

5/15/99  
11:00  
to meet inst  
5/10/99  
ASAP

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511446

A 20433

**03-294323**

DISTRICT \_\_\_\_\_

DATE 3/2/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 5/10/99

INSPECTOR DKS

**INDEXED**

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Romman Ridge LOT 3 ROAD 2161 McKendree Road

PROPERTY OWNER Mark and MaryAlice Pacious

ADDRESS \_\_\_\_\_

2-SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANKS ONLY IN SERIES.

NUMBER OF BEDROOMS 5

USE OF MODIFIED SEWAGE DISPOSAL EASEMENT CONTINGENT UPON  
INSTALLATION OF TWO SEPTIC TANKS IN SERIES.

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

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 - Place the distribution box 90 feet from the right (311') lot line and 110 feet from the rear (465') lot line. Run first two trenches along contour toward rear lot line. Additional trenches to follow contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tanks. OK 1/5/99 DKS

PLANS APPROVED BY C. Williams/Amy McMillen DATE 12/21/98

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

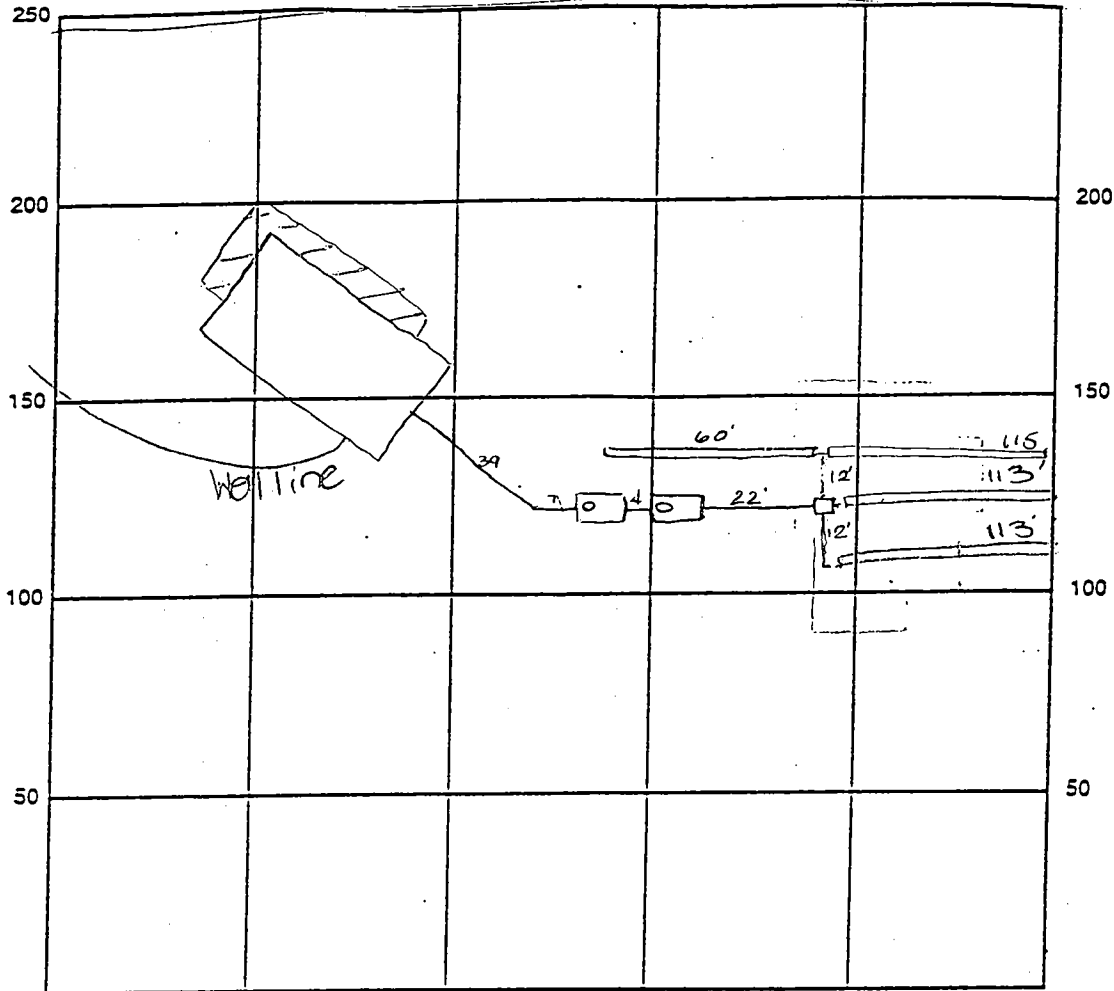
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

5/11/99

Mck. Rd

← 50 FLAGSTEM DRIVE 150 200 250



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL top sealed - 2, 1250 gal CLEANOUTS one on each tank

DISTRIBUTION BOX LEVEL OK plastic

DRAIN FIELD/TITLE DEPTH 6.0 FT.

