

3/24/99
3/29/99 Noon
3/29/99
3/29/99

Needs Pump Test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-335511

P 51131

A 19195-

DISTRICT 4th

DATE 12-3-98

DATE SYSTEM APPROVED 3/26/99

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE (410) 988-9270

SUBDIVISION Glenwood Estates LOT 18 ROAD 14709 Mustang Path

PROPERTY OWNER John & Angela Campanile

ADDRESS _____

TOP SEAMED TANK REQUIRED
SEPTIC TANK CAPACITY 1250 GALLONS

PUMPED SEPTIC SYSTEM

NUMBER OF BEDROOMS 4

Install: 1250 Gallon Top Seamed Pump Chamber
NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to health department approval of pumped septic system.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5.6 feet below original grade. Effective area begins at 3 feet below original grade. 2.8 feet of stone below distribution pipe.

LOCATION - From the intersection of the 110.20' lot line and the 178.00' lot line, place the distribution box 120 feet down the 178.00' lot line and 45 feet off that same lot line as seen when facing the lot from Mustang Path. Run trenches towards the 178.00' lot line.

NOTES - No trench to exceed 100 feet in length. *****MANHOLE CLEANOUTS REQUIRED ON SEPTIC TANK AND PUMP CHAMBER.***** 8/13/98 OK ALL

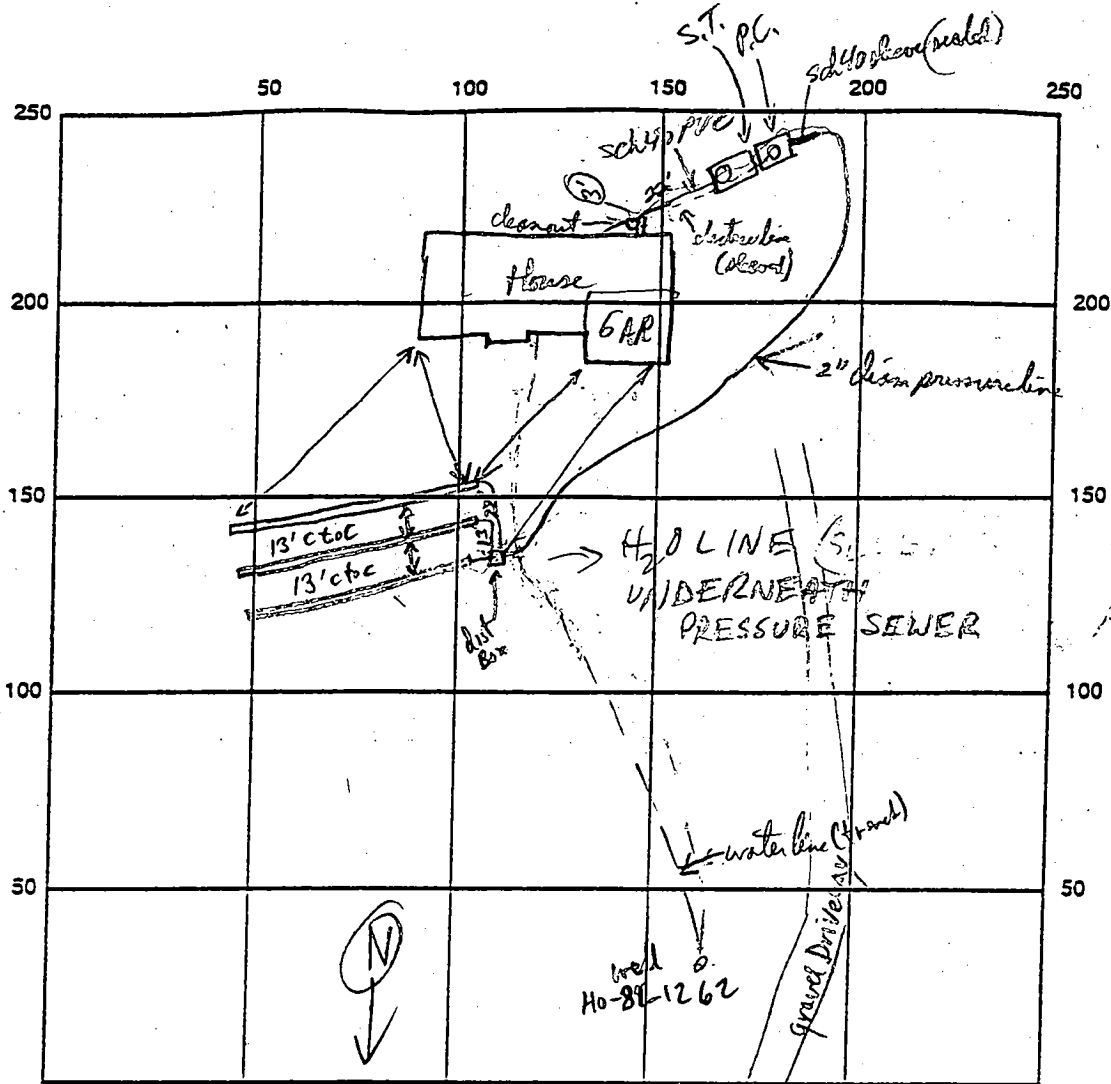
3/1/99 spoke to J. Fyock - he requests that specs be modified - OK to proceed as shown. DKS
PLANS APPROVED BY C. Williams/Kim Maiste REVISED _____ DATE 08/12/98

- 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

BLDG. PERMIT SIGNED
AND RETURNED 2-26-99
Serial # B0114388
1-1000 gal septic tank

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

51131



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pump Chamber - 1250 gal Top Seamed P.C.
 SEPTIC TANK LEVEL 1250 and 300 Seamed ST. CLEANOUTS HSE, Manholes on P.C. & ST. 3 1/2' + 4 1/2' Rise respectively.

