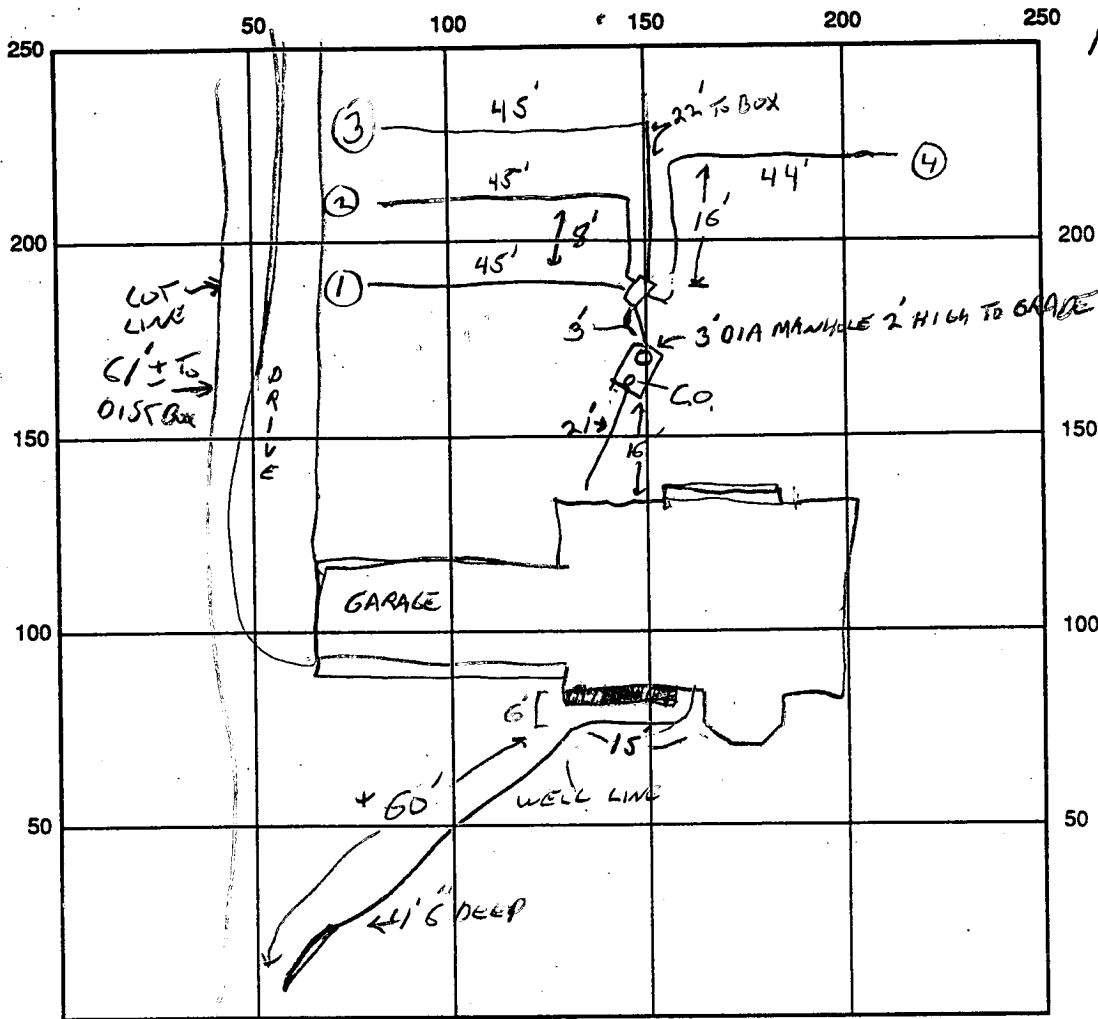




MURPHY ROAD



150 ± TO  
CENTER OF ROAD  
FROM DIST BOX

245  
4  
180  
43  
3  
1.9

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - TWO PIECE TANK CLEANOUTS 6 ON TANK

DISTRIBUTION BOX LEVEL OK, BACCELIN

DRAIN FIELD/TITLE DEPTH 8' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 179 ± FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 721 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

