

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512657

A 41993

DISTRICT _____

DATE 8/10/99

DATE SYSTEM APPROVED 10/7/99

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

William B. Bush IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 410-730-3202

SUBDIVISION Choi Property LOT 30 ROAD 3260 Danmark Drive

PROPERTY OWNER William & Patricia Bush

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS **INSTALL TWO 1000 GALLON TOP SEAMED SEPTIC TANKS IN SERIES.**

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning at the intersection of the 365.20' and the 350.00' lot lines, place the distribution box 230 feet down the 350.00' lot line and 40 feet off this same lot line as seen when facing the lot from Danmark Drive. Run trenches on contour toward the pipestem access.

NOTES - **MAINTAIN AT LEAST 100 FEET BETWEEN WELL AND ANY PART OF SEPTIC SYSTEM.**
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Donna K. Soe/Amy McMillen DATE 2-19-99

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

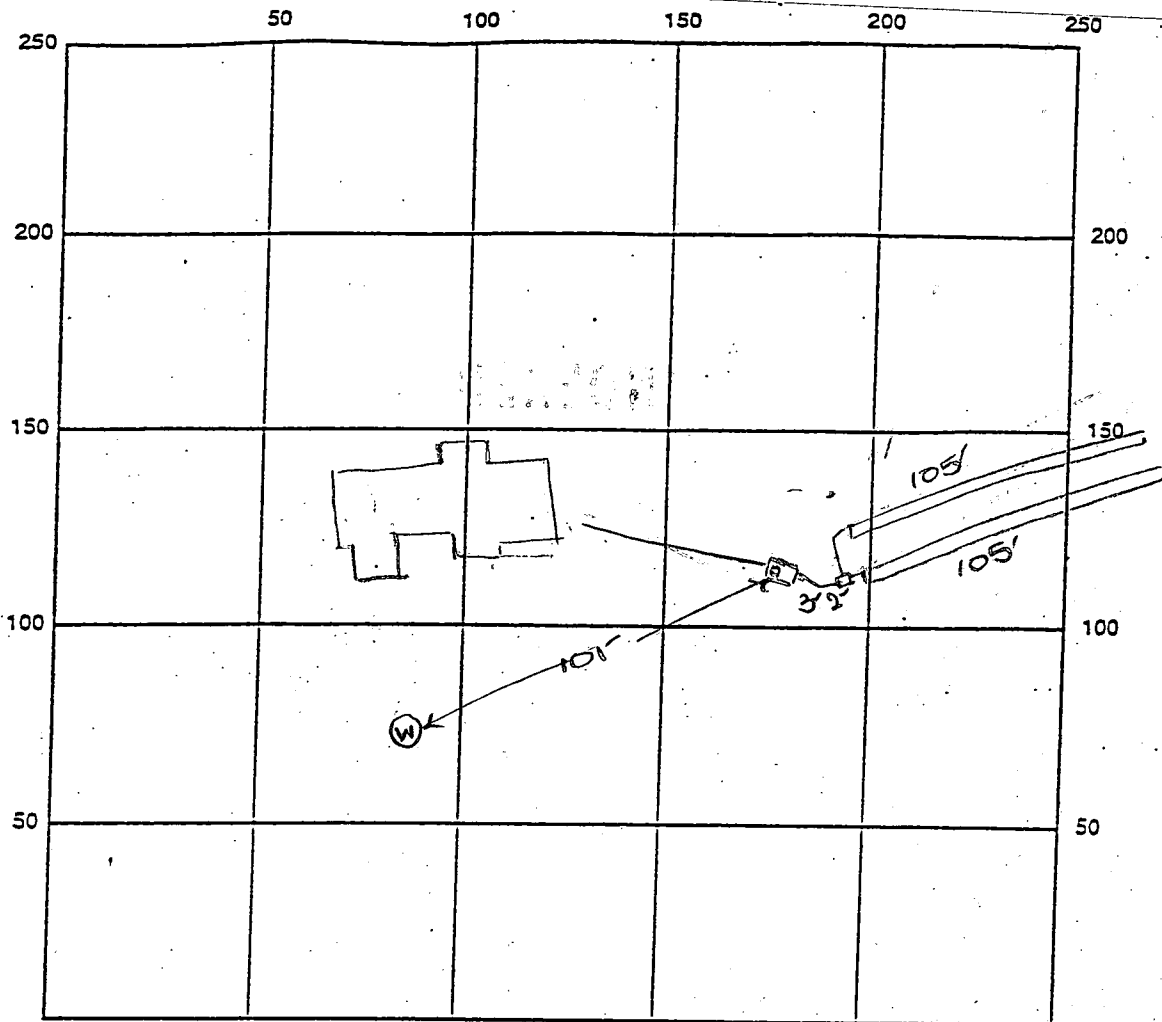
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

56617 v
41993



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Danmore Drive

SEPTIC TANK LEVEL OL - 1000 gal CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OL

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 2 x 105 FT. → 210

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.

DRYWALL INSIDE DIAMETER 2 FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA 2 SQ. FT.

