

9/17/92 ASAD
9/18/92 ZP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48496

A 41020

DISTRICT 5th

DATE 9/14/92

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 11/24/92

INSPECTOR Ronald Brantly

C. S. Zabel, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 15039 Oak Orchard Road, New Windsor, Maryland 21776 PHONE 875-2864

SUBDIVISION Foxview Manor LOT 7 ROAD 5607 Foxview Court

PROPERTY OWNER George S. and Ann Noyes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Beginning at the right front lot corner, place the distribution box 210 feet down the front (290.6'/194.96') lot line and 50 feet off the front lot line as seen when facing the lot from Foxview Court. MAINTAIN A MINIMUM OF 100 FEET TO THE WELL.

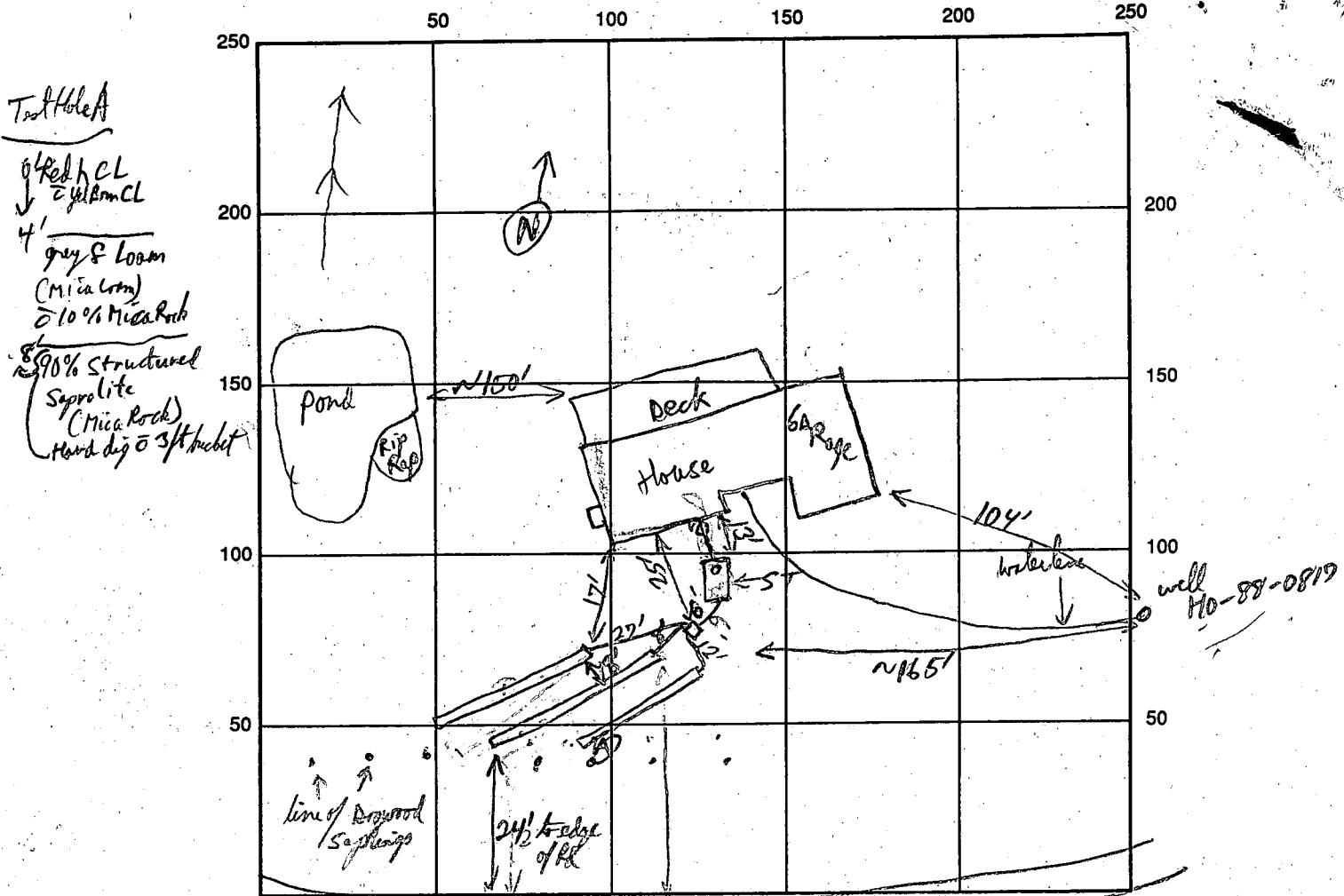
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Jane Nadeau REVISED _____ DATE 7/27/92

