

9/28/89
CATS
9/29/89 11:00

03-314065

N

PERMIT

P 44706

SEWAGE DISPOSAL SYSTEM

A 40586

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 6th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 7/11/89

DATE SYSTEM APPROVED _____

INSPECTOR _____

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Roscommon Estates ROAD 3249 Roscommon Drive LOT 10

PROPERTY OWNER _____ S. F. Contractors

ADDRESS _____ DONALD E. JARVIS

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

GARBAGE GRINDER? YES _____ NO

180
720

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 225 feet from the front lot line and 140 feet from the right lot line. Run trench(s) along contour toward the rear right line.

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

PLANS APPROVED BY _____ C. Williams DATE 10/17/88

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

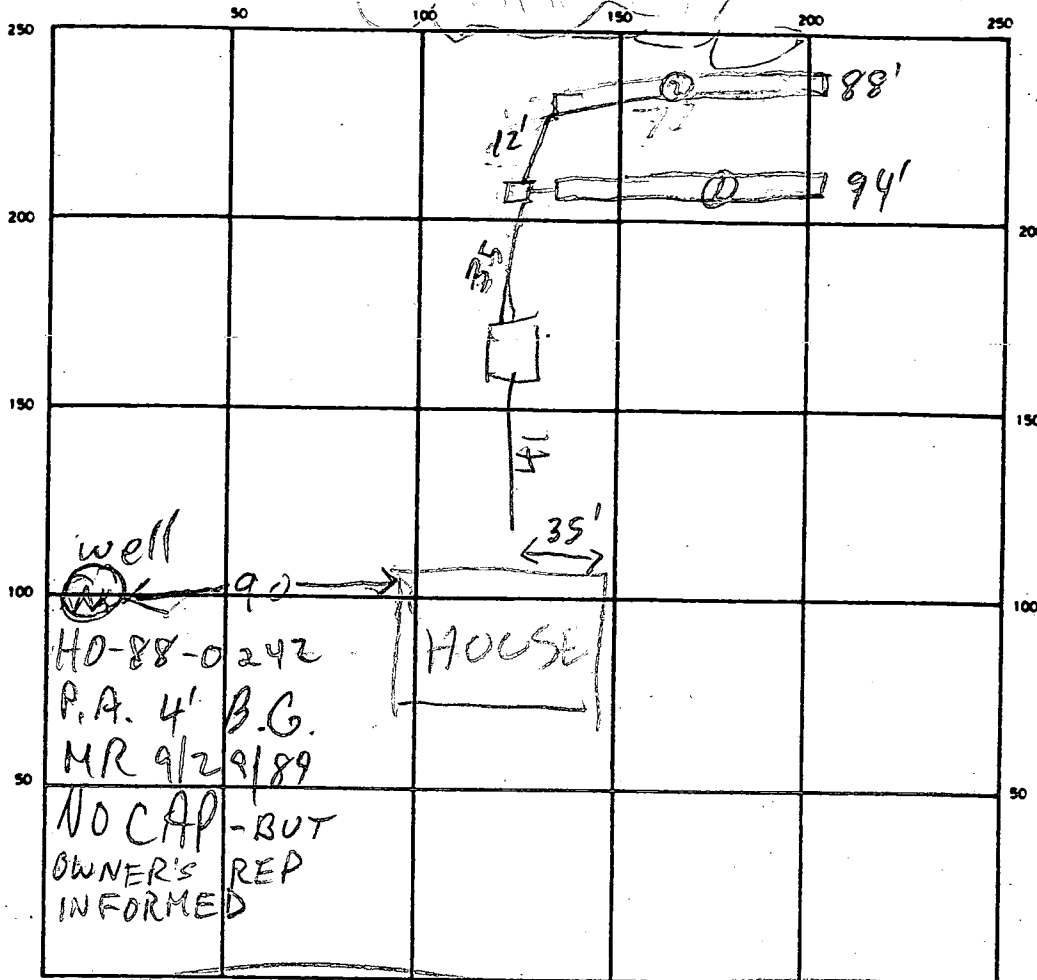
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 40586



