

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

03-312712  
INDEXED

38497 per  
perm sheet

P 43223

A 30497

DATE 11/13/89

DATE SYSTEM APPROVED 11/22/89

INSPECTOR M. Riskin

Randolph E. Aversman

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Triadelphia Woods ROAD 12600 Golden Oak Drive LOT 51

PROPERTY OWNER Randolph Ayersman

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 5

TRENCHES - <sup>210 sq ft</sup> ~~150~~ sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box ~~150~~ <sup>210</sup> feet down the right lot line along ~~Triadelphia Road~~ and 150 feet off the ~~same~~ <sup>right</sup> lot line as seen when facing from Golden Oak Drive. Run trenches on contour toward the right lot line.

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 Sid Abel NEW 11-13-89 DATE 10/27/87

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

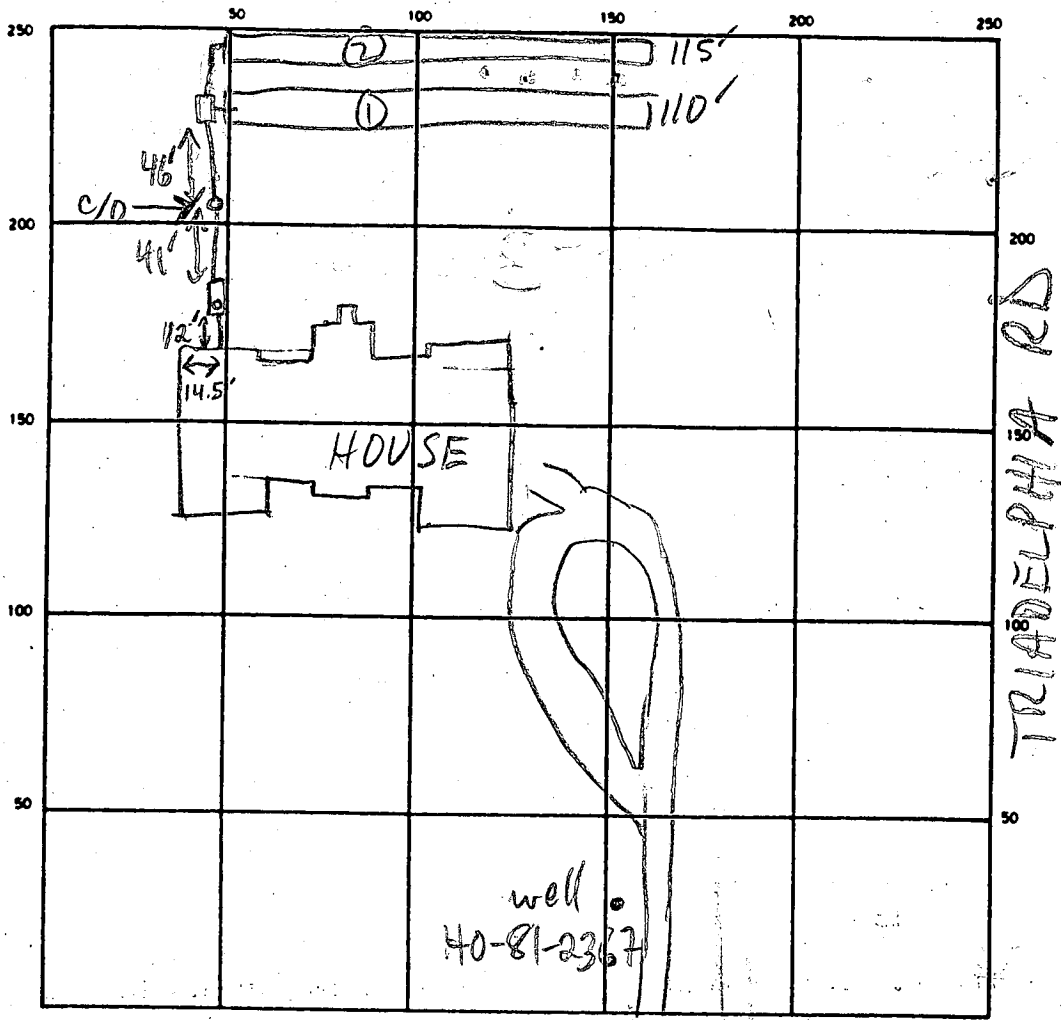
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 30497



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK INLINE - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 110 } 225  
115 } FT

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 1125 SQ FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT

ABSORBENT AREA \_\_\_\_\_ SQ FT.