DISTRIBUTION BOX LEVEL ✓ plastic OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80/80/80 FT. = 240 total

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 920 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: All Trenches ready to cover, Septic Tank, Pump Chamber OK to cover. pressure line OK to cover.
House connection OK; Needs 1' lid to P.C. Manhole riser, Needs pump cleanout & Pump Test P/P 3/2/99
3/26/99 PUMP AND ALARM OPERATIONAL - SYSTEM COMPLETE. (CW)

DATE SYSTEM APPROVED 3/26/99 INSPECTOR Cwellra

APPLICATION

A 19195

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 463-3000, EXT. 336

ST. - 362-1000
452-1250

DISTRICT 4th

DATE 10/30.73

Drainfields

The ins will enter the drainfield @ 3' below o.g. The trenches will be dug 3' wide, 5' deep, and contain 2' of stone. The trenches will contain not less than 50 # of bottom area per bedroom. No trench will exceed 100' in length. They will all follow the contour of the land, and they will be spaced 10' apart center to center. Begin the trenches at a point 130' from the corner of the 108' and 178' prop lines, and 15' from the 178' lot line. Trenches to follow contour of ground & be inspected before gravel is installed

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

VOID UPDATED BY BIA on 2/28/86

PROPERTY OWNER Justice Tract, Joint Venture John & Angela Campanile

ADDRESS 1131 University Blvd. W. #215, Silver Spring, Md. 20902 PHONE 301-649-1500

PROPERTY LOCATION:

SUBDIVISION Glenwood Estates LOT NO. 22 See J

ROAD AND DESCRIPTION S.E. Quadrant of intersection of Shady Lane and Burntwoods Road.

(14709 Mustang Path)

SIZE OF LOT 3.8 acres 160,000 s.f. TYPE BLDG. 3-4 Bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Justice Tract, Joint Venture: By Walter Hood Partner

APPROVED BY *[Signature]* FOR Drainfield DATE JUN 17 77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 9/11/98
Smith 4/11/2006

THIS IS NOT A PERMIT

3/23/78
1:30 p.m.

Needs one more hole

APPLICATION

A 19195

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 466-8000, EXT. 386

DISTRICT 4th

DATE 10/30.73

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 Justice Tract, Joint Venture

ADDRESS 1131 University Blvd. W. #215, Silver Spring, Md. 20902 PHONE 301-649-1500

PROPERTY LOCATION:

SUBDIVISION Glenwood Estates LOT NO. 22 Sec I

ROAD AND DESCRIPTION S.E. Quadrant of intersection of Shady Lane and Burntwoods Road

SIZE OF LOT ~~3.8 acres~~ 160.000 S.f. TYPE BLDG. 3-4 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Justice Tract, Joint Venture: By Martin Kovak Partner

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

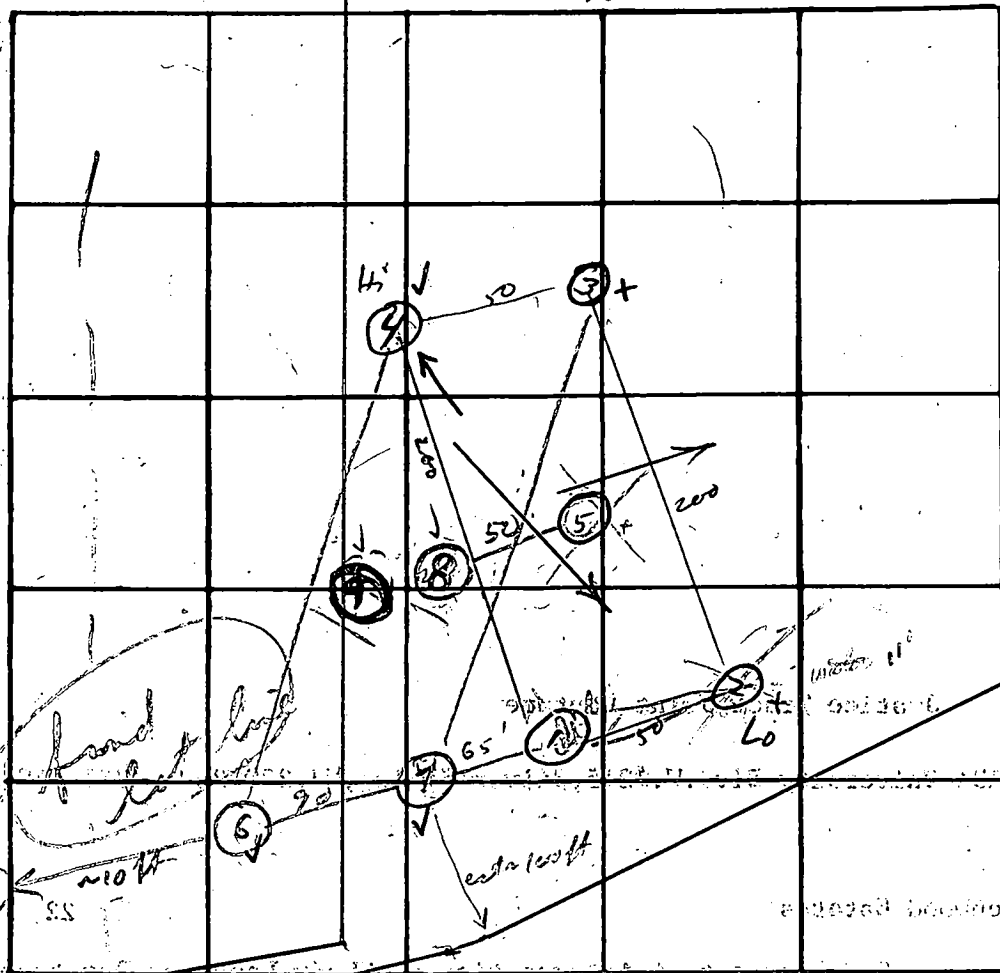
THIS IS NOT A PERMIT

15000 ft² *repurposed*

needs one more hole

drain fields 1 ft deep
2 ft gravel under pipes
standard drainfield spacing

130 sq ft
bottom area
per B.R.