TRENCH WIDTH 3.0 FT.

INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT.

TOTAL LENGTH ① 60 ② 113 ③ 113 FT. → 101'

NUMBER OF TRENCHES 4

ONE SIDEWALL/BOTTOM AREA          SQ. FT.

DRYWALL INSIDE DIAMETER          FT.

EFFECTIVE DEPTH BELOW INLET          FT.

ABSORBENT AREA          SQ. FT.

REMARKS: 5/5/99 TRENCH LAYOUT CONFIRMED - (3) 113' TRENCHES, (1) 60'

W/INSTALLER (MR)

5/7/99 OK to cover from house to dist. box to trenches. DCS

5/10/99 FINAL INSP - P/L to cover all septic work. DCS

(House connection made)

DATE SYSTEM APPROVED 5/10/99

INSPECTOR T. [Signature]

9/10/99 WPI - well casing 1.5' above grade; well line 3.5' below grade; 2 pc cap installed; PVC conduit pipe, needs to be installed DCS

RECORDED

# APPLICATION

A 20433

## 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: 465-5000, EXT. 356

Septic Tank { 1-3 Bedroom 1000 gallons  
DISTRICT 3rd & 4th  
4 Bedrooms 1250 gallons  
DATE 7/30/74

8/6/74  
9:30

absorbant sidewalk area per bedroom below inlet.  
Well to be 4' below original grade + maximum  
depth 12 1/2'. Location 150' in from back property  
line towards front of lot + 125' down back line  
from right rear corner point when facing lot  
from Unnamed Road (Perc hole  
142)

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 Ruth Thompson MARK & MARY ALICE PACIOUS  
Any questions call Mr. Bernard  
ADDRESS \_\_\_\_\_ PHONE Rome, 465-7700

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. X 3

ROAD AND DESCRIPTION Rover Mill Road and McKendree Road BLDG. PERMIT SIGNED  
(2161 McKendree Road) AND RETURNED 12-21-98

SIZE OF LOT 5.004 acres TYPE BLDG. 3 or 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 /s/ Bernard Rome