REMARKS 11/20/89 OK TO STONE TRENCHES MR  
11/22/89 OK TO COVER ALL WORK MR

DATE SYSTEM APPROVED 11/22/89 INSPECTOR M. Rifkin

A 38497

SUBDIVISION: Triadelphia Woods

LOT NUMBER: 51

Golden Oak Drive

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ 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 \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

210 11-13-89 JED  
170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

5BR/BP

No garbage disposal

- 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 absorbent sidewall area by 22%.

LOCATION: RACE THE DISTRIBUTION BOX 130 FT DOWN THE RIGHT LOT  
LINE ALONG TRIADDELPHIA RD. AND 150 FT OFF THE SAME LOT  
LINE AS SEEN WHEN FACING THE FROM GOLDEN OAK DR. RUN  
TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE. 10/27/87

S. Adel

# APPLICATION

PERCOLATION TESTING

A 38497

P \_\_\_\_\_

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

DISTRICT 3

DATE 10/20/86

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 ~~Putnam Land Co., Inc.~~

ADDRESS Randolph Ayers man PHONE 531-5539

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. LOT 51 Prelimin 3849 6/29

ROAD AND DESCRIPTION Triadelphia Rd on right 1/2 mile west of Carroll Mill Rd. 12600 Golden Oak Dr.

TAX MAP 22 PARCEL # 528

SIZE OF LOT 3+ Acre TYPE BLDG. \_\_\_\_\_  
(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.

Richard J. Donnell  
(SIGNATURE OF APPLICANT)

APPROVED BY S. A. Abel FOR Dup tunnels DATE 5-23-89

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

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

REASONS FOR REJECTION OR HOLDING 2-17-87 Pmc Satisfactory, Hold for Subdivision Perc. S. Abel

