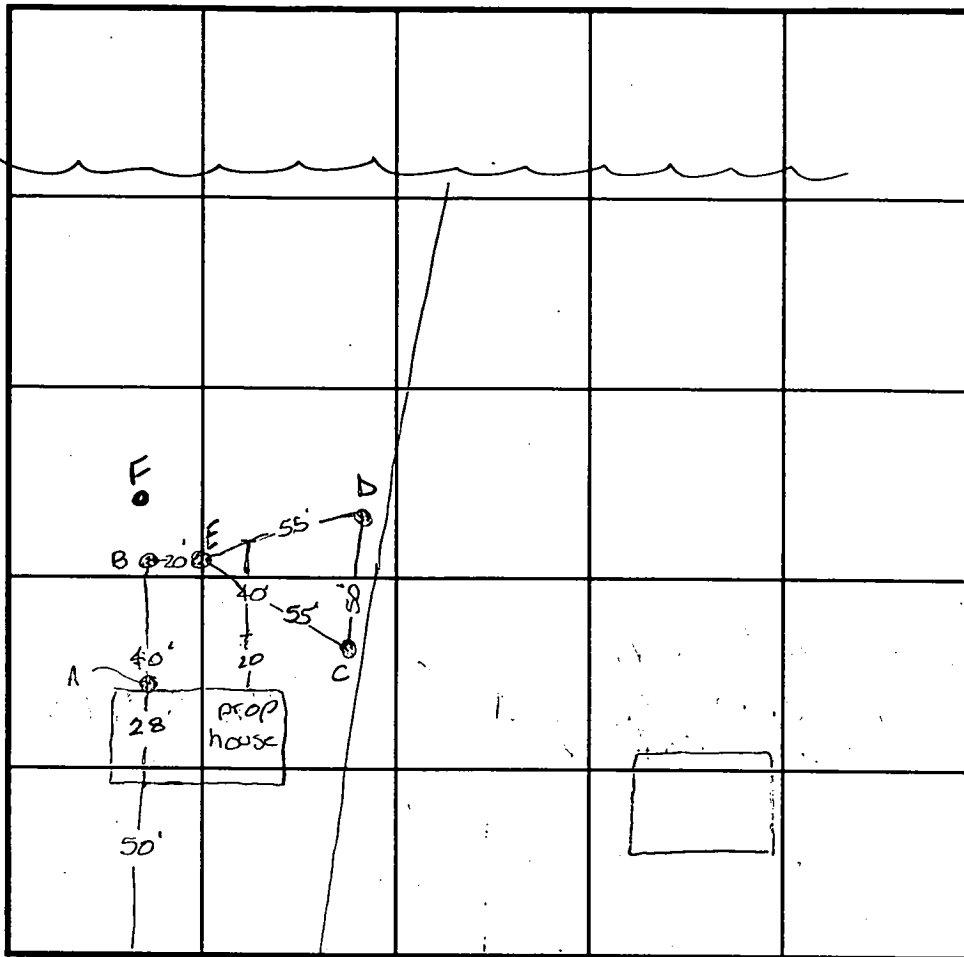
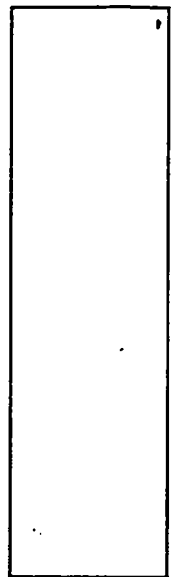
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
A B D E

no
distinct
clay
layer
dark
brown
salm
some
lg
rocks
<5%
13.0

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange
brn
siltclm

lgt
tan
salm

5%
Rx

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-3-98	A	2.0 12.5	10:15	10:17	10:17	10:20	3min
	B	Visual	to 13.0 - see profile		—		OK
	C	Visual	to 13.0 - see profile		—		OK
	D, E	Visual	to 12.5 - see profile		—		OK
	F	>50% Rx @ 7.0'	insufficient		—		F
		depth to bedrock	—		—		