well
 HO-88-0242
 P.A. 4' B.G.
 MR 9/29/89
 NO CAP - BUT
 OWNER'S REP
 INFORMED

HOUSE

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
 BOSCOMMON DR

SEPTIC TANK. LEVEL 1500 GAL CLEANOUTS OK
 DISTRIBUTION BOX. LEVEL OK BAFFLE IN
 DRAIN FIELD/TILE FIELD. DEPTH 7-8/7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3-4/3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 94/88 FT. 182
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 728 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 9/28/89 4:29 PM - TRENCH #1 OK TO COVER
DIG TRENCH #2 R/H
9/29/89 1' GRADE DIFF AT ENDS OF TRENCHES
ALL WORK OK TO COVER - NO HOUSE
CONN MR

DATE SYSTEM APPROVED 9/29/89 INSPECTOR W. R. ...

APPLICATION

PERCOLATION TESTING

A 40586

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

P _____
DISTRICT 6th

DATE 11-3-87

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 Barbara Paradise S.F. CONTRACTORS

ADDRESS Christopher Rd, Cecilton, MD 21913 PHONE 275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 main St, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 10

ROAD AND DESCRIPTION 3100 ~~Peppercock Rd~~ 3249 Roscommon Dr.

TAX MAP 15 PARCEL # 170+177

SIZE OF LOT 3.0+ TYPE BLDG Single family
(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.

Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Selwyn Abel FOR Deep trenches DATE 5-18-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SOILS OK, PLAT REQUIRED CW DATE 1/27/88

