

8/2/91 10 AM  
9/7/91 P.M.  
10/7/91 anytime

9/3/91 P.C.O.  
C-8.d

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 47385

A 43298

DISTRICT 5th

DATE 8/1/91

DATE SYSTEM APPROVED 4/7/91

INSPECTOR M. Rifkin

Jeff Jones - Venture Dev. Group IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 774-1640/5583

SUBDIVISION Hopkins Property LOT 1 ROAD 6751 Haviland Mill Road

PROPERTY OWNER Glen R. McMakin 588-8510 (w)

ADDRESS Mrs. " 231-8757 (w)

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180  
200 SQUARE FEET PER BEDROOM 540  
600 sq. ft. for 3 bedrooms.

LINEAR FEET OF TRENCH REQUIRED 108  
120 Feet long for 3 bedrooms. MR 7/31/91

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Starting from front right lot corner, start first trench 100' down front lot line and 200' off the same lot line. Run trenches on contour toward left side of property as seen when facing the lot from Haviland Mill Road.

NOTE - No trench to exceed 100' in length. Provide 6" - 8" diameter cleanout and cap above grade or septic tank. OK 5/14/91

PLANS APPROVED BY Mark Rifkin cm DATE 6/26/91

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**

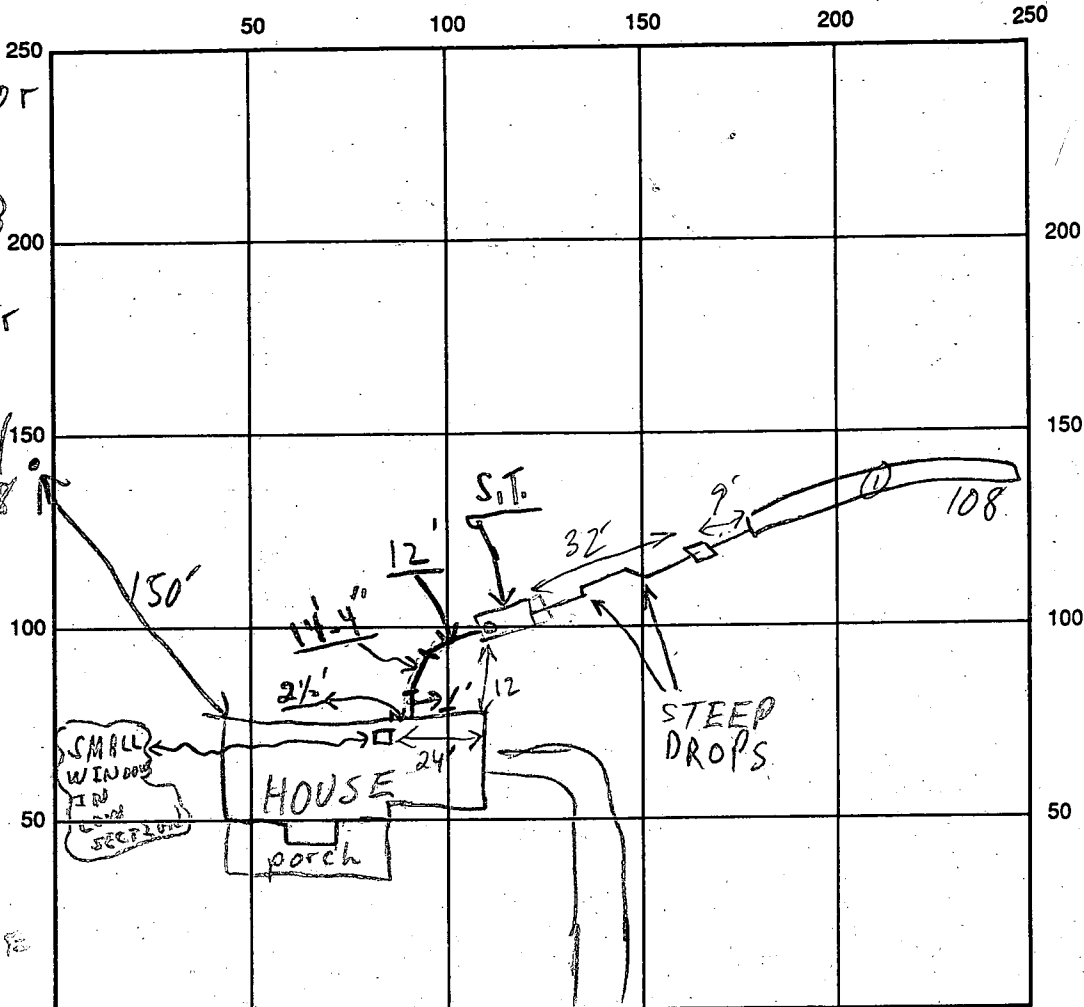
A 43298

24 Cor  
12 T-Cor

32 T-B  
9 B-Tr

well  
HO-88-1308

WELL  
LINE  
INTO HOUSE



HAVILAND MILL RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 108 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS: 8/2/91 OK TO COVER ALL WORK FROM TANK TO END OF TRENCH; NO C/O, NO HOUSE CONN MR

P.M. 9/3/91 Needs a cleanout @ septic tanks - only; partial-C.R.P.

OK TO COVER - ALL BUT S.T. C.O. C.R.P. {HOLD FOR A CALL ON C.O.}

11/7/91 S.T. C/O OK, ALL WORK OK MR

DATE SYSTEM APPROVED 11/7/91 INSPECTOR M. Ripkin

# APPLICATION

PERCOLATION TESTING

A 43298  
P \_\_\_\_\_

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

EXISTING HOUSE  
ON PROPERTY 1000' FT AWAY  
NO N660 TO PERC EXISTING  
BUT "WALK OVER" REQUIRED.

DISTRICT Fifth  
DATE 12-28-88

EXISTING 40 ACRE PARCEL WITH EXISTING HOUSE  
3 AC. TO BS DIVIDED.

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 Mr. & Mrs. Bushrod W. Hopkins Glenn R. McMakin

ADDRESS 6761 Haviland Mill Rd., Clarksville, MD 21029 PHONE 301 596 9158

PROSPECTIVE BUYER Glenn S. Hopkins

ADDRESS 6761 Haviland Mill Rd., Clarksville, MD 21029 PHONE 301-854-0460

PROPERTY LOCATION: 6761 Haviland Mill Rd., Clarksville, MD 21029 Howard County

SUBDIVISION \_\_\_\_\_ LOT NO. 1

ROAD AND DESCRIPTION (6751 Haviland Mill Road)

TAX MAP 34 PARCEL # 129

SIZE OF LOT 3 Acres 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.

Glenn S. Hopkins  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR (HOLDING) pending plat showing house & well locations. MR 1/9/89

BLDG. PERMIT SIGNATURE  
AND RETURNED 3/6/91  
Serial # 37516 - SF 12  
3 Bedroom

