

PERMIT

05-408725

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511929

A 39235

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 6/4/99

DATE SYSTEM APPROVED 6/10/99

INSPECTOR SRH

INDEXED

Farm and Home Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 901 Driver Road, Marriotsville, MD 21104 PHONE 410-442-2139

SUBDIVISION Westside LOT 1 ROAD 5901 Clifton Oaks Drive

PROPERTY OWNER AMBLE BALU Nantucket Home/Dorsey, Inc. 443-463-7866

ADDRESS

SEPTIC TANK CAPACITY ~~1250~~ 1500 GALLONS MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK

NUMBER OF BEDROOMS 15

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 300

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 - Start the first trench 140 feet off the front lot line and 210 feet off the right lot line as seen when facing the lot from Clifton Oaks Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length.

APR 8/27/99

PLANS APPROVED BY Sid Able/Amy McMillen DATE 8/24/1998

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 SIGNED AND RETURNED 6-9-99

LOCAL PERMIT NUMBER 513061
000130506-deck
41' x 15'-12'

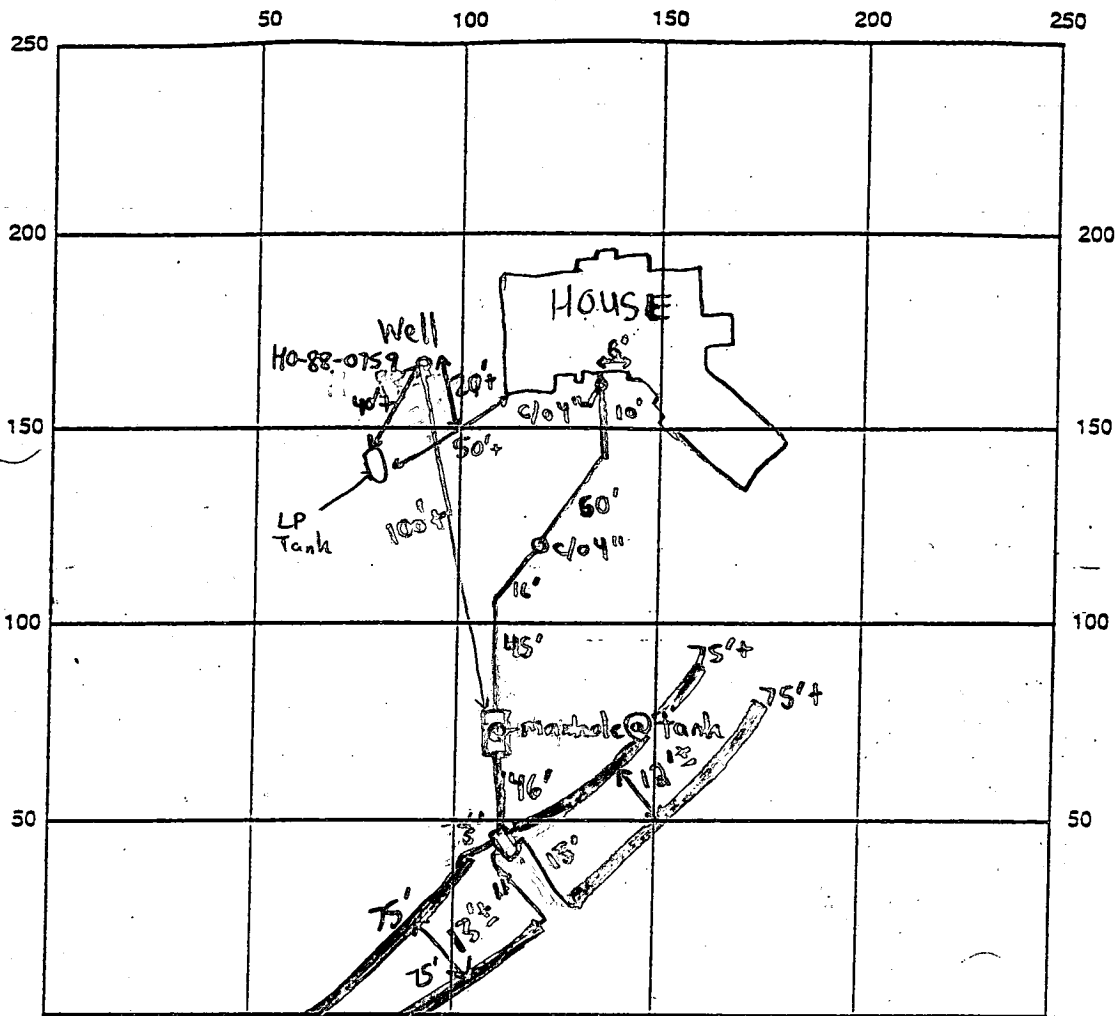
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Serial # B10118470
Inst. 1-170 gal
propane tank

