

05-404932

9/14/pm

PERMIT

P 39452

A 38090

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 6th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 6/12/87

DATE SYSTEM APPROVED 2/2/87

INSPECTOR RH

{ I.C.O.P.
Time expired }

Samuel Lyons IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 8750 Old Columbia Rd LOT 1

PROPERTY OWNER Larry H & Joyce Iager

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 187 sq. ft. per bedroom. Trench to be 2 feet wide. 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.

LOCATION - Beginning from the left front lot corner, place 1st trench 200 feet down the left (338.00') lot line and 80 feet off the left lot line as seen when facing property from Old Columbia Road. Run trenches along contour left rear lot corner.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/SA

PLANS APPROVED BY B. Nixon DATE 6/12/87

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 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 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.

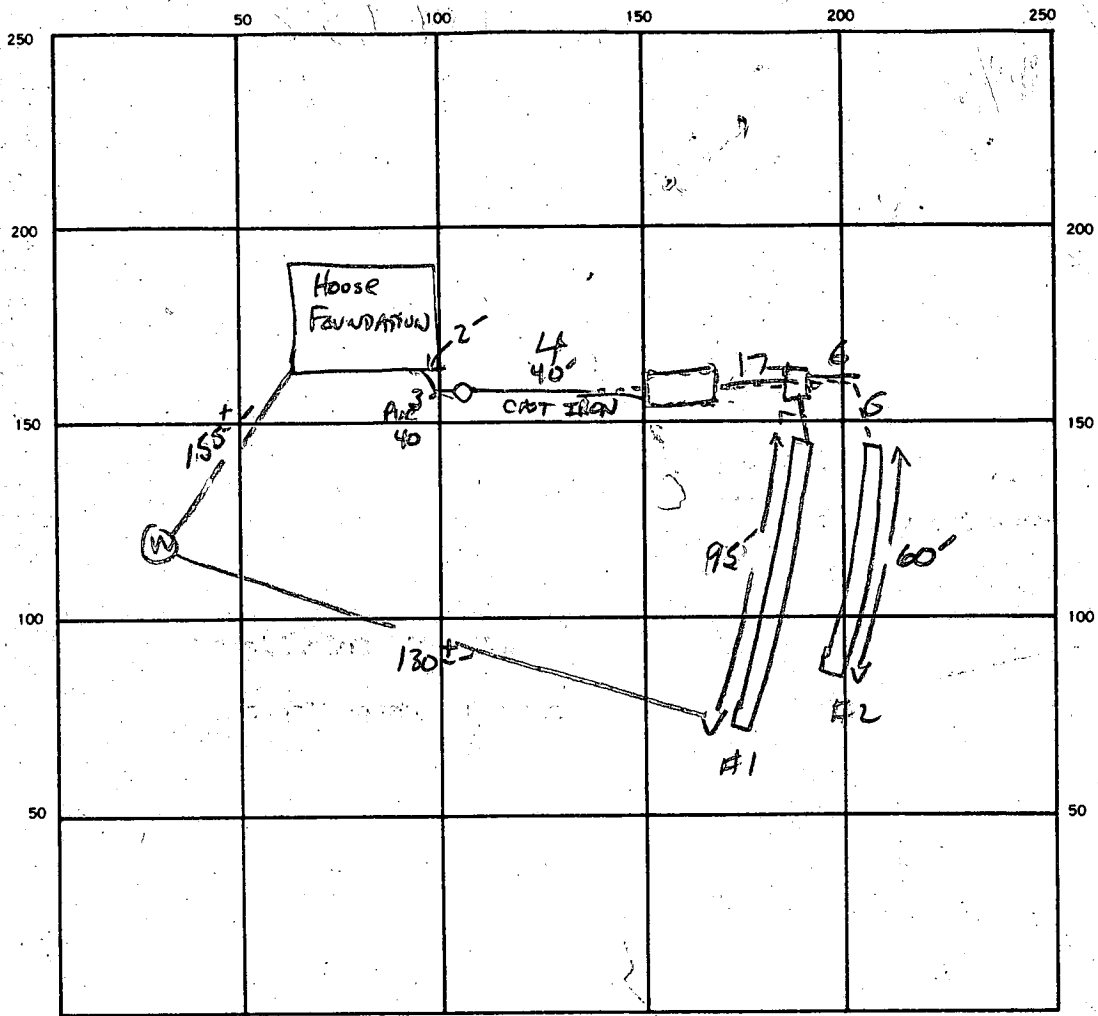
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

Handwritten signature/initials

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE
 OLD Columbia Rd.