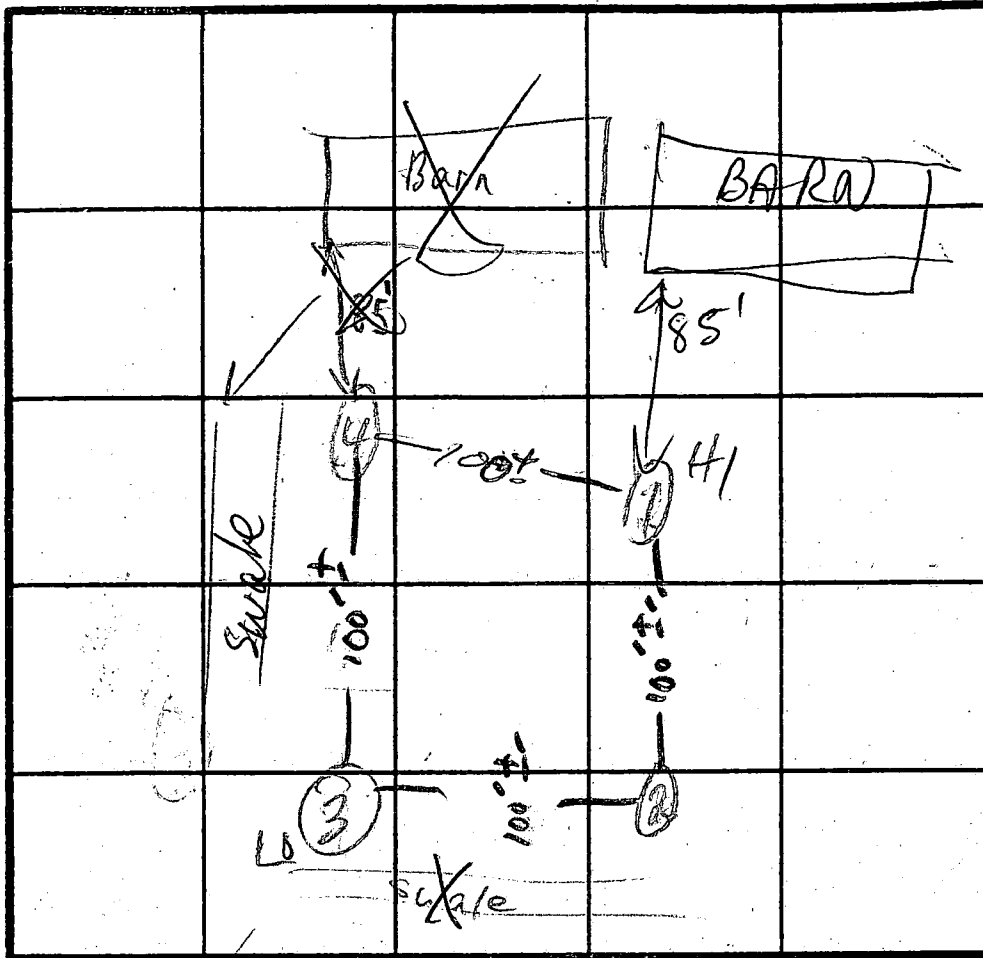
# THIS IS NOT A PERMIT

*Jan 21, 1989  
11:30 PM*

HD-216

SOIL PROFILE

4" A hor.  
 med. brn  
 silty  
 clay loam  
 <15%  
 3' from  
 light brn  
 silt loam  
 micaceous  
 <10%



X = 2 min  
 180 p/BR  
 Inlet 3'  
 Max 8'

HAVILAND MILL RD  
 INDICATE NORTH - N/E ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/9/89	1	13	2:32	2:33	2:33	2:35	2 min
	2	4.5 13	2:38	2:39	2:39	2:42	3 min
	3	4.5 13	2:44	2:45	2:45	2:47	2 min
	4	4.5 13	2:47	2:49	2:49	2:51	2 min

REMARKS Measurements approx.

TYPE OF SOIL Chester loam?

TESTED BY M. Rifkin

ALSO PRESENT S. Abel, Mr. Hopkins

+ son

Haviland

Mill

Road

S 45 1/4 W  
42 R 6921

25° 15'

M 78° 58' 37.45"

HOPES TO  
DIVIDE 3 ACRES  
THIS AREA

DUILT  
JAN 85

LOT 11 DEF  
2.005 AC ±

EXISTING HOUSE  
HERE 30 YRS +

FENCE  
STREAM

115  
19  
S 55°

999.5 m

872.0 25"  
52.85 R

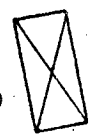
N 25 1/2 E

96° 46' 22.5"