BLDG. PERMIT SIGNED 5/23/89  
AND RETURNED 2006 S. Abel

BP 26065

# THIS IS NOT A PERMIT

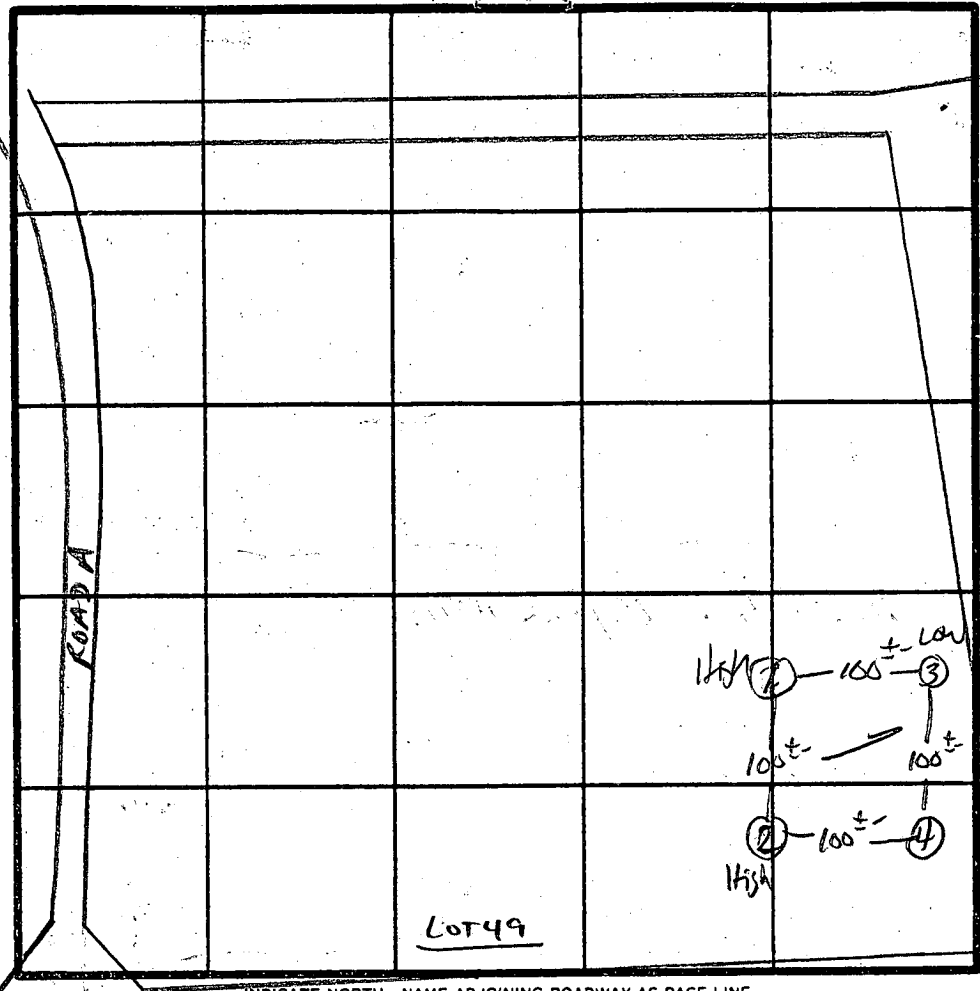
① ② ③ ④  
SOIL PROFILE

0'  
6"  
3'  
12'

A1-3

Yellow BR to  
Yellow RED  
Silt loam  
9% clay  
46% frags

Red Yellow  
to BR silt  
loam  
highly  
micaceous  
20+%



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/87	1 S	3'	1134	1140	1140	1149	9 min
		7.5'	1132	1133	1133	1135	2 min
	1 V	13' UNIFORM SOIL below 3'					
	2 V	12' UNIFORM SOIL below 3'					
	3 S	3'	1153	1154	1154	1156	2 min
		12.5'	UNIFORM SOIL below 3'				
	4 S	3.5'	1137	1145	1145	1103	18 min
		12.5'	UNIFORM SOIL below 3'				