Lot 22

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

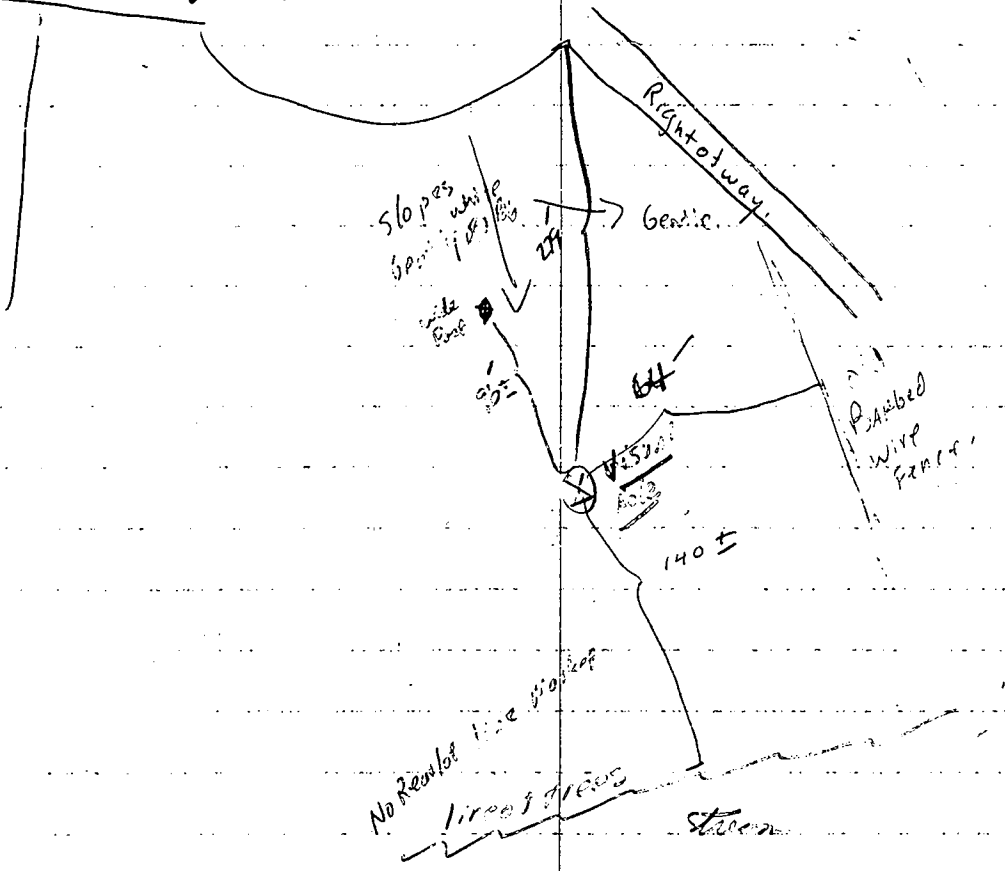
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/27	1	4	12 ⁰⁰	no perc by	12 ²⁵	>30	clay @ outer end of hole only	
	1A	12	12 ⁰⁰	12 ¹⁰	12 ¹⁰	12 ²⁵		15
	②	11	water @ 11ft.					
	2A	3	7 ⁵⁵	2 ⁰⁰	2 ⁰⁰	2 ⁰⁵	5	
	3	12	vis	Dry	(has rocks)			
	4	3	12 ⁰⁵	12 ⁰⁷	12 ⁰⁷	12 ¹¹	4	rocks
	4A	12	12 ⁰⁵	12 ¹¹	12 ¹¹	12 ¹⁹	8	Loam
	2B	9	1 ⁵⁵	2 ⁰⁹	2 ⁰⁹	2 ²⁴	15	
	1B	4	2 ⁰⁵	2 ¹¹	2 ¹¹	2 ¹⁸	7	
	⑤	10	rocky					

REMARKS Δ in elev. between #1 & #7 ~ 3-4ft.

TYPE OF SOIL R.M.