S 35° 13' W  
245.08

443.20

869.30



DENOTES  
DENOTES  
DENOTE

Haviland

MADEY  
STREAM

30 N 71° 07' W

158.60

527

S 58° 11' E

457

50

475

450

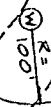
422.00

407

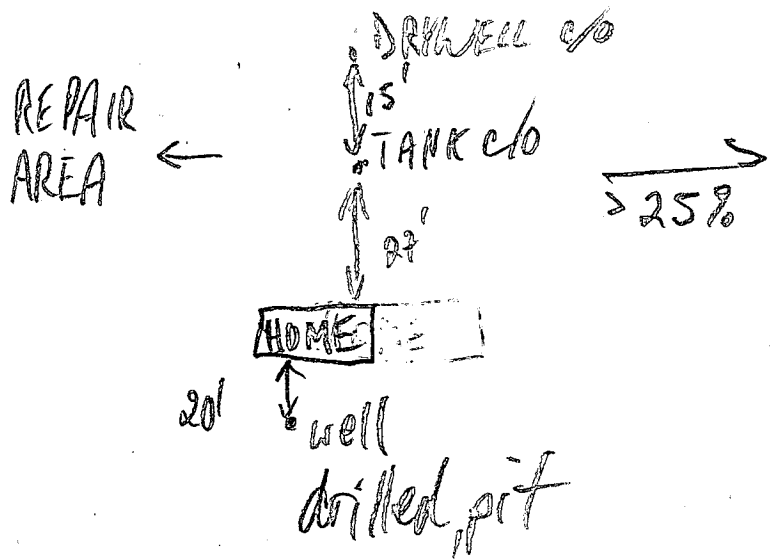
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457