REMARKS: 8/10/99 OK to place DB at left corner of SDA instead of center-

gravity can be achieved to center when initial system fails. This also

prevents the loss of some area by installing a trench now, where line to center

8/11/99 OL to cover all septic work - Needs house conn. ^{would} have been. _{been.}

for final approval. JKS

10/7/99 final insp - OL to cover all septic work. DKS

DATE SYSTEM APPROVED 10/7/99 INSPECTOR [Signature]

2/12/98 MEETING W/ OWNER

EX ELEVATION AT ΔB	578
INV. ELEV. AT ΔB	573.5
INV. ELEV. OUT PUMP	575.2
INV. ELEV. INTO PUMP	575.5
INV. ELEV. OUT ST	575.7
INV. ELEV. INTO ST	576.0
INV. ELEV. AT HSE	576.4

OK TO INSTALL 2 SEPTIC TANKS IN
SERIES AND START TRENCHES ON THE
578 CONTOUR - 2ND REPAIR TO BE
PUMPED

A McMillen

APPLICATION

PERCOLATION TESTING

A 41993

P _____

DISTRICT 4TH

DATE March 10, 1988

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

Full Test

*March 17, 1989
9:30 AM*

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 Sing Ho Company, Inc. William & Patricia Bush

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Comterial ac 27 on signal Patch

SUBDIVISION Choi Property LOT NO. (30) on final

ROAD AND DESCRIPTION North side of Burkeswood Rd., 1890' East of Hedges Road.
(3260 DANMARK DRIVE)

TAX MAP 14 PARCEL # 106

BLDG. PERMIT SIGNED

AND RETURNED 2-19-89

Serial # B10110391

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O. - 3 Bmw

(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.

Dennis M. Bush

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

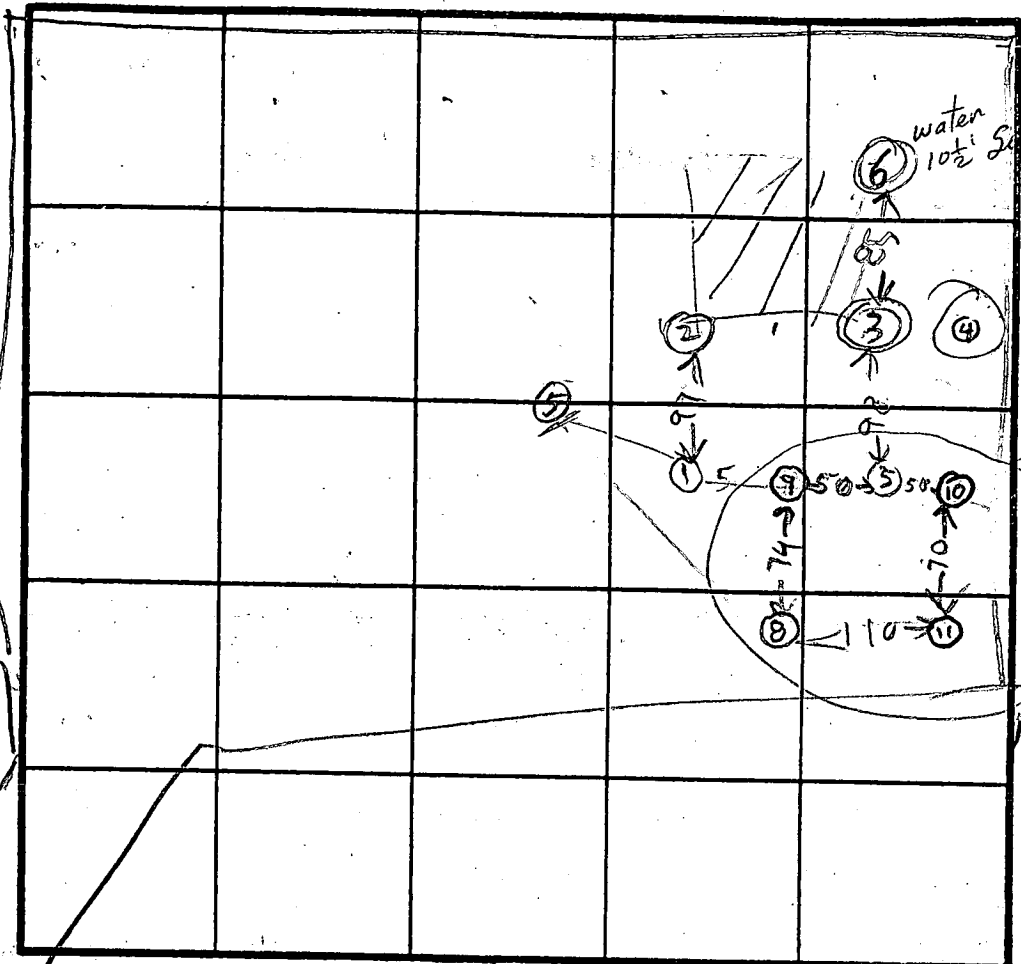
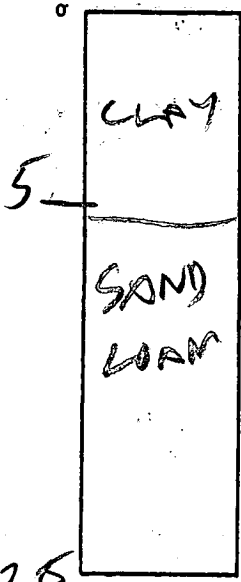
REASONS FOR REJECTION OR HOLDING 9/14/88 Perc OK Hold for Plat R.H
3/17/89 - PERC OK IN WET SEASON R.H

HD-216

THIS IS NOT A PERMIT

wt 30

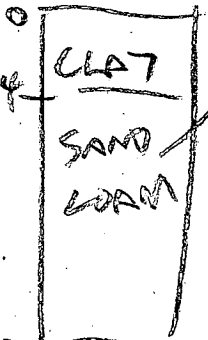
8
SOIL PROFILE



WET SEASON TEST HOLES

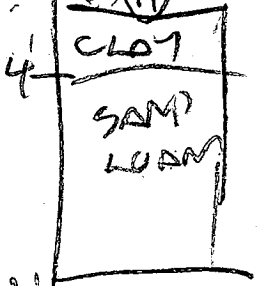
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9