- Lot 18 - Visual - Water at 12.5 Ft.
 - Estimated to be old Number 9 & 8

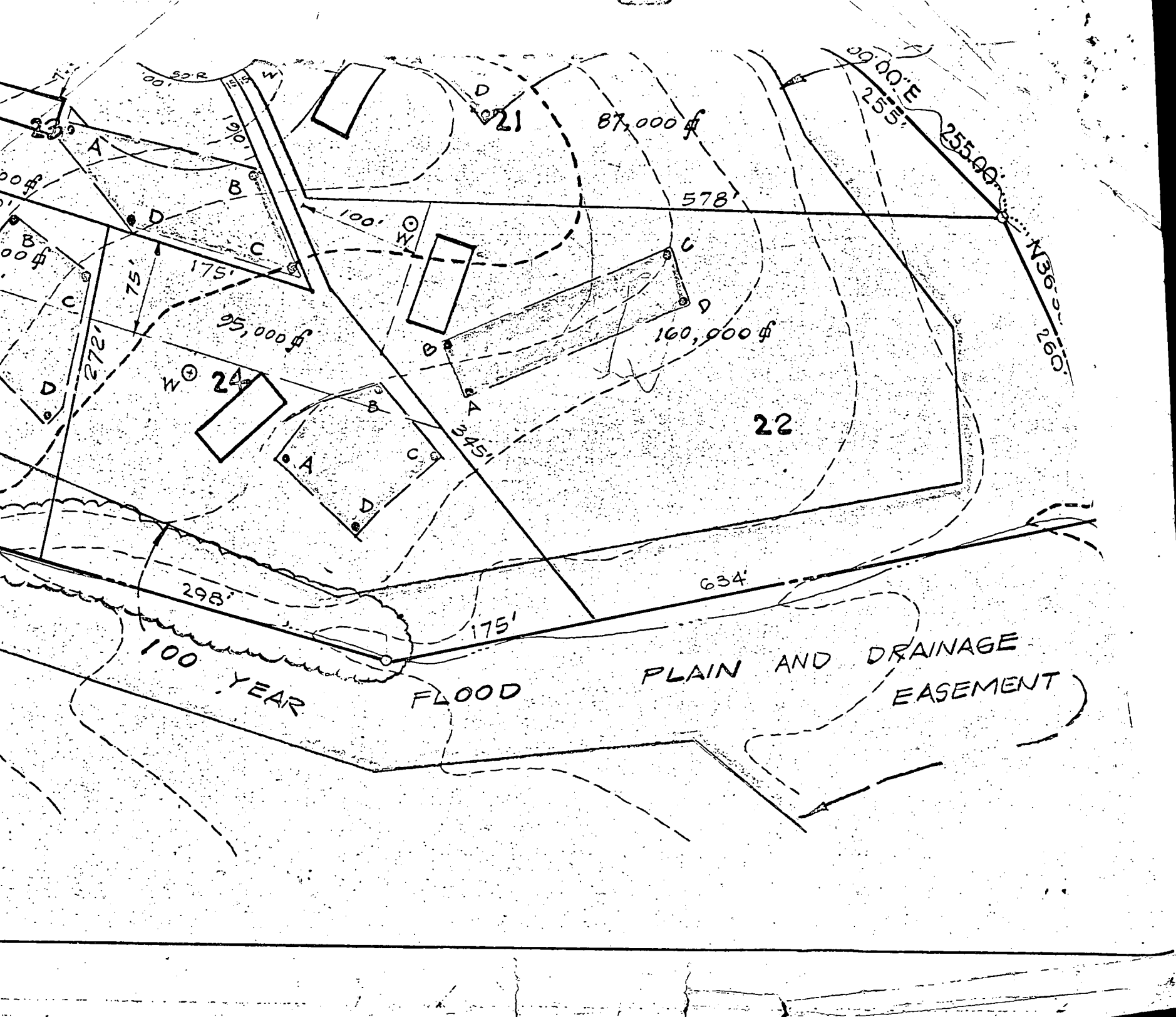
Mustang Lath Circle



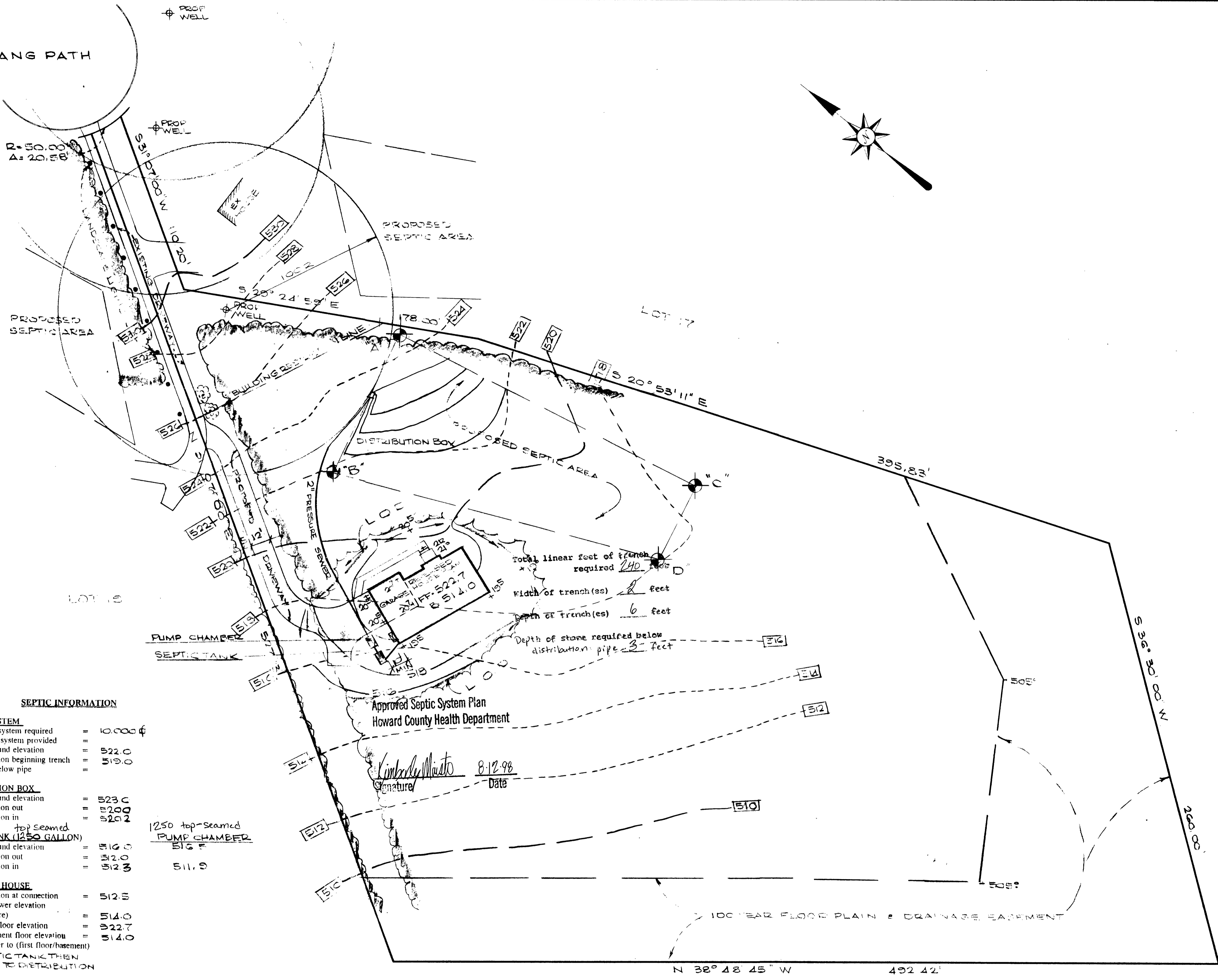
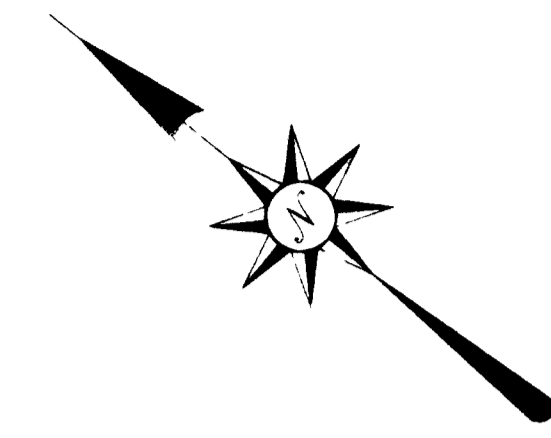
- unable to accurately locate hole because of lack of clear lot lines and No Field plat.