50

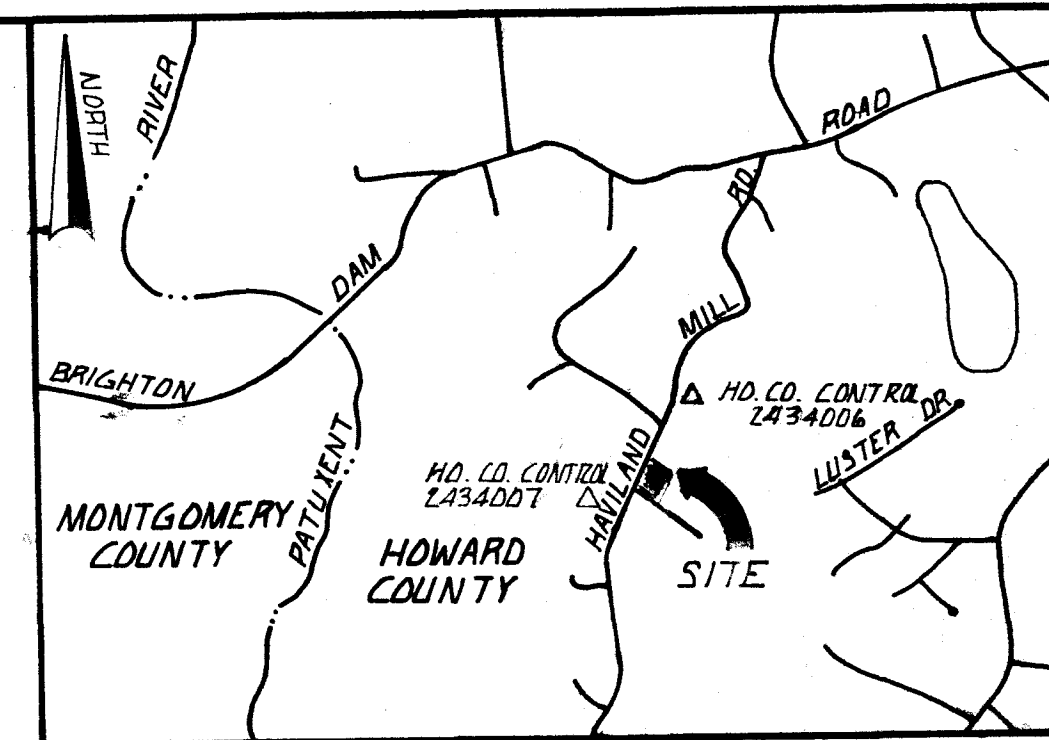


VIA

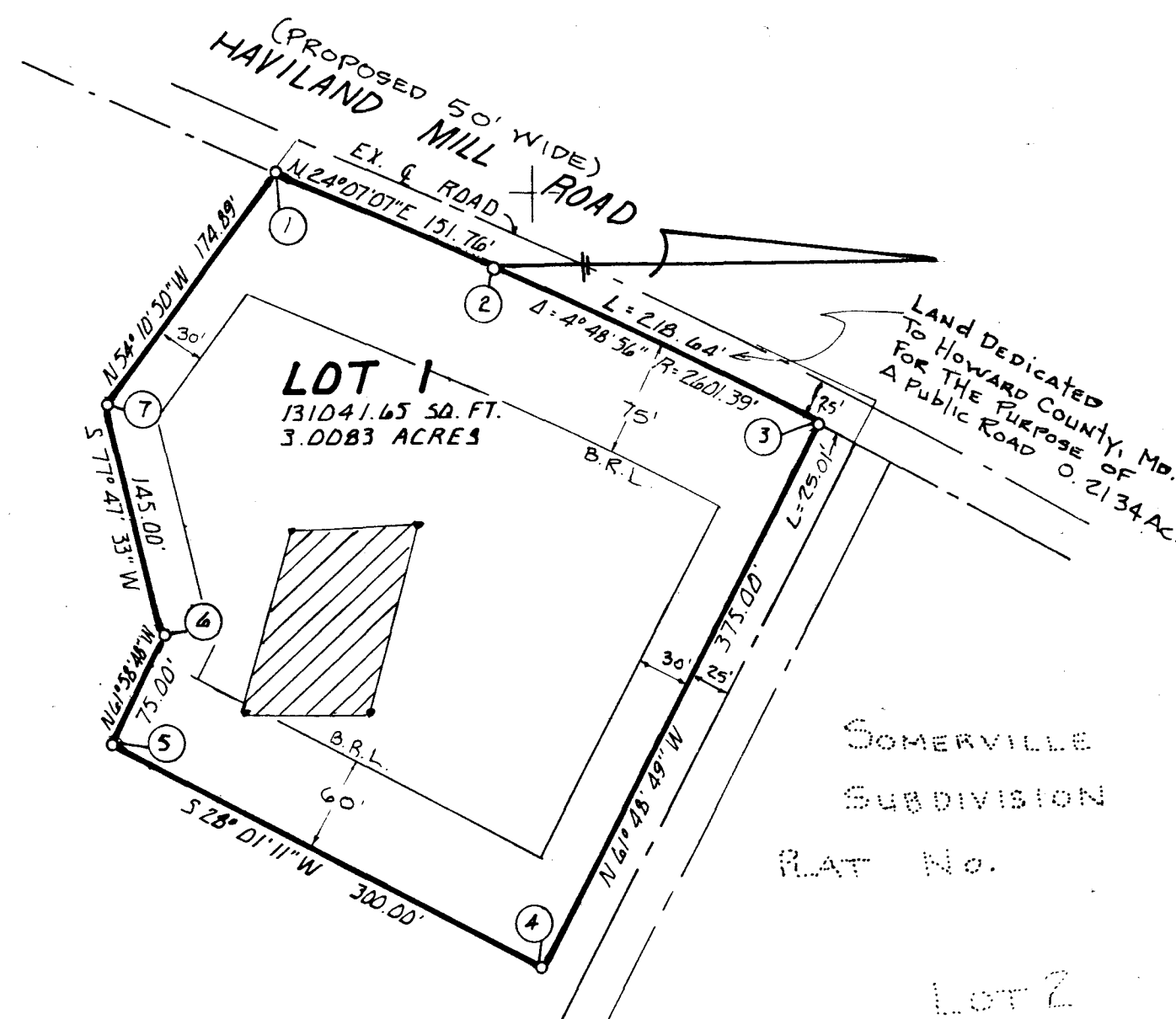


COORDINATE TABLE		
No.	NORTH	EAST
1	493341.474	801485.767
2	493479.984	801547.780
3	493675.550	801645.399
4	493499.385	801976.444
5	493234.549	801835.512
6	493269.782	801769.303
7	493239.121	801627.581

NOTE:  
COORDINATES AND BEARINGS  
SHOWN HEREON ARE BASED ON  
HOWARD COUNTY GEODETIC  
CONTROL SURVEY POINTS NUMBERED:  
2434006 N 494238.395; E 801936.828  
2434007 N 493201.627; E 801376.012



VICINITY MAP  
SCALE: 1" = 2000'



B.W. HOPKINS  
L 297 F. 902

GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- THE LOTS HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- SUBJECT PROPERTY IS ZONED "R" PER THE AUGUST 2 1985 COMPREHENSIVE ZONING PLAN.
- O - DENOTES IRON BAR OR IRON ROD TO BE SET.
- PLAN SUBJECT TO WP-89-141, WAIVER APPROVED TO RECORD 3 ACRES WITHOUT PLATTING ENTIRE PARCEL RESIDUE.