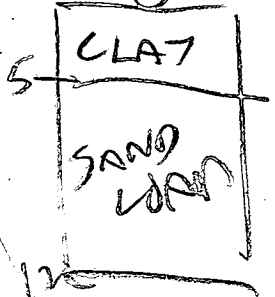
13

10



11

10



12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/89	83 88 ✓	6.5 13.5	1040 OK	1041	1041	1042	
3/17/89	95 9V	4.5 13	1043 OK	1051	1057	1118	21
	105 10V	6 12	1046 OK	1048	1048	1050	2
	115 11V	6 11	1059 OK	1100	1100	1115	15

REMARKS

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT

JACK KRAMER
PUC147

$\bar{x} = 10 \text{ min}$
210

APPLICATION

PERCOLATION TESTING

A 51993

P _____

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

DISTRICT 4TH

DATE March 10, 1988

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Sang Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 30

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1290' East of Hobbs Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Dennis M. Bush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

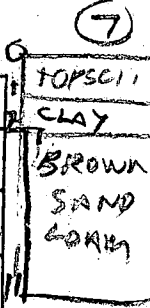
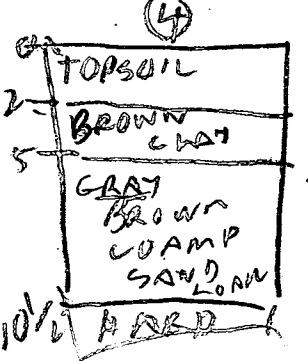
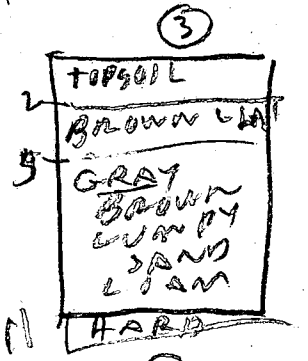
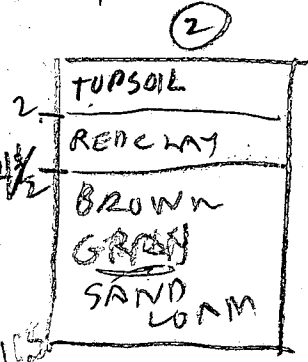
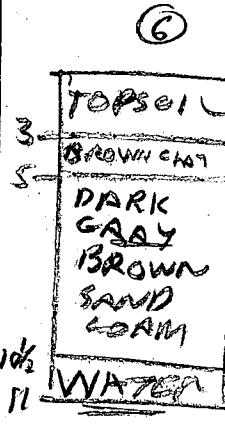
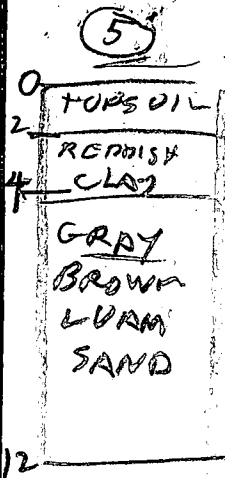
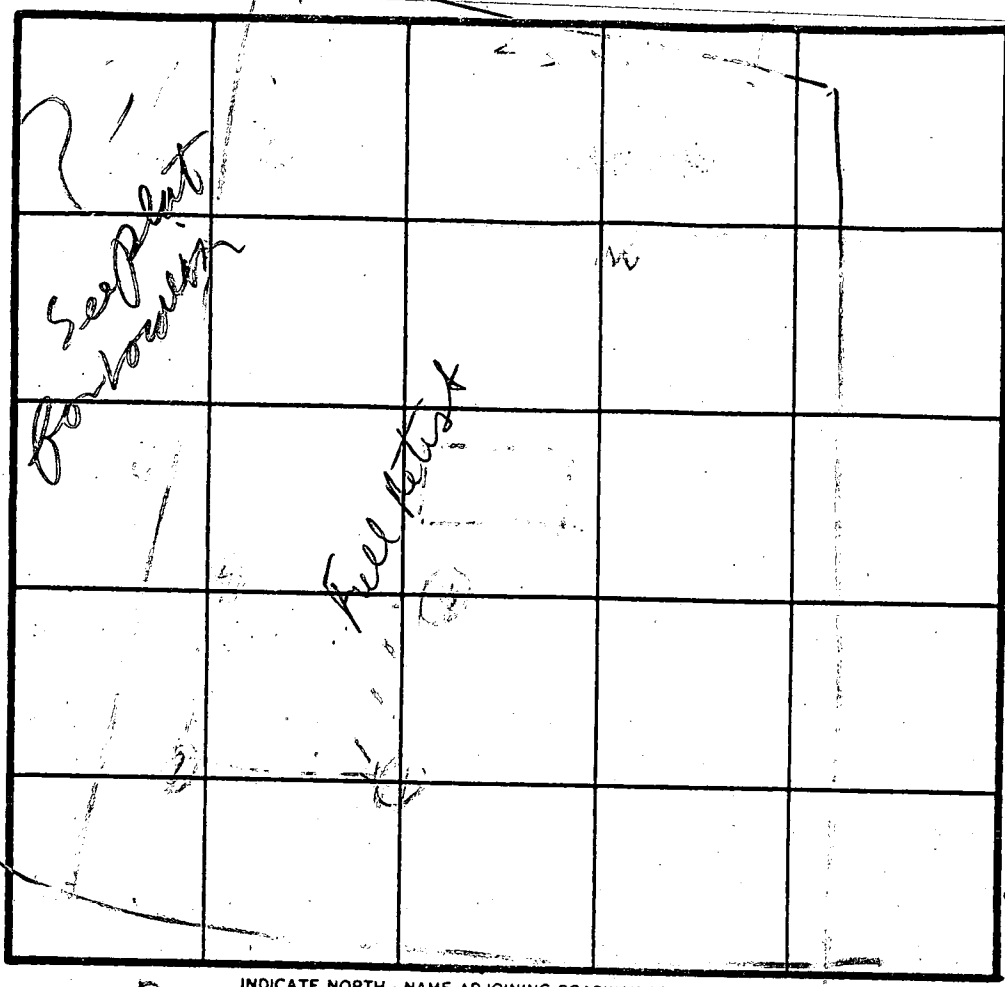
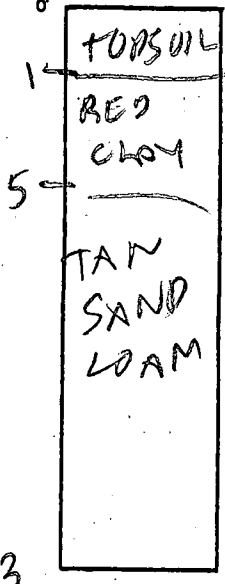
REASONS FOR REJECTION OR HOLDING 3/15/88