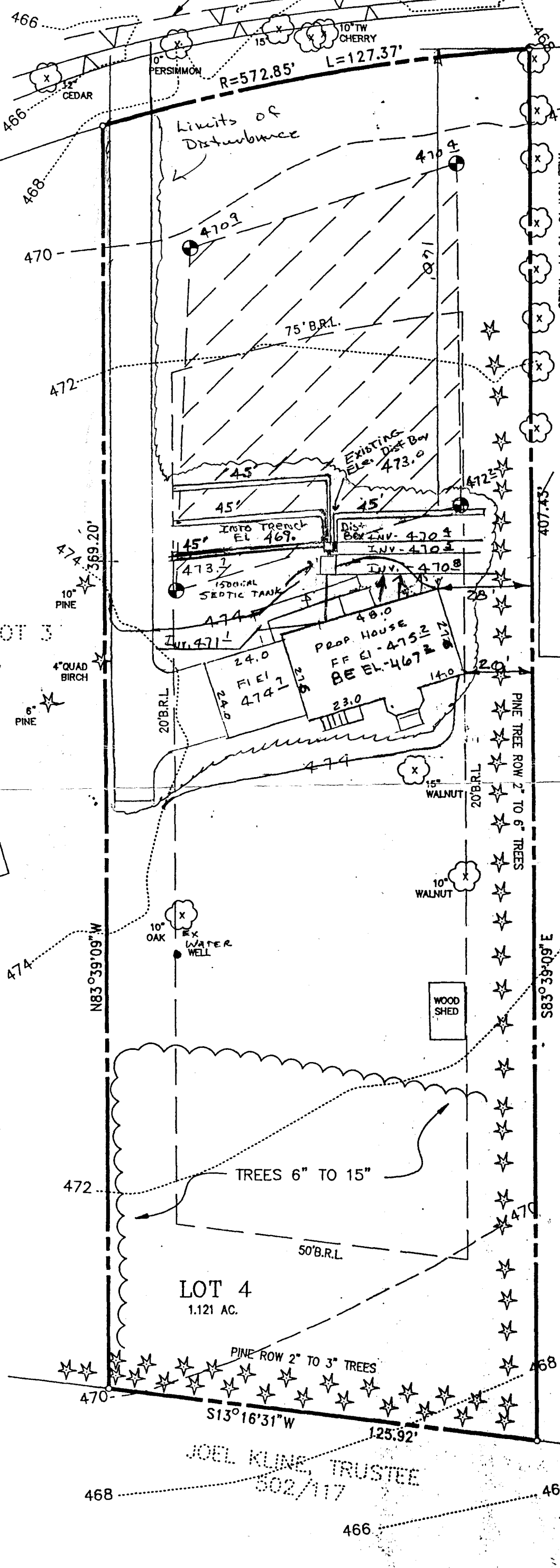
ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 5/15/95 HO-94-0168 WELL LINE RUC, NO INSTALLATION YET. 5/15 TANK IN

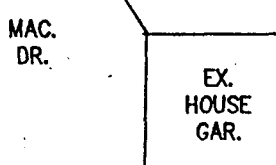
4 TRENCHES DUG DISTRIBUTION TRENCH 4 NOT CONNECTED TO DIST BOX, NO HOUSE CONNECTION  
TRENCH 1, 2, COVERS EXCEPT INSIDE ENDS. STONE + PAPER IN ALL TRENCHES. NEED TO SEE  
HOUSE CONN., TRENCH 4 CONN. AT N END. PLACE OR 5' IN 1 LOCATION, OK TO COVER  
REST. SHOULD BE READY 5/16 - COMMUNICATED W/INSTALLER 5-16-95 HOUSE CONNECTION  
INFO, TRENCH #4 OR AW

DATE SYSTEM APPROVED 5-17-95 INSPECTOR Amy McMullen

MURPHY RD.



"Health Dept"  
 Review with  
 Mark Rifkin  
 3-21-95

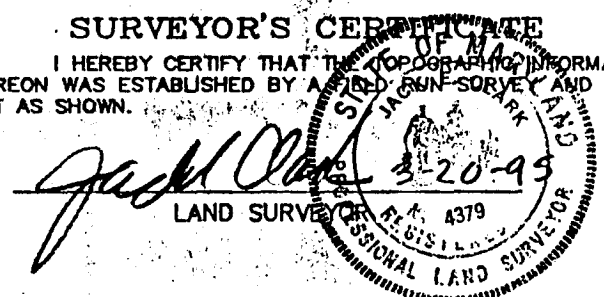


Notes: Length of septic field lines to be determined at time of issuance of permit.

Approved Septic System Plan  
 Howard County Health Department

*Amey McMiller* 3-24-95  
 Signature Date

SURVEYOR'S CERTIFICATE  
 I HEREBY CERTIFY THAT THE TOPOGRAPHIC INFORMATION SHOWN HEREON WAS ESTABLISHED BY A FIELD RUN SURVEY AND THAT IS CORRECT AS SHOWN.



**PLOT PLAN**

LOT 4

HIRAM R. WALTER  
 5th Election District  
 Howard County, Maryland.