REASONS FOR REJECTION OR HOLDING _____

COG. PERMIT SIGNED
AND RETURNED 5-18-89
BP 25869 SKL

THIS IS NOT A PERMIT

HD-216

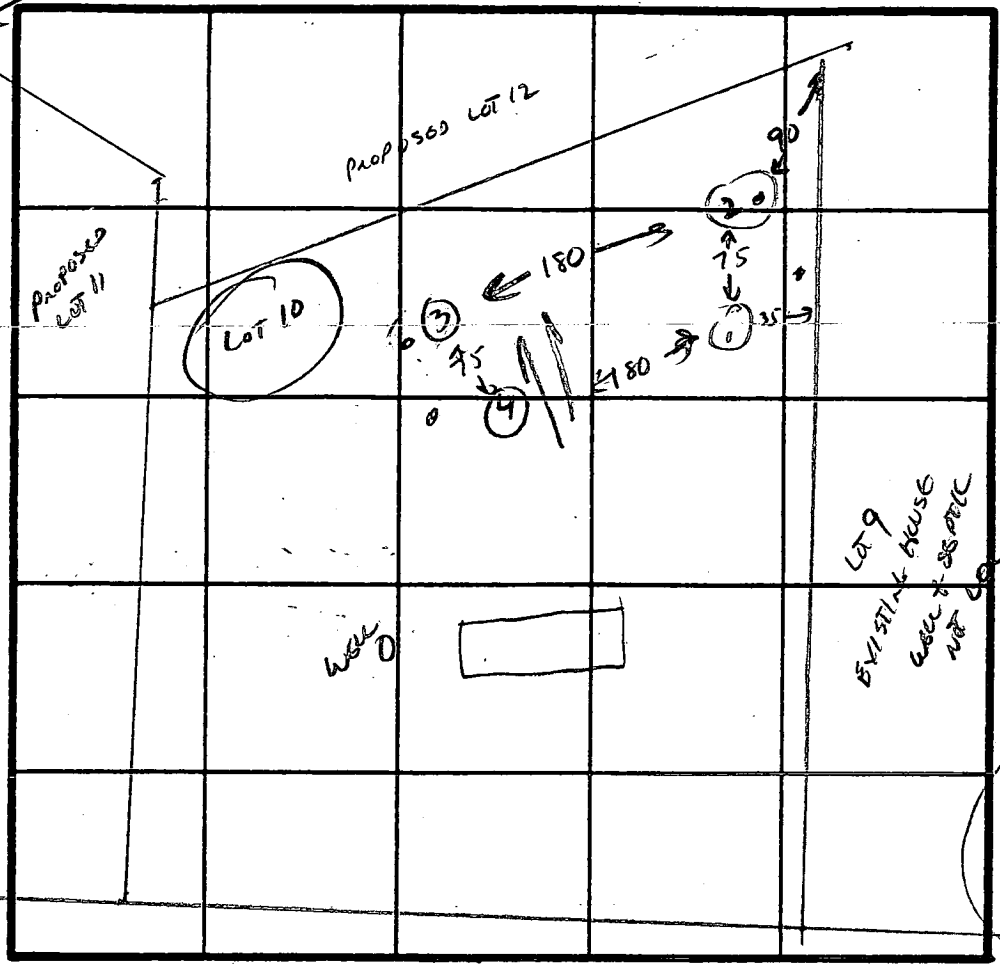
LOT 10

A40586

WELL LOT 12

WELL LOT 13

ALL HOLDS
SOIL PROFILE
CLAY LOAM
3'
ORANGE TAN
MICA
SILT
LOAM
11'
4-10%
SAPPROXITE