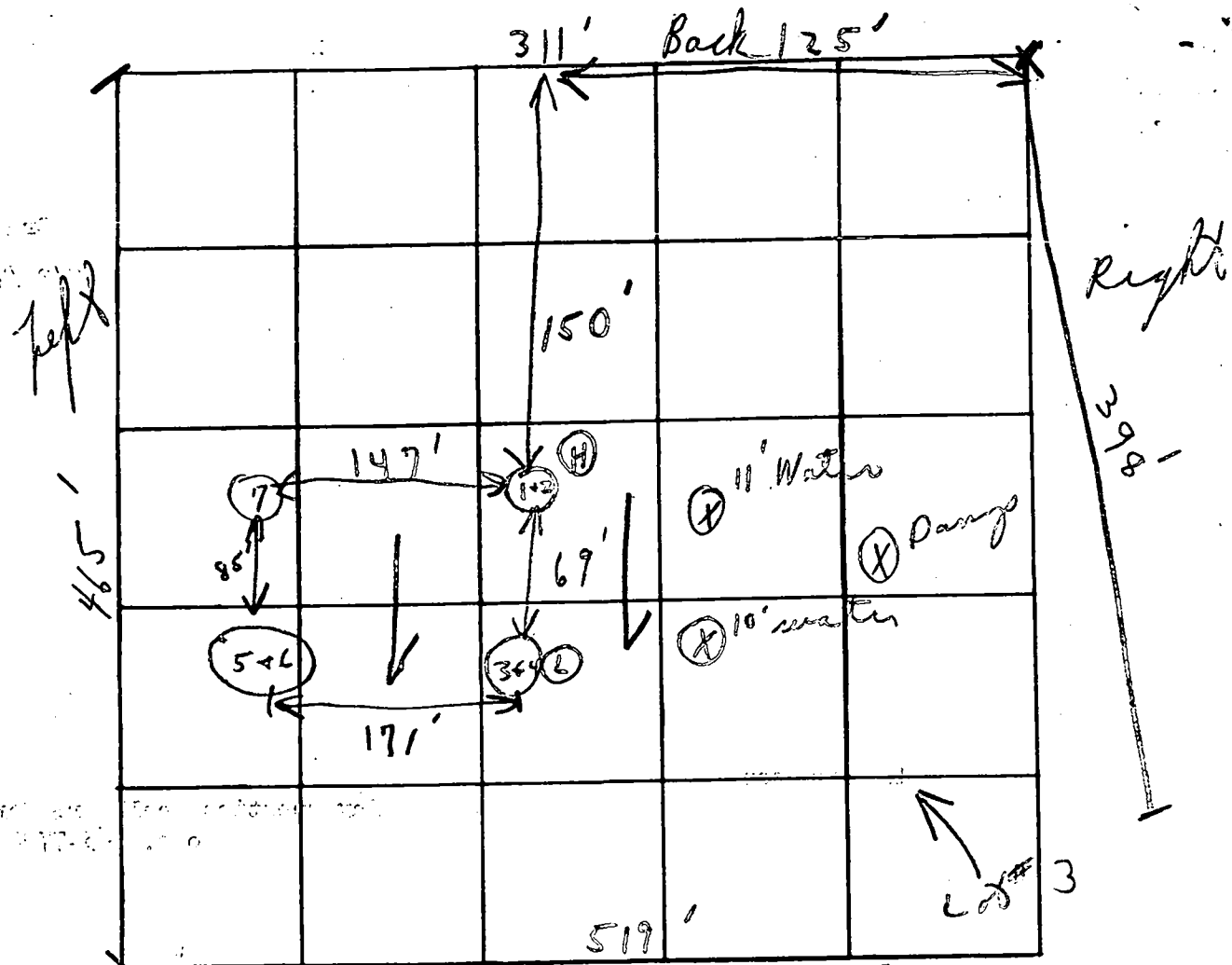
APPROVED BY C. Steaker FOR Permit DATE 8/13/74  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/1/79	1	4' s	11:19	11:21	11:21	11:26	5 min
11/20	(H) 2	12 1/2' o	11:21	11:24	11:24	11:29	5 min
	3	4' s	11:26	11:29	11:29	11:35	6 min
	(L) 4	12' o	11:29	11:32	11:32	11:42	10 min
	(L) 5	4' s	11:42	11:45	11:45	11:50	5 min
	6	10' o	1:43	1:47	1:47	1:56	9 min
	7	12'	Visual	similar to 1+2			
						6 / 40	7 = 7 min

REMARKS Measured by C&S; F.S.

TYPE OF SOIL Sandy in [(1+2) & (3+4)]

TESTED BY C&S. ALSO PRESENT: Bound Man

BENCH MARK = TOP OF WELL  
ELEV. ASSUMED = 565.50'