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

39235



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CLIFTON OAKS DRIVE

SEPTIC TANK LEVEL 1500 gallon midstream CLEANOUTS 4" @ house, 4" 70' from house, Manhole @ tank

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

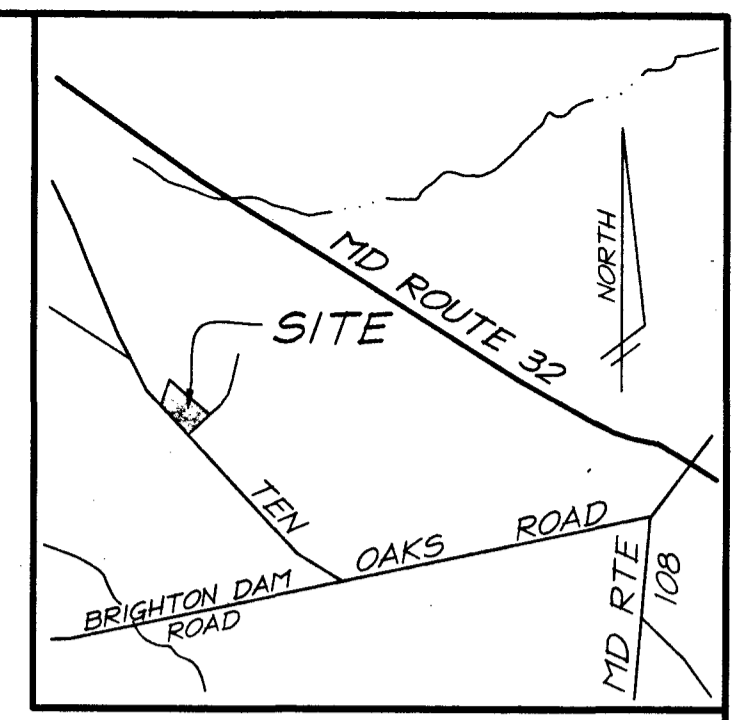
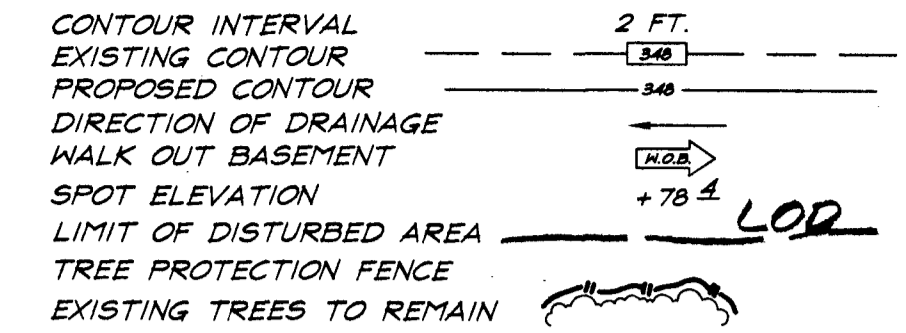
ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/10/99 - HOLE IN WELL CASING DISCOVERED DURING WELL LINE EXCAVATION - CORRECTED (SRK) MUST BE
OK TO CONTINUE WORK, COVER FROM HOUSE TO TANK (SRK) 6/10/99 - OK TO COVER
ALL WORK, SPOKE TO BUILDER ABOUT HOLE IN WELL CASING, HE SAID CASING WILL BE
REPAIRED (CUT OFF & EXTENDED) MAY HAVE TO DRILL NEW WELL DUE TO POSSIBILITY OF
EXCESS SEDIMENT/BACTERIA GETTING INTO WELL (SRK) 6/16/99 - PLUMBER CONTACTED OFFICE
AND MENTIONED HE CORRECTED DAMAGED CASING (SRK)