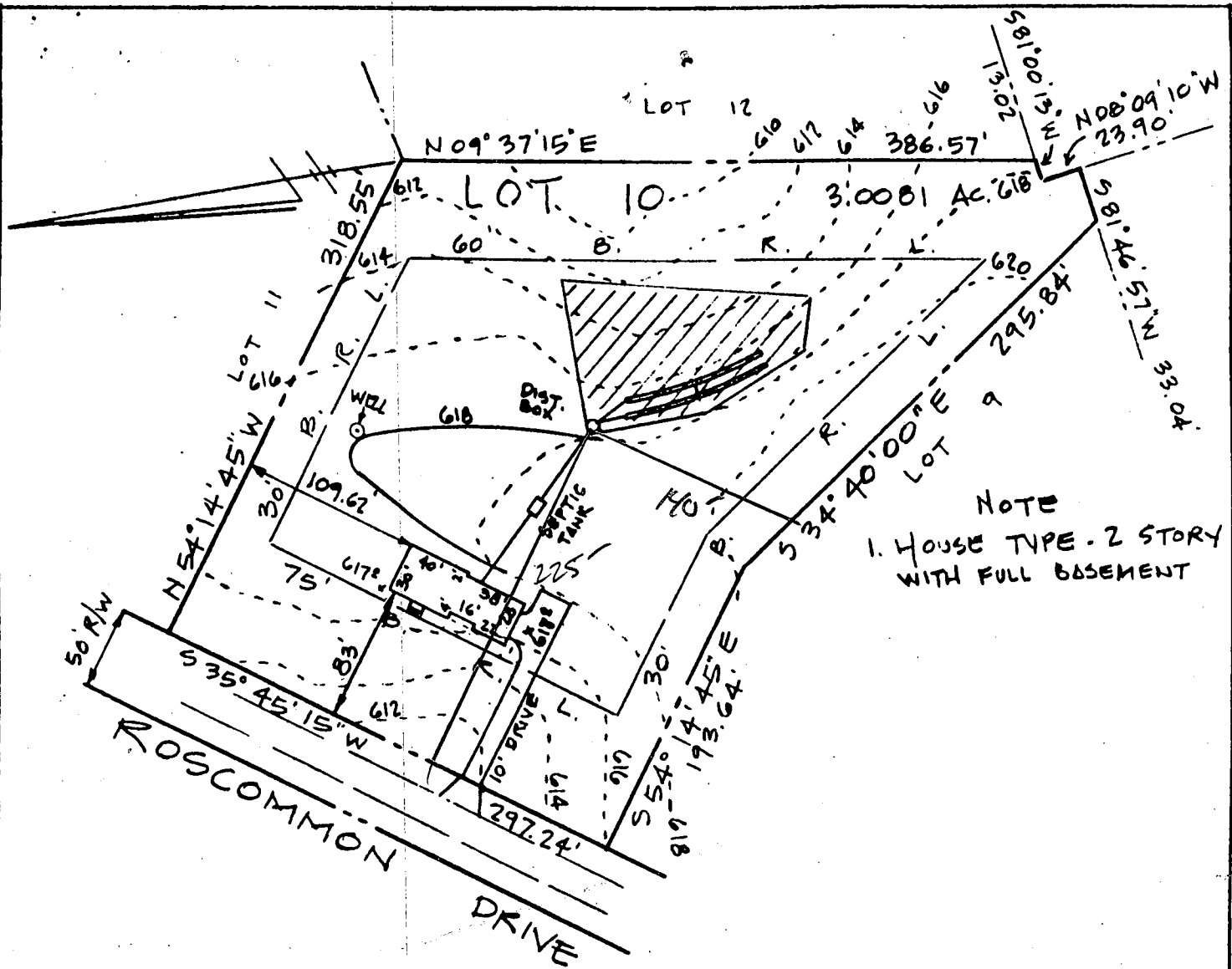
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/27/88	1	3/8	VIS	OK	LOAM		✓	
		11						
1/27/88	2	3/8	VIS	OK	LOAM		✓	
		11						
1/27/88	3	3/8	4:01	4:04	4:04	4:08	4 MIN	✓
		8	4:01	4:03	4:03	4:06	3 MIN	
		11						
1/27/88	4	3/8	4:12	4:15	4:15	4:20	5 MIN	✓
		8	VIS	OK	LOAM			
		11						