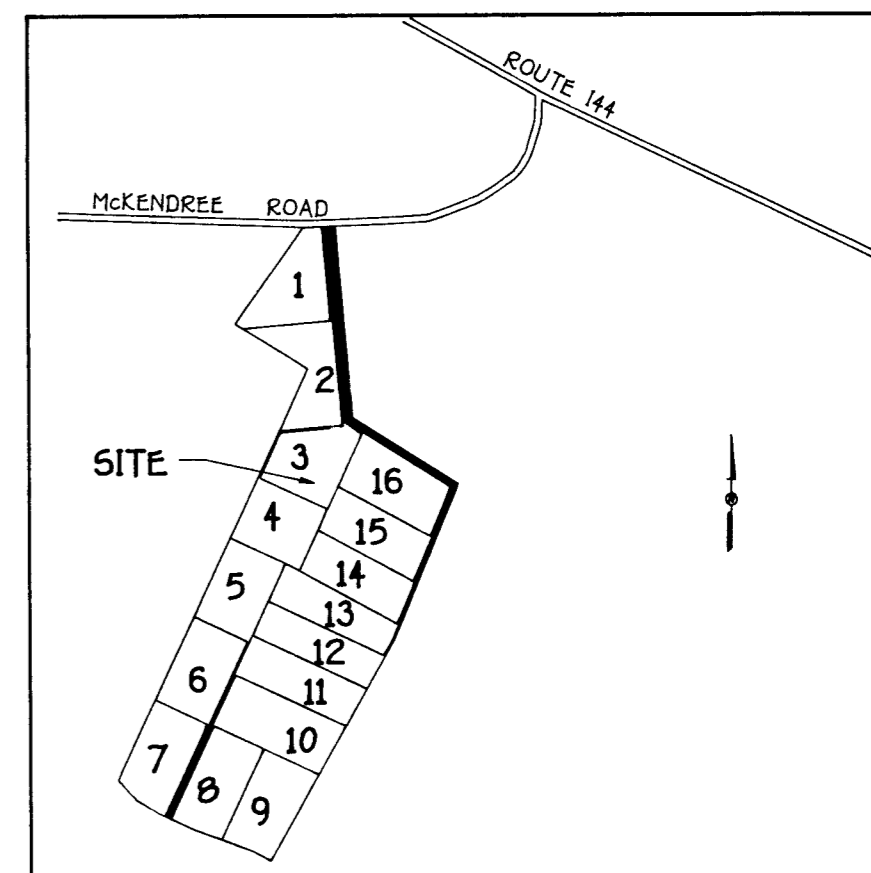


MATCH LINE THIS SHEET

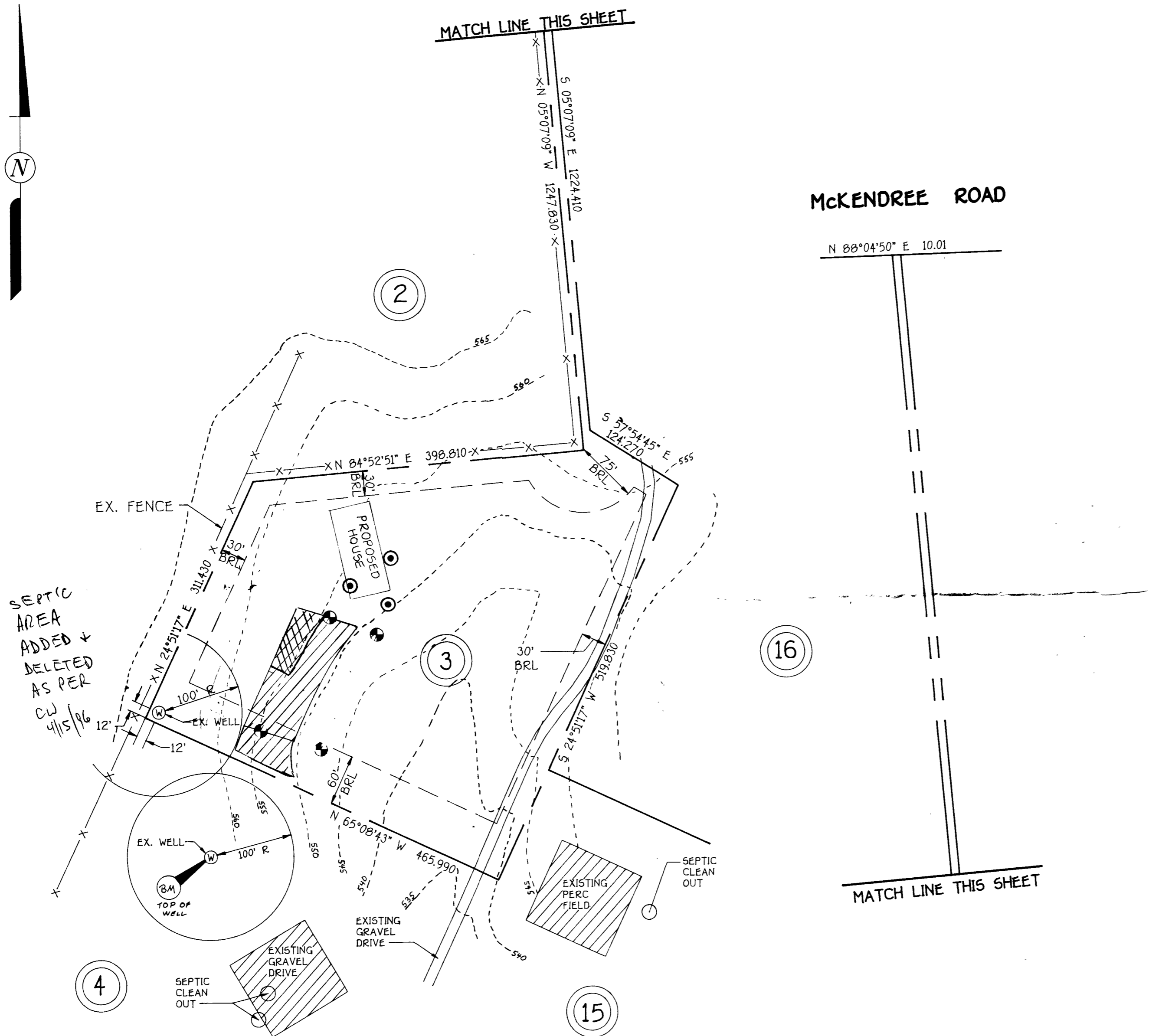
McKENDREE ROAD

N 88°04'50" E 10.01

MATCH LINE THIS SHEET



VICINITY MAP  
SCALE : 1" = 1200'