SEPTIC TANK LEVEL 1500 CLEANOUTS AT House ST
TO DE OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD TILE FIELD DEPTH 1+2 8-9 FT. TRENCH WIDTH 1+2 2 FT. INLET DEPTH 1+2 4 FT.

EFFECTIVE GRAVEL DEPTH 1+2 4 FT. TOTAL LENGTH 1 95 2 60 TOTAL 155 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 620 SQ. FT.

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

ABSORBENT AREA 620 SQ. FT.

REMARKS 9/9/87 OK TO STONE ALL TRENCHES LEAVE END OPEN. S&W

9/10/87 OK TO FINISH BOTH TRENCHES; SET DB + TANK + call for final. S&W

9/14/87 TANK SET TO 6 FT DEEP IN GROUND & HAS CLEANOUT

NOT MAN HOLE HOWEVER GROUND TO BE CUT AT

TANK. CALL FOR INSPECTION AFTER GROUND IS CUT.

OK TO COVER SYSTEM 2/2/88 owner confirmed ground cut

away & go to grade as present

DATE SYSTEM APPROVED 2/2/88 INSPECTOR B. Wilson 623 was cut away

Preliminary
12/12/86
1:30

APPLICATION

PERCOLATION TESTING

A 38090
P _____

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

11/21/86
Review C
OK to process
S. Abel

DISTRICT _____
DATE 11/24/86
MUST BE
200' FROM RAY STAGAN

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.
Howard L. and Clara F. Iager

PROPERTY OWNER _____
ADDRESS 8564 Old Columbia Rd., Laurel, Md. 20707 PHONE 725-0643

PROSPECTIVE BUYER Gift to Son and His Wife, Larry H. and Joyce K. Iager
ADDRESS 8564 Old Columbia Rd., Laurel, Md. 20707 PHONE 776-6622

PROPERTY LOCATION:
SUBDIVISION Personal Residence LOT NO. 1
ROAD AND DESCRIPTION North West Corner of Old Columbia Rd. and Harding Rd.

TAX MAP 46 PARCEL # 228 229
SIZE OF LOT 2 Acre TYPE BLDG. Single Family Dwelling
(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.
Howard L. Iager Clara F. Iager 11-21-86
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

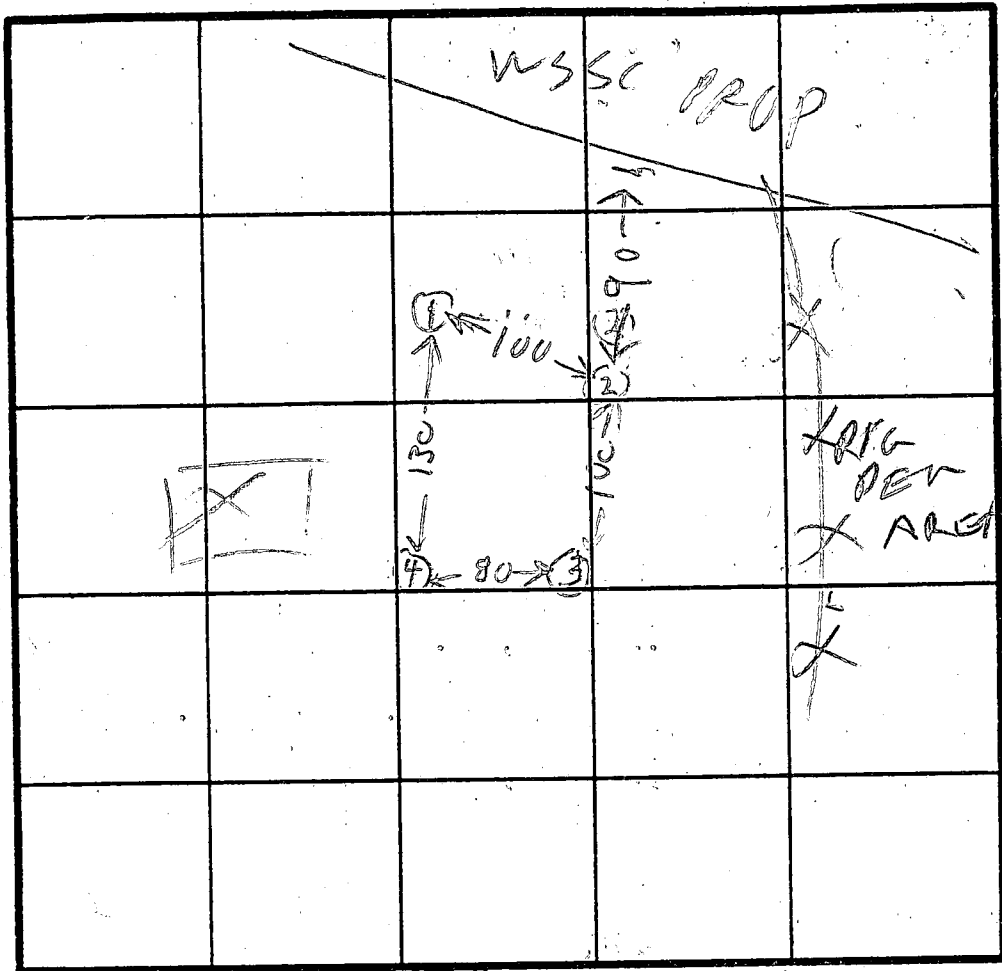
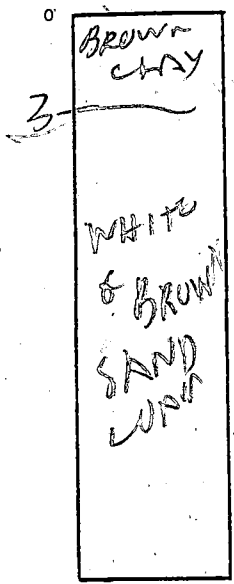
REASONS FOR REJECTION OR HOLDING 12/12/86 Perc OK Hold for Certified Hole
Plant R/H must send to own letter