AREA TABULATION

TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED = 1  
 TOTAL AREA OF LOTS AND OR PARCELS = 3.0083 ACRES  
 TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS = 0.2134 AC.  
 TOTAL AREA OF SUBDIVISION TO BE RECORDED = 3.2217 AC.

CURVE DATA					
CURVE	RADIUS	LENGTH	TANGENT	DELTA	CHORD BEARING & DISTANCE
2-3	2601.39'	218.64'	109.385'	04°48'56"	N.26°31'35" E 218.576'

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.  
*Joyen Brooks* 3-9-90  
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING  
*[Signature]* 4.3.90  
DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, & PUBLIC ROADS.  
HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS  
*[Signature]* 3/27/90  
DIRECTOR DATE

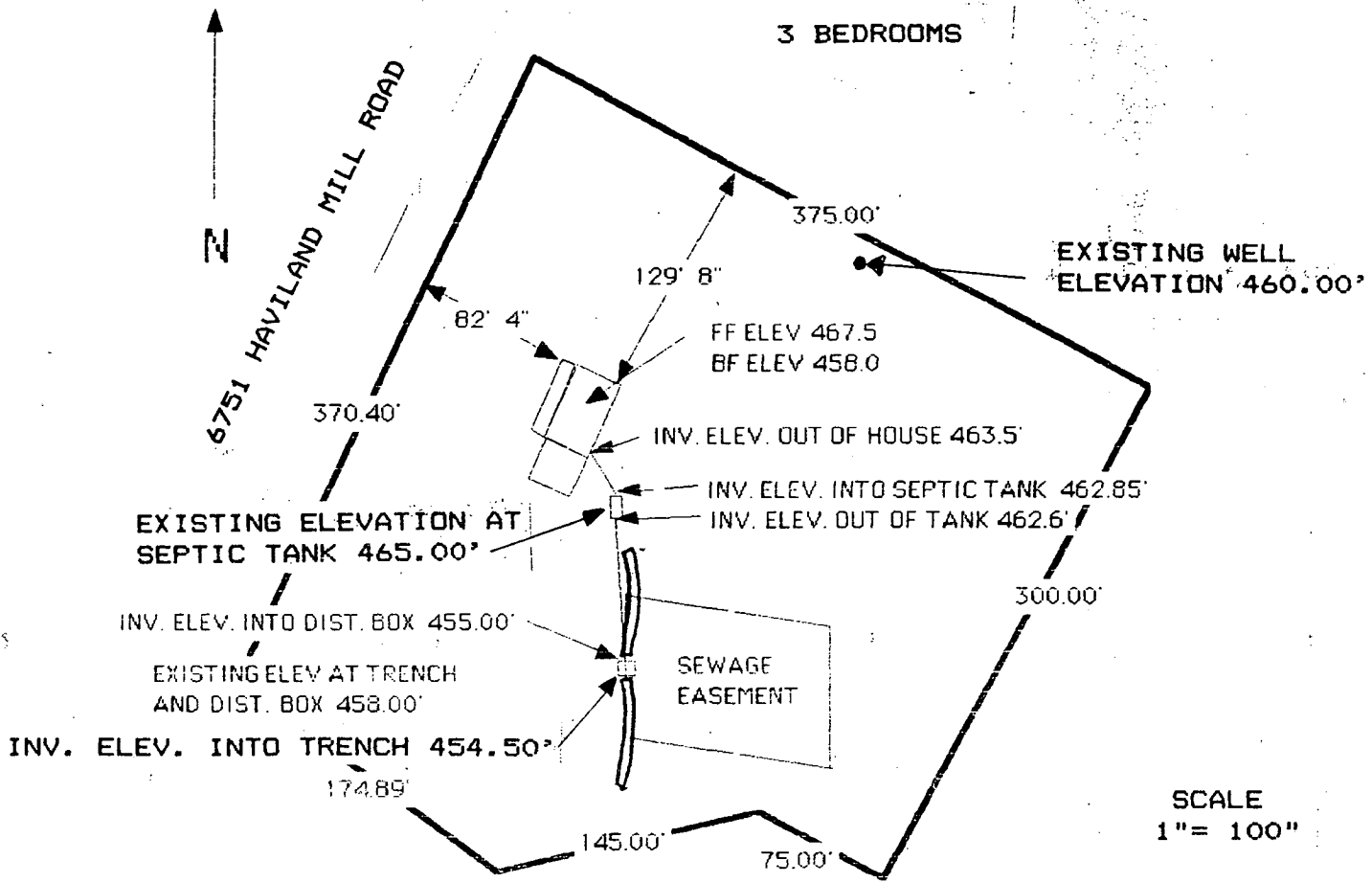
**OWNER'S DEDICATION**  
I, BUSHROD W. HOPKINS AND MARY S. HOPKINS HIS WIFE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS; (3) THE RIGHT TO REQUIRE DEDICATION OF CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER SAID EASEMENTS AND RIGHT-OF-WAYS.  
WITNESS MY/OUR HANDS THIS 6th DAY OF March, 1989.  
WITNESS *[Signature]* *[Signature]*  
WITNESS *[Signature]* *[Signature]*