3/24/78 GMB.

- This plat added at a later time
- Visual evidenced water at 12.5 Ft.



MUSTANG PATH



Total linear feet of trench required 240 feet
 Width of trench (ss) 2 feet
 Depth of trench (es) 6 feet
 Depth of stone required below distribution pipe 3 feet

SEPTIC INFORMATION

SEPTIC SYSTEM	
Total septic system required	= 10,000 gpd
Initial septic system provided	=
Existing ground elevation	= 522.0
Invert elevation beginning trench	= 519.0
3'0" stone below pipe	=
DISTRIBUTION BOX	
Existing ground elevation	= 523.0
Invert elevation out	= 520.0
Invert elevation in	= 520.2
SEPTIC TANK (1250 GALLON)	
Existing ground elevation	= 516.0
Invert elevation out	= 512.0
Invert elevation in	= 512.3
PROPOSED HOUSE	
Invert elevation at connection	= 512.5
Minimum sewer elevation (lowest fixture)	= 514.0
Actual first floor elevation	= 522.7
Actual basement floor elevation	= 514.0
Gravity sewer to (first floor/basement)	=
TO SEPTIC TANK THEN PUMPED TO DISTRIBUTION BOX	

Approved Septic System Plan
 Howard County Health Department

Kimberly Minto 8-12-98
 Signature Date

APPROVED: For private water and private sewage systems for Howard County, Health Department

 Howard County Health Officer Date

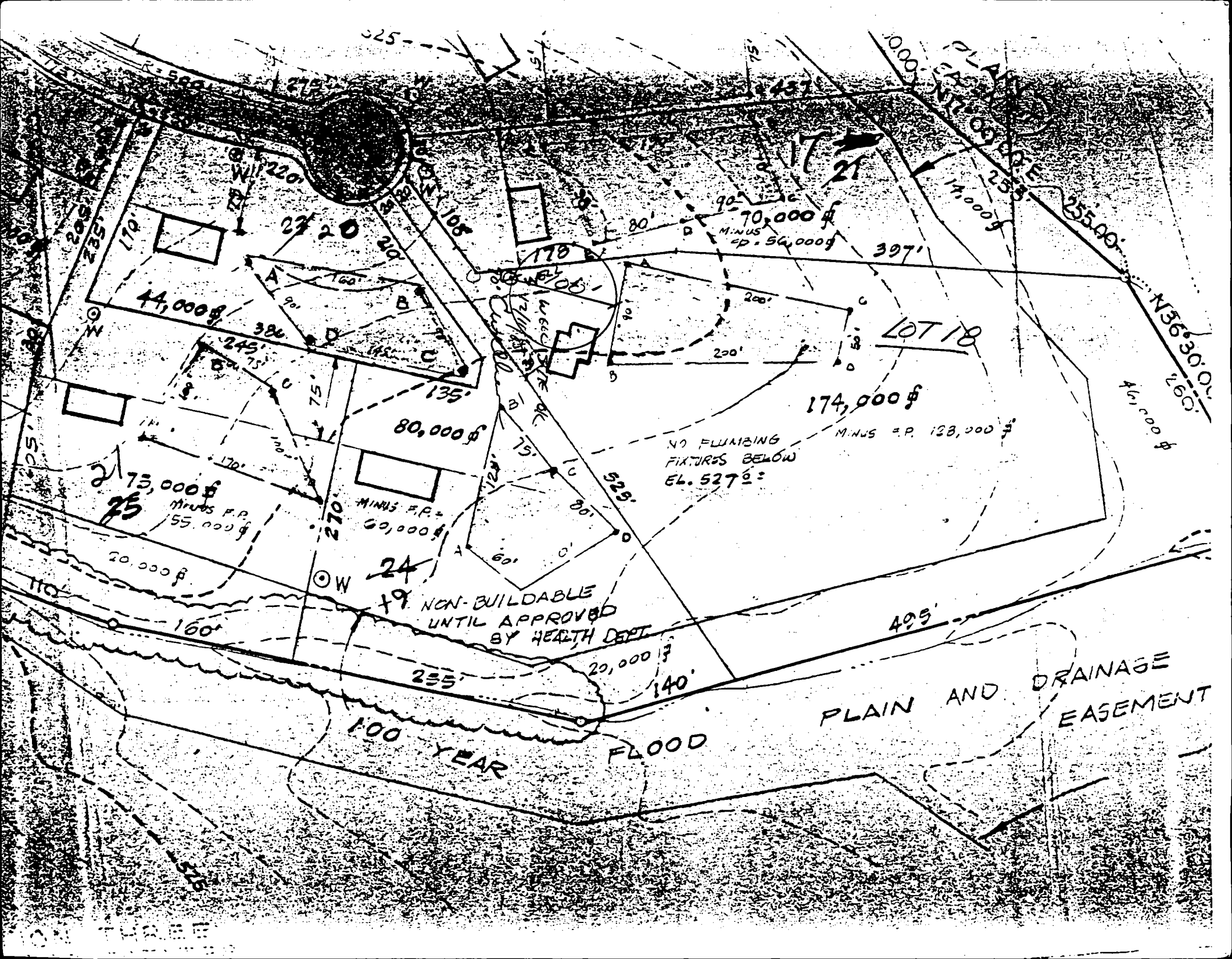
SURVEYOR'S CERTIFICATION
 I hereby certify that to the best of my knowledge and belief that the information shown hereon is correct. All well and septic systems within 100 feet of this property are shown on this plan.