- 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 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 PVA 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 APPROVAL ON THIS PERMIT**

A
41020



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Foxview Ct

SEPTIC TANK LEVEL 1500 gal shallow Meyer Bros S.T. CLEANOUTS _____
 * 2 1/2' below grade @ tank top

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 6' 6 1/2' FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/4' 4 1/2' FT.

EFFECTIVE GRAVEL DEPTH 2 1/2' 1' FT. TOTAL LENGTH 100' 100' 80' FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Allowed lot 2 Trenches as installed, Keep Bottom No deeper than 6' below grade, return gravel
depth of mesonage. P/P 9/17/92 3rd Trench OK to Fill - OK to cover trenches
still need House Connection P/P 9/18-92
Verify House Connection Made 11/24/92 P/P

DATE SYSTEM APPROVED 11/24/92 INSPECTOR Conrad Kelly

APPLICATION

1/2

PERCOLATION TESTING

A 41020

P _____

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

DISTRICT 5th

DATE 2-14-88

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 J. E. Henshott Construction George St Ann Naves

ADDRESS 8401 Murphy Rd Laurel, MD 20701 PHONE 792-7747
470-3666

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Goxview Manor LOT NO. 8 ^{new} 7

ROAD AND DESCRIPTION Goxview Ct. off Chandaly drive off

Broadwater Lane (5607 Foxview Court)

TAX MAP 28 PARCEL # 69 BLDG. PERMIT SIGNED AND RETURNED 9/20/89 # 29000 FOR DEPOSIT ONLY HOWARD COUNTY HEALTH DEPARTMENT TO FILE 10-02

SIZE OF LOT 3.0 acres TYPE BLDG SFD (SINGLE FAMILY DWELLING OR COMMERCIAL)

4BR

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Pending perc hole locations and subdivision plat approval. Tight on 10,000 square ft area, SHALLOW SYSTEM ONLY TEN