SCALE : 1" = 30' DATE : MAR.1995

PREPARED BY  
 THE J.E. CLARK COMPANY  
 LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20707  
 (301) 725 3442

LOT 4  
 1.121 AC.

JOEL KLINE, TRUSTEE  
 302/117

SUBDIVISION:

Hiram Walter Prop  
Murphy Rd

A 25951

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

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

|                  | <u>Septic Tank</u> |
|------------------|--------------------|
| 3 bedroom        | 1000 gallon        |
| <u>4 bedroom</u> | <u>1250 gallon</u> |
| 5 bedroom        | 1500 gallon        |

| <u>Minimum Total Square Feet</u> |
|----------------------------------|
| _____                            |
| _____                            |
| _____                            |

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

Trench to be 2' wide.

180 sq. ft./bedroom  
4 bdrm = 180 total linear feet

Inlet 4' feet below original grade.

Bottom maximum depth 8' feet below original grade.

Effective area begins at 4' feet below original grade.

4' feet of stone below distribution pipe.

- 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: 3-24-95 PLACE DISTRIBUTION BOX 130 FEET UP  
(369.20)  
THE RIGHT LOT LINE AND 65 FEET OFF THAT SAME  
LOT LINE AS SEEN WHEN FACING THE LOT FROM  
MURPHY ROAD. RUN TRENCHES ON CONTOUR IN BOTH  
DIRECTIONS ALL

# APPLICATION

A 25951

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE <sup>1000 gallons</sup>

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th  
DATE 12/21/77  
<sup>1-3 Bedrooms</sup>  
<sup>4 Bedrooms</sup>  
Septic Tank {

Dry well to have 125' sq ft. effective absorbant sidewall area per bedroom below first 5' of original soil. Limit to be 4' and maximum depth 11' location per plat 15' off right property line and 40' from front property line when facing lot from Murphy Road (142) <sup>dry well + trench used.</sup>

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. <sup>Need:</sup>

PROPERTY OWNER Heram R. Walter JAMES R. Croston Jr. <sup>① 5' earth buffer between dry well + trench</sup>

ADDRESS Fulton Maryland PHONE 725-4628

PROPERTY LOCATION: Fulton Md. <sup>70 macad macad</sup>

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_ <sup>② 2 inspections of trench before 4' + after ground in the pits.</sup>

ROAD AND DESCRIPTION Rt - 216 + Murphy Rd. Middle lot  
Macadam. (8041 Murphy Road)

SIZE OF LOT 1 Ac ± mini 40,000 ft TYPE BLDG. \_\_\_\_\_ 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 Heram R. Walter

APPROVED BY C. B. Steaks FOR Dry well or; Dry well + trench DATE 9/22/77

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

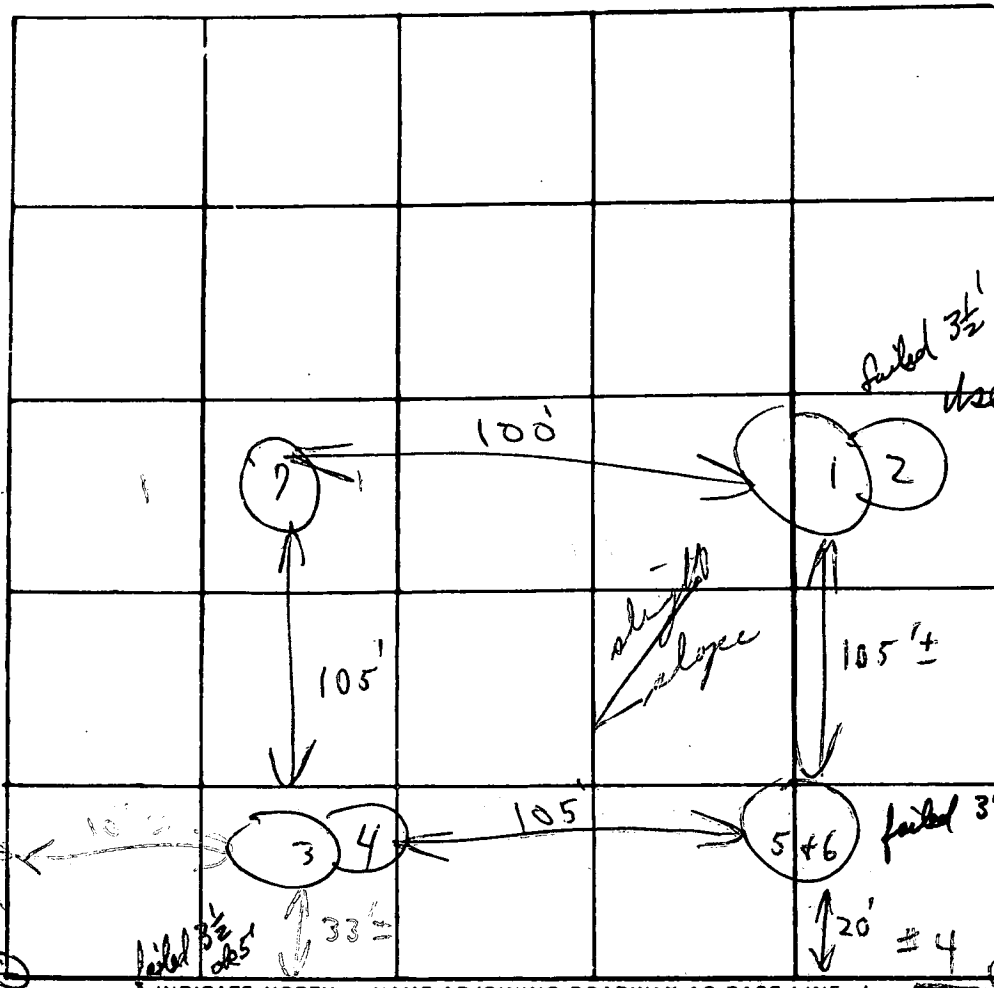
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