DATE SYSTEM APPROVED 6/10/99 INSPECTOR Steven R. Kreeg

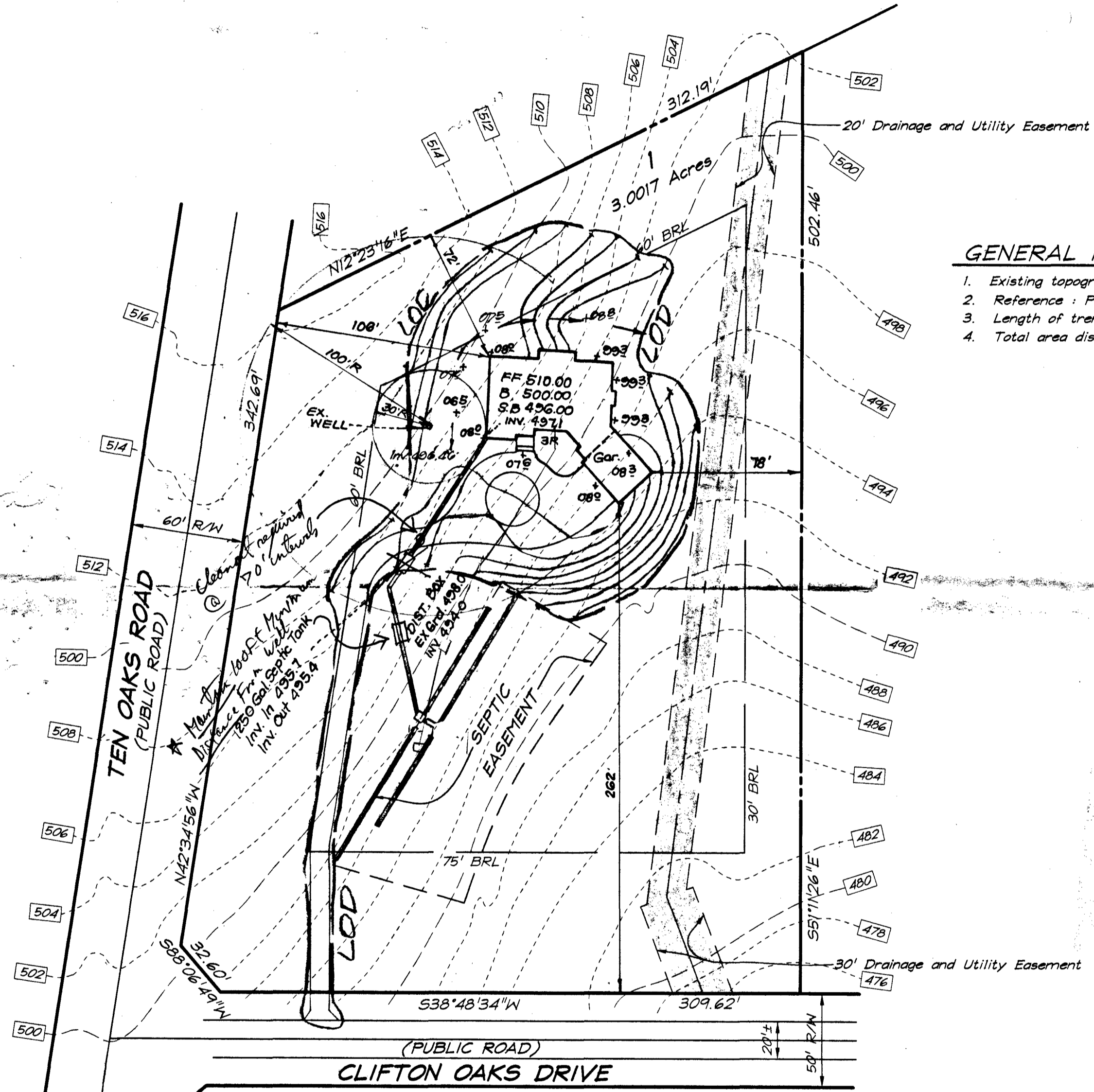
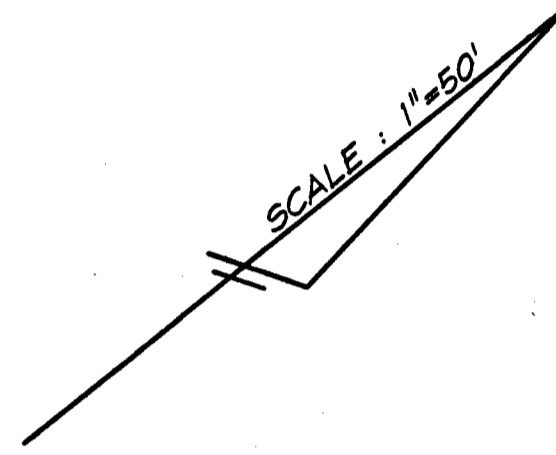
No.	Revision	Date
1	Moved hse back to the rt. 6' ± per ex. well loc.	8-19-98
2	Rev Septic Layout per Ho. Co. Health	8-20-98

