

05-370302

10/14/87
2 P

PERMIT

P 40084

A 38890

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

DATE 4/8/87

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 4/15/87

INSPECTOR (Signature)

(INDEXED)

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Hallowells Addition ROAD 7061 Mink Hollow Rd LOT 9

PROPERTY OWNER James and Carol Conklin

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 gallons without garbage disposal
2000 GALLONS NUMBER OF BEDROOMS 4
WITH 80T

TRENCHES - 158 sq. ft. per bedroom with garbage disposal
193 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 feet below original
grade. Bottom maximum depth 8 feet below original grade. Effective area begins
at 2 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the trenches 35 to 45 feet behind the house already under construction.
Run the trenches along level ground parallel to the back of the house.

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

OK'd
(Signature)

PLANS APPROVED BY R. Hodges DATE 4/03/87

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

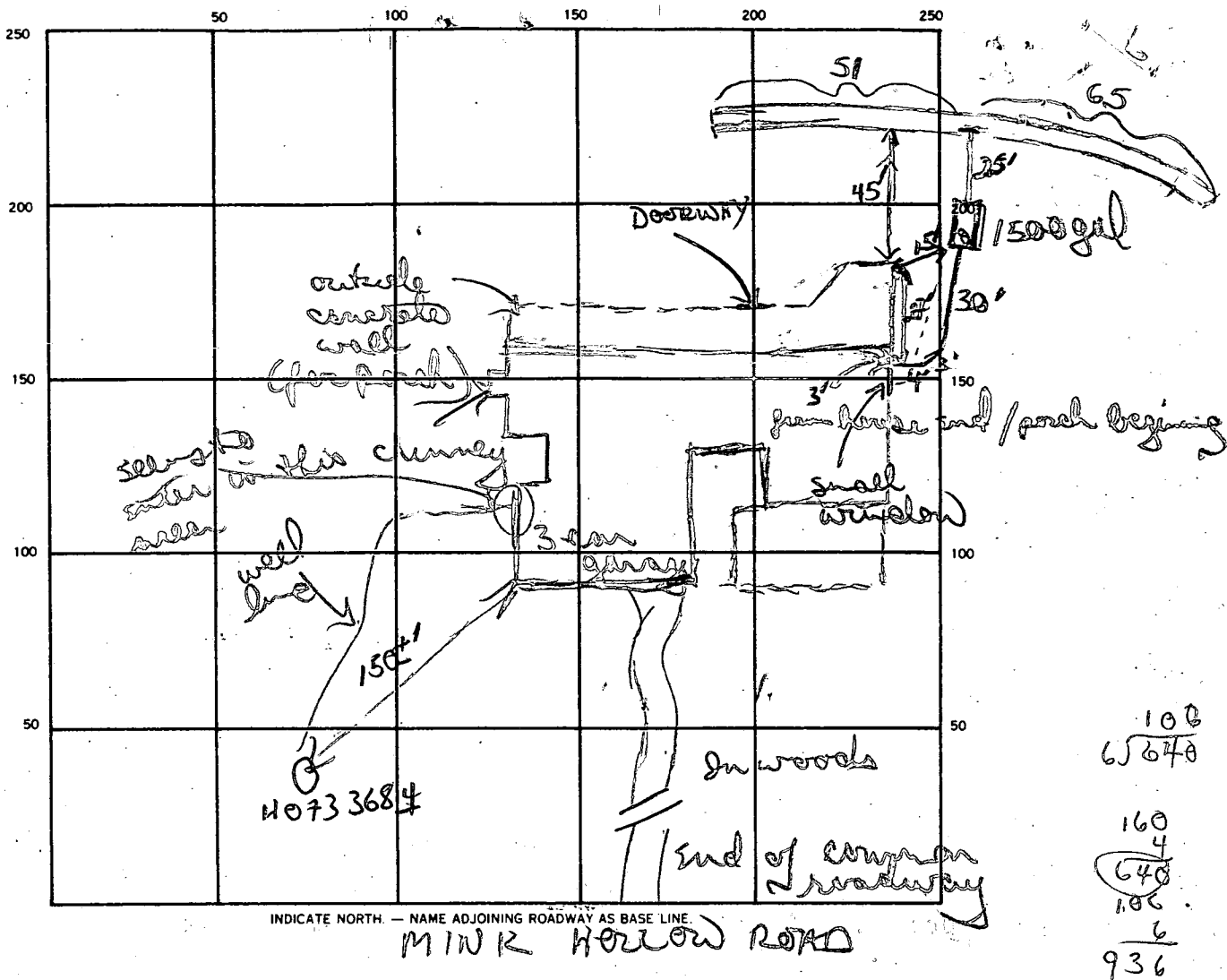
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A
58890
(Signature)