BLDG. PERMIT SIGNED
AND RETURNED 2/12/87
S. Abel

THIS IS NOT A PERMIT

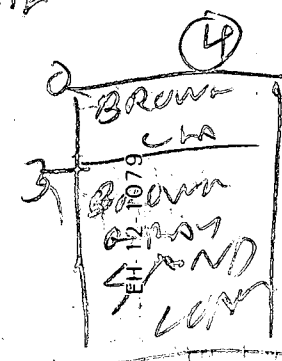
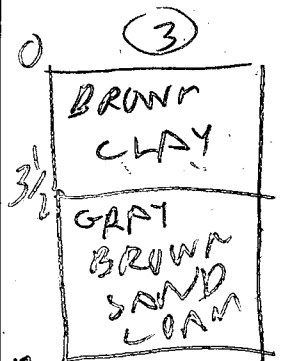
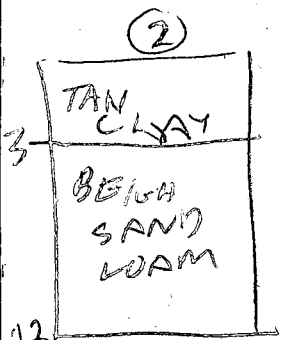
BP 13410

SOIL PROFILE



HOLE
①④ = HIGH
②③ = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
OLD COLUMBIA RD to RT 29



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/1/86	15	4.5	145	150	150	203	13
	17	7	145	148	148	151	
	IV	12	OK				
	25	4	152	153	153	154	1
	26	12	OK				
	35	4.5	159	202	202	205	1
	36	12	OK				
12/1/86	44	12					

REMARKS HOLES OVER 200 FT FROM STREAM

TYPE OF SOIL _____

TESTED BY R HODGES ALSO PRESENT Jigger

HOWARD E. FROEN
8564 Old Columbia Rd.
LAUREL, Md 20807
725-0643
776-6622

W.S.S.C. WOODS

BGTE
POLE
347469

BGTE
BOX

PIPE STAIR

6-70' TOTAL

165 ft.

PROPOSED
2 AC ±

PROPOSED 2 AC ±
HOME #2

71+C
MEDIAN
HOME
PROPOSED
2 AC ±

HOME #1

H S
C O U N
D S I
E T

115' TOTAL

0
347468

Old Columbia Rd

ACCESS RD. 2 HOMES

TRAILER

TENANT
HOMES

8564 Old Columbia Rd
FARM
HOUSE

Old Columbia Rd.