HD-216

THIS IS NOT A PERMIT

Lot 30
A41993

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
DANMARK POSITIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/14/88	19	15.5	1008	1008	1008	1010	
	17	8.5	1006	1009	1009		
9/14/88	14	13	OK				
	25	5	1016	1021	1021	1036	
	33	5.5	1025	1083	DIRT FELL IN		HOLD
	33	5.5	1033	1105	little rain		
	31	11	UNSAT				
	43	5.5	1033	1105	little rain		X
	42	10.5	UNSAT				
	51	12	OK				
	61	11	WATER 10 1/2 FT				X
9/14/88	75	3.5	1112	1116	1116	1124	5
	71	11	OK				

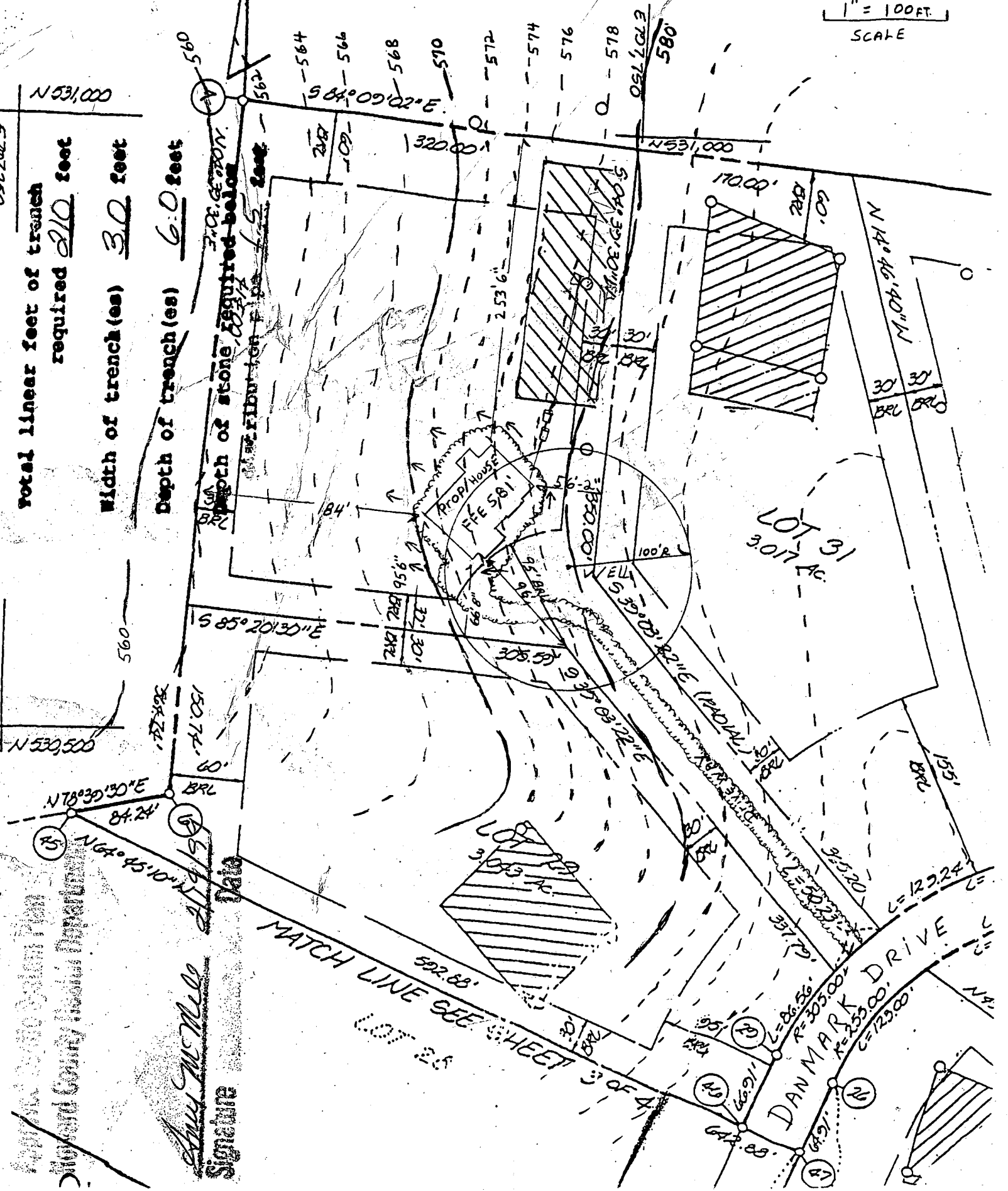
REMARKS: HOLD FOR GET SEASON Clay will be
 TYPE OF SOIL: _____
 TESTED BY: R. HODGES
 ALSO PRESENT: WOODY & SKIP GFFYOCK