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE
 MINK HOLLOW ROAD

100
 636
 160
 4
 640
 100
 6
 936

SEPTIC TANK. LEVEL 1500 CLEANOUTS 1 S.T.

DISTRIBUTION BOX. LEVEL "T" into trench

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

EFFECTIVE GRAVEL DEPTH 6' FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 636 SQ. FT.

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

ABSORBENT AREA 636 SQ. FT.

REMARKS 10/14/87 OK to finish adding stone pipe paper to trench, OK to install tank lines etc to trench
10/15/87 OK to cover trench, OK to cover all other work
Partial W.P.I. done, OK to cover outside line.

DATE SYSTEM APPROVED 10/15/87 INSPECTOR B Wipon

4-3-87
1:30 PM

APPLICATION

PERCOLATION TESTING

A 38890

P _____

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

DISTRICT 5

DATE 3/10/87

Permits Called to Daniel Ostericher 3/7/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*As to process
3/9/87 SA*

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

PROPERTY OWNER JIM AND CAROL CONKLIN

APPLICANT (BLDR.) DANIEL OSTERICHER

ADDRESS P.O. BOX 23, DAYTON, MD. PHONE 854-2011

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: 7061 MINK HOLLOW RD.

SUBDIVISION HALLOWELL'S ADDITION LOT NO. 9

ROAD AND DESCRIPTION MINK HOLLOW A FEW MILES ON LEFT (~~FEW~~ MULTIPLE DRIVEWAYS AT END)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5 AC. + TYPE BLDG. SFD
(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.