ORIGINAL 10-15-86

Rocky Cerge

E

N →

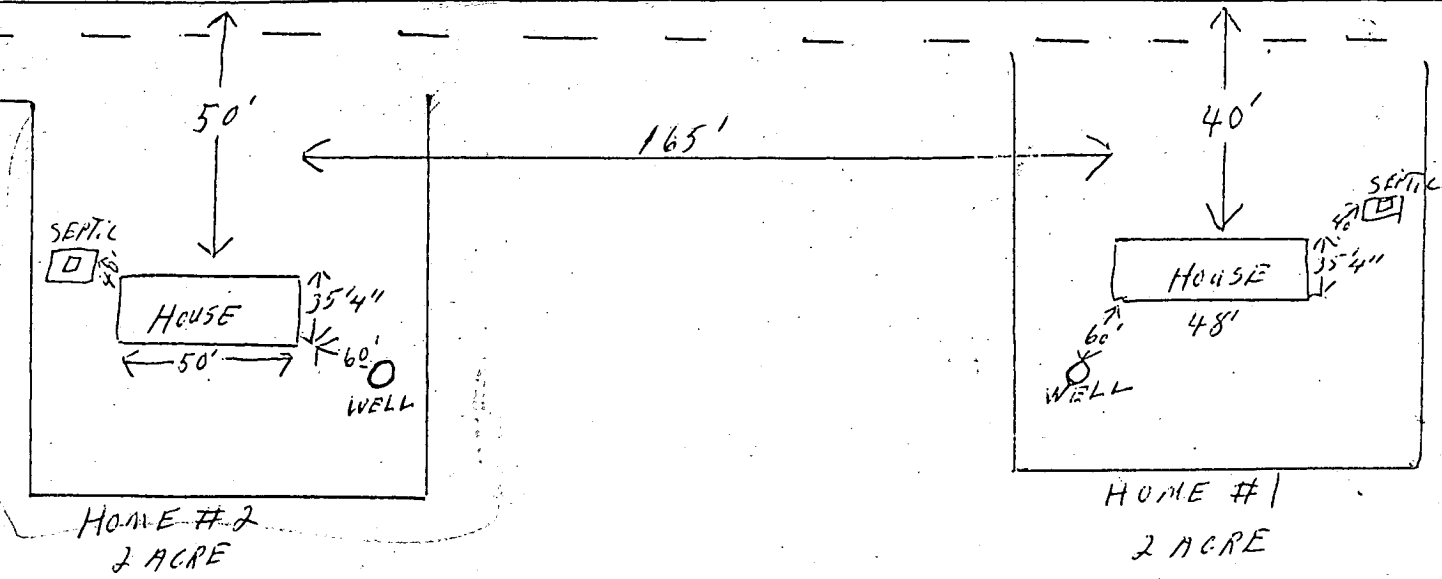
PAUL
PARTZ
LOG
HOME

HARDING RD

HOWARD L. LAGER
8564 Old Columbia Rd
LAUREL MD 20707
725-0643
776-6622

W. S. S. C. WATERSHED

↑
25' PIPE STEM



HOME #2
2 ACRE

HOME #1
2 ACRE

N →

E

SITE PLAN

LOTS 1 AND 2
 OLD COLUMBIA ROAD F-87-158
 IAGER ESTATES
 TAX MAP 46 PARCEL 229
 PLAT P&E
 6TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE 01/29/87