13  
18  
11:31  
10

REMARKS 1 Holes per PLAT

TYPE OF SOIL MAJOR

TESTED BY S. Mel ALSO PRESENT JIM, RICHARD  
Neil, JERRY

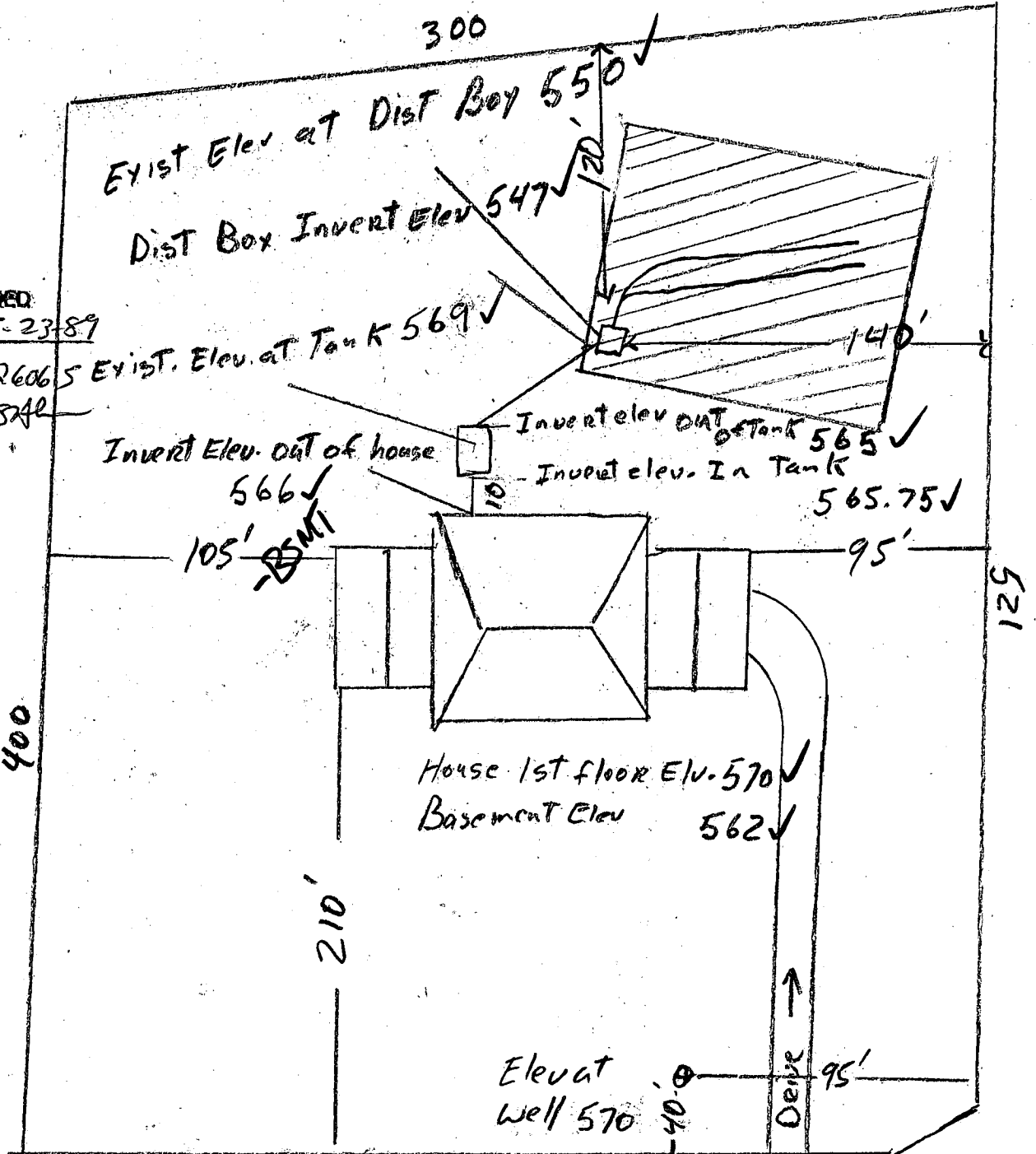
EH-12-1079

Randolph R Ayersman  
5233 Kalmia dr  
Dayton MD. 21036  
854-0734

Tridelphia Woods  
Lot 51  
12600 Golden Oak dr  
Ell. Cott City MD 21043

BUDG. PERMIT SIGNED  
AND RETURNED 5-23-89

BP 26065  
8AL



Golden oak dr

I CERTIFY the above measurement & elevation are actual  
& correct for this property Randolph R. Ayersman

30497

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 # 45061  
Date 9-18-89

Name of Installer WOOD & WILLOUGHBY PLUMBING

Telephone 381-4823

License Number 7040

Certified Well Pump Installer  Well Driller  Registered Plumber 7040

Name of Property Owner RANDY AYERSMAN

Telephone 854-0734

Subdivision TRIDELPHIA WOODS Lot # 52

Well Tag # - - -

Site Address 12600 GOLDEN OAK DRIVE

- Pump
- Type
    - Deep well jet
    - Shallow well jet
    - Submersible
  - Make GOULDS
  - Model # SES05412
  - Capacity 5 GPM
  - Pump exceeds well capacity Yes  No
  - If Yes, is low pressure cutoff switch installed? Yes  No
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other TAPE

- Motor
- Horsepower 3/4
  - RPM 1750
  - Voltage 
    - 110
    - 220

- Pitless Adapter
- Make GOULDS
  - Model # PRESSURIZED
  - Depth 4' FEET

- Tank
- Capacity 75 G
  - Pressure relief valve? 75 PSI

- Piping
- Type POLYBUTYLENE
  - Size 1"
  - NSF and/or BOCA Code approved YES
  - Depth of supply line 4' FEET

- Well data
- Depth  ft.
  - Yield  GPM
  - Static water level  ft.
  - 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.