BLDG. PERMIT SIGNED  
AND RETURNED 9/24/95  
Serial # 58543  
SFD-4 Bedrooms

# THIS IS NOT A PERMIT

*Crusty*  
*Beland*  
*M. Lee*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

*Murphy Rd.*

| DATE    | TEST NO. | DEPTH   | PRE-WET                  |       | TEST - 1" DROP |       | TIME                        |
|---------|----------|---------|--------------------------|-------|----------------|-------|-----------------------------|
|         |          |         | START                    | STOP  | START          | STOP  |                             |
| 6/21/77 | 1 B      | 3 1/2'  | 10:41                    | 10:41 | 10:41          | 10:41 |                             |
|         | 2        | 12'     | 10:42                    | 10:47 | 10:47          | 10:56 | 9 min                       |
|         | 3 A      | 3 1/2'  | 10:47                    | 10:47 | 10:47          | 10:47 | at 10:45<br>little<br>noise |
|         | 4        | 12 1/2' | 10:27                    | 10:29 | 10:29          | 10:33 | 4 min                       |
|         | 5 A      | 3'      | 10:30                    | 10:30 | 10:50 1/2"     | 10:50 | little of no perc           |
|         | 6        | 12'     | 10:30                    | 10:38 | 10:34          | 10:41 | 7 min                       |
|         | 7        | 12'     | Visual similar to others |       |                |       |                             |
|         | 3 B      | 5'      | 12:23                    | 12:25 | 12:25          | 12:29 | 4 min                       |
|         | 5 B      | 5'      | 12:22                    | 12:24 | 12:24          | 12:28 | 4 min                       |
|         | 1 B      | 5'      | 12:16                    | 12:18 | 12:18          | 12:21 | 3 min                       |

*Inlet 4*  
*at 10:45*  
*little noise*

*inlet 4 effective*

REMARKS Area tested in open field 6/21/77

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. B. L. ALSO PRESENT: School + men