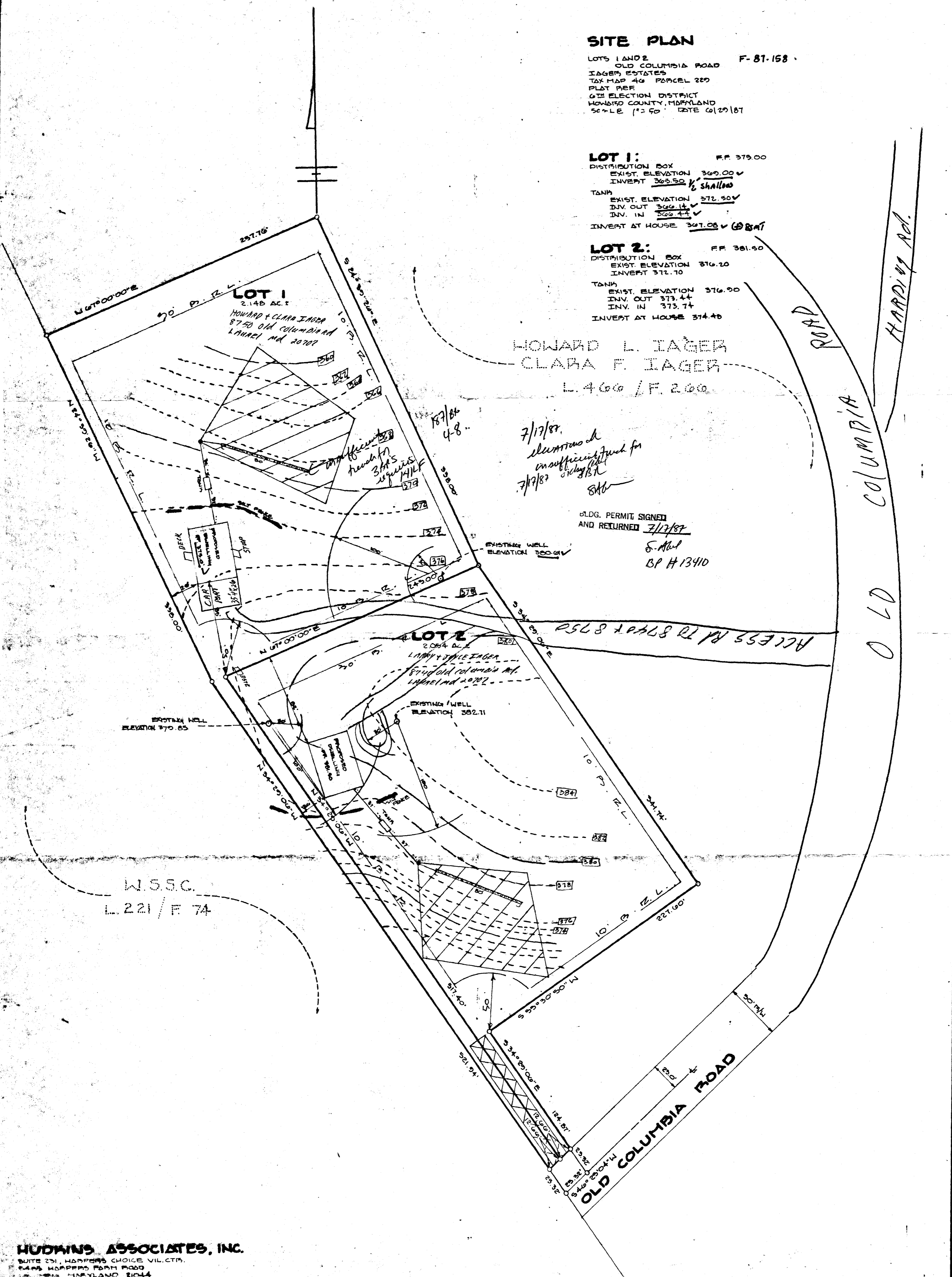
LOT 1: F.F. 379.00
 DISTRIBUTION BOX
 EXIST. ELEVATION 369.00 ✓
 INVERT 363.50 1/2' shallow
 TANK
 EXIST. ELEVATION 372.50 ✓
 INV. OUT 366.44 ✓
 INV. IN 366.44 ✓
 INVERT AT HOUSE 367.08 ✓ (SAT)

LOT 2: F.F. 381.50
 DISTRIBUTION BOX
 EXIST. ELEVATION 376.20
 INVERT 372.70
 TANK
 EXIST. ELEVATION 376.00
 INV. OUT 373.44
 INV. IN 373.74
 INVERT AT HOUSE 374.48