TOTAL AREA 3.41 AC / 148,539.6 SF
 AREA TO BE DISTURBED LESS THAN 20,000 SF
 AREA TO BE ROOFED OR PAVED .23 AC

LOT 30
 3260 DANMARK DRIVE

1" = 100 FT.
 SCALE

Total linear feet of trench required 210 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 6.0 feet
 Depth of stone required below distribution pipe 1.5 feet



City and County Public Utilities
 Amy McMillan
 Signature

Approved Septic System Plan
 Howard County Health Department

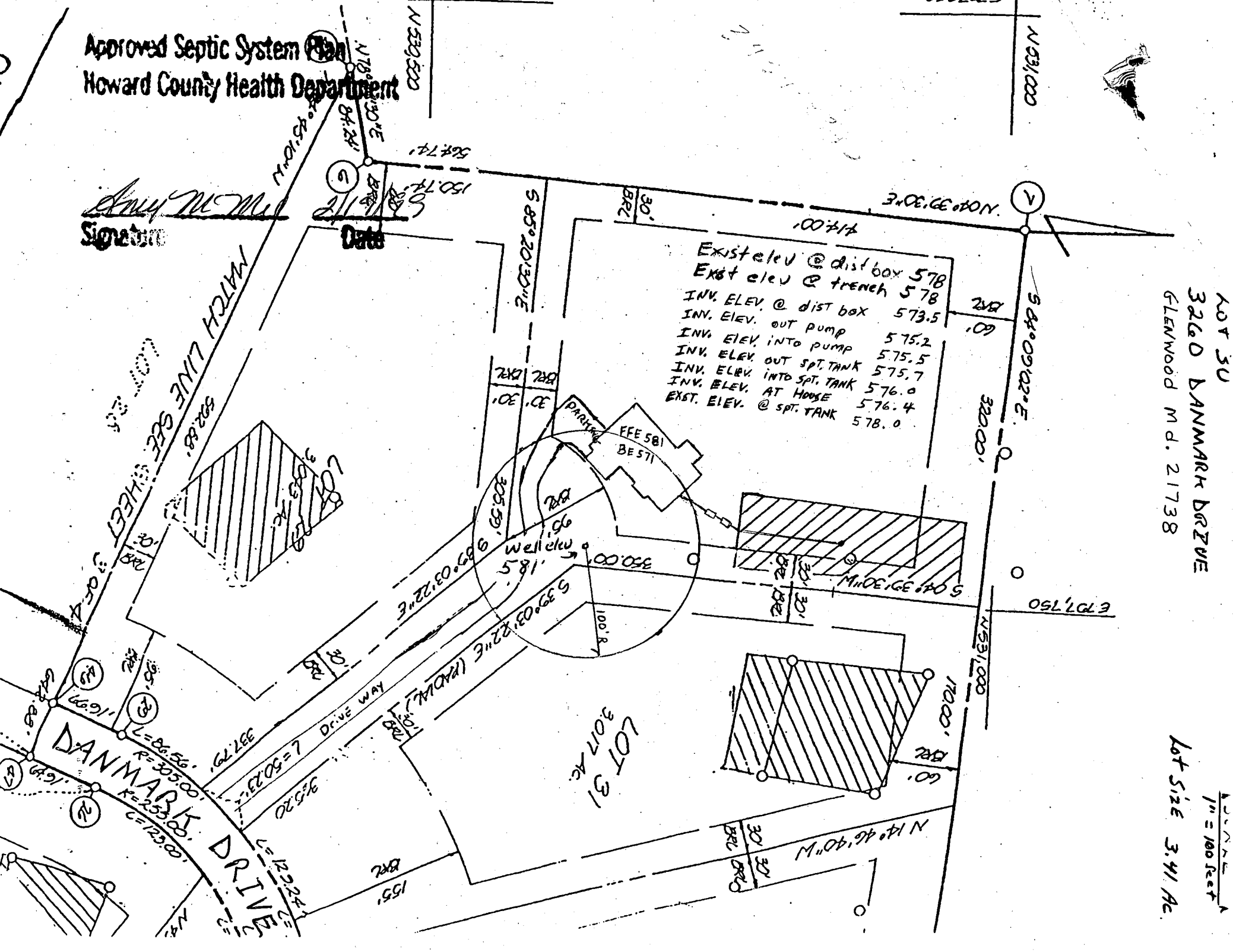
Amly M. M...
 Signature

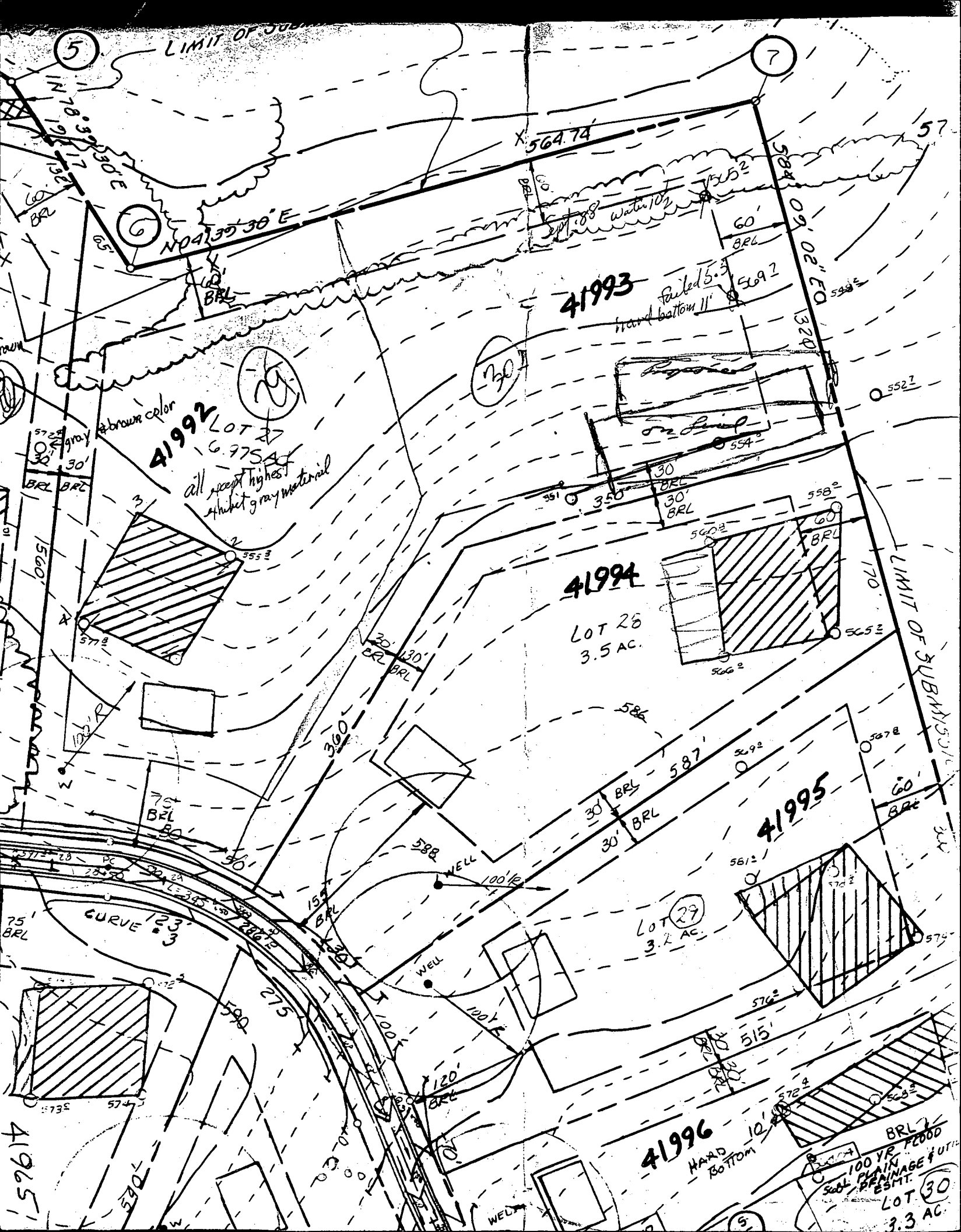
Date

Exist elev @ dist box 578
 Exst elev @ trench 578
 INV. ELEV. @ dist box 573.5
 INV. ELEV. OUT PUMP 575.2
 INV. ELEV. INTO PUMP 575.5
 INV. ELEV. OUT SPT. TANK 575.7
 INV. ELEV. INTO SPT. TANK 576.0
 INV. ELEV. AT HOUSE 576.4
 EXST. ELEV. @ SPT. TANK 578.0

LOT 30
 3260 DANMARK DRIVE
 GLENWOOD M.D. 21738

Lot Size 3.41 Ac
 1" = 100 Feet





LIMIT OF SUBMERSION

5

7

N041°35'30"E

564.74

41993

failed 5.3
hand bottom

41992

abrown color

LOT 27
6.9754
all except highest
exhibit gray material

41994

LOT 28
3.5 AC.

41995

LOT 29
3.2 AC.

41996

HAND
BOTTOM

100 YR FLOOD
SOIL REMAINS FU

LOT 30
3.3 AC.

LETTER OF TRANSMITTAL

(410) 461-2855

DATE 3/9/95	JOB NO. 60038
ATTENTION MR. CRAIG WILLIAMS	
RE: "THE CHOI PROPERTY"	
HOWARD COUNTY, MARYLAND	
LOT #30	
~WELL LOCATION~	

TO HOWARD COUNTY HEALTH DEPT.

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
1	3/9/95	1 of 1	COPY OF PRELIMINARY PLAN w/ PROPOSED WELL SITE.
1	3/9/95	1 of 1	COPY OF RECORD PLAN w/ PROPOSED WELL SITE.

THESE ARE TRANSMITTED as checked below:

For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS CRAIG:

WE HAVE BEEN REQUESTED TO STAKE A WELL ON LOT #30.