Signature of Applicant: Randy Wood

Date: 9/18/89

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

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

Building Permit 26065

New Installation   
Replacement

Receipt # 45092  
Date 10/19/89

Name of Installer Wood & Willoughby Plumb. Services Telephone 381-4823

License Number MD 7040

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Randy Ayersman Telephone 301-854-0734  
Subdivision IRIADELPHIA Woods Lot # 52 Well Tag #         
Site Address 2600 Golden Oak Dr.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make GOULDS
- Model # 5E0S 512
- Capacity 5 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other TAPE & TIES

Motor

- Horsepower 1
- RPM 1750
- Voltage
  - 110
  - 220

Pitless Adapter

- Make GOULDS
- Model # PRESSURIZED
- Depth 4'-0"

Tank

- Capacity 75
- Pressure relief valve? 75

Piping

- Type POLY BUTYLENE
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 4'-0"

Well data

- Depth 425 ft.
- Yield 3 GPM
- Static water level 60 ft.
- 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.

Signature of Applicant: Randy Wood

Date: 10/13/89

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

**C1** 1976  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT

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-38498**

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **11/1/89**  
 Depth of Well: **385** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-2367**

OWNER: **PATVAUNT LAND CO.**  
 STREET OR RFD: last name **Golden OAK DR.** first name [ ] TOWN: **Glencry**  
 SUBDIVISION: **TRADOLPHIA WOODS** SECTION [ ] LOT: **51**

**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	
<b>SAND</b>	<b>0</b>	<b>39</b>	
<b>Clay shale</b>	<b>39</b>	<b>385</b>	

*Any well 400' filled in with cement & drilling materials*

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **13** NO. OF POUNDS **1922**  
 GALLONS OF WATER **98**  
 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 CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **47**

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

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **140** **44** **385**  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)

**GRAVEL PACK** from [ ] to [ ]  
 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 [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **7**  
 PUMPING RATE (gal. per min. to nearest gal.) **1 1/2**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **250**  
 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 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) **3**

**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)  
*Well 159 ft. from [ ]*

CIRCLE APPROPRIATE LETTER 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: *James P. Wayman*  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Granted  
11/10/87

Page \_\_\_\_\_ of \_\_\_\_\_  
Date 11/19/87

Review OK'd (S) 12/1/87

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-2367  
Location of property (road) Golden Oak Dr.  
Subdivision Philadelphia Woods Lot 51 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Joseph Maize Owner Patricia Land B.

Depth of well 385  
Distance of measuring point (M.P.) above ground 3  
Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12  
Total time 45 min to reach pumping water level 250 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	185	5 sec		12
9:00	200	5		12
9:15	250	6	205	10
9:30	250	40	1.5	1 1/2
9:45	250	40	1025	1 1/2
10:00	250	40	205	1 1/2
10:15	250	40		1 1/2
10:30	250	40	180	1 1/2
10:45	250	40	304	1 1/2
11:00	250	40	484 total	1 1/2
11:15	250	40		1 1/2
11:30	250	40	Assume pump	1 1/2
11:45	250	40	below - well	1 1/2
12:00	250	40	get 500 gal	1 1/2
12:15	250	40		1 1/2
12:30	250	40		1 1/2
12:45	250	40		1 1/2
1:00	250	40		1 1/2
1:15	250	40		1 1/2
1:30	250	40		1 1/2
1:45	250	40		1 1/2
2:00	250	40		1 1/2
2:15	250	40		1 1/2
2:30	250	40		1 1/2
2:45	250	40		1 1/2
3:00	250	40	over	1 1/2