HOWARD L. IAGER
 CLARA F. IAGER
 L. 400 / F. 200

7/17/87
 elevations
 insufficient for
 8/17/87
 S.A.W.
 BP #13410

BLDG. PERMIT SIGNED
 AND RETURNED 7/17/87
 S.A.W.
 BP #13410

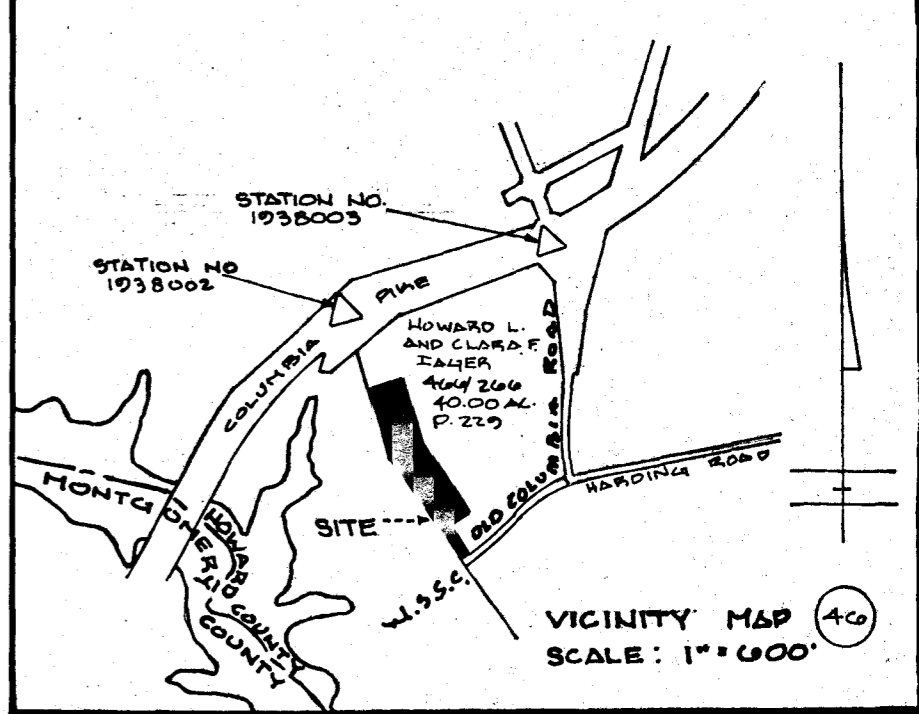
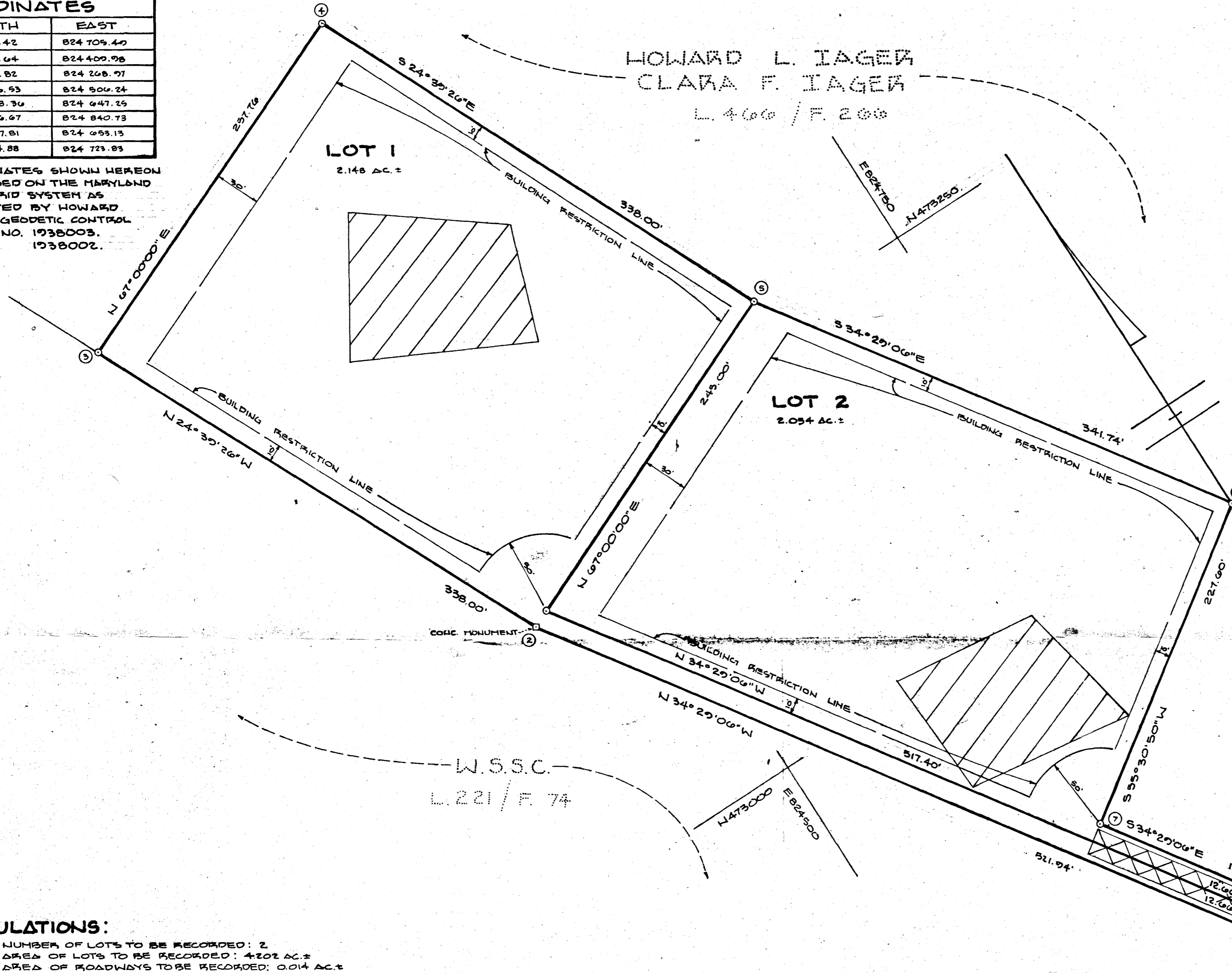


W.S.S.C.
 L. 221 / F. 74

COORDINATES

NO	NORTH	EAST
1	472 737.42	824 705.40
2	473 167.64	824 409.98
3	473 474.82	824 268.97
4	473 575.53	824 504.24
5	473 268.30	824 647.25
6	472 986.67	824 840.73
7	472 897.81	824 693.13
8	472 754.88	824 723.83

COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID SYSTEM AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATION NO. 1938003, 1938002.