GENERAL NOTES:

1. [Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT 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 ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
4. (W) DENOTES PROPOSED WELL LOCATION.
5. (●) DENOTES PERC HOLE LOCATION. (FIELD LOCATED)
6. (⊙) DENOTES FAILED PERC HOLE LOCATION AS PER HOWARD COUNTY HEALTH DEPARTMENT FIELD NOTES (THESE LOCATIONS ARE ± AND ARE FOR PICTURE REFERENCE ONLY.)
7. DEVELOPER:  
  
C/O MS. EILEEN K. QUINN  
LONG AND FOSTER, REALTORS  
9801 BROKENLAND PARKWAY SUITE 101  
COLUMBIA, MARYLAND 21046  
PHONE: 381-4600
8. THE TOPOGRAPHY SHOWN HEREON IS A COMBINATION FIELD RUN TOPOGRAPHY DATED MARCH, 1996 & HOWARD COUNTY 200 SCALE TOPOGRAPHY

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
9171 BALTIMORE NATIONAL PIKE, SUITE 100  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2855

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.  
*Joyce M. Boyd*  
COUNTY HEALTH OFFICER  
DATE: 4/9/96



NOTE:  
REVISED PERC LOCATION, 8 APRIL, 1996

PERC CERTIFICATION PLAT  
ROMAN RIDGE ESTATES  
LOT 3

TAX MAP 15 ZONED: RC-DEO PARCEL(S): 200  
ELECTION DISTRICT No. 3 HOWARD COUNTY, MARYLAND  
SCALE: 1"=100' DATE: 3/28/96

Approved Septic System Plan  
Howard County Health Department

*Ann McMillen* 12/21/98  
Signature Date

McKendree Road  
N 88°05'13" E 10.01'  
S.C.E.

**GENERAL NOTES**

1. ELEVATIONS
  - A. BASEMENT: 649.6'
  - B. FIRST FLOOR 658.6
  - C. INVERT OUT OF HOUSE: 558.0'
  - D. INVERT INTO SEPTIC TANK: 655.7'
  - E. INVERT OUT OF SEPTIC TANK: 555.4'
  - ~~F. INVERT INTO DISTRIBUTION BOX: 558.0'~~
  - G. INVERT INTO TRENCH: ~~658.6~~ 554.0
  - H. EXISTING GRADE AT SEPTIC TANK: 658.0'
  - I. EXISTING GRADE AT DISTRIBUTION BOX: 658.3
  - J. EXISTING GRADE AT TRENCH: 568.0
  - K. ELEVATION AT WELL AT GRADE: 560.3
2. PROPERTY INFO.: LOT 3, ROMAN RIDGE SUBDIVISION  
ZONING RC  
OWNERS: MARK E. PACIOUS AND ALICE E. PACIOUS

BUILDER: TRADITION HOME BUILDERS INC.  
4540 TEN OAKS ROAD  
DAYTON, MARYLAND, 21036  
(410) 531-9203

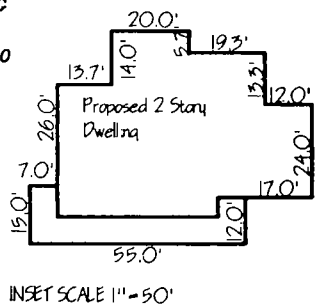
PREPARED BY:  
MARKS & ASSOCIATES  
4531 COLLEGE AVENUE  
ELLICOTT CITY, MARYLAND  
(410) 747-8738

PLAN SCALE: 1"=100'