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Mr Orland

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min

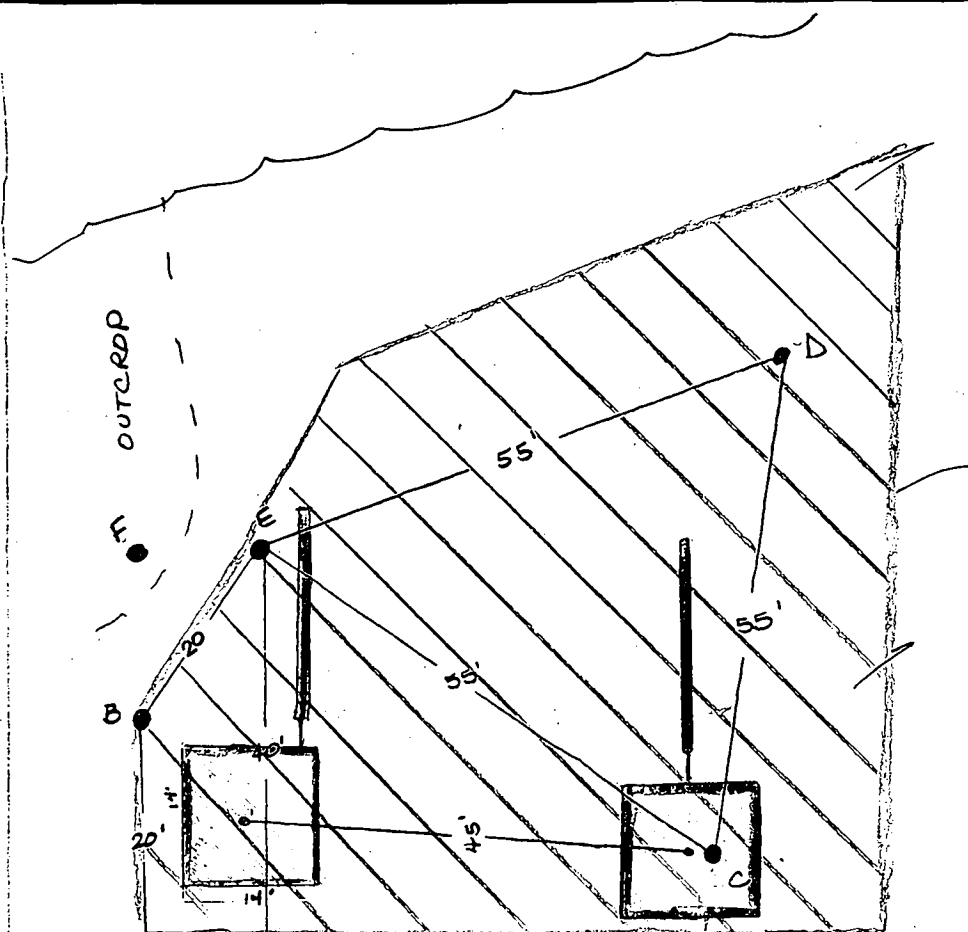
TRENCH WIDTH

INLET DEPTH 2.0

MAXIMUM BOTTOM DEPTH 9.0

SQ. FT./BEDROOM 180

Grooms Lane
 Orland Property
 Lot 2



Approximate limits of approvable septic area

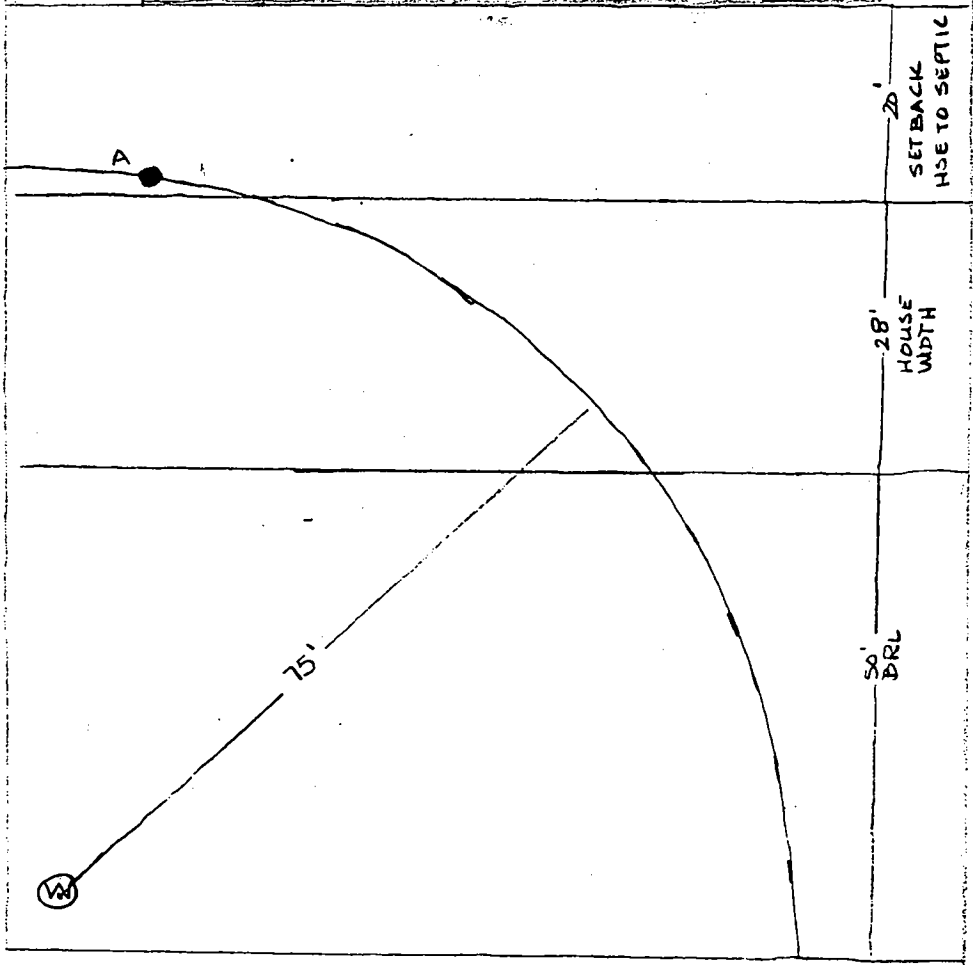
Approximate total
 Area =
 75 x 70 =
 5250 total