VE DATA 2 to 3

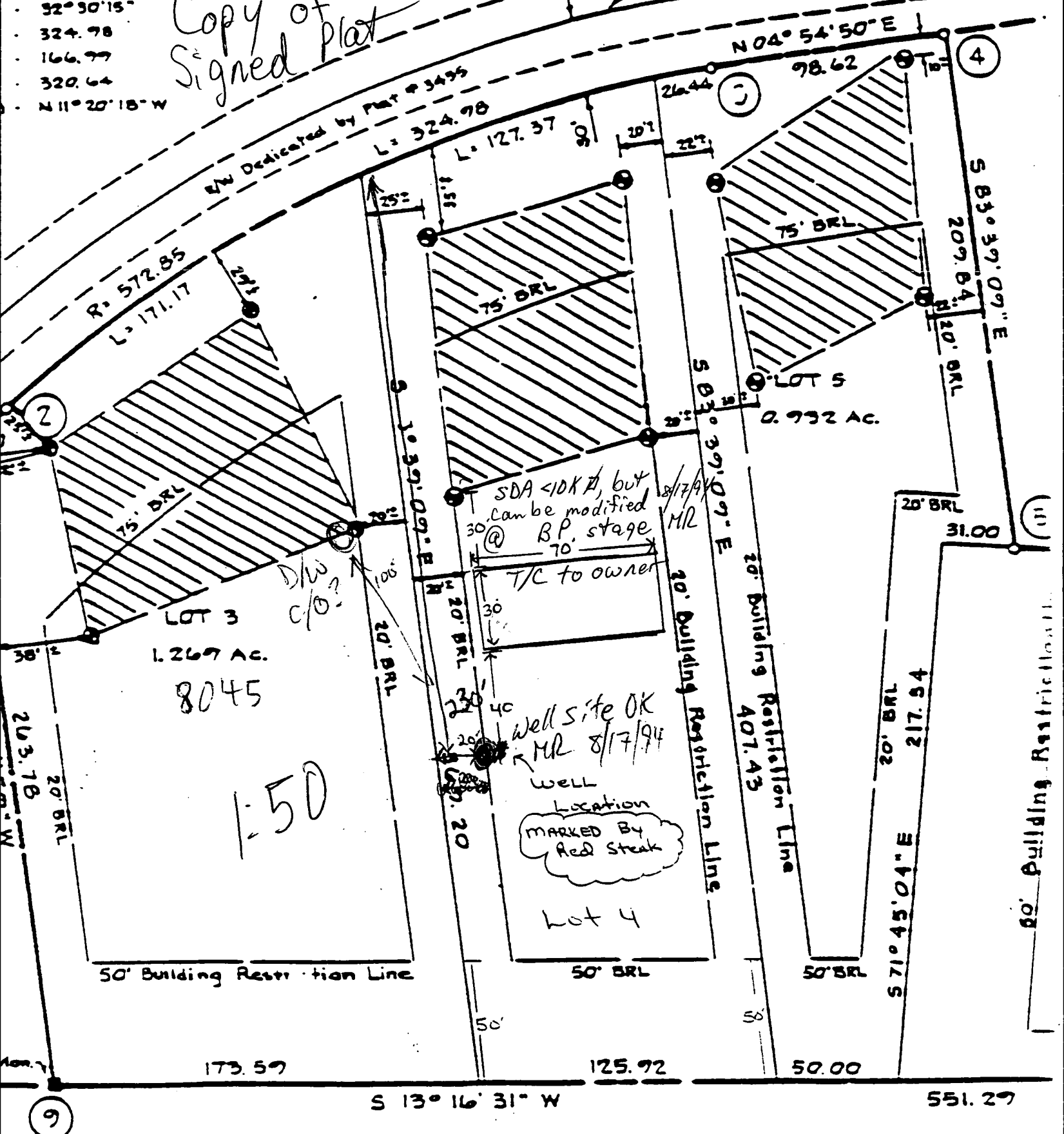
H 301-498-5325

W- 301-206-8516

Copy of Signed Plat

- 572.85
- 32°30'15"
- 324.98
- 166.99
- 320.64
- N11°20'18"W

MURPHY ROAD



Joel Kline, Trustee  
502/117

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

5185-13

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

8041 Murphy Rd.  
Fulton, MD 20759

GRADING/SEDIMENT CONTROL  YES  NO

DESCRIPTION OF WORK AUTHORIZED

Building a Single Family Dwelling - Modular 2-Story with 1 Basement 4 Bedrooms 2 1/2 Baths Attached (2) Car Garage

| LOT NO. | PARCEL NO. | SEC. | AREA | BLOCK NO. | LIBER. | FOLIO |
|---------|------------|------|------|-----------|--------|-------|
| 4       | 325        | N/A  | N/A  | 2         |        |       |

| SUB DIVISION  | ZONE | ZONE MAP | ELEC. DIST. | CENSUS TR. |
|---------------|------|----------|-------------|------------|
| MARIA WALTERS | RR   | 46       | 5           | 605        |

OWNER NAME AND ADDRESS  
James C. Croston Jr. Croston  
9571 Lankford Rd.  
Lynch, MD 20723

PHONE NO. 410-498-5225

OCCUPANT'S NAME AND ADDRESS  
Same as above

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
EXCELL Manufactured Modular Structures  
Box 682  
Lynch, MD 20723

PHONE NO. (717) 444-2395

CONTRACTOR'S NAME AND ADDRESS  
James C. Croston Jr. Same as owner  
9571 Lankford Rd.  
Lynch, MD 20723