 Jefferson D. Lawrence
 Professional Land Surveyor No. 5216

8-3-98

 Date

APPLICANT
 JOHN CAMPANILE
 18208 WINDSOR HILL DRIVE
 OLNEY, MD, 20832
 (301) 570-1418



PLAIN AND DRAINAGE EASEMENT
1000' EASEMENT
14,000' 255.00'
N36°30'00" 260'
46,000' 8

70,000 sq ft
MINUS
54,000 sq ft

LOT 18

174,000 sq ft

NO PLUMBING
FIXTURES BELOW
EL. 527.0'

MINUS = P. 128,000 sq ft

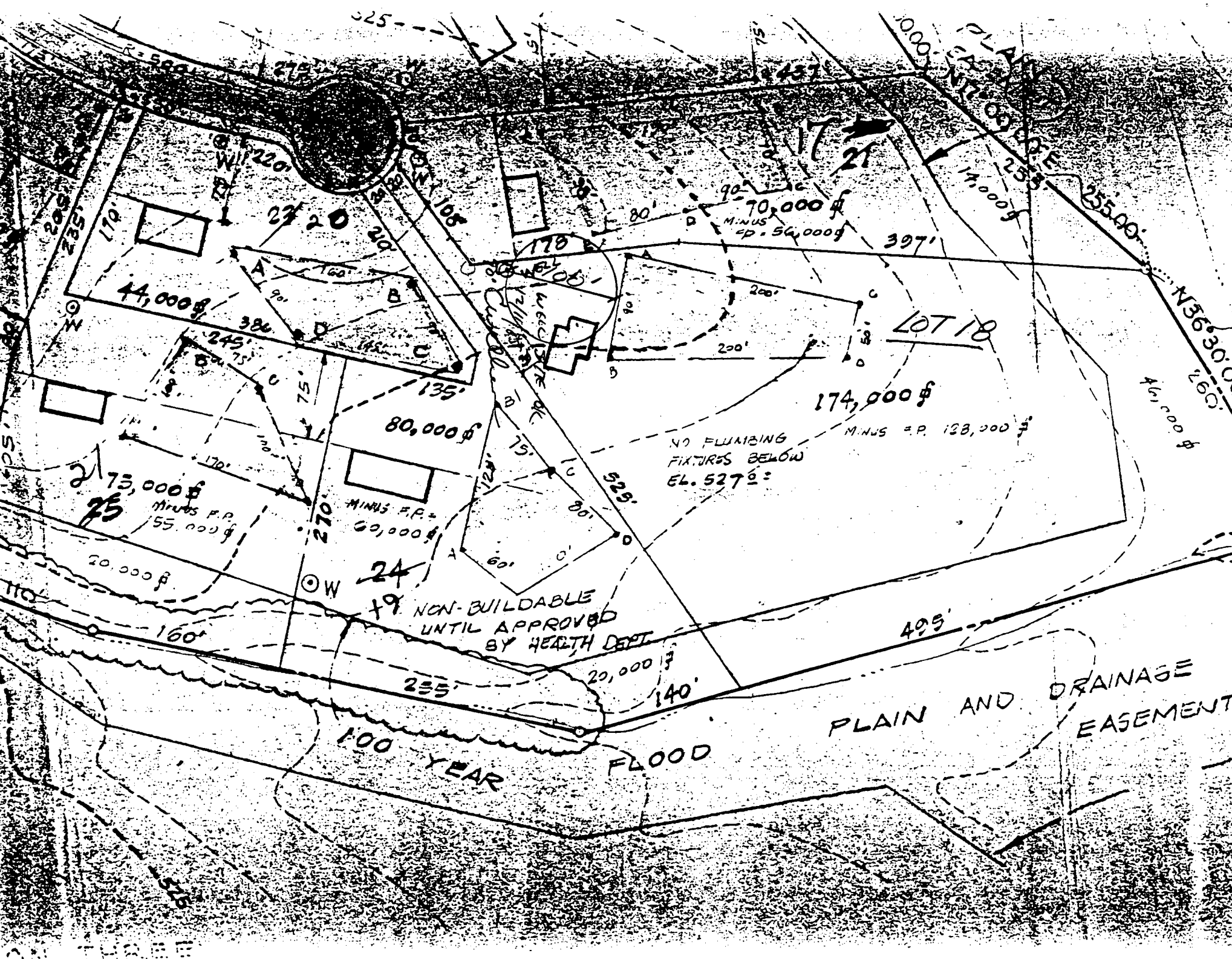
80,000 sq ft
MINUS P.P. =
60,000 sq ft

75,000 sq ft
MINUS P.P.
55,000 sq ft

19. NON-BUILDABLE
UNTIL APPROVED
BY HEALTH DEPT.

100 YEAR FLOOD

PLAIN AND DRAINAGE
EASEMENT



C1 **9461** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 NUMBER **A19195**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **121985** Depth of Well **100** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-1263**

OWNER **UNITED GENERAL CONTRACTORS** last name **MUSTANG** first name **PATH** TOWN **GLENWOOD**