180 sq ft / bdrm x
 3 bdrm =
 540 # needed

Specs -
 inlet 2.0'
 bottom 9.0'
 stone 7.0'

Drywell
 14 x 4 = 56
 x 7' stone
 392

Trench
 inlet 2.0
 bottom 9.0
 stone 7.0
 540 - 390 = 150
 = 7
 22' trench



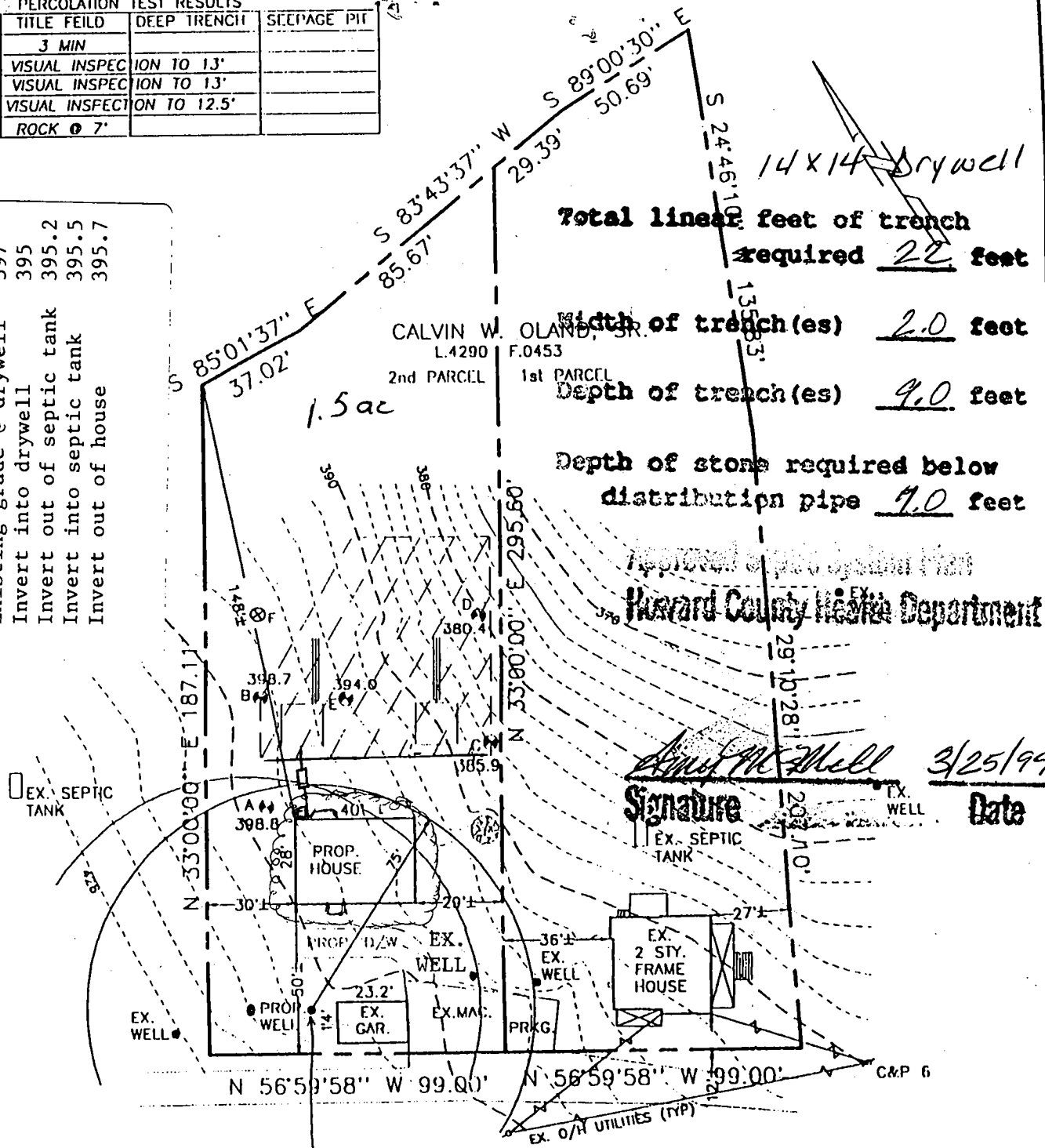
Date	10-7	# of pages	1
From	Amy		
Co.			
Phone #	410 313 2640		
Fax #			

Post-it® Fax Note 7671

9-9-98 Amy McMiller

PERCOLATION TEST RESULTS			
TEST No.	TITLE FIELD	DEEP TRENCH	SEEPAGE PIT
A	3 MIN		
B	VISUAL INSPEC	ION TO 13'	
C	VISUAL INSPEC	ION TO 13'	
D,E	VISUAL INSPEC	ION TO 12.5'	
F	ROCK @ 7'		

Septic Elevations	
Existing grade @ drywell	397
Invert into drywell	395
Invert out of septic tank	395.2
Invert into septic tank	395.5
Invert out of house	395.7



Total linear feet of trench required 22 feet
Width of trench(es) 2.0 feet
Depth of trench(es) 9.0 feet
Depth of stone required below distribution pipe 9.0 feet

Howard County Health Department

Amel McNeil 3/25/99
Signature **Date**

APPROVED:
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

GROOMS LANE
 Alternate well site if garage is removed



Joyce M. Boyd 10/16/98
 HOWARD COUNTY HEALTH OFFICER **DATE**

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

- PROPOSED PERCOLATION TEST SITE
- PROPOSED WELL
- PROPOSED HOUSE SITE

NOTE: THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.