BLDG. PERMIT SIGNED AND RETURNED 4/1/88 Serial # 43191-5FD-4Bedroom

THIS IS NOT A PERMIT

HD-216

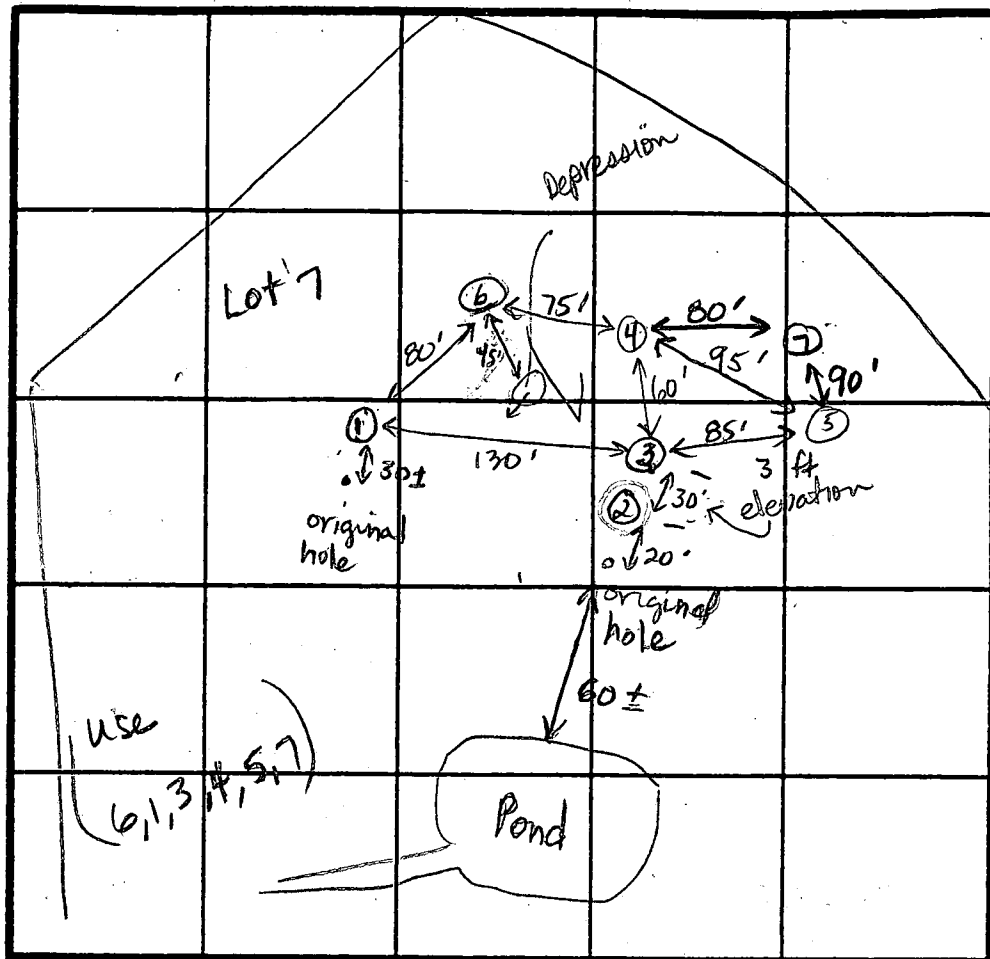
High 6-7 A41020

Low 2

①

SOIL PROFILE

0-3.5 Br sil loam, trc rx
 3.5-9.5 Br sa sil m, little decomposed rx pieces
 9.5 Refusal



④
 0-3.0 Br sa sil cl m
 3.0-9.5 Br sa sil loam, < 20% decomposed rock
 9.5 Refusal

⑤
 0-3.5 Rd-br sil cl m
 3.5-11.5 Br mica sa sil m < 20% rock frag
 11.5 Bottom

⑥
 0-4.5 Rd-br sil cl
 4.5-11.5 Br sa sil m some mica < 20%
 11.5 Bottom

②
 0-3 Br sil loam, roots
 3-9 Rd-br sa sil loam, trc broken rock, < 10%
 9.0 Bottom water at 7.5 ft

③
 0-3.5 Rd-br sil cl m, roots
 3.5-12.5 Br micaceous sa sil m < 10% decom rx
 12.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

To Chandoly drive →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-22-88	1	3.5 S	2:22	2:26	2:26	2:30	4
		9.5 D	Refusal at 9.5 ft				ok
	②	9.0 V	(see profile - Water at 7.5 ft)				Failed
	3	4.5 S	2:39	2:54	1/2 inch		slow
		4.5 S	3:00	3:14	3:14	3:20	6.5
		12.5 D	Bottom (see profile)				ok
	4	9.5 V	(see profile - refusal at 9.5)				ok
	5	4.5 S	2:48	2:50	2:50	2:52	2
		11.5 D	(see profile)				ok
	6	5.0 S	3:17	3:24	3:24	3:34	10
		8.5 M	3:17	3:19	3:19	3:21	2
		11.5 D	Bottom (see profile)				ok

Not clear if 10,000 sq. ft. on lot, as is.