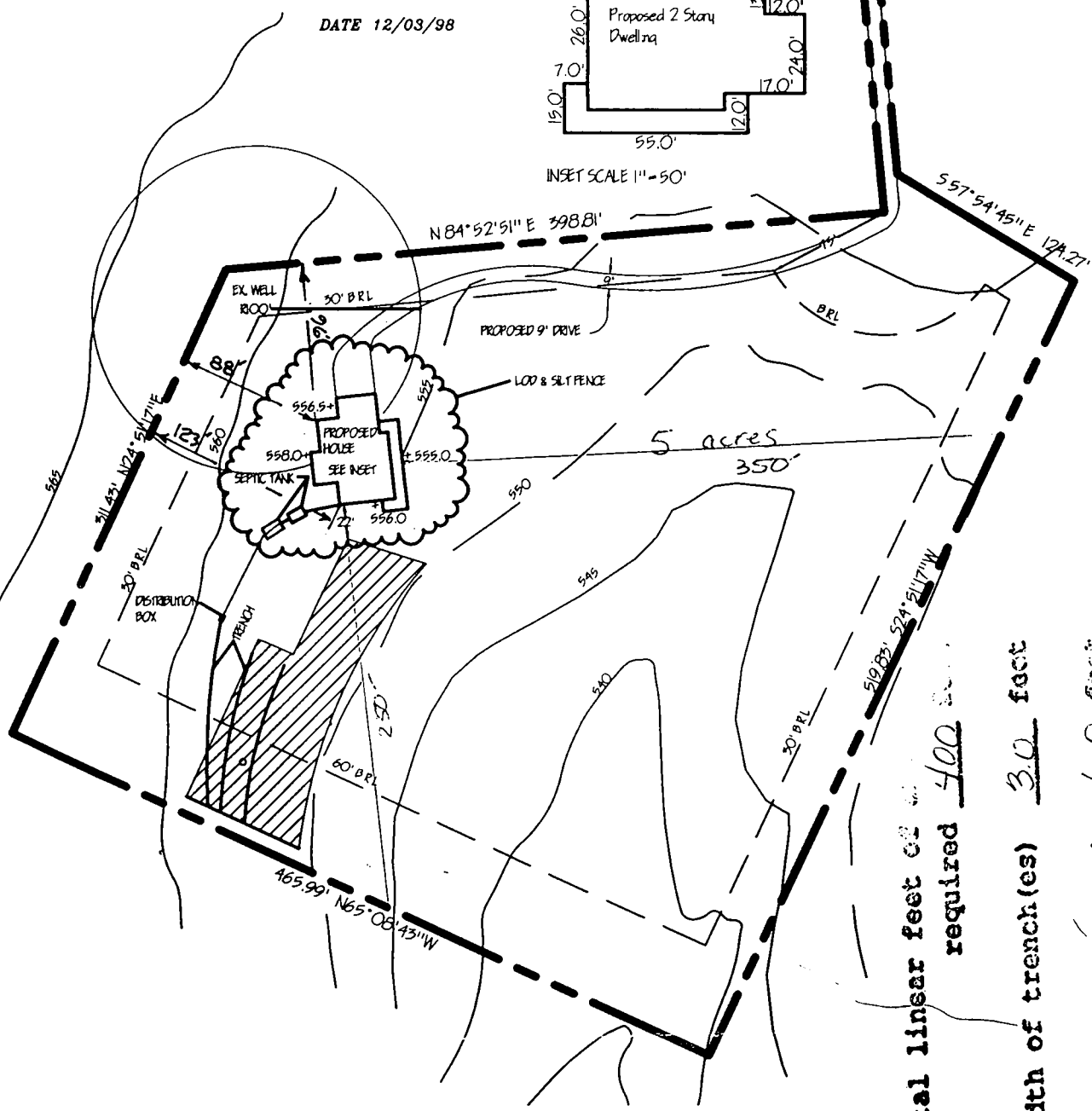
PLOT PLAN FOR PROPOSED  
SINGLE FAMILY DWELLING

LOT 3 ROMAN RIDGE  
TAX MAP 15 PARCEL 200  
LIBER 3755 FOLIO 623

DATE 12/03/98



Inv. into 2nd septic tank  
555.2  
Inv. out of 2nd septic  
tank 554.9



Total linear feet of trench required 400 feet  
Width of trench(es) 3.0 feet  
Depth of trench(es) 6.0 feet  
Depth of stone required below  
bottom line 2.0 feet



Proposed adjustment to  
 Septic area contingent  
 upon moving well site to  
 NW corner of property &  
 utilizing a 2 tank  
 Septic system