PERCOLATION CERTIFICATION PLAT
 PROPERTY CONVEYED TO:
CALVIN W. OLAND, SR.
 L.4290 F.0453
 SITUATED ON GROOMS LANE
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' OCTOBER, 1998

Existing Well on Parcel 2 is 94-1956

I CERTIFY THAT THE PERCOLATION TEST HOLE LOCATIONS SHOWN HEREON HAVE BEEN ACCURATELY STAKED ACCORDING TO THIS PLAN, IF PROPOSED, OR HAVE BEEN ACCURATELY FIELD LOCATED IF EXISTING, UNLESS OTHERWISE STATED HEREON.
Sourabh Munshi 9/13/98
 SOURABH G. MUNSHI, PROFESSIONAL LAND SURVEYOR, MD. REG. No. 10770 **DATE**

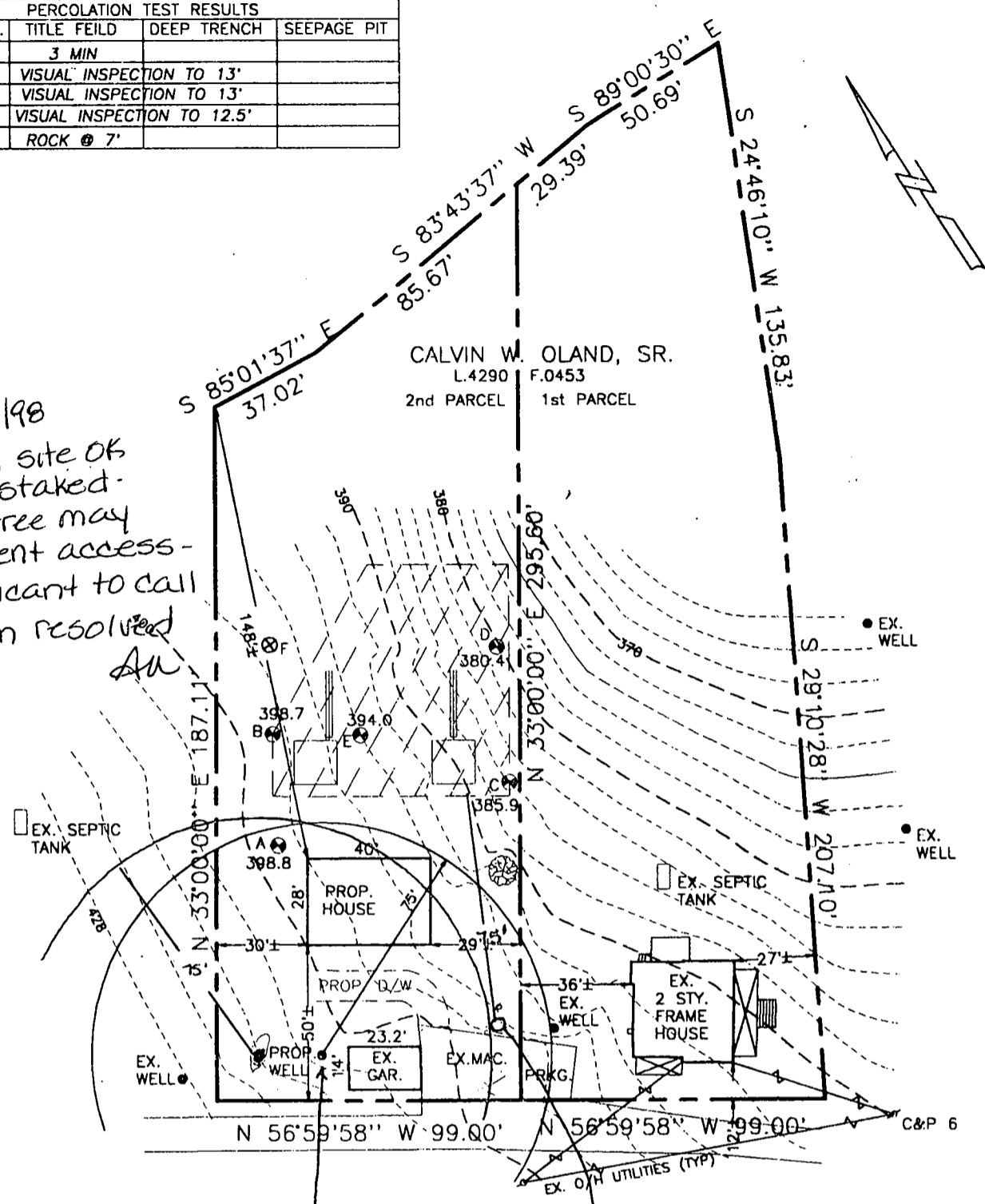


VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street P.O. box 328
 Mount Airy, Maryland 21771
 (301) 829 2890 (301) 831 5015 (410) 549 2751