**SURVEYOR'S CERTIFICATE**  
I HEREBY CERTIFY TO THE BEST OF BELIEF AND KNOWLEDGE THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY JOHN L. CLARK TO MARY S. AND BUSHROD W. HOPKINS BY DEED DATED MAY 4, 1957 AND RECORDED AMONG THE RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 297 AT FOLIO 302 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION, BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH ANNOTATED CODE OF MARYLAND, AS AMENDED.  
3/10/89  
DATE  
*W. Allen Brown*  
W. ALLEN BROWN MD NO. 299

AL BROWN SURVEYS, INC.  
LAND SURVEYING & ENGINEERING  
7305 MINK HOLLOW ROAD  
HIGHLAND, MARYLAND 20777  
(1-301) 854-0913

RECORDED AS PLAT NUMBER 9289  
ON 4-9-1990 AMONG THE  
LAND RECORDS OF HOWARD CO., MD.  
PLAT OF SUBDIVISION  
**HOPKINS SUBDIVISION**  
*[Signature]* LOT 1 *[Signature]*  
CLARKSVILLE (5TH) ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
T.M. 34 P 129  
SCALE 1" = 100' FEBRUARY, 1989  
ZONED: RURAL SHEET 1 OF 1

F90.37 89001



SCALE  
1" = 100"

I certify that the above measurements are actual and correct for this property.

signed: Glen R. McMakin

THE VENTURE DEVELOPEMENT GROUP INC,  
4801 SUNDOWN RD. LAYTONSVILLE, MD.  
(301-774-5583) 20879

GLEN R. MCMAKIN  
308 BONIFANT RD.  
SILVER SPRING, MD  
20904  
(301-384-5077)

REVISED PLANS OK  
5/6/91 RA  
Paperwood Mass

B 1 **3710** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-1308**  
 fill in this form completely

Date Received: (APA) **031390**  
 OWNER INFORMATION  
**HOPKINS** **GLENN**  
 Last Name Owner First Name  
**6761 HAVILAND MILL RD**  
 Street or RFD  
**CLARKSVILLE** **MD 21029**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**HOPKINS SUBDIVISION** SUBDIVISION  
 SECTION **1** LOT **1**  
**CLARKSVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** **MI**

DRILLER INFORMATION  
**Joseph E. Mayne** License No. **238**  
**Joseph E. Mayne WELL DRILLING**  
 5512 Ridge Rd. Mt. Airy, Md. 21771  
 Address  
**Joseph E. Mayne** 3/13/90  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **Haviland Mill Road**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **50** FT  
 ENTER 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  
**Howard** COUNTY NAME  
**A43298** COUNTY NO.  
 STATE SIGNATURE **Mark E. Kiffin** DATE ISSUED **11/1/90**  
 NORTH GRID **493000** EAST GRID **0802000**