Daniel Ostericher
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

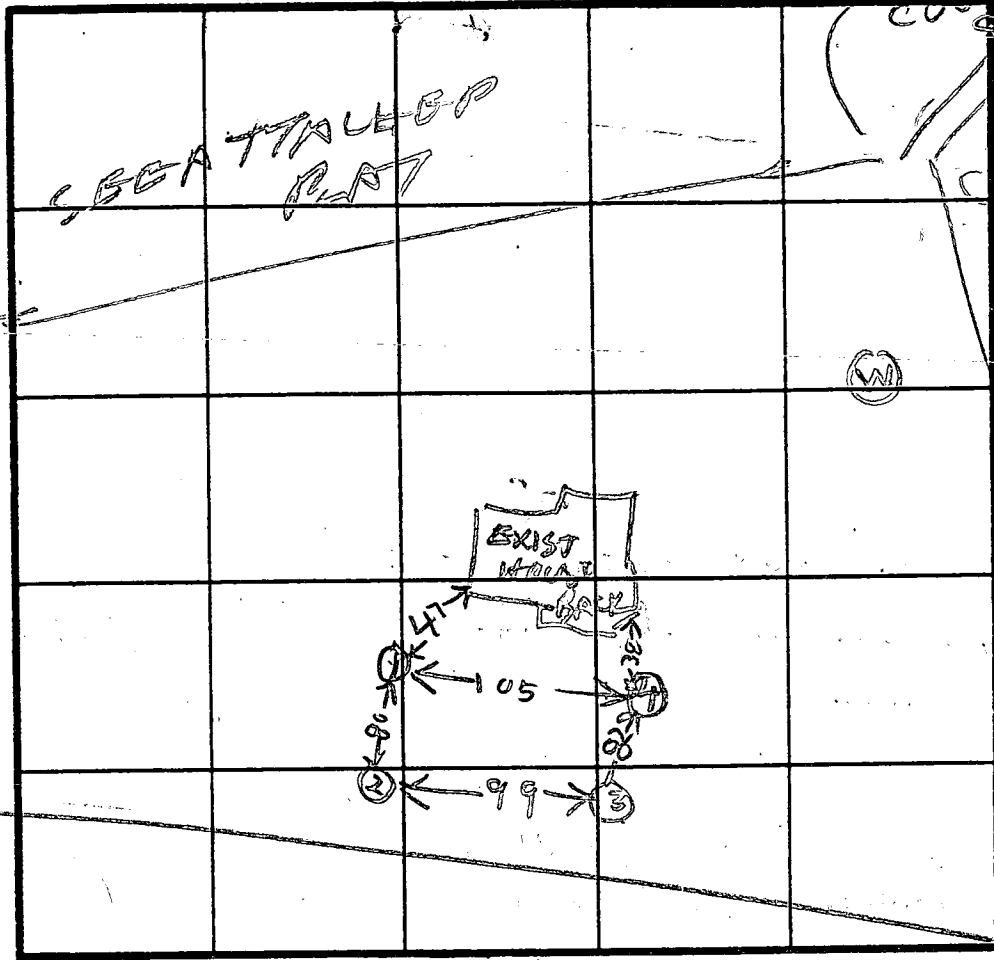
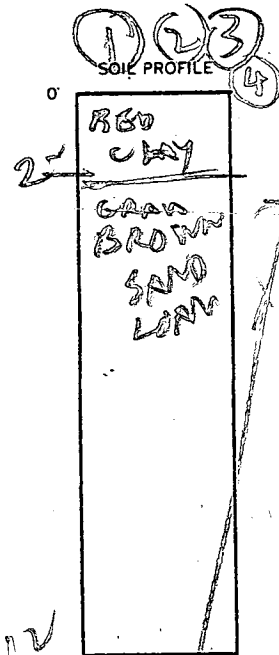
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/3/87 Retest OK New Spec APH

THIS IS NOT A PERMIT

RETEST



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/07	15	4	1208	1209	1209	1212	2
	17	8	1208	1200	1210	1213	3
4/3/07	IV	12.5	OK				
	25	6	1216	1218	1218	1222	4
	20	11	OK				
	35	5.5	1225	1226	1226	1227	1
	3V	12	OK				
	45	4	1228	1230	1230	1233	3
	4V	11	OK				

REMARKS RETEST HOUSE ALREADY STARTED. LOCATION OFF BACK OFF HOUSE

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT C. CISELL BACKUP
NANNY OSTERICHER
CONTRACTOR

4-12' Loled

APPLICATION

A 19276

Preliminary

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: 465-3000, EXT. 356

DISTRICT 5

DATE 11/3/73

4 Bedroom

Septic Tank - 1200 gal.

Drain Well - 400 sq' absorbent side of area to be in below the first 4' of aug. grade. Max depth permitted to be in 12' below aug. grade

Place the Well 2' 2" from front lot line (not of aug) + 105' from left sidewalk as seen when flying from the front.

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.

Kathy Hendry JAMES CONKLIN
Richard Hallowell (contract owner)

PROPERTY OWNER _____

ADDRESS 7131 Mink Hollow Rd, Highland, Md. 20777 PHONE 286-2988

PROPERTY LOCATION: 11249A Snow Flake Court
Columbia, Md. 21044

SUBDIVISION _____ *Parcel 9*
LOT NO. 9

ROAD AND DESCRIPTION On E. side of Mink Hollow Rd approximately 400'

N. of Gardner Lane 7061 MINK Hollow Rd.

SIZE OF LOT #9 - - 5.461 acres 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 *Richard Hallowell*

APPROVED BY *FJA BDM* FOR *Reginald* DATE 1/21/74
(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: 11/14/80

S. Abel

BP# 8916

THIS IS NOT A PERMIT

APPLICATION

A 19276

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: 468-8000, EXT. 356

DISTRICT 5

DATE 11/13/73

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 Richard Hallowell (contract owner)

ADDRESS 7131 Mink Hollow Rd, Highland, Md. 20777 PHONE 286-2988

PROPERTY LOCATION:

SUBDIVISION Parcel 9
LOT NO. 9

ROAD AND DESCRIPTION On E. side of Mink Hollow Rd approximately 400'
N. of Gardner Lane

SIZE OF LOT #9 - - 5.461 acres 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 Richard Hallowell

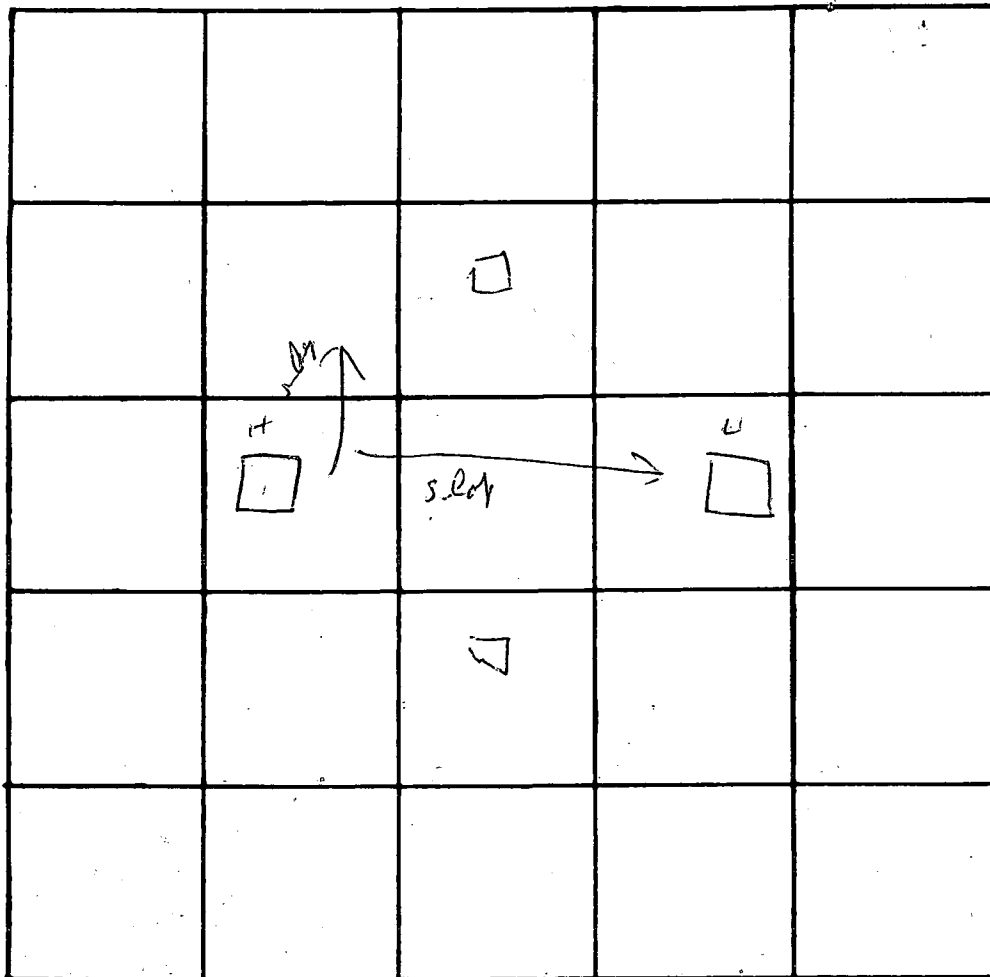
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