1.9 AC #2 1 1/2 AC

PERCOLATION TEST RESULTS			
TEST No.	TITLE FEILD	DEEP TRENCH	SEEPAGE PIT
A	3 MIN		
B	VISUAL INSPECTION TO 13'		
C	VISUAL INSPECTION TO 13'		
D,E	VISUAL INSPECTION TO 12.5'		
F	ROCK @ 7'		

11/4/98
 Well site OK
 as staked -
 lg. tree may
 prevent access -
 applicant to call
 when resolved
AM



GROOMS LANE
 Alternate well site if garage is removed

APPROVED:
 FOR PRIVATE WATER AND PRIVATE
 SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boydland per *AM* 10/16/98
 HOWARD COUNTY HEALTH OFFICER DATE

11/16/98
 Applicant unable
 to remove tree -
 Well site approved
 here



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- PROPOSED WELL
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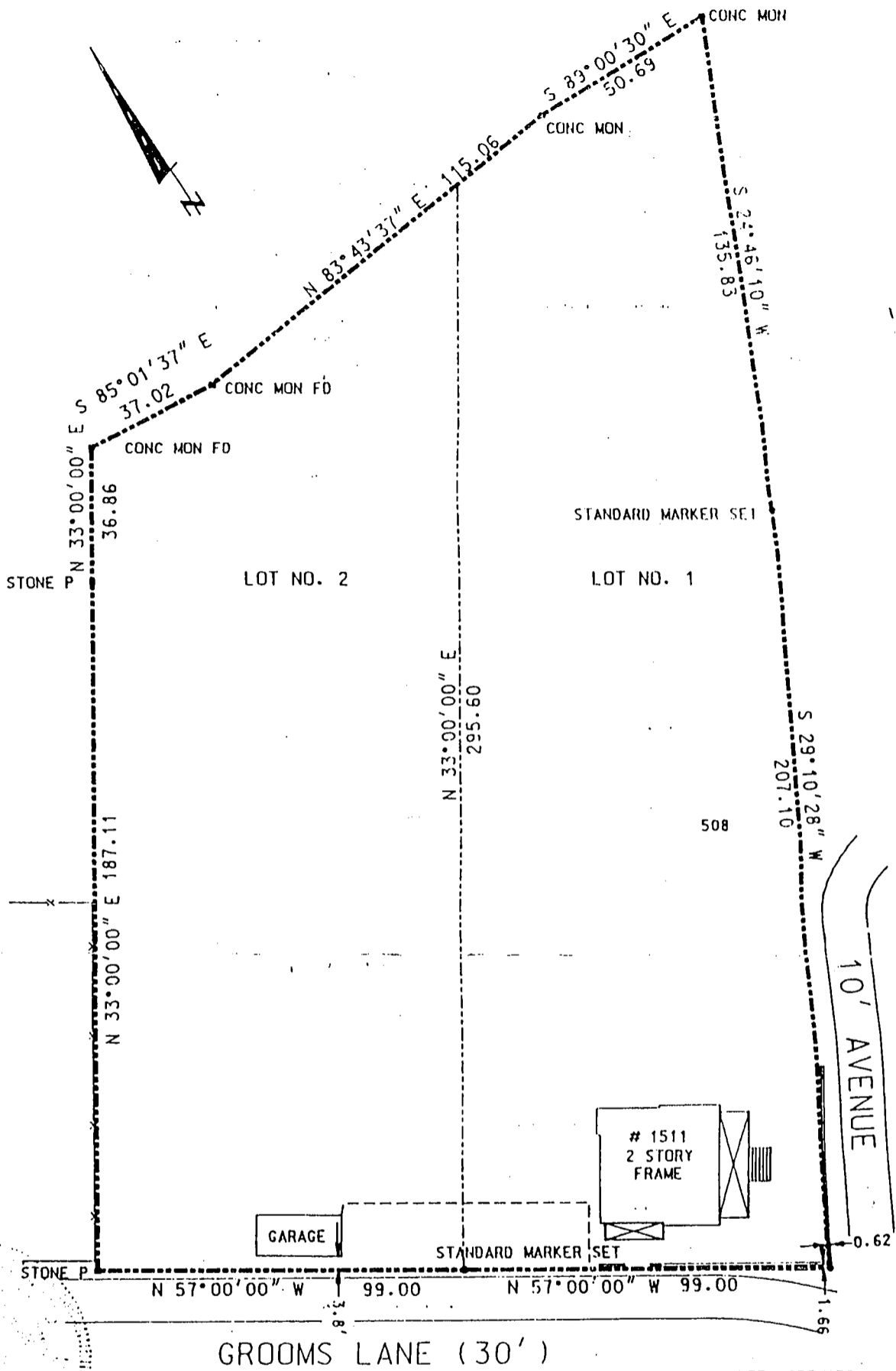
NOTE: THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.