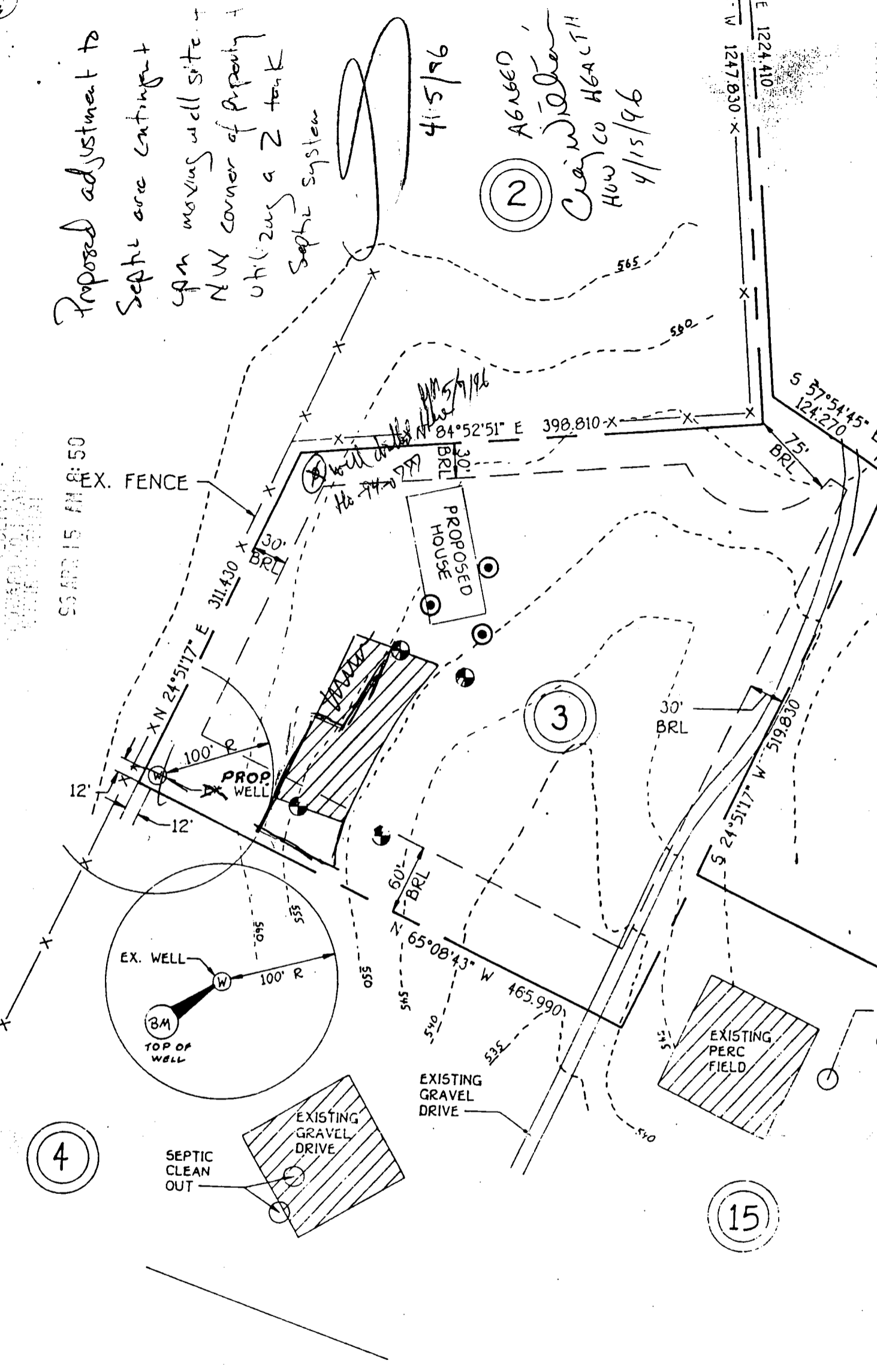
9/5/96

(2)

AGED  
 Crain  
 HOW CO HEALTH  
 4/15/96

50 APR 15 AM 8:50

EX. FENCE



**S & CARTER, INC.**  
 SURVEYORS & LAND SURVEYORS  
 ANNE ARUNDEL PIKE, SUITE 100  
 P.O. BOX 100  
 MARYLAND 21042  
 2055

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

C1 **4576** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 **A 20433**

ST/CO USE ONLY  
 DATE RECEIVED  
**052096**

DATE WELL COMPLETED  
**050796**

Depth of Well  
 22 **200** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-94-0777**

OWNER **Pacios** **Mark**  
 STREET OR RFD **Rover Mill Rd.** TOWN **Friendship**  
 SUBDIVISION **ROMAN RIDGE** SECTION **3** LOT **1615, P. 20**

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	
<i>Sand</i>	0	50	
<i>Gray mica Rock</i>	50	200	

GROUTING RECORD (yes/no)  
 WELL HAS BEEN GROUTED **(Y)** **(N)**

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS **15** NO. OF POUNDS **1910**  
 GALLONS OF WATER **90**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **42** 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  
 Nominal diameter of main casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **53**

OTHER CASING (if used)  
 diameter (nearest 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

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

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.