LEGEND



GENERAL NOTES

- Existing topography was taken from plans by others.
- Reference: Plat Number 7992
- Length of trenches to be determined at time of permit issuance.
- Total area disturbed: 26,525 sq ft



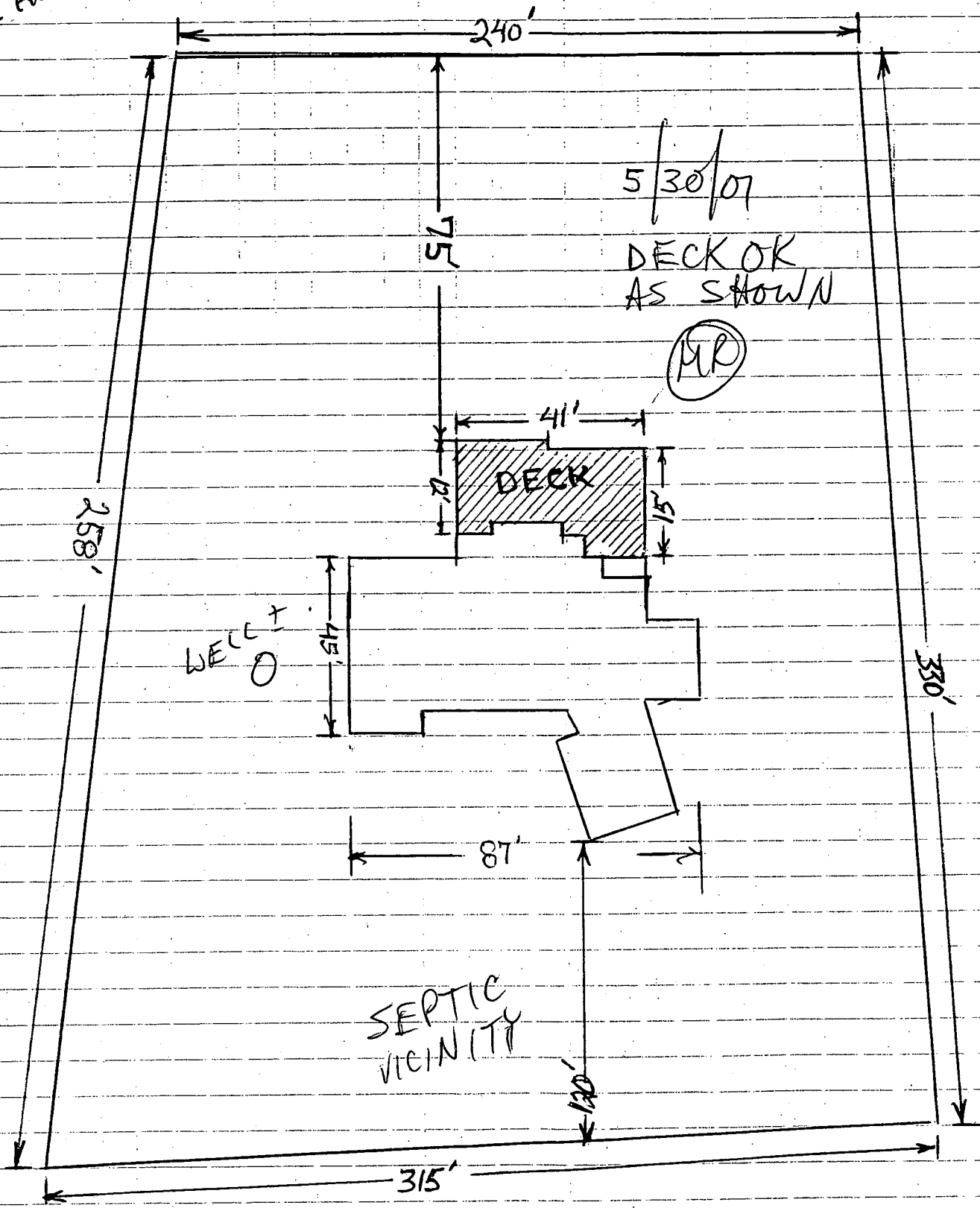
Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 6.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 Howard County Health Department