PERCOLATION CERTIFICATION PLAT
 PROPERTY CONVEYED TO:
CALVIN W. OLAND, SR.
 L.4290 F.0453
 SITUATED ON GROOMS LANE
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' OCTOBER, 1998

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Sourabh Munshi 7/13/98
 SOURABH G. MUNSHI, PROFESSIONAL LAND SURVEYOR, MD. REG. No. 10770 DATE

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 310 South Main Street P.O. box 328
 Mount Airy, Maryland 21771
 (301) 829 2890 (301)831 5015 (410) 549 2751



NOTES: 1) DEED REF. 675/078
 2) 1.221 ACRES AS NOW SURVEYED

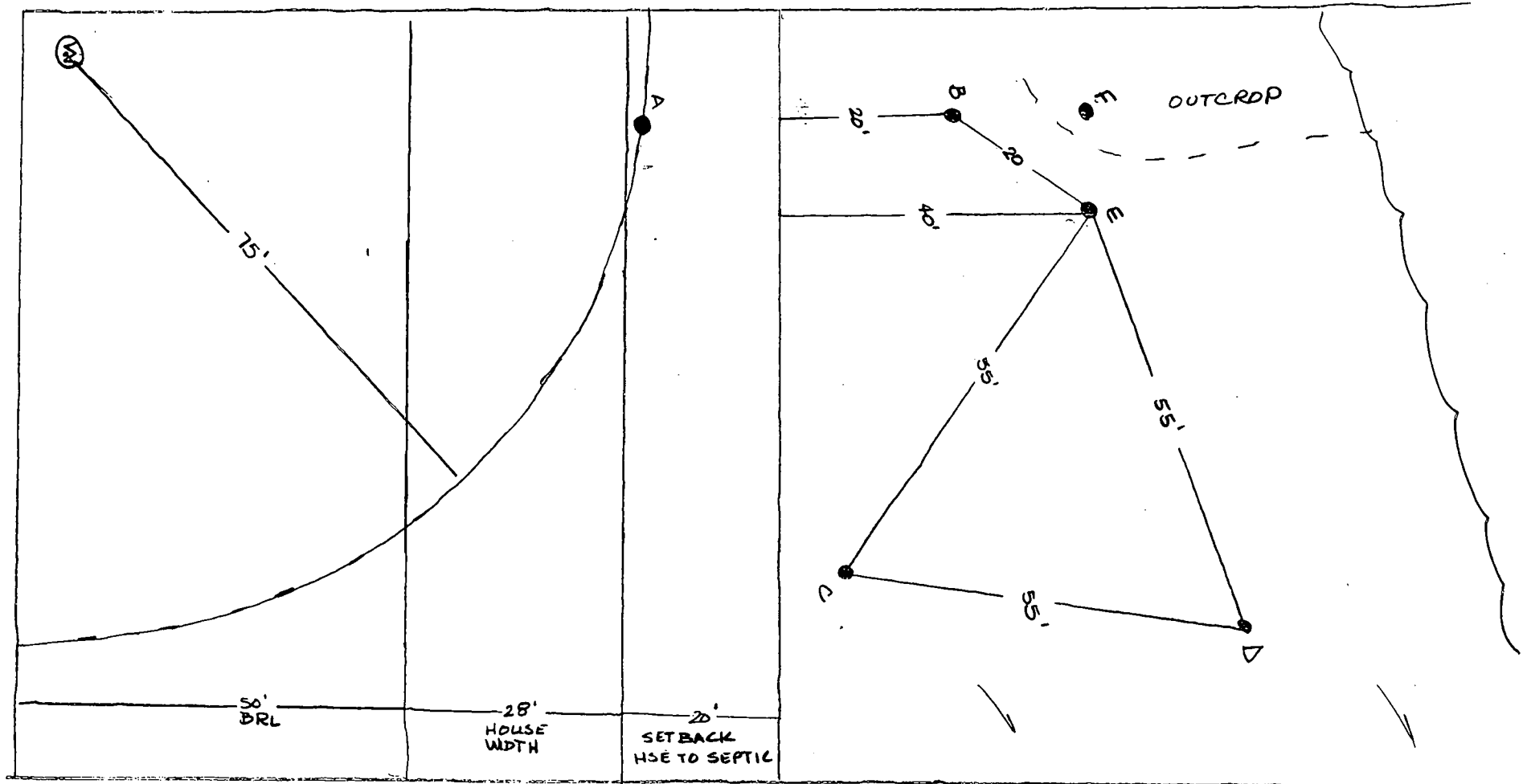
TITLE					PROPERTY SURVEY				
PROJECT					1511 GROOMS LANE				
LOCATION					HOWARD CO., MD.				
ELECTION DISTRICT									
FIELD BOOK	PAGE NO.	DRAWN BY:	CHECKED BY:	DATE:					
		M.A.B.		2/18/94					
SCALE			JOB NO.						
1" = 40'			93281						

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED
 A OUTLINE SURVEY OF THE LOT SHOWN HEREON.