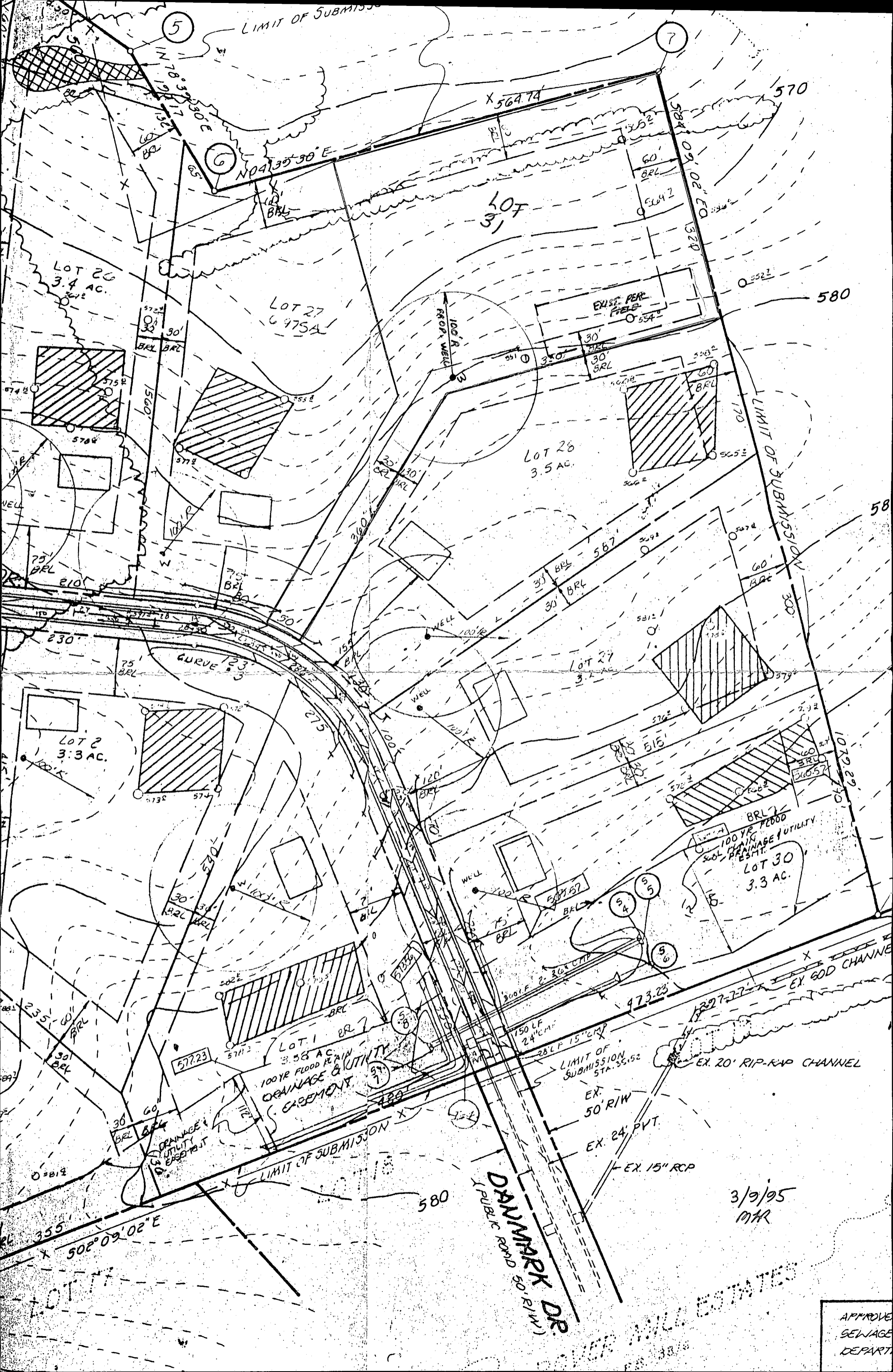
AMY TOLD US TO PREPARE A DWLG. AND SUBMIT IT FOR APPROVAL. IF YOU HAVE ANY QUESTIONS OR REQUIRE ANY ADDITIONAL INFORMATION, PLEASE CALL