REMARKS TIGHTER PATTERN THAN TEST PLAT SHOWS 75 X 125

TYPE OF SOIL MICA LOAM

TESTED BY CW... ALSO PRESENT KOTTB... W



SEPTIC DATA

HOUSE FIN. FL.	620 ⁰ ✓
" BSMY.	611 ⁰ ✓
" SEWER INV.	616 ²⁵ ✓ - BSMY
SEPTIC INV. IN TANK	615 ²⁵ ✓
" " OUT	615 ⁰ ✓
" FIN. GR.	618 ⁵ ✓
DISTR. INV. IN BOX	614 ⁰ ✓
" " OUT	613 ⁵ ✓
" " "	614 ⁰ ✓
" FIN. GR.	618 ⁰ ✓
WELL EX. GR.	617 ⁰
FIN. "	618 ⁰

TRENCH EXIST.
617.0 - 617.5'

BLDG. PERMIT SIGNED AND RETURNED 5-18-89

BPR5869

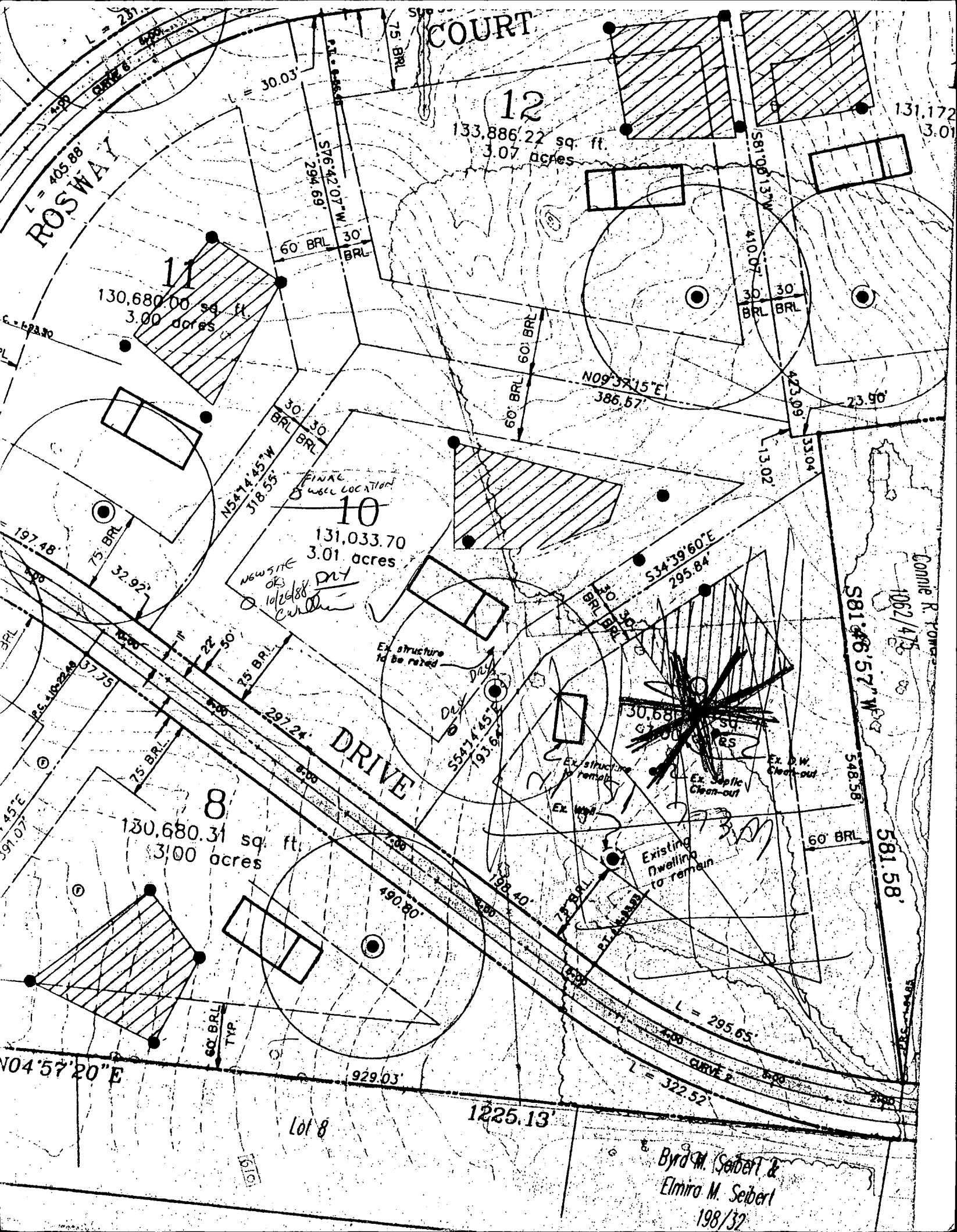
John L. Schneider

ENGINEER

John L. Schneider P.E.
100 N. Rolling Road
Catonsville, Md. 21228
301-744-1945

BUILDER
S.F. Contractors, Inc.
3368 Brantly Court
Glenwood, Md. 21738
301-442-1133

GRADING STUDY		
LOT 10 "ROSCOMMON ESTATES"		
3RD ELECTION DISTRICT HOWARD COUNTY - MD.		
SCALE 1" = 100'	APRIL 24, 1989	



COURT

12

133,886.22 sq. ft.
3.07 acres

131,172
3.01

ROSWAY

11
130,680.00 sq. ft.
3.00 acres

FINAL WELL LOCATION

10

131,033.70
3.01 acres

NEWSITE ORS
10/26/88
Curtis

DRIVE

8

130,680.31 sq. ft.
3.00 acres

Existing Well
to remain

Byrd M. Seibert &
Elmira M. Seibert
198/32

Lot 8

1225.13'

581.58'

581.57' W

Connie R. Tomp

10/2/47

548.58'

60' BRL

L = 295.65'

L = 322.52'

929.03'

60' BRL TYP

616

N04°57'20"E

NS47°45'W
318.55'

N09°37'15"E
386.67'

S34°39'60"E
295.84'

S54°14'45"E
193.64'

S76°42'07"W
294.69'

L = 30.03'

60' BRL 30' BRL

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B 1 **7895** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

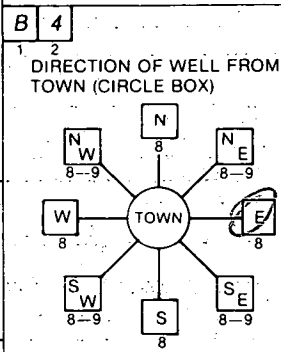
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
NO-88-0242
 fill in this form completely

Date Received (APA) **100588**
 OWNER INFORMATION
 S O F L O U I S A R T O R S I N E
 15 Last Name: 34 First Name
 236 8 B R N W T L V E C O R T
 36 Street or RFD 55
 C I M W O O D
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 7 C W A R D
 8 COUNTY 21
 P O S S E M M O N E S I T Y S
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 C I M W O O D
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
 Joseph L. Wayne **238**
 Driller's Name 77 License No. 80
 Joseph L. Wayne Well Drilling
 Firm Name
 5512 Ridge Rd. Mt. Airy N.C. 27021
 Address
 Joseph L. Wayne 10/14/88
 Signature Date