APPROXIMATE DEPTH OF WELL **260** FEET

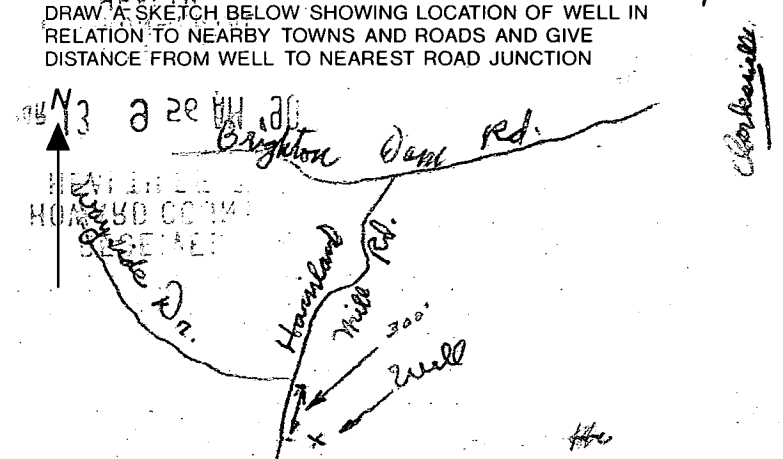
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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  
 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 **G A P**  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-1308**

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  
**8022**  
**4933**  
 HEALTH DEPARTMENT APPROVAL  
**47' CASING LOC OK**  
**42' OPEN OK**  
**15 BAGS**  
**1' CASING # 6**  
**GROUT NOT OBS'D**  
**1 TAG OK MR 6/4/90**



C1 1547

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A43298

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 060490

Depth of Well 480 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HA-88-1308

OWNER HOPKINS last name GLENN first name
STREET OR RFD Harland Mill Rd TOWN Clarksville
SUBDIVISION HOPKINS SUR SECTION LOT 1

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. Includes handwritten entries: SANDstone, GRAY MSHA Rock, 2 dry wells 300, 300 filled in with cement & filling material.

GROUTING RECORD WELL HAS BEEN GROUTED (yes Y no N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1910 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 12 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE SA Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 47

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.) 46 480 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

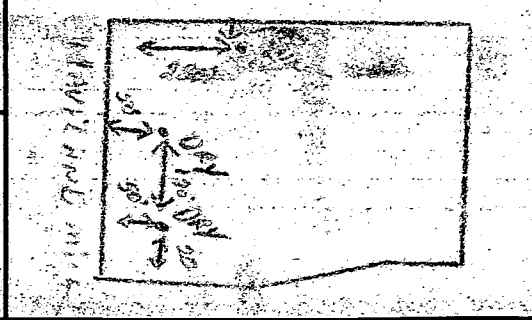
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.) 105 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 2.9 WHEN PUMPING 19.8 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 below LAND SURFACE (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)



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. 278 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

9/3/91  
adpt time  
+ J.C.

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

Final  
on  
CBO

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

Except needs  
a new  
well cap  
old one  
cracked

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_

Receipt # 47442  
Date 9/3/91

Name of Installer BUILDER - KFF WNES

Telephone 301 774 5583

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner McMAKIN Telephone 301 384 5077 301 970 8066  
Subdivision HOPKINS Lot # 1 Well Tag # HO - 88 - 1308  
Site Address 6751 HAVICANDMILL ROAD CLARKSVILLE

{ 9/3/91 }  
= CBO

- |   |                     |                        |
|---|---------------------|------------------------|
| <b>Pump</b>   | <b>Motor</b>        | <b>Pitless Adapter</b> |
| 1. Type   | 1. Horsepower _____ | 1. Make _____          |
| a. Deep well jet _____  | 2. RPM _____        | 2. Model # _____       |
| b. Shallow well jet _____   | 3. Voltage _____    | 3. Depth _____         |
| c. Submersible _____  | a. 110 _____        |                        |
| 2. Make _____   | b. 220 _____        |                        |
| 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 _____ |                     |                        |

- |                                 |  |   |
|---------------------------------|--|---|
| <b>Tank</b>                     | <b>Piping</b>                          | <b>Well data</b>  |
| 1. Capacity _____               | 1. Type _____                          | 1. Depth _____ ft.                                      |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield _____ GPM                                      |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                         |
|                                 | 4. Depth of supply line _____          | 4. Will water supply be disinfected by installer? _____ |

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: \_\_\_\_\_

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