777

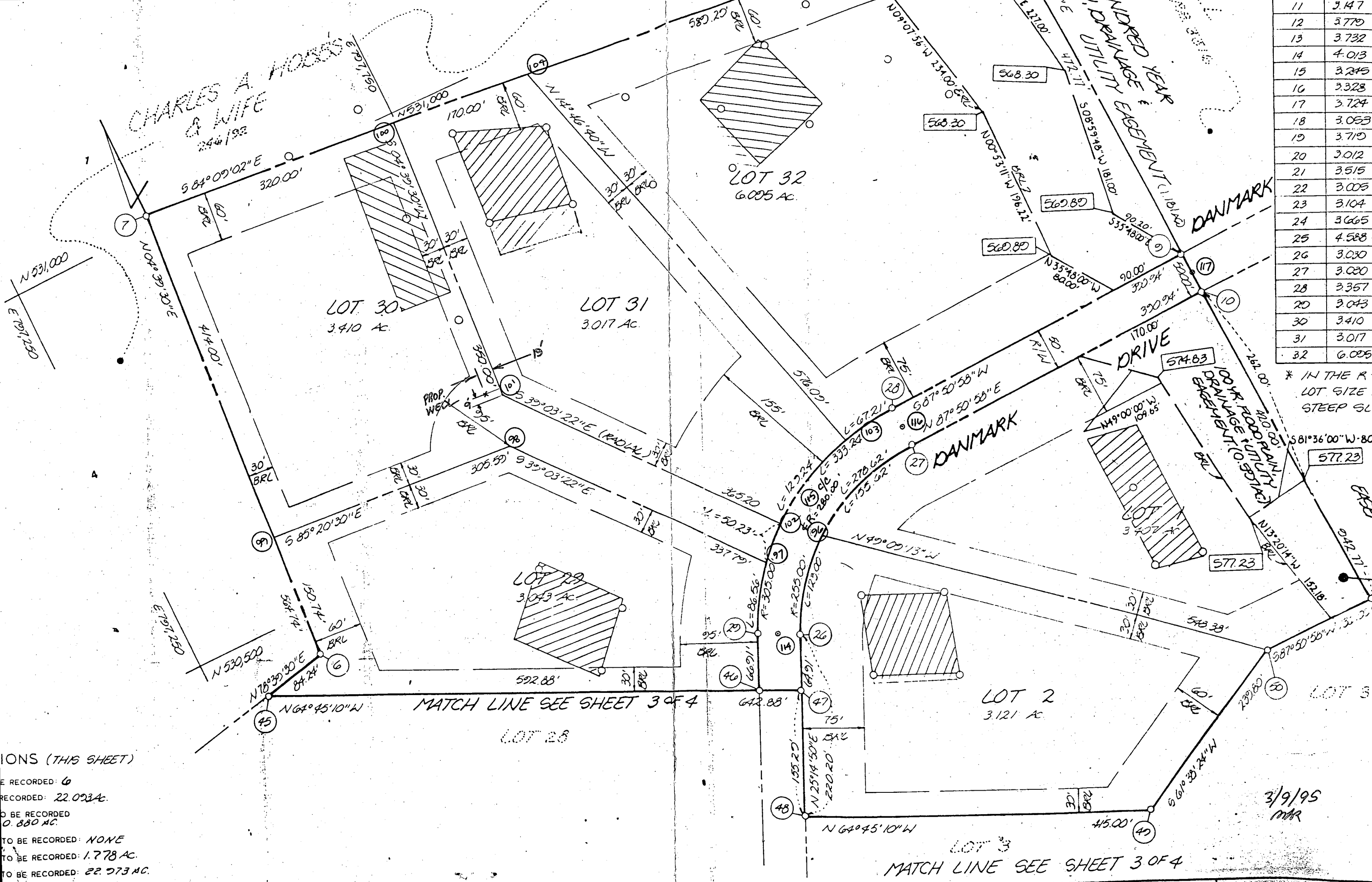
111

COPY TO _____

SIGNED: Mark L. Bobel



APPROVE
 SEWAGE
 DEPART



11	3.147
12	3.779
13	3.732
14	4.013
15	3.245
16	3.328
17	3.724
18	3.053
19	3.719
20	3.012
21	3.515
22	3.005
23	3.104
24	3.665
25	4.588
26	3.030
27	3.020
28	3.357
29	3.043
30	3.410
31	3.017
32	6.095

* IN THE R D LOT SIZE MAY VARY DUE TO STEEP SLOPE

NOTATIONS (THIS SHEET)
 TO BE RECORDED: 6
 TO BE RECORDED: 22.023 AC.
 TO BE RECORDED: 0.880 AC.
 TO BE RECORDED: NONE
 TO BE RECORDED: 1.778 AC.
 TO BE RECORDED: 22.573 AC.

3/9/95
MAR

B 1 **4472**

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
40-94-0415
70 fill in this form completely 79

Date Received (APA)

03/6/95

OWNER INFORMATION

JACOBSEN Homes

9409 ELIZABETH CT

FULTON MD 20759

DRILLER INFORMATION

Joseph L. MAYNE MSD/MGD/MWD License No. **24**

Joseph L. MAYNE Well DRILLING

5512 RIDGE RD. Mt. Airy MD. 21771

Signature **Joseph Mayne** Date **3/16/95**

B 3 LOCATION OF WELL

HOWARD

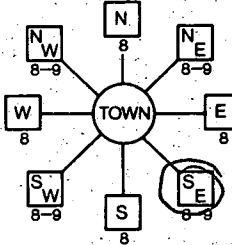
CHOI PROPERTY

SECTION **30**

GLENEWOOD

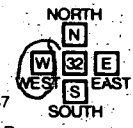
MILES FROM TOWN (enter 0 if in town) **2 MI**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Danmark Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **375**

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

A 41993

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____

032495 **SOUND & SOE** **03/24/96**

NORTH GRID **528000**

EAST GRID **0797000**

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)

APPROXIMATE DEPTH OF WELL **260** 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 _____

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - 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)

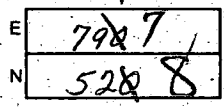
APPROX. PERMIT NUMBER **GAP**

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0415**

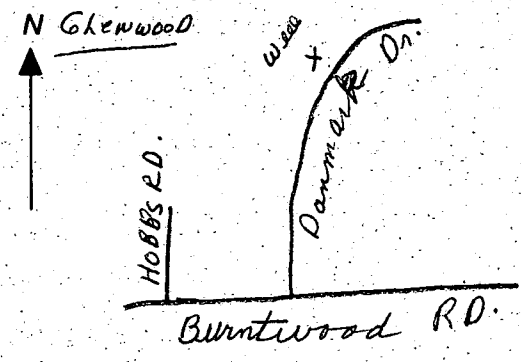
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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



6-19-95
11:30 grout x
60' casing
1-8 bags
55' open
A. m. m. Hen

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 **3669** SEQUENCE NO. (DENV USE ONLY)
 (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 **A41993**

ST/CO USE ONLY DATE Received [] DATE WELL COMPLETED **06/19/95** Depth of Well **225** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-94-0415**

OWNER **Jacobson Homes** last name **Dahmark Drive** first name TOWN **Glenwood**
 STREET OR RFD SUBDIVISION **Choi Property** SECTION LOT **30**

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	55	
GRAY MICA ROCK	55	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1692**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **53** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **N**

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. **24**
 DRILLERS SIGNATURE **Joseph L. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SCREEN

DEPTH (nearest ft.)	1	2	3
8	H0	27	225
11			
15			
17			
21			
23			
24			
26			
30			
32			
36			
38			
39			
41			
45			
47			
51			

SLOT SIZE _____ DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** **74** **75** **76**
 W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **20**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **29** WHEN PUMPING **24**
 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**
 (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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below **3** (nearest foot) LAND SURFACE **3** (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 See Attached location

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 # _____ Date _____
 Name of Installer J. Thompsons, P.H. Telephone 465 8818
 License Number 1801 Well Driller _____ Registered Plumber
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
 Name of Property Owner BILL BUSH Telephone _____
 Subdivision 17th Street NW Lot # D Well Tag # _____
 Site Address 3260 DAWN WALK 129-
3248 DAWN WALK

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Wagner
 3. Model # W11143
 4. Capacity 15 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 1/2
 2. RPM 3200
 3. Voltage 220
 a. 110 _____
 b. 220

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

Tank
 1. Capacity 203
 2. Pressure relief valve? 2

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

Well data
 1. Depth 215 ft.
 2. Yield 200 GPM
 3. Static water level 35 ft.
 4. Will water supply be disinfected by installer? Owner

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: J. Thompsons
 Date: 7-20-99

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