B 1 **9340** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

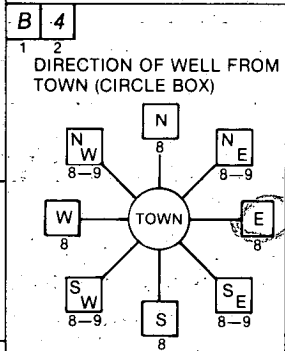
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**40-81-2367**  
 fill in this form completely

Date Received **093087**  
 OWNER INFORMATION  
 PATUXENT LAND CO.  
 40 BOX 708  
 CRANKVILLE MD 21029

LOCATION OF WELL  
 HOWARD COUNTY  
 TRIADELPHIA WOODS  
 SECTION 44 46 LOT 51  
 GLENCLG  
 MILES FROM TOWN (enter 0 if in town) 2.2 MI

DRILLER INFORMATION  
 Joseph M. Mayne License No. 80 **238**  
 Firm Name  
 Address  
 Signature Date 9/25/87



GOLDEN OAK DRIVE  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 45 FT  
 ENTER FT or MI **FT**

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **57**  
 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  
 COUNTY NAME **HOWARD** COUNTY NO. **A-38497**  
 OEP SIGNATURE **Fitchy Abel** STATE HEALTH INSERT S   
 DATE ISSUED **102687** EXP. DATE **042588**  
 NORTH GRID **526000** EAST GRID **0814000**

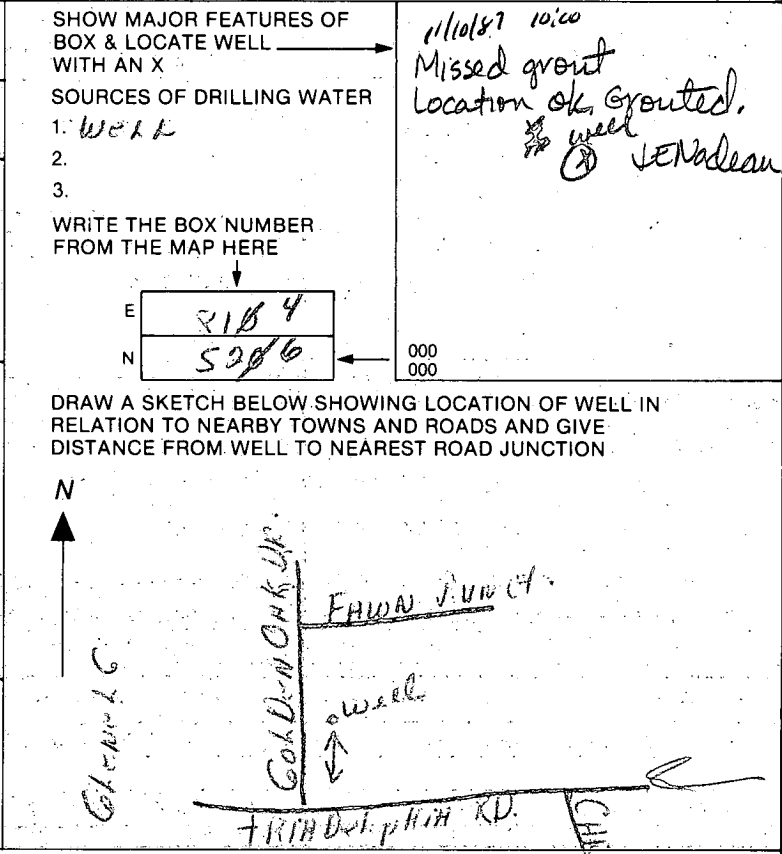
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 DEEPEINED 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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **SA** INITIALS PERMIT NO. **40-81-2367**



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.)

Triadelphia Woods  
Section One, Area One, Lot 51

The Patuxent Land Co.  
(Name)

P.O. Box 208

Clarksville, Md. 21029-1325  
(Address)

HO 81 2367  
(O&P Well Permit Number)

\_\_\_\_\_  
(Date)