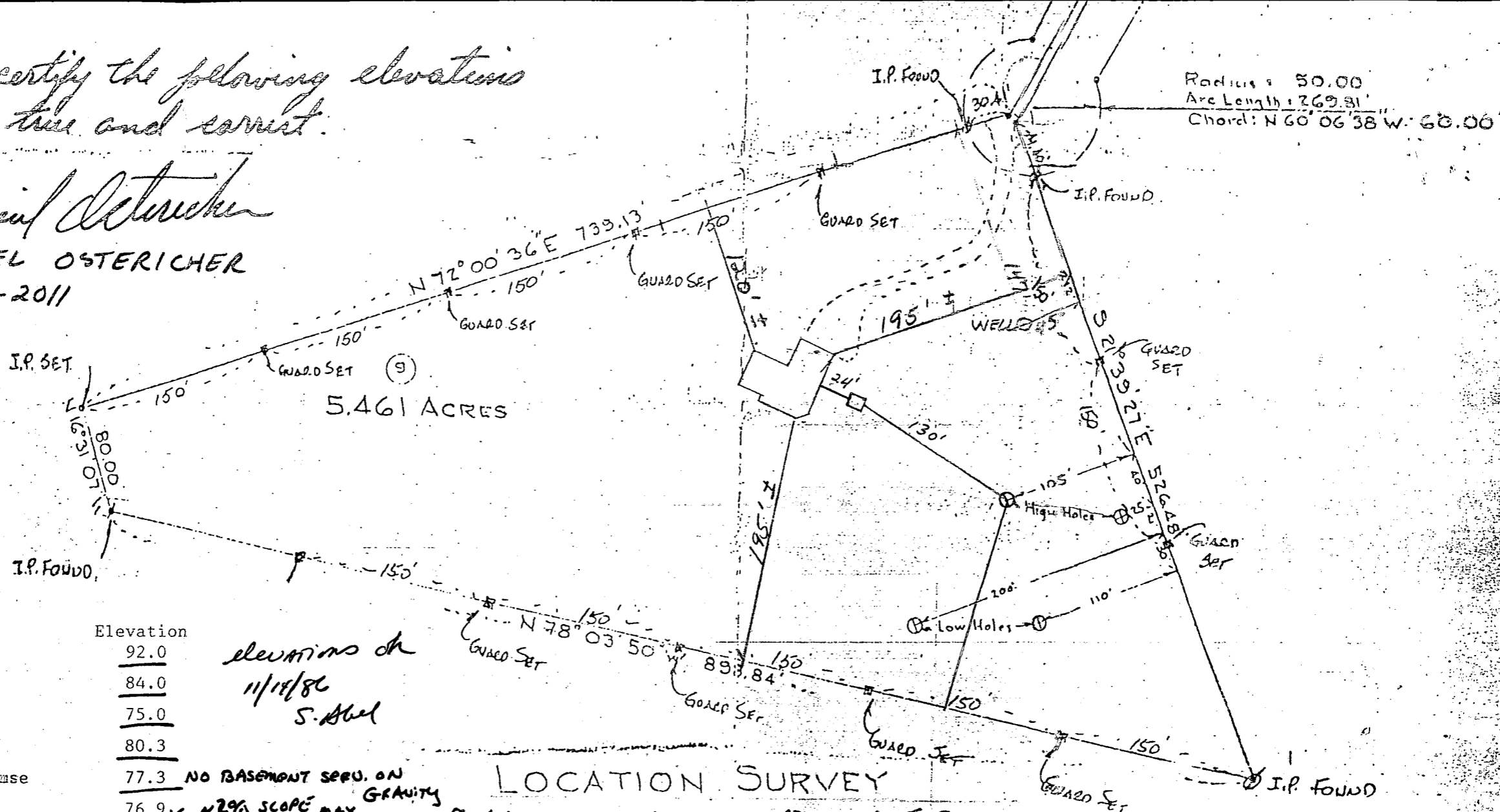
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-29-72	1	4 1/2	1035	1039	1039	1042	39 MIN
	1A	12	1035	1037	1037	1046	39 MIN
	2	11	1031	10 34	10 34	10 50	11 MIN
	2A	3	1031	1032	1032	1034	2 MIN
	3	VISCALS		OK			

REMARKS _____

TYPE OF SOIL _____

I certify the following elevations are true and correct.