Anthony McNeill 8/24/98
 Signature Date

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	SITE DEVELOPMENT PLAN LOT 1 WESTSIDE TAX MAP 34 PARCEL 3 FIFTH (5th) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE
JME		1" = 50'
DRAWN		DRAWING
PS		1 of 1
CHECKED		JME
DATE	May, 1998	98-078
FOR: NANTUCKET ISLAND HOMES/DORSEY Inc. 8835-P Columbia 100 Parkway Columbia, Maryland 21045		FILE NO.
		98-078X

TEN OAKS RD



WELL +
O

SEPTIC
VICINITY

5901 CLIFTON OAKS DR
CLARKSVILLE MD 21029

CLIFTON DR,

Building Address 5901 CLIFTON OAKS DR
CLARKSVILLE MD, 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605101 Subdivision Westside

Section _____ Area _____ Lot 1

Tax Map 34 Parcel 3 Grid 11

Zoning R20 Map Coordinates 1467 Lot size _____

Property Owner's Name AMBLE BALL

Address 5901 CLIFTON OAKS DR.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410-531-9381 Work Phone 301-498-1140

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use STD

Proposed Use LISSURE

Estimated Construction Cost \$ 11000.00

Description of Work DECK 41'x 15'-12'
7' x 4' pool

Contractor Company FINECEY & SON INC.

Contact Person ROB FINECEY

Address 319 CHESAPEAKE AVE

City STEVENSVILLE State MD Zip Code 21666

License No. MHC# 42051

Phone 410-984-6980 Fax 410-643-1755

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>DECK</u>	
Dimensions: <u>41x 12-15'</u>	
Footings: _____	
Roof: _____	
_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AVERES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
FINECEY & SON
 Title/Company

ROB FINECEY
 Print Name
5/30/01
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	3987	
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____	
<input checked="" type="checkbox"/> Building Official	<u>5/30/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>20</u>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____	
<input checked="" type="checkbox"/> Health	<u>5/30/01</u>	<u>Mark R. [Signature]</u>	All minimum setbacks met? <input type="checkbox"/>	Add'l per. fee \$ _____	
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>20</u>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>1071</u>	
			SDP/Red-line approval date _____	Validation # <u>38723</u>	
			Accepted by <u>[Signature]</u>		
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

APPLICATION

Check #
1008

PERCOLATION TESTING

A 39235

P _____

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

DISTRICT 5

DATE 4-16-87

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 RAO GROUP Inc ~~RAO Group, Inc~~ WANTUCKET HOMES/DORSEY
ADDRESS 6570 Rt 32, CLARKSVILLE, MD21029 PHONE 854-0922
854-0809

PROSPECTIVE BUYER RAO GROUP Inc
ADDRESS 6570 Rt 32, CLARKSVILLE, MD21029 PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOVINGER PROPERTY LOT NO. 1
ROAD AND DESCRIPTION 5901 Clifton Oaks Drive
FEN OAKS RD E 5909 CLARKSVILLE

TAX MAP 34 PARCEL # 3
SIZE OF LOT 3 AC TYPE BLDG. Single Family - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 8-24-98

Serial # 200113372

Single Family - 4Bm

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. Atsaphali Bm
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-25-87 Perc Satisfactory - hold for PLAT of Subdivision 8A