TYPE MWD/MSD/MGD  
 DRILLERS LIC. NO. **24**

DRILLERS SIGNATURE  
*David L. Maize*

LIC. NO. **24**  
*Lorray Maize*

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

DEPTH (nearest ft.)  
**H0** **52** **200**

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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.) **WQ**  
**70** **72** **74** **75** **76**

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **10**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **32** ft.  
 WHEN PUMPING **103** 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 WILL INSTALL PUMP 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

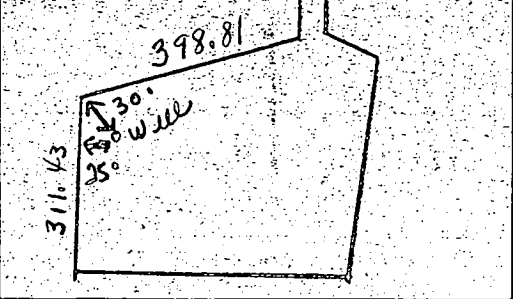
CAPACITY GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_

CASING HEIGHT (circle appropriate box and enter casing height)  
**(+)** above **(-)** below  
**7** (nearest foot)

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)





EMERGENCY/TEMP NO. IF ANY

<b>B 1</b>	<b>3037</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-0777</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) **04/9/96**

**PACIOUS E. MARK**  
Last Name Owner First Name

**4490 JENNINGS CHAPEL RD**  
Street or RFD

**BROOKVILLE MD 20833**  
Town State Zip

**LOCATION OF WELL**

**HOWARD** COUNTY

**ROMAN RIDGE** SUBDIVISION

SECTION **3** LOT **3** WEST

**GLENDALOOD SOUTH FRIENDSHIP** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

**Joseph L. Mayne** Driller's Name License No. **24**

**Joseph L. Mayne Well Drilling** Firm Name

**5512 Ridge Rd. Mt. Airy, Md. 21771** Address

**Joseph L. Mayne** Signature Date **4/16/96**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Power Mill Road** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**5** DISTANCE FROM ROAD ENTER FT OR MI **MI**

TAX MAP: **15** BLK: **1** PARCEL **200**

**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)**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** COUNTY NAME **A 20433** COUNTY NO.

STATE SIGNATURE DATE ISSUED **050196** Mark E. Pflin **5/1/97** EXP. DATE

NORTH GRID **537000** EAST GRID **0800000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 \_\_\_\_\_

**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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER **G A P**

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-94-0777**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

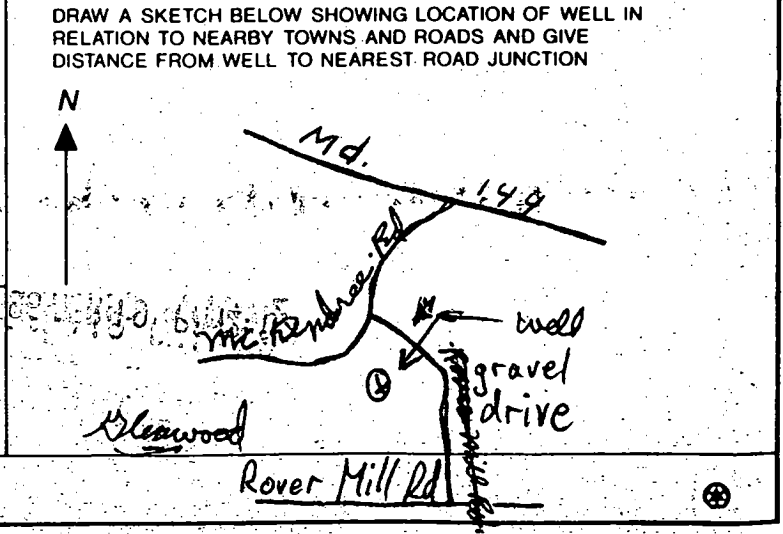
1. **WELL**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**800** (E)  
**537** (N)



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 # \_\_\_\_\_ Date 7-21-99  
 Telephone 410-796-8583  
 Name of Installer Gary Eikenberry  
 License Number 3260 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
 Name of Property Owner Jacobs, Mark Telephone 410-531-3531  
 Subdivision Roman Ridge Lot # 3 Well Tag # \_\_\_\_\_  
 Site Address 2101 Mc Kendree

Pump  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Grundfos  
 3. Model # 7-11  
 4. Capacity 110 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 80  
 2. Pressure relief valve? Yes

Piping  
 1. Type Polyethylene  
 2. Size 1/2"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 48"

Well data  
 1. Depth 200 ft.  
 2. Yield 10.5 GPM  
 3. Static water level 65 ft.  
 4. Will water supply be disinfected by installer?

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: 7-21-99

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