REMARKS

All holes moved from plat locations. SHALLOW SYSTEM

TYPE OF SOIL

0-3.5 Br sil m, Br sa sil m, < 30% decomp. rock

TESTED BY

Jane E. Nadeau

ALSO PRESENT

Olen, Pap, O Ketterman
 Mark Reich

ONLY

180 sq ft/lot
 SHALLOW SYSTEM ONLY

opposite end of trench

X = 8 min
 Inlet = 3.0 ft
 Bottom = 4.5 ft

APPLICATION

2/2

PERCOLATION TESTING

A 41020

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Foxview Manor LOT NO. ~~8~~ new 7

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

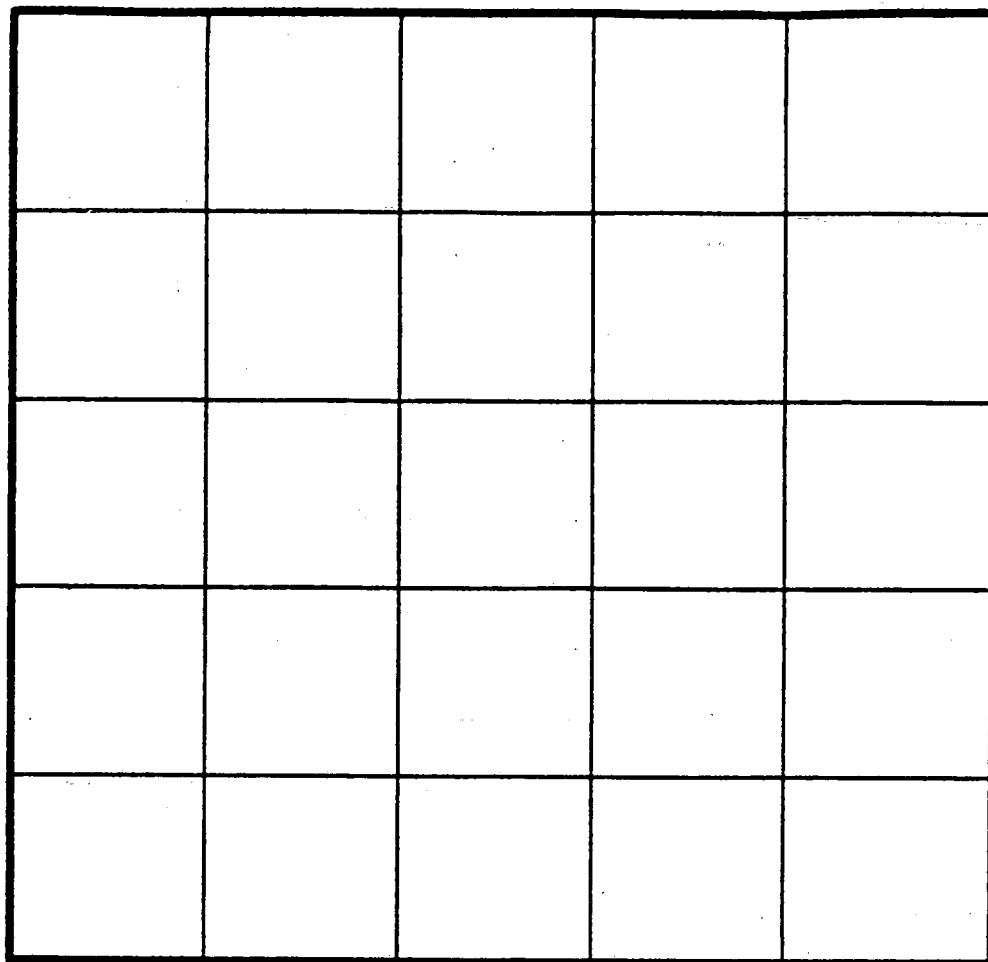
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A 41020