PHONE NO. (201) 445-5225

EXISTING USE: VACANT LOT  
PROPOSED USE: Single Family Dwelling

EST. CONSTRUCTION COST: 130,000.00  
LICENSE NUMBER: [blacked out]  
PERMIT FEE: [blacked out]

| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
|---------------|-------|-------|--------|
|               |       |       |        |

| TYPE OF BLDG. | AREA | VOLUME | ROOF |
|---------------|------|--------|------|
|               |      |        |      |

| B. ROOMS | ROOMS | BATHS | FIREPLACES |
|----------|-------|-------|------------|
|          |       |       |            |

| FOOTINGS | FOUNDATION | S. WALLS |
|----------|------------|----------|
|          |            |          |

| UTILITIES | WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT | AC |
|-----------|------------|--------------|-----|-------------|--------------|----|
|           |            |              |     |             | Propane      |    |

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Signature: [blacked out]

TITLE: [blacked out]

DATE: 3-24-95

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

| FUNCTION          | DATE    | SIGNATURE APPROVAL |
|-------------------|---------|--------------------|
| ZONING/PLANNING   |         |                    |
| SHA               |         |                    |
| SEDIMENT/GRADING  |         |                    |
| BUILDING OFFICIAL |         |                    |
| WATER & SEWER     |         |                    |
| HEALTH DEPT.      | 3-24-95 | Amy M. Miller      |
| FIRE PROTECTION   |         |                    |
| STORM WATER MGM   |         |                    |

### CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED

DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - SHA

**C1 4511** SEQUENCE NO. (DENV 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 **A25951**

\*ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**083094**

Depth of Well  
**300**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**H0-94-0168**

OWNER **Croston James**  
 STREET OR RFD **Murphy Rd**  
 SUBDIVISION **WALTER PROP.** SECTION \_\_\_\_\_ TOWN **Fulton** LOT **4**

**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    | 80  |                        |
| GRAY MICA ROCK                                | 80   | 300 |                        |

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **27** NO. OF POUNDS **2320**  
 GALLONS OF WATER **126** **162**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **75** 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) **84**

**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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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.

DRILLERS IDENT. NO. **24**  
**Joseph L. Mayne**  
 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

**C2**

| E A C H S C R E E N | DEPTH (nearest ft.) |            |
|---------------------|---------------------|------------|
|                     | 1                   | 2          |
| 1                   | <b>H0</b> <b>82</b> | <b>300</b> |
| 2                   |                     |            |
| 3                   |                     |            |

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

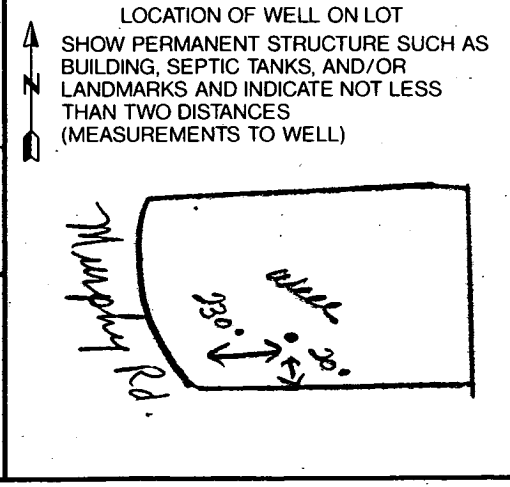
GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL INSERT  IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **605**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **49**  
 WHEN PUMPING **260**  
 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 \_\_\_\_\_ 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 } LAND SURFACE **2** (nearest foot)  
**-** below }