Roscommon Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 **130** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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
NOWARD COUNTY NAME
A*40586 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **101788** CO SIGNATURE **X Chris Wheeler** EXP. DATE **4/17/89**
 NORTH GRID **527000** EAST GRID **0801000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

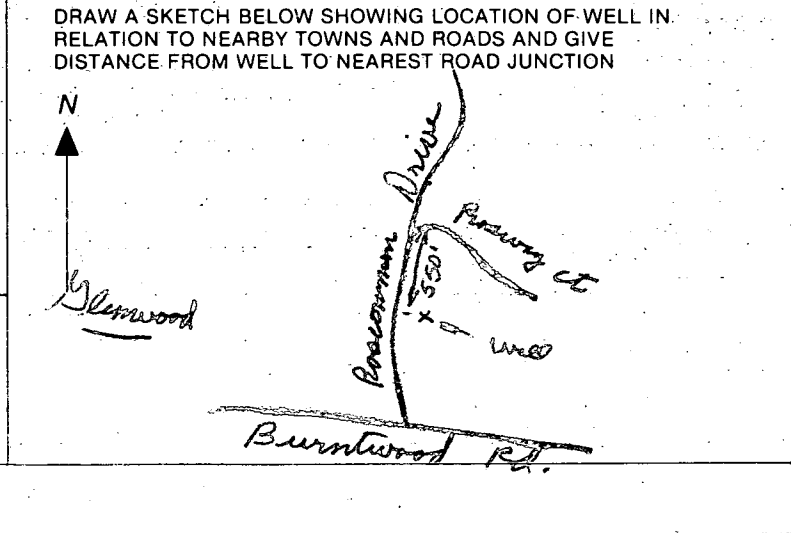
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary DRive-POINT
 other _____

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) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **NO-88-0242**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/31/88 NO. 1581CW
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800** 1
 N **520** 7
 000 000



C1 **0558** 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# 40586**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **10/31/88** Depth of Well **280** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-08-0242**

OWNER **S.F. CONTRACTORS INC.** last name **ROSCOMMON DR.** first name TOWN **GLENWOOD**
 STREET OR RFD SUBDIVISION **ROSS COMMON SUB** SECTION LOT **10**

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	18	
Gray Mich Rock	18	280	

3 dry wells 400, 400, 380
 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 **5** NO. OF POUNDS **400**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **21** 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
St **6** **24**

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

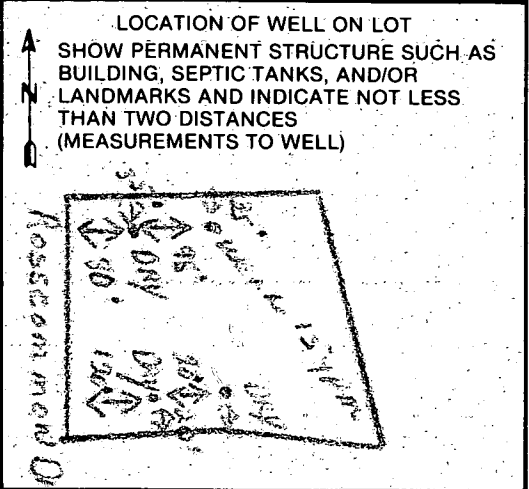
C2
 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
H0 03 280
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) WQ
 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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **56**
 WHEN PUMPING **56**
 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: **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) **1**
- below }



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 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 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 # 43057
Date _____

Name of Installer CLARKE P+H Inc

Telephone 489-4029

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc Telephone 442-1133
Subdivision Rosscommon Estat Lot # 10 Well Tag # _____
Site Address 3249 Rosscommon Dr

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

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

Pitless Adapter
1. Make _____
2. Model # PT-800
3. Depth _____

Tank
1. Capacity 66 gal
2. Pressure relief valve? 751b

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42'

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. 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: Kenneth C. Clarke

Date: 9-27-89

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