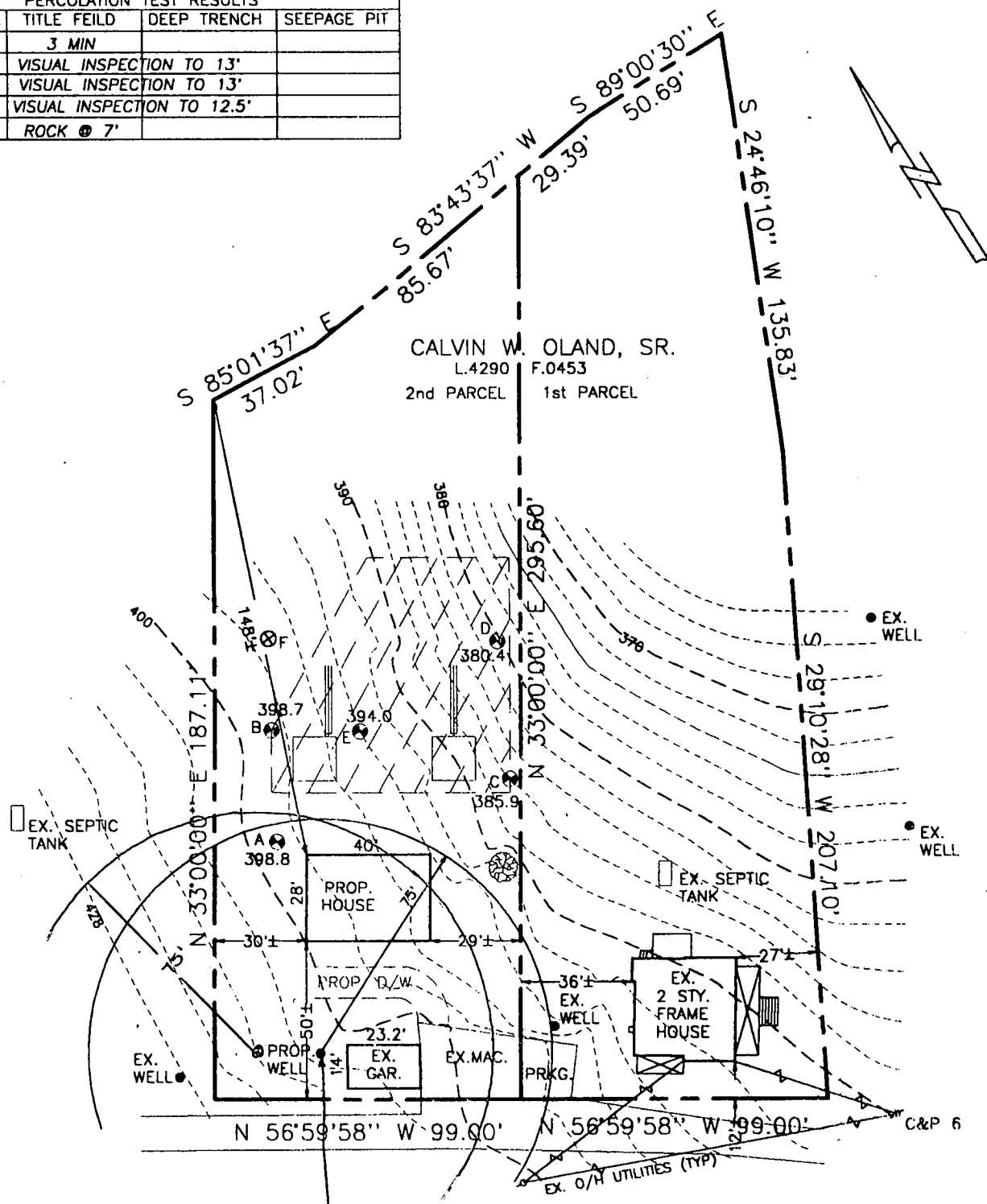
Mark A. Boender
 SIGNATURE

REG. NO. 508 DATE 2/18/94

Boender Associates
 ENGINEERS PLANNERS SURVEYORS
 3230 BETHANY LANE
 ELLICOTT CITY, MD. 21042
 (410) 465-7777 FAX: (410) 465-7966



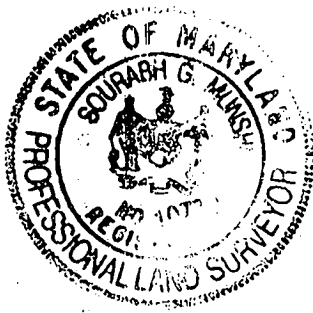
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F	ROCK @ 7'		



APPROVED:
 FOR PRIVATE WATER AND PRIVATE
 SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

Alternate well site if garage is removed

Joyce M. Boyd
 HOWARD COUNTY HEALTH OFFICER DATE 10/16/98



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Sourabh Munshi 7/13/98
 SOURABH G. MUNSHI, PROFESSIONAL LAND SURVEYOR, MD. REG. No. 10770 DATE

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 310 South Main Street P.O. box 328
 Mount Airy, Maryland 21771
 (301) 829 2890 (301)831 5015 (410) 549 2751