SOIL PROFILE



0-7.5 ft Br sil
cl loam

3.5-10.0 Br mica
silt
loam,
some
broken
rock
< 30%

10.0
Bottom

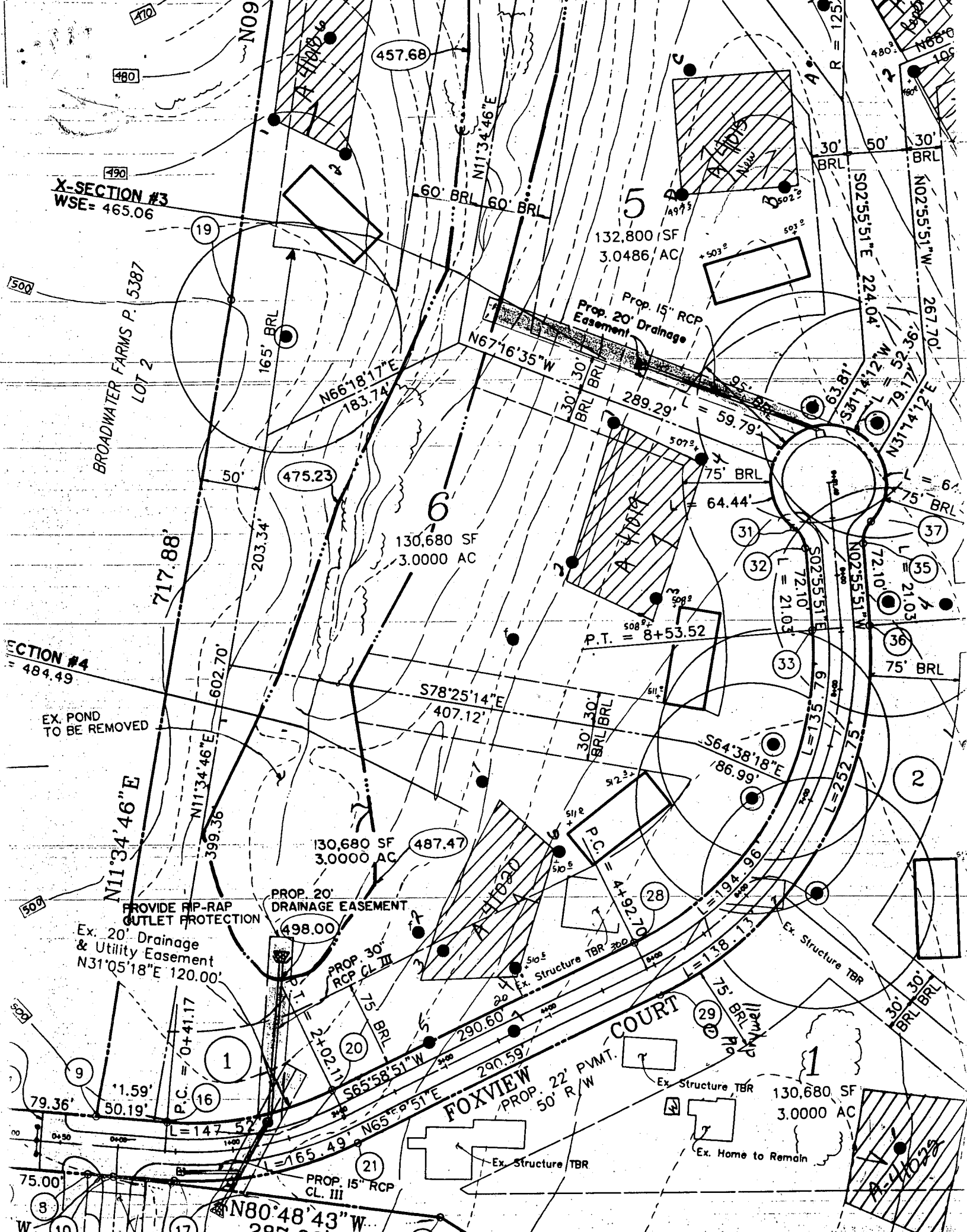
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-23-88	7	4.5 S	3:11	3:13	3:13	3:16	3
✓		10.0 D	Bottom (see profile)				ok