- NOTES:**
- SUBJECT PROPERTY ZONED "R20" PER 8-2-1985 COMPREHENSIVE ZONING PLAN.
 - PROPERTY SUBJECT TO V.P. 81-86
 - THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 # AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THE EASEMENTS SHALL BECOME VOID AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND HYGIENE.
 - FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL, AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG AND PIPESTEM DRIVEWAY.
 - INDICATES IRON BORN SET.
 - 10' COMMON EASEMENT FOR DRIVEWAY FOR LOTS 1 AND 2. DRIVEWAY IS PRIVATELY OWNED AND MAINTAINED.

TABULATIONS:

TOTAL NUMBER OF LOTS TO BE RECORDED: 2
 TOTAL AREA OF LOTS TO BE RECORDED: 4.202 AC.±
 TOTAL AREA OF ROADWAYS TO BE RECORDED: 0.014 AC.±
 TOTAL AREA OF SUBDIVISION TO BE RECORDED: 4.216 AC.±

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

Joy M. Boyd, M.P.H. 5-27-87
 COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.

Uri P. Amir 6-19-87
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

George F. Nemy 6-17-87
 DIRECTOR DATE

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT. THAT IT IS A SUBDIVISION OF ALL OF THAT LAND WHICH BY DEED DATED THE 27th DAY OF MARCH 1967 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER. 406 AT FOLIO 260, ETC. WAS GRANTED AND CONVEYED BY C. AILEEN AMES, UNTO HOWARD L. IAGER AND CLARA F. IAGER, HIS WIFE, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Walter Park 3/3/1987
 WALTER PARK REG. PROF. L.S. NO. 9539 DATE

OWNERS CERTIFICATE

I, HOWARD L. IAGER AND CLARA F. IAGER, HIS WIFE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS FINAL PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINAGE, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREETS, RIGHTS-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE BEDS OF THE STREETS AND ON ROADS, AND FLOOD PLANS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND ON ROADS, FLOOD PLANS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIRS AND MAINTENANCE AND; (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE CONSTRUCTED OR OVER SAID EASEMENTS AND RIGHTS-OF-WAYS. WITNESS OUR HANDS THIS 14th DAY OF MAY, 1987.

Howard L. Iager
 HOWARD L. IAGER
Clara F. Iager
 CLARA F. IAGER
Walter Park
 WITNESS

RECORDED AS PLAT NO. 1267 ON 6/24/87 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

SIGNED FILE COPY
IAGER ESTATES

LOTS 1 & 2
 TAX MAP 40 PARCEL 229
 6th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DATE: 3-3-87

ENGINEER:
 HUDKINS ASSOCIATES INC.
 231 HARRIS CHOICE VIL. CTR.
 5485 HARRIS FARM RD.
 COLUMBIA, MARYLAND 21044

B 1 **7211** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

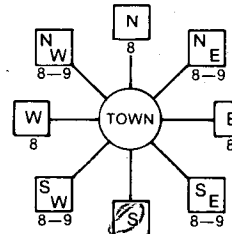
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

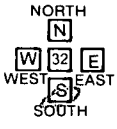
OEP PERMIT NUMBER
HO-81-2055
 fill in this form completely

Date Received **03/1/87**
 OWNER INFORMATION
IAGER F. **CLARA**
 85640 LDCOLUMBIA RD.
 LAURPL MD 20709

B 3 LOCATION OF WELL
HOWARD COUNTY
IAGER ESTATES SUBDIVISION
 SECTION **1** LOT **1**
SCAGGSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Joseph L. Magae 238 License No. 80
Joseph L. Magae WELL DRILLING Firm Name
 5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph L. Magae 3/11/87 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Old Columbia Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **585** FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **560**

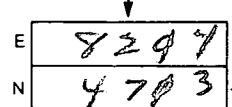
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH 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-38090**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **043087** CO SIGNATURE **Edmund M. ...** EXP. DATE **10-30-87**
 NORTH GRID **473000** EAST GRID **0824000**