Daniel Ostericher
DANIEL OSTERICHER
 854-2011



5.461 ACRES

	Elevation
Well	<u>92.0</u>
First Floor	<u>84.0</u>
Basement	<u>75.0</u>
Grade at House	<u>80.3</u>
Invert out of house	<u>77.3</u>
Invert into tank	<u>76.9</u>
Invert out of tank	<u>76.6</u>
Invert into dist. box	<u>75.0</u>
Grade at perc hole	<u>78.8</u>
INVERT INTO TROUGH	75.0 <u>74.8</u>

elevations on
11/14/86
S. Abel

NO BASEMENT SERV. ON GRAVITY
N 2% SLOPE MAX.
WILL NEED 450 STEPPING

LOCATION SURVEY
 7061 MINK HOLLOW RD. LOT 9

HALLOWELL'S ADDITION

FIFTH ELECTION DISTRICT OF HOWARD COUNTY

HIGHLAND, MARYLAND.

BLDG. PERMIT SIGNED
 AND RETURNED 11/14/86
S. Abel

SCALE: 1 IN. = 100 FT. NOVEMBER 6, 1973.

BP # 8916



MINK HOLLOW ROAD

N 43° 02' 12" E 70.38
 S 43° 02' 12" E 58.82
 N 43° 02' 12" W 51.17

N 43° 02' 12" W 30.57

S 05° 23' 38" E 312.81
 351.97
 355.40
 N 05° 23' 58" W 346.68

S 05° 33' 15" W 908.94
 896.89
 895.18
 888.30

RIGHT-OF-WAY FOR USE IN N. CONTINION

S 29° 53' 15" W 564.39
 N 29° 53' 15" E 552.24

Radius = 30.00
 Arc Length = 269.81
 Chord: N 60° 06' 38" W 60.00

N 72° 00' 36" E 739.13

5.461 ACRES

80.00
 N 65° 07' 11" W

N 78° 03' 50" W 898.84

PROP. WELL

High Hole

Low Hole

LOCATION SURVEY FOR

HALLOWELL'S ADDITION
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY
 HIGHLAND, MARYLAND.

SCALE: 1 IN. = 100 FT. NOVEMBER 6, 1973.

CONTRACT PURCHASER
 MR & MRS HEIDE HEIDEPRIEM

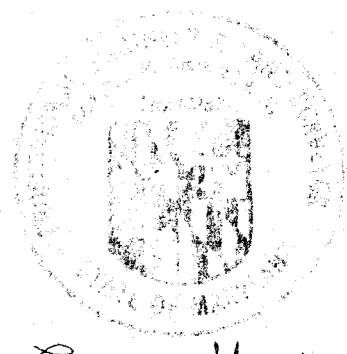
Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department

Approved: Private Water and Private Sewer

[Signature]
 Howard County Health Officer

1/16/74
 Date

⊙ Denotes permeation test hole (actual field location)



[Signature]

B 1 6581 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-73-3684
 FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 2/20

OWNER Heidepriem Kathy
 COL 15. LAST NAME FIRST NAME COL. 34

STREET OR RFD 11249A SNOWFLAKE COURT
 COL 36 COL.. 55

POST OFFICE Columbia Maryland 21044
 COL 57 COL. 76

9-4 PM
 9:30
 9/18/80

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE September 2/1980 LICENSE NUMBER 308
 77 80

Stanley W. Bollinger Jr.
 FIRST NAME DRILLER LAST NAME

SIGNATURE Stanley W. Bollinger Jr.

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY Howard 21
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION HOLLOWELLS ESTATES 42

SECTION _____ LOT 9 50

NEAREST TOWN Highland 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 MI 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Mink Hollow Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 150 MI 34 37 38 39

APPROXIMATE DEPTH OF WELL 145 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