2 to 3

H 301-498-5225

W- 301-206-8516

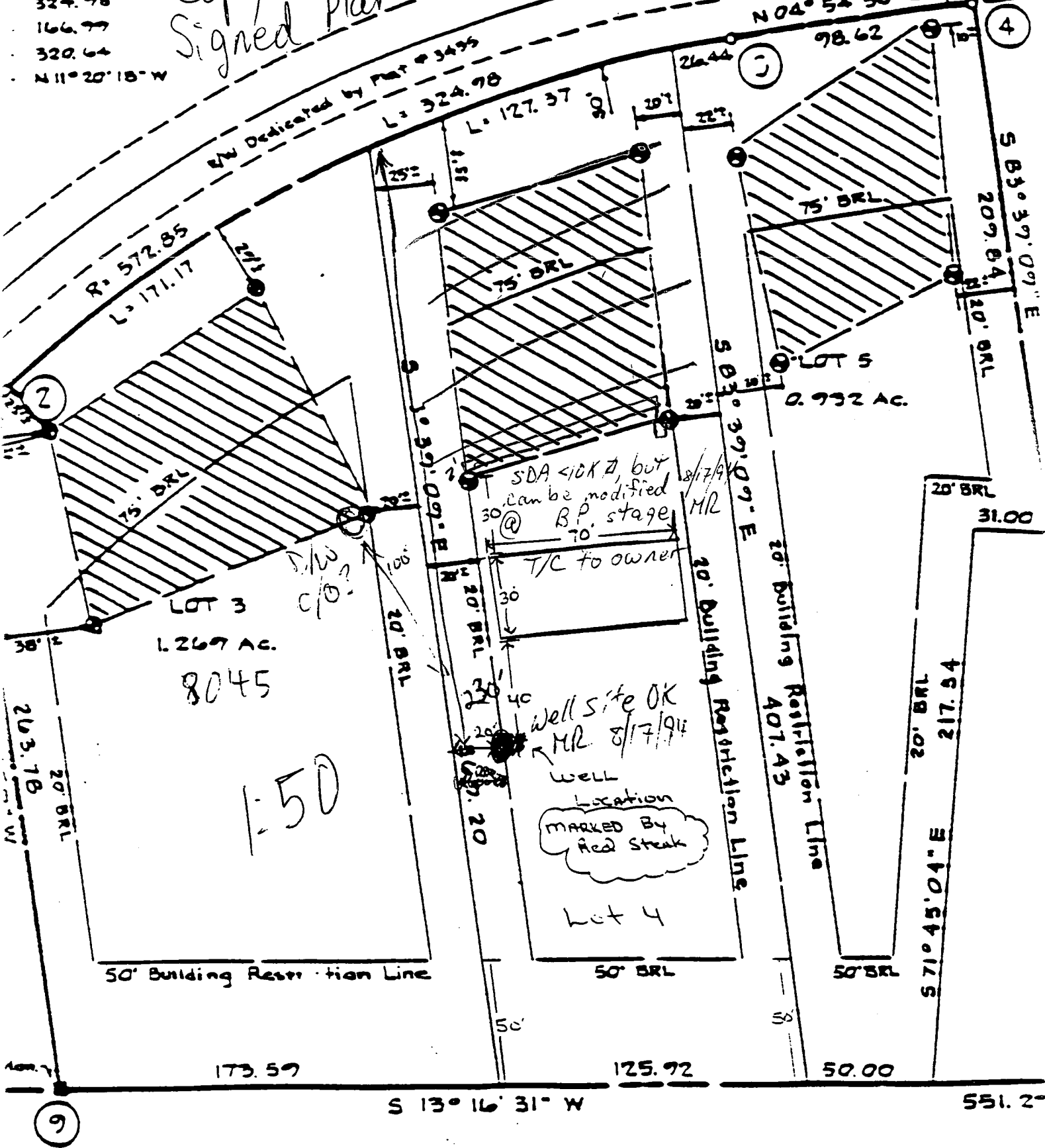
MURPHY ROAD

2.85  
2°30'15"  
324.98  
166.99  
320.64  
N 11°20'18" W

Copy of Signed Plat

D/W Dedicated by Plat # 3495  
L = 324.98  
L = 127.37

N 04° 54' 50" E



SDA <10K, but  
can be modified  
@ B.P. stage  
8/17/94 MR  
T/C to owner

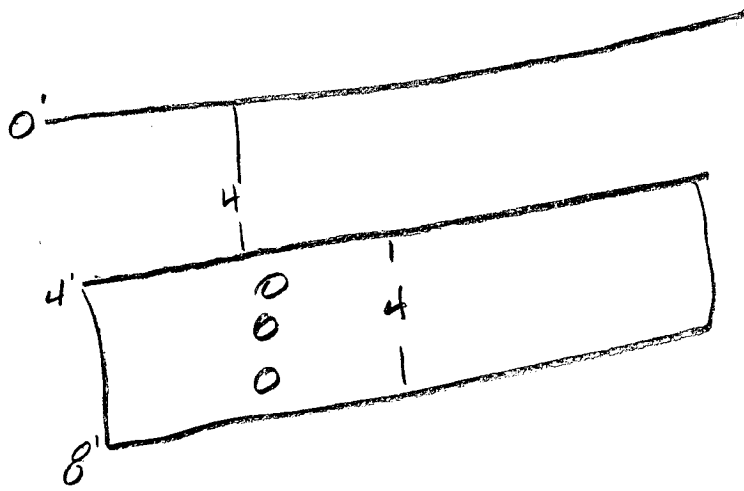
Well site OK  
MR 8/17/94  
Well  
Location  
MARKED BY  
Red Steak

LOT 3  
1.269 AC.  
8045

LOT 5  
0.992 AC.