STREET OR RFD **GLENWOOD EST** SECTION **18** LOT **18**

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	
rolling ground & gravel	0	36'	
brown slate	36'	47'	
water			—
brown slate	47'	52'	
flint	52'	54'	
water			—
brown slate	54'	61'	
gray slate	61'	63'	
brown slate	63'	67'	
water			—
gray slate & flint	67'	100'	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **22** NO. OF POUNDS **212**
 GALLONS OF WATER **134**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] [] [] ft. to [] [] [] [] [] [] ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
ST **6** **40**
 60 61 63 64 66 67 70

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

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

C2
 DEPTH (nearest ft.)
 1 **40** **90** **100**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 E A C H S C R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60

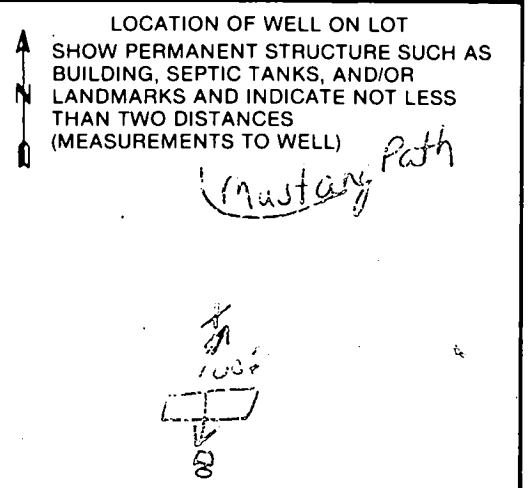
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **water bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING [] [] [] []
 WHEN PUMPING **22** [] [] [] []
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 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: **29**
 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 } LAND SURFACE [] [] (nearest foot)
- below } [] [] (nearest foot)
 49 50 51

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. **0644**
 DRILLERS SIGNATURE **Wm W. Reichart**
 (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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 3484 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

40-81-1262 fill in this form completely

Date Received 12/19/85

11/27/85

OWNER INFORMATION

United General Contr. 15 Last Name 34 Owner First Name

PO Box 1624 36 Street or RFD 55

Elliott City MD 21043 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

GLENWOOD ESTATES 23 SUBDIVISION 42

SECTION 001 44 46 LOT 018 48 50

Glenwood 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

DRILLER INFORMATION

Wm. W. Reichart 77 License No. 80 064

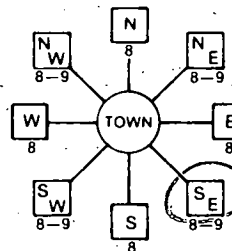
Wm. W. Reichart Inc Firm Name

RD #2 Box 54 Hanover, PA 17331 Address

Wm. W. Reichart 11/22/85 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mustang Path 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



115 37 DISTANCE FROM ROAD

ENTER FT or MI FF 38 39

B 2 WELL INFORMATION

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A19195 COUNTY NAME COUNTY NO.
Signature DATE ISSUED 12/11/85 6/11/86

121185 CO SIGNATURE EXP. DATE

NORTH GRID 524000 EAST GRID 0796000

APPROXIMATE DEPTH OF WELL 250 24 28 FEET

APPROXIMATE DIAMETER OF WELL INCH

METHOD OF DRILLING (circle one)

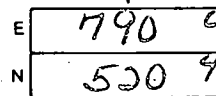
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. Approved well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

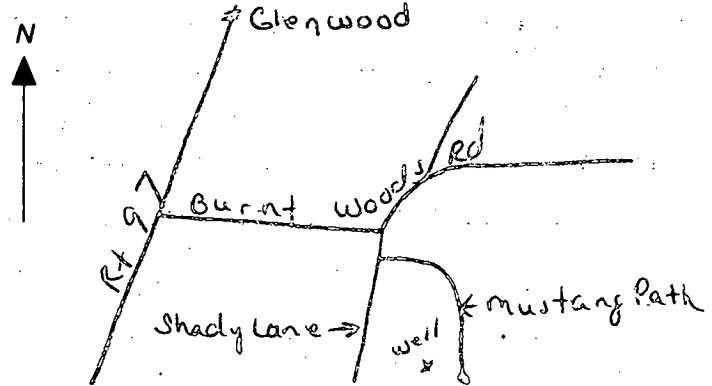


LOCATION OK
42' CASING
2' AB. GR.
39' UPON
22 BOXES (EMPT)
LEFT OFFICE
6 INT. COMPLETED
12/19/85 CWJ/Olean

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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



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

APPROX. PERMIT NUMBER GAP 54 63

FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-81-1262 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

HOOD ENVIRONMENT

TEL No. 4103132648

Mar 5, 99 17:10 No. 018 P. 01

3/19/99
A.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-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 Steve White Telephone 701 251 0855

License Number 20633 701 674-2531
mobile

Certified Well Pump-Installer Well Driller Registered Plumber

Name of Property Owner Jane Campbell Telephone 701 520 1413
Subdivision Glenwood Estates Lot # 19 Well Tag # HO-81-1262
Site Address 14709 MUSTANG PATH Glenwood 21728

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Koss VACUUM
3. Model # TSS1108P52
4. Capacity _____ GPM
5. Pump exceeds well capacity 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
1. Voltage _____
2. Amperage _____
3. Phase _____

Pitless Adapter
1. Make Chapbell Johnson
2. Model # B-800
3. Depth 40"

Tank
1. Capacity _____
2. Pressure relief valve? 7.5 psi

Piping
1. Type Character Bestus
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 40 ft

Well Data
1. Depth 110 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Well is sealed by _____

wpi
3.5' below grade
pvc conduit
taped to cap
2 piece cap
AM

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise, no permit is null and void).

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

Signature of Applicant: [Signature]

Date: 3-7-99

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

REMOVAL OF POORLY SLEEVED H₂O LINE

REPLACEMENT
NEW H₂O LINE
AND 100'±
SLEEVING

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

464-9833-410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
TO GO BEYOND NEARBY DRAINFIELD

New Installation Replacement

Receipt # _____
Date 5-3-99

Name of Installer B.D.M. Inc.