C1 **9305** SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A510619**

ST/CO USE ONLY - DATE RECEIVED **11-30-98** DATE WELL COMPLETED **11 24 98** Depth of Well **180'** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1956**

OWNER **Orland Calvin** STREET OR RFD **Grooms Ln** TOWN **Woodstock**
 SUBDIVISION **Orland Prop** SECTION _____ LOT **2**

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		check if water bearing
	FROM	TO	
Sand	0	46	
Gray Granite	46	180	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1880**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **50**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **20**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50** ft.
 WHEN PUMPING **52** ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

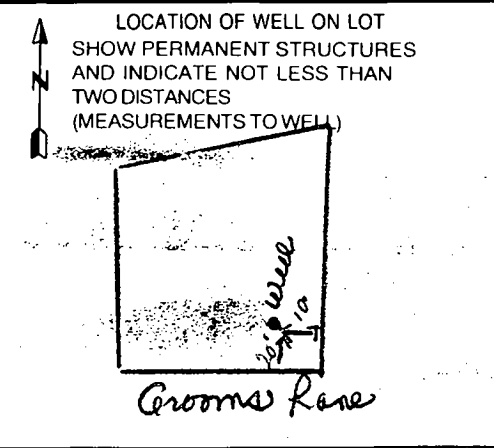
PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**
 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

C2 DEPTH (nearest ft.)
HO **48** **180**
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLERS LIC. NO. **MSD024**
 DRILLERS SIGNATURE **Joseph & Marie**
 LIC. NO. **D**

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76



B 1 **0385** SEQUENCE NO. (MDE USE ONLY)
 2 3 6

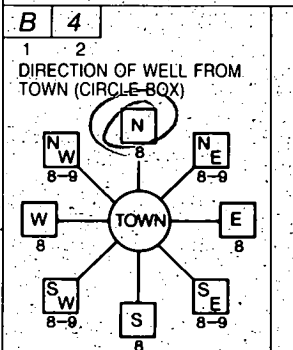
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1956
 70 fill in this form completely 79

Date Received (APA) **11/02/98**
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name **Oland** W. **Calvin** First Name 34
 36 Street or RFD **1511 Grooms Lane** 55
 57 Town **Woodstock** Md. 21163 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY 21
Calvin W. Oland, Sr.
 23 SUBDIVISION 42
 SECTION **2** LOT **2**
 44 46 48 50
Woodstock
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph E. Mayne** MS D 24 License No. 81
 Firm Name **Joseph E. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph E. Mayne** Date **11/2/98**



Grooms Lane
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **20** 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP _____ BLK _____ PARCEL **2**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co **A510619**
 COUNTY NAME COUNTY NO
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **110498** **A Mc Miller** **11/4/98**
 43 MM DD YY 48 CO SIGNATURE EXP DATE
 NORTH GRID **540000** EAST GRID **836000**
 50 55 57 63

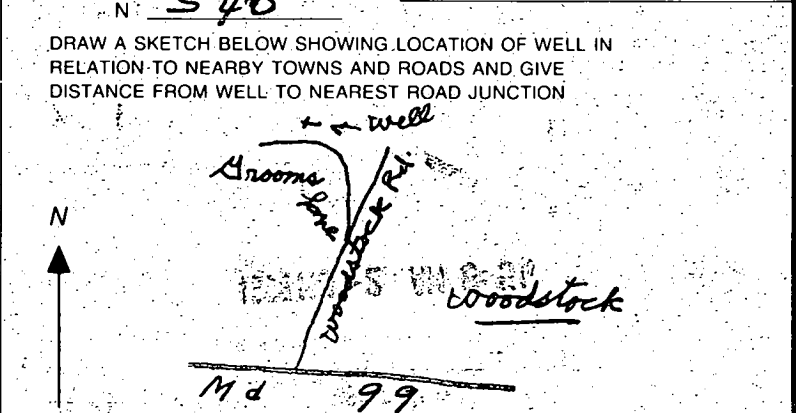
APPROXIMATE DEPTH OF WELL **260** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 **830**
 N **540**

11/24/98 9:00 grant
No INSP
AW x
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 **AIR** Rotary AIR:PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ 63
 PERMIT No. **HO-94-1956**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8/11/99
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3325-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____

Name of Installer HOWARD J. KAPFER 3RD T/A Telephone 410-242-9100
ASSOCIATED PLUMBING SERVICES, INC

License Number 1787 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ERIC BERS Telephone _____
Subdivision N/A Lot # _____ Well Tag # _____
Site Address 1529 GROOMS LA.

Pump Motor Pitless Adapter

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

2. Make Goulds

3. Model # _____

4. Capacity 8 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 _____

1. Horsepower 1/2
2. RPM 3350
3. Voltage _____
a. 110 _____
b. 220

1. Make Cambell
2. Model # B10X
3. Depth 4'

Tank Piping Well data

1. Capacity well extrol wx203
2. Pressure relief valve? YES

1. Type 160 PSI Poly
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

1. Depth 180 ft.
2. Yield 20 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? NO

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.
8/11/99-WPIOR-SRV Signature of Applicant: Howard J. Kapfer
Date: 8-5-99

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

HD-216

Ready for inspection
Howard