

10/10/97  
WPI - Anytime  
10/15/97 AM

04-355423

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59003

A 44128

DISTRICT 4th

DATE 10/6/97

DATE SYSTEM APPROVED 10/16/97

INSPECTOR [Signature]

**HOWARD COUNTY HEALTH DEPARTMENT**  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XX461-9933~~ 410-313-2640

**INDEXED**

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION 7 Zirkle Subdivision LOT 1 ROAD 1601 Shaffersville Road

PROPERTY OWNER Robert L. Zirkle

ADDRESS 1705 Shaffersville Road  
Mt. Airy, Maryland 21771

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 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right rear lot corner, place the distribution box 165 feet down the right lot line and 10 feet off this same lot line. Run trenches on contour to rear of lot.

NOTES - 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 Mark Rifkin/Glen Savage DATE 08/21/97

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

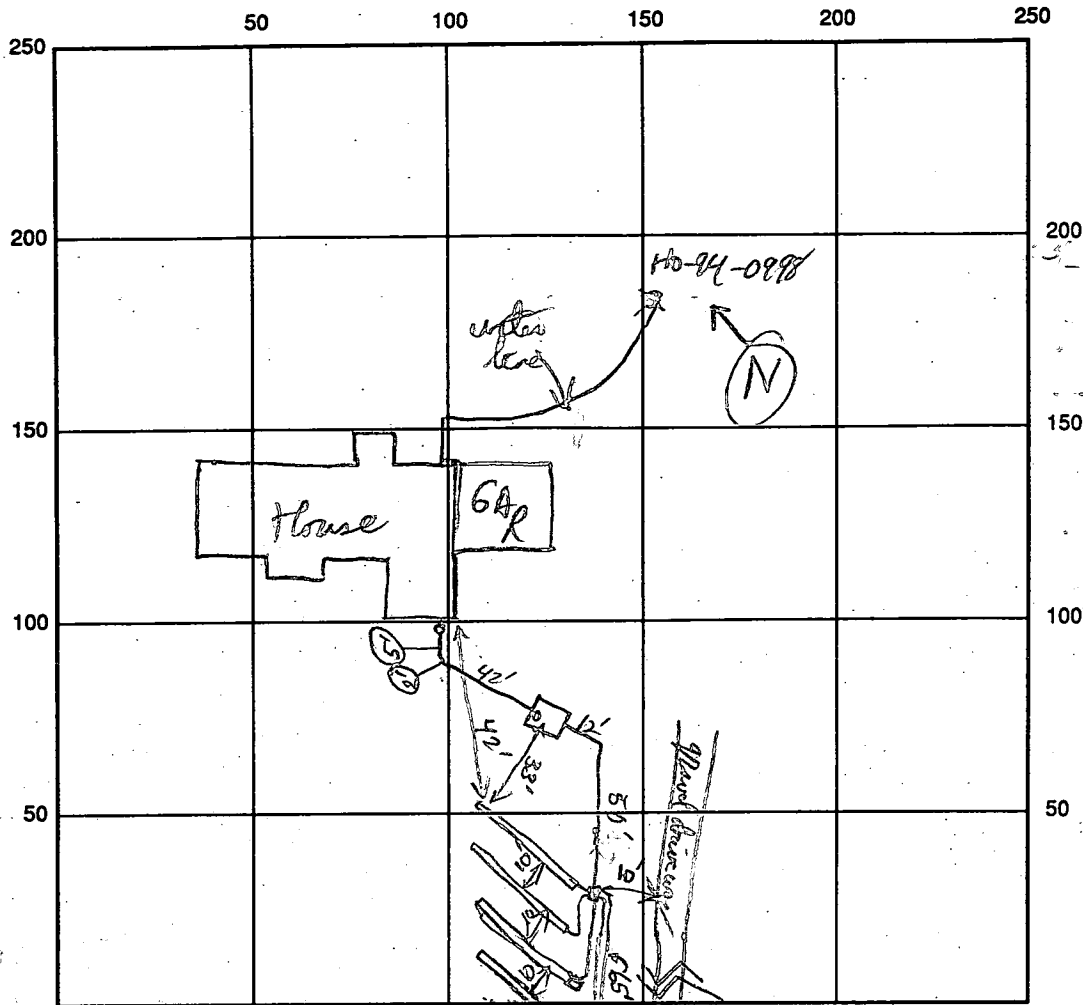
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**BLDG. PERMIT SIGNED**  
**AND RETURNED 11-12-97**  
*Serial # B7108730*  
*propane tank*

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

A  
44128



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS House, W & S.T. exit

DISTRIBUTION BOX LEVEL set level ✓

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1/56 2/56 3/56 4/56 5/56 FT/56

NUMBER OF TRENCHES <sup>(20)</sup> 5 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: House connection OK - OK to cover lot 2 trench & sched 40 pipe from House to Dist Box  
+ around Septic tank. 10/10/97 (chipped part of S.T. exit port over buffer. Needs some 11. in repair to  
Keep Soil on top of S.T. - Final Trenches OK to cover 10/15/97

Needs 2 piece cap  
WPT - pit less adequate + water line OK @ 3 1/2 - 4 ft 10/10/97  
 DATE SYSTEM APPROVED 10/15/97 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 44128

MINOR SUBD.  
PAGE 16W OK  
10/12/89 C.W.