BLDG. PERMIT SIGNED

AND RETURNED 6/24/94

Serial # 34595
SFD - 4Bm

BLDG. PERMIT SIGNED

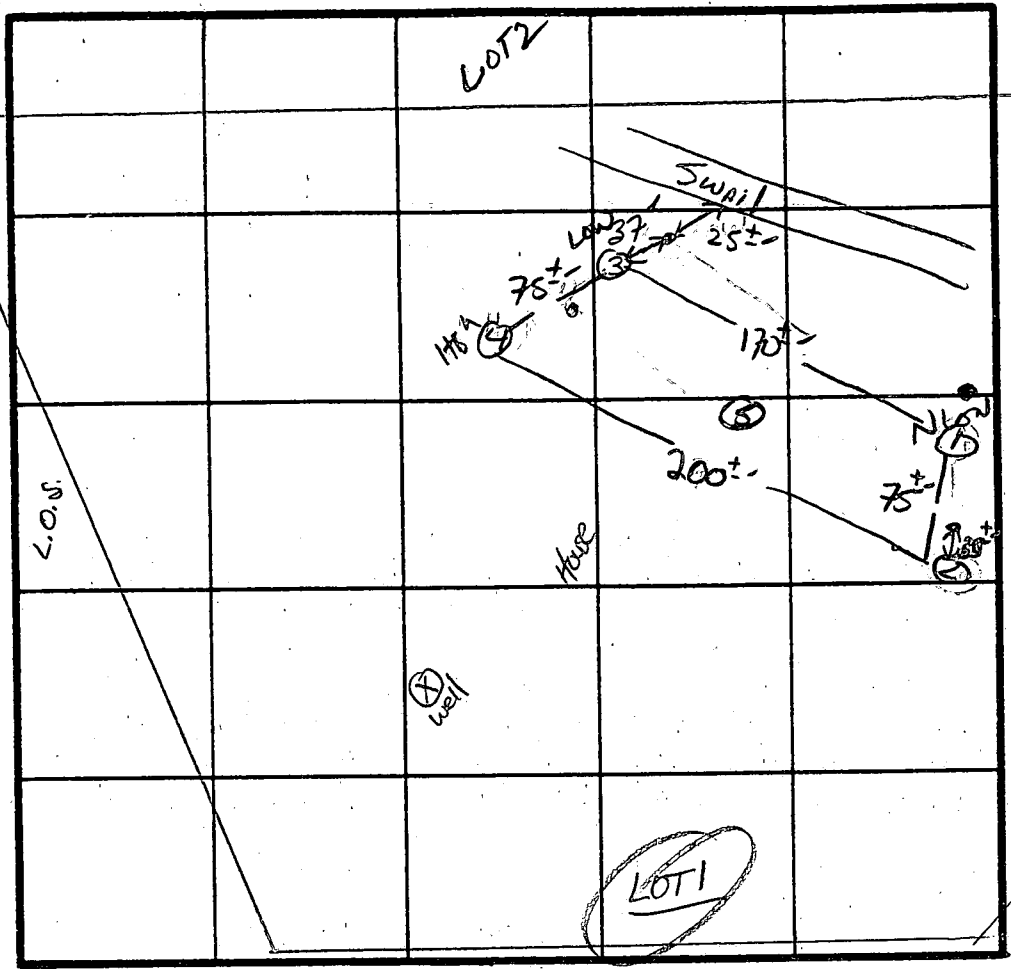
AND RETURNED 8/7/90

Serial # 34334
Entrance Wall

THIS IS NOT A PERMIT

① → ④
SOIL PROFILE

0	AP Hx
10"	Yellow BR S:Hy CLAY Loam 10-15% FRAGS SOME SMALL QUARTZITE
4'- 4.5'	Yellow BR Highly micaceous S:Hy LOAM 10-15% FRAGS
13.5'	



X Perc 5 min
180 Φ/BR
INLET 4'
BOTTOM 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/25/87	1S 1V	4.5' 13.5'	10:10	10:11	10:11	10:13	2 MIN	
	2V	13'	UNIFORM soil below 4'					
	3S 3V	5' 13'	10:14	10:20	10:20	10:31	11 MIN	
	4S 4M	4' 8.5'	10:15	10:16	10:16	10:18	2 MIN	
			10:17	10:19	10:19	10:22	3 MIN	
	4V	13'	UNIFORM soil below 4.0'					
	5V	13'	same as #1					

REMARKS Holes moved uphill slightly to avoid swail / shallow syst only

TYPE OF SOIL Chestice / Glenelg

TESTED BY S. Abel

ALSO PRESENT SKIP, Rocky

EH-12-1079

C 1 **0212** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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 39235**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **07/17/89**
 8 13 15 20
 Depth of Well **245** (TO NEAREST FOOT)
 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-82-0759**
 28 29 30 31 32 33 34 35 36 37

OWNER **RAC** last name **RAC** first name
 STREET OR RFD **65th St** TOWN **Chesapeake**
 SUBDIVISION **West Side** SECTION **1** LOT **2**