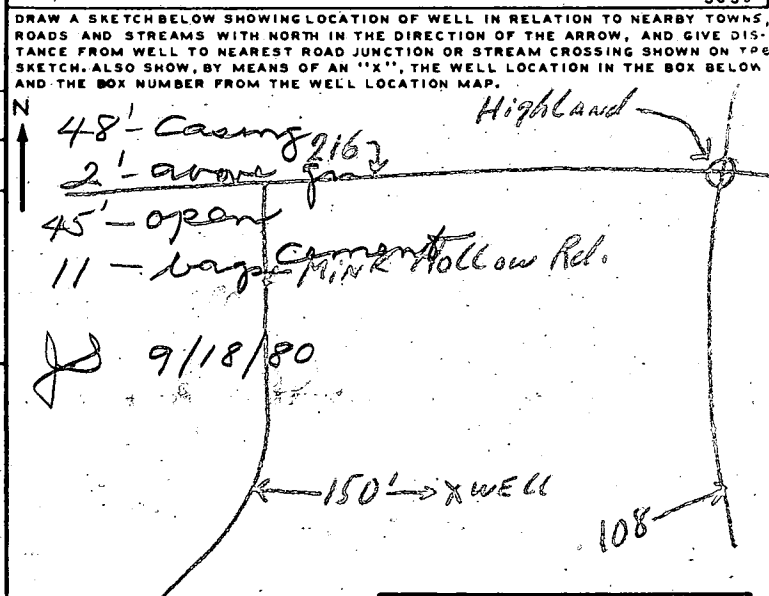
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____



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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____

FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

STATE HEALTH COUNTY NAME Howard COUNTY NO. A19276

DATE 9/18/80 MO. DAY YR.

APPROVED BY Fred Fronmelt
 Fred Fronmelt, Sanitarian

BOX NUMBER 800 4
480 8

NORTH COORDINATE 295000
 50 51 52 53 54 55

EAST COORDINATE 282000
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) _____ 65 66 67 68

WELL # _____

0/5 5/5

0/0 5/0

B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 4649 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

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

COUNTY NUMBER

Date Received: (WRA use only) 9/18/80 DATE WELL COMPLETED

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-73-35P4

OWNER Heidepriem Kathy last name first name STREET OR RFD 11249A Snow Flake Court TOWN Columbia 21044 SUBDIVISION Hollowell Est. SECTION LOT 9

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Brown Shale, Soft + Brown Mica mixed with boulders, Hard Br. Mica, Brown Mica, Blue Mica, Brown Mica, Blue Mica, Blue Mica, Blue Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO 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 45 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top(main)casing (nearest inch) 60 Total depth of main casing (nearest foot) 48

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

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

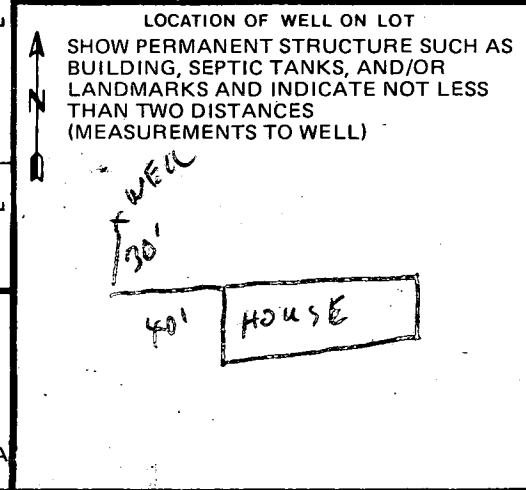
DEPTH (nearest ft.) HO 0 245 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 245 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 APPROPRIATE BOX) YES Y NO N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 below 2 (nearest foot)



CIRCLE APPROPRIATE BOX 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS IDENT. NO. 308 DRILLERS SIGNATURE Steve W. Ballinger SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

9/28/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

10/13/87
OK to cover
line for
well to
be used
(P)

New Installation
Replacement

Receipt # 39/86
Date 10/21/87

Name of Installer Kantner Plumbing & Htg Inc

Telephone 725-5000

License number 1862
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner James Crassell Conklin

Telephone _____
Subdivision _____ Lot # 9 Well tag # HO-73-3684

Site Address 7061 Mink Hollow Road

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

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

Pitless Adapter
1. Make Harvard
2. Model # _____
3. Depth 3 FT
w/ ground wire

2. Make Goilde
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
1. Capacity 42 gal
2. Pressure relief valve? Yes

Piping
1. Type 160 lb
2. Size 1" black
3. NSF and/or BOCA Code approved
4. Depth of supply line 3 FT - 3 1/2'

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

not installed as yet

OK

9/28 Pitless at 39", well line 34-39" below grade Inside work not complete SA

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: 10-13-87

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