Lot 4

Joel Kline, Trustee  
502 / 117



B 1 **7308** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

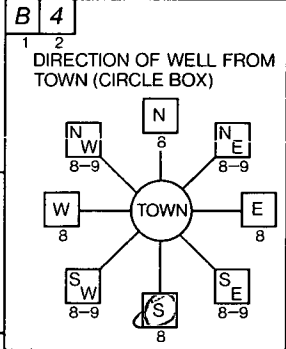
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-94-0168**  
 fill in this form completely

Date Received (APA) **080494**  
 OWNER INFORMATION  
 Last Name **CROSTON** Owner **JAMES R** First Name  
 Street or RFD **9571 WHISKY BOTTLER RD**  
 Town **LHURCK** State **72** Zip **2123**

B 3 LOCATION OF WELL  
 COUNTY **HAWK**  
 SUBDIVISION **WALKER PROPERTY**  
 SECTION **44** LOT **4**  
 NEAREST TOWN **FULTON**  
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION  
 Driller's Name **Joseph L. Mayne** License No. **24**  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph L. Mayne** Date **8/4/94**



**Murphy Road**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **230** FT  
 ENTER FT or MI **FT**

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  
 COUNTY NAME **Howard** COUNTY NO. **A25451**  
 STATE SIGNATURE **Mark E. Rifkin** DATE ISSUED **8/17/95**  
 NORTH GRID **479000** EAST GRID **0822000**

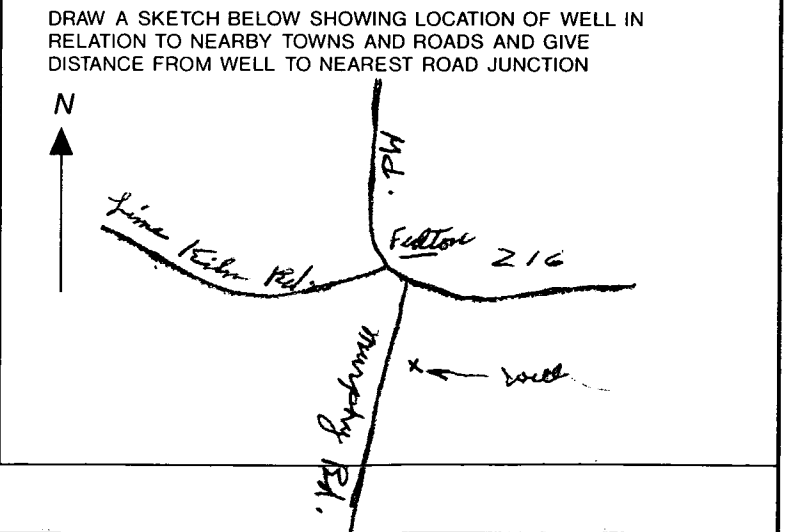
APPROXIMATE DEPTH OF WELL **300** FEET

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 **11:5 AM S:11**

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 **8222**  
 N **479**  
 10:00 ± 8-30-94 Grant  
 84' casing  
 25 open  
 27 bags  
 Alum

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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **40-94-0168**



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-94-0168**

SPECIAL CONDITIONS

5-16-95  
WPI OK  
49" below grade  
A. McMillen

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 5-11-95

Name of Installer Roland W. Barnhart Jr.

Telephone 848-5630

License Number # 24

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner JAMES CROSTON

Telephone 498-5225

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well Tag # 94-0168

Site Address 8041 Murphy Rd.

|   |  |                          |
|---|--|--------------------------|
| <b>Pump</b>   | <b>Motor</b>                               | <b>Pitless Adapter</b>   |
| 1. Type   | 1. Horsepower <u>3/4</u>                   | 1. Make <u>MARTINSON</u> |
| a. Deep well jet _____  | 2. RPM _____                               | 2. Model # <u>B-10X</u>  |
| b. Shallow well jet _____   | 3. Voltage _____                           | 3. Depth _____           |
| c. Submersible <input checked="" type="checkbox"/>  | a. 110 _____                               |                          |
| 2. Make <u>STA-Rite</u>   | b. 220 <input checked="" type="checkbox"/> |                          |
| 3. Model # <u>7P4D02TL-03</u>   |  |                          |
| 4. Capacity <u>7</u> GPM  |  |                          |
| 5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____  |  |                          |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____  |  |                          |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____ |  |                          |

**Tank**  
1. Capacity Well Extrol 203  
2. Pressure relief valve? YES

**Piping**  
1. Type 1/2" Opd Gold Line  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 275 FT.

**Well data**  
1. Depth 300 ft.  
2. Yield 6 1/2 GPM  
3. Static water level 49 ft.  
4. Will water supply be disinfected by installer? YES

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: Roland W. Barnhart Jr.

Date: 5-17-95

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