Telephone 410 4394349

License Number 15983

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner John Campanile

Telephone _____
Well Tag # 4081-1262

Subdivision Glen Wood Estates Lot # 18

Site Address 14709 Mustang Path

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____
- 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

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

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve? _____

Piping

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

Well data

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

5/3/99 INSPECTION
BUT WORK NOT READY (MR)
LINE TO BE EXPOSED @ HOUSE, H₂O/SEWER CROSSING, END OF SLEEVE

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).

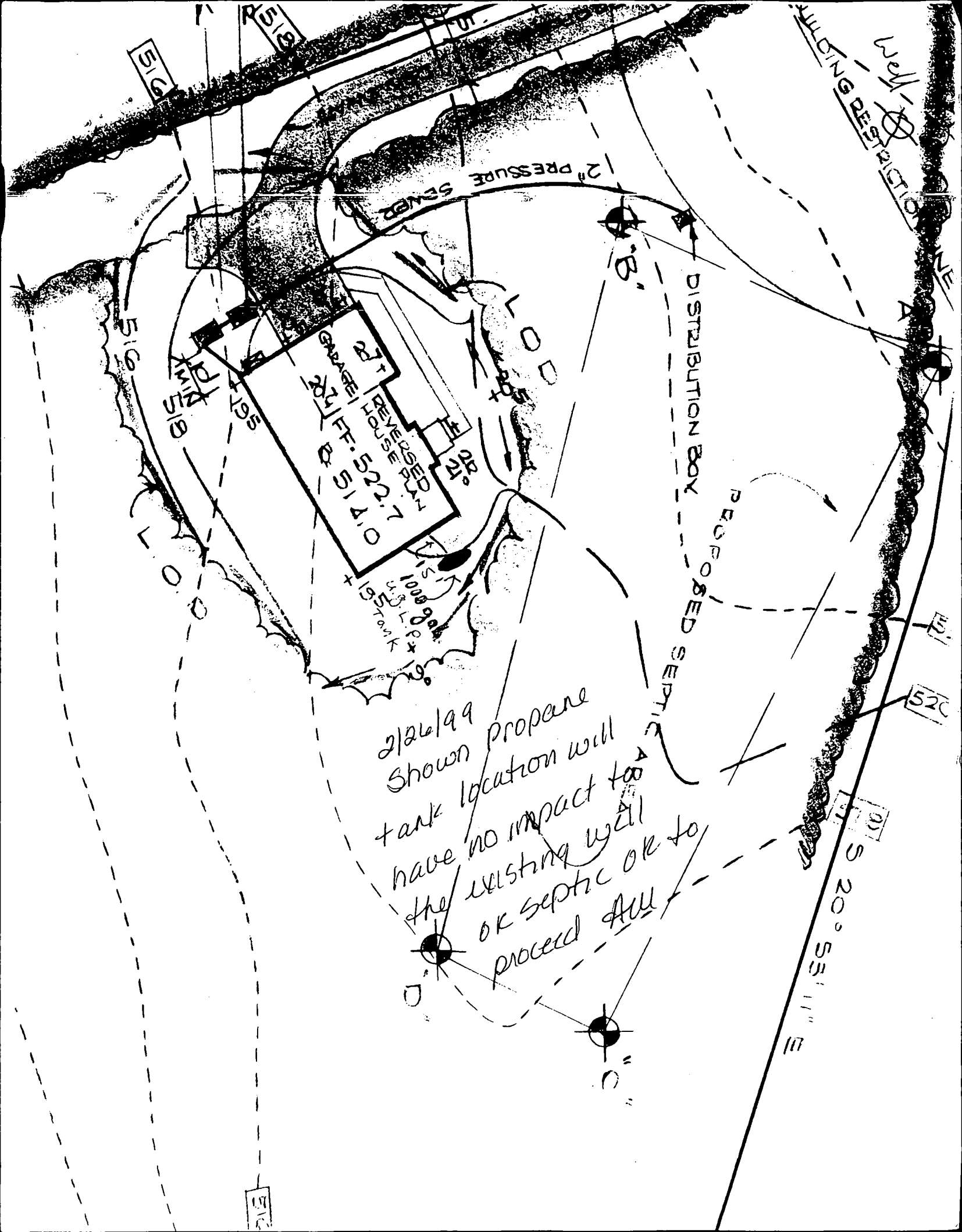
All information given above is true to the best of my knowledge.

5/4/99 REPLACEMENT
WELL LINE SLEEVED TO A POINT
FROM HOUSE - OK TO COVER

Signature of Applicant: _____
Date: 5-3-99

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

(MR) L (u 50' UPHILL OF SEWER CROSSING)
HD-215

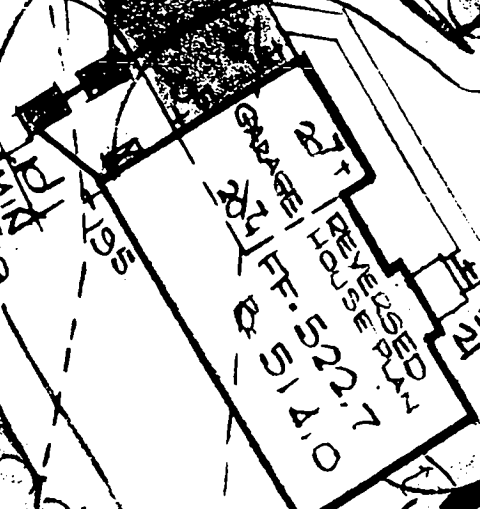


516

518

2" PRESSURE SEWER

519
518
517



1500 gal. Tank
5' x 3' x 1' 6\"/>

A.B.

DISTRIBUTION BOX

PROPOSED SEPTIC

2/26/99 propane
shown location will
have no impact to
the existing well
or septic OK to
proceed All

WELL RESTRICTION
BUILDING RESTRICTION

520

521

522

S 20° 53' 11" E

515