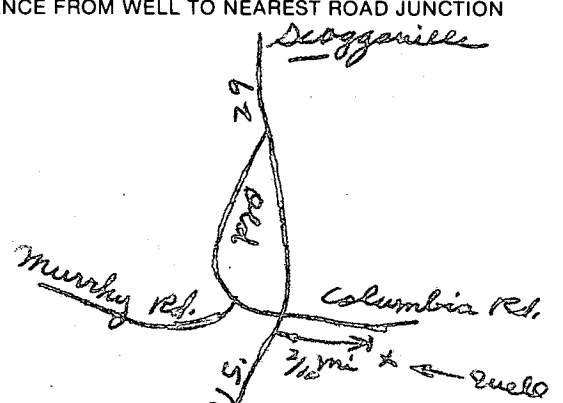
APPROXIMATE DEPTH OF WELL **260** FEET

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 _____

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

 000
 000

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) _____

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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-81-2055**

SPECIAL CONDITIONS

C1 **2413**
 (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 **A-38090**

DATE Received [] [] [] [] [] [] [] []
DATE WELL COMPLETED **050989**
Depth of Well **320** (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2055**

OWNER **JACK CCMA**
STREET OR RFD last name **607 Columbia Rd.** first name **JACK** **TOWN** **Seacove**
SUBDIVISION **JACK SITES** **SECTION** **LOT** **1**

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	35	
Gray Mica Rock	35	320	

Dry well 300'
 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 **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **34** ft.
 (enter 0 if from surface)

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

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

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

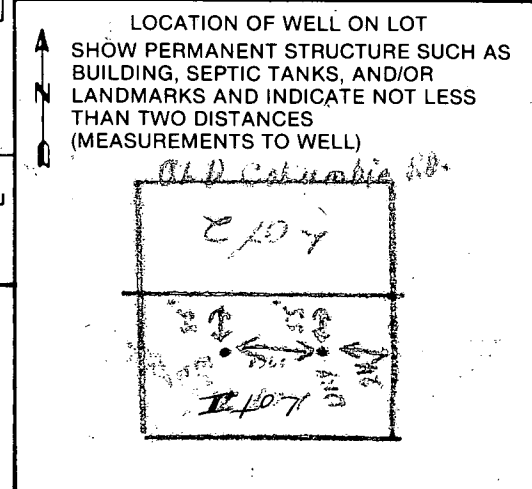
C2
 DEPTH (nearest ft.):
 EACH SCREEN 1 **HO** 2 **38** 3 **320**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2.2**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **47** WHEN PUMPING **23.2**
 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 (CIRCLE) 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) LAND SURFACE (nearest foot)



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. **238**
DRILLERS SIGNATURE *Joseph J. Mason*
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2055
 Location of property (road) OLD COLUMBIA RD.
 Subdivision JAGER EST. Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller J. MYRNE Owner CCARA JAGER

Depth of well 320
 Distance of measuring point (M.P.) above ground 2 1/2
 Static water level (S.W.L.) below M.P. 47

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gal
 Total time 45 min to reach pumping water level 232 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)
7:45	104'	5 min.		12
8:00	201	6	60 <u>2.2</u>	10
8:15	232	6	120	10
8:30	232	27	<u>120</u> 132.0	2.2
8:45	232	27	<u>2</u>	2.2
9:00	232	27	264 gal	2.2
9:15	232	27	232 <u>264</u> 541.5	2.2
9:30	232	27	47 <u>185</u> 232	2.2
9:45	232	27	<u>1.5</u> 925 185	2.2
10:00	232	27	<u>277.5</u>	2.2
10:15	232	27		2.2
10:30	232	27		2.2
10:45	232	27		2.2
11:00	232	27		2.2
11:15	232	27		2.2
11:30	232	27		2.2
11:45	232	27		2.2
12:00	232	27		2.2
12:15	232	27		2.2
12:30	232	27		2.2
12:45	232	27		2.2
1:00	232	27		2.2
1:15	232	27		2.2
1:30	232	27		2.2
1:45	232	27		2.2
2:00	232	27		2.2

LOT 1

Receipt # 39452
\$1000
JUNE 12

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 X Receipt # _____
Replacement _____ Date _____

Name of Installer SAMUEL LYONS Telephone _____

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

Name of Property Owner _____ Telephone _____
Subdivision _____ Lot # 1 Well Tag # WA-81-2055
Site Address 8750 OLD COLUMBIA ROAD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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: _____

Date: _____

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