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 STONE	0	68	
CONG MICH ROCK	68	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 45 46 45 46
 NO. OF BAGS **18** NO. OF POUNDS **1692**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 48 52 54 58
 (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) **74**
 60 61 63 64 66 70

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

C 2
 DEPTH (nearest ft.)
 1 **H 0** **73** **245**
 8 9 11 15 17 21
 2 [] [] [] [] [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] [] [] [] [] []
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60
 from [] to []

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

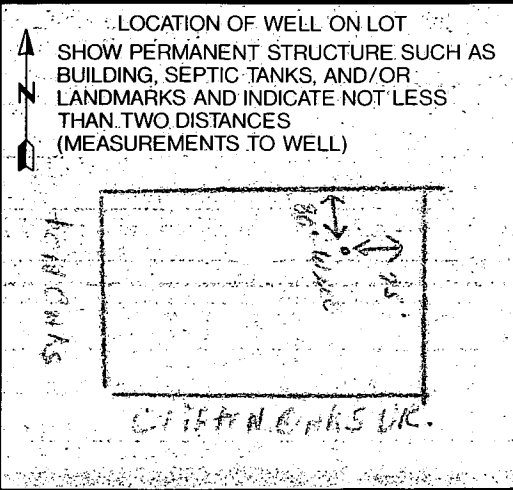
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **928**
 DRILLERS SIGNATURE **Joseph C. Murphy**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK [] [] [] []
 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.) W Q
 70 [] 72 [] 74 75 76 [] [] []
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 17 20
 WHEN PUMPING **70**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or 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: 29
 CAPACITY:
 GALLONS PER MINUTE (to nearest gallon) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE [] (nearest foot)
 (-) below } 49 50 51



B 1 **5615** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

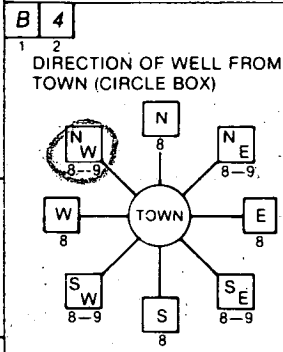
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-99-0759
 fill in this form completely

Date Received (APA) **052689**
 OWNER INFORMATION
 Last Name **RAD** Owner **ROB**
 Street or RFD **6570 R+32**
 Town **CLARKSVILLE** State **MD** Zip **21029**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **Westside**
 SECTION **1** LOT **1**
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** License No. **238**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy 21771**
 Signature **Joseph L. Mayne** Date **5/24/89**



Clifton Oaks Dr.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **320** 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. **A 39235**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **061689** CO SIGNATURE **Craig Williams** EXP. DATE **12/16/89**
 NORTH GRID **501000** EAST GRID **0811000**

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 _____

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

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **AD** INITIALS IN BOX PERMIT No. **HD-99-0759**

SPECIAL CONDITIONS

HEALTH ENVIRONMENTAL DIVISION
 HEALTH DEPT. RD.
 HOWARD COUNTY
 RECEIVED

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

FAX: 313-2648 Phone: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/18/99

Name of Installer ROBERT L. FREEZE

Telephone 410-781-4655

License Number 21122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NANTUCKET HOMES/DEAN Telephone 410-795-1405

Subdivision _____ Lot # 1 Well Tag # 40-88-0757

Site Address 5901 CLIFF OAKS ROAD

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible

Motor

- Horsepower 3/4
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make AMERICAN
- Model # PT800
- Depth 42"

- Make HF05507301
- Model # ELITE WALLIE
- Capacity _____ 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 _____

- CATIVE AIR
Tank 205
- Capacity 36 GALS.
 - Pressure relief valve? YES

Piping

- Type POLY
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 240 ft.
- Yield 10 GPM
- Static water level _____ ft.
- 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). WPI - ON 6/24/99 (SRN)

All information above is true to the best of my knowledge.

FAXED

JUN 23 1999

Signature of Applicant: [Signature]

Date: 6/18/99

No. _____ sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215 6/23/99

→ casing has been returned by us. 6/23/99 OK For Final Inspect. THANK YOU. RLE

1st Fax Note # 7071	Date 8-17-98	# of pages 1
From Bob SLEEPER	To Jody	
Co. WESTSIDE	Phone #	
Lot #		

6/24/98 proposed propane tank location as shown

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TEN OAKS ROAD (PUBLIC ROAD)

CLIFTON OAKS DRIVE (PUBLIC ROAD)