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



X-SECTION #3
WSE = 465.06

BROADWATER FARMS P. 5387
LOT 2

SECTION #4
484.49

EX. POND
TO BE REMOVED

PROVIDE RIP-RAP
OUTLET PROTECTION
Ex. 20' Drainage
& Utility Easement
N31°05'18"E 120.00'

P.C. = 0+41.17
L = 147.52
79.36'
50.19'

PROP. 15" RCP
CL. III
N80°48'43"W
287.06'

PROP. 20'
DRAINAGE EASEMENT
498.00

PROP. 30'
RCP CL. II

FOXVIEW COURT
PROP. 22' P.V.M.T.
50' R/W

130,680 SF
3.0000 AC

Ex. Home to Remain

P.T. = 8+53.52

Prop. 15" RCP
Prop. 20' Drainage
Easement

PROP. 20'
DRAINAGE EASEMENT
487.47

PROP. 30'
RCP CL. II

130,680 SF
3.0000 AC

Ex. Structure TBR

X-SECTION #3
WSE = 465.06

BROADWATER FARMS P. 5387
LOT 2

SECTION #4
484.49

EX. POND
TO BE REMOVED

PROVIDE RIP-RAP
OUTLET PROTECTION
Ex. 20' Drainage
& Utility Easement
N31°05'18"E 120.00'

P.C. = 0+41.17
L = 147.52
79.36'
50.19'

PROP. 15" RCP
CL. III
N80°48'43"W
287.06'

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Easement

PROP. 20'
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487.47

PROP. 30'
RCP CL. II

130,680 SF
3.0000 AC

Ex. Structure TBR

Final
Permit
Plan
Review

9321 Spring Water Path
JESSUP, MD 20794
July 16, 1992

~~Handwritten signature~~

RECEIVED

JUL 16 1992

LICENSES & PERMITS
DIVISION

Ms Avis L. Corbin
Chief, Licences & Permits Division
Howard County Govt.
3430 Court House Drive
Ellicott City, MD 21043

Dear Ms. Corbin:

I am requesting a change to my original
building permit # 43191.

The house floor plan was modified slightly,
an additional fireplace added, the house was
flipped (The garage was on the opposite side),
2 additional domers added, and a porch on the
front of the house deleted.

In addition, ~~Craig Williams~~ at the Health
Dept suggested I move the septic field
and I wanted to move the house too,
so we are both pleased with this

7-23-92 OK as revised Jim E. Nadeau

B 1 **5945** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

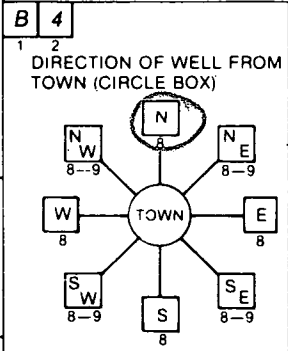
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0817
 fill in this form completely

Date Received (APA) **052289**
 OWNER INFORMATION
TE WIMSATT CONST. CO
 Last Name Owner First Name
8401 MURPHY RD
 Street or RFD
LAUREL MD 20707
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
FOXVIEW MANOR SUBDIVISION
 SECTION **7** LOT **7**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Frank Delph License No. **453**
Frank Delph Well Drillers Inc.
 Firm Name
18234 Penn Shop Rd. Mt. Airy
 Address
Frank Delph 5/23/89
 Signature Date



FOXVIEW COURT
Broadwater Lane NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **280** 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
Howard COUNTY NAME
A 41020 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **070389** **Dave P. Wade** SIGNATURE
3-90 EXP. DATE
 NORTH GRID **505000** EAST GRID **0811000**