P \_\_\_\_\_

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

DISTRICT 472

DATE 5-1-89

*Save Application  
This Lot NOT TO  
be tested / OK 5/1/89*

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 Marjorie M. Zirkle Robert L. Zirkle

ADDRESS 1705 Shaffersville Rd Mt Airy, MD 21071 PHONE 301-795-7941  
992-9677  
995-1400

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ LOT NO. Lot 1  
OR 4013

ROAD AND DESCRIPTION 1601 Shaffersville Road NOT TO BE TESTED

**ORIG. PERMIT SIGNED  
AND RETURNED 8-21-92**  
Serial # B1107490  
SFD-4Bmm

TAX MAP 6 PARCEL # 71  
SIZE OF LOT approximately 30 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. Marjorie M. Zirkle  
(SIGNATURE OF APPLICANT)

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

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

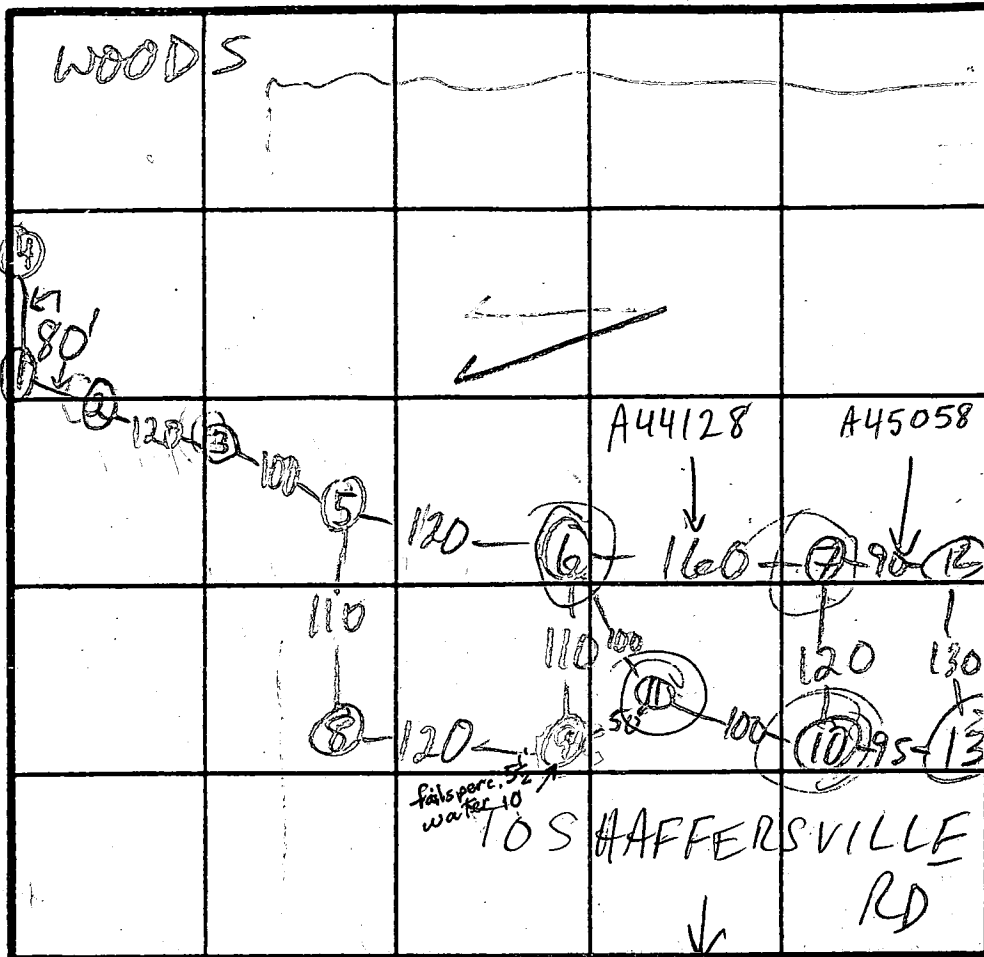
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT - PERC OK MR 10/24/89

# THIS IS NOT A PERMIT

HD-216

Lot 3  
A 44128



(12) (13) H  
(7) (10) HED  
(6) (11) LO

SOIL PROFILE  
 0  
 deep org  
 & yel  
 clay  
 loam  
 4-4 1/