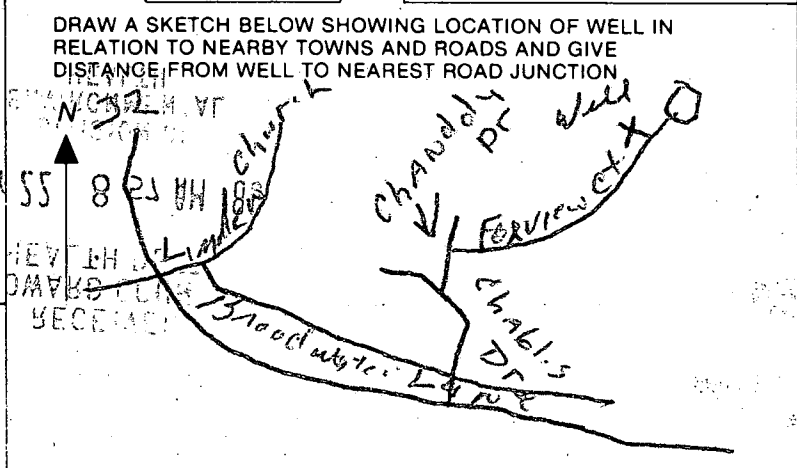
APPROXIMATE DEPTH OF WELL **200** FEET

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

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 DEEPEN 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 **JW** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0817**

SPECIAL CONDITIONS

C1 0087 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 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 41030

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
 072689

Depth of Well
 22 325 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 110-88-0217

OWNER T.E. Winick Construction Company
 STREET OR RFD last name Torview Court first name T TOWN Clarksville
 SUBDIVISION Torview Manor SECTION LOT 7

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	
Top Soil	0	2	
Shale	2	35	
Mika	35	50	
Sandstone	50	60	
Mika	60	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 10 NO. OF POUNDS 1100
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 41 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)
 PL 6 45

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

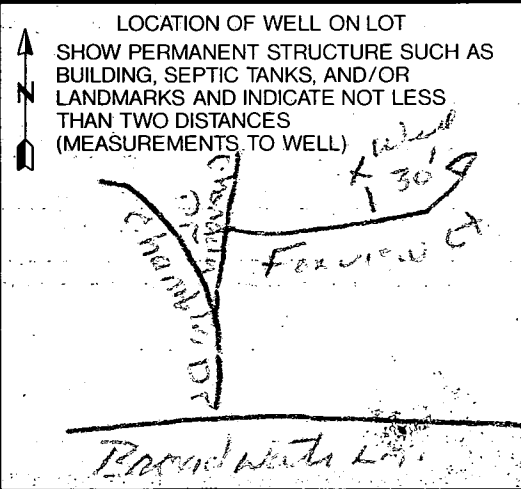
DEPTH (nearest ft.)
 1 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 35
 WHEN PUMPING 20
 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:
 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 (nearest foot)
 - 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

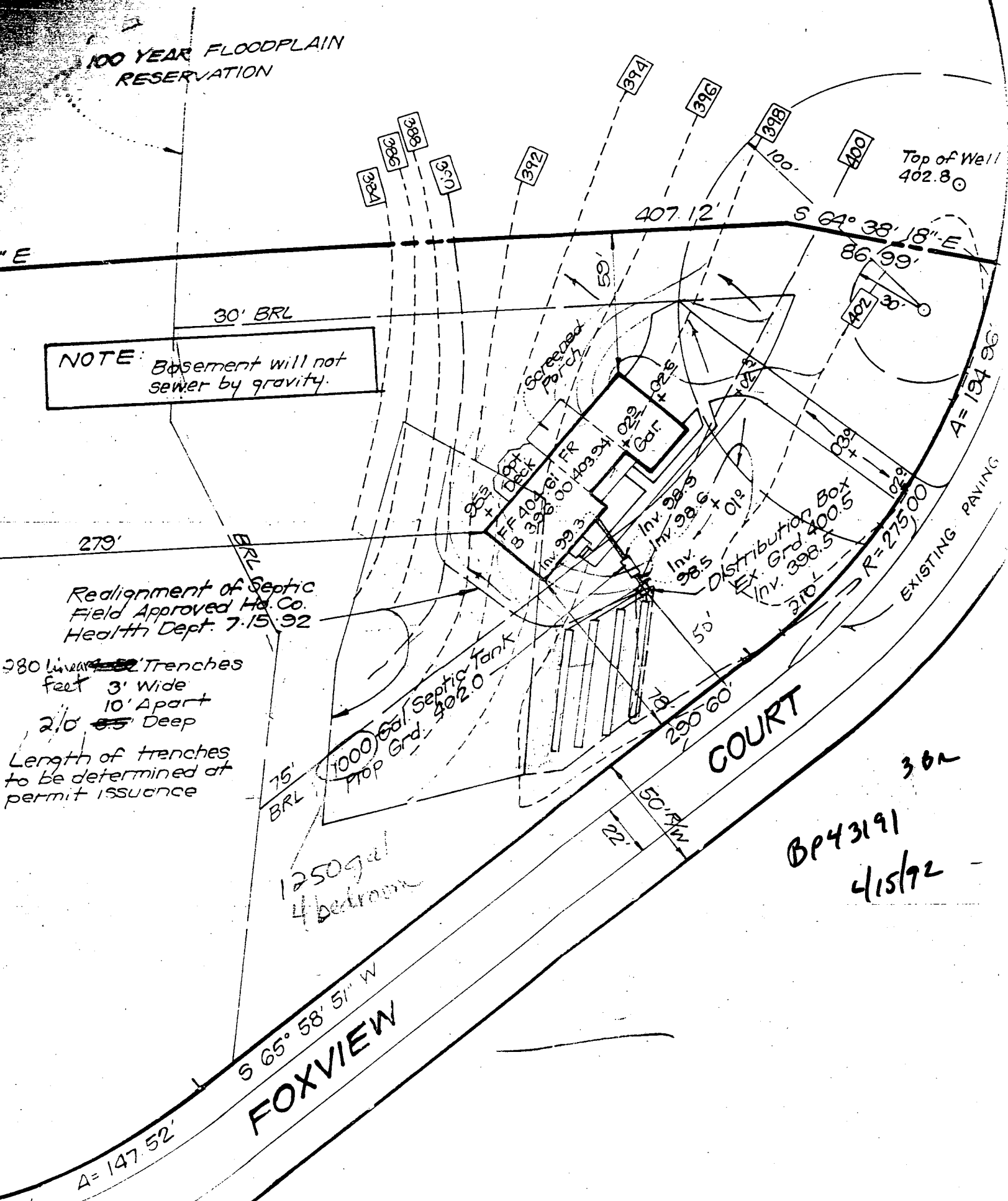
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 453
 DRILLERS SIGNATURE
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

LOT 5

100 YEAR FLOODPLAIN RESERVATION

NOTE: Basement will not sewer by gravity.



279'

Realignment of Septic Field Approved H.A. Co. Health Dept. 7.15.92

280 Linear ~~300~~ Trenches
 feet 3' Wide
 10' Apart
 2' ~~0~~ 5' Deep

Length of trenches to be determined at permit issuance

1000 Gal. Septic Tank
 PROP Grd. 402.0

1250 gal
 4 bedroom

COURT

S 65° 58' 51" W
 FOXVIEW

302
 BP43191
 4/15/92

9/17/92 ASAP

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 # 48497
Date 9/14/92

Name of Installer C S Zabel

Telephone 875 2964

License Number 6033

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner General Mrs Noyes Telephone _____

Subdivision Foxview Manor Lot # 7 Well Tag # H6-88-0819

Site Address 5607 Foxview Ct

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Jorung
- Model # _____
- Capacity 5 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

Motor

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

Pitless Adapter

- Make Howard
- Model # _____
- Depth 42"

Tank

- Capacity 40g equivalent
- Pressure relief valve?

Pitless adapter OK @ 3 1/2'
water line OK @ 3 1/2 - 4 ft
OK to Com RP 9/17/92

Piping

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

Well data

- Depth 325' ft.
- Yield 2 GPM
- Static water level 35' 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).

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

Signature of Applicant: C S Zabel

Date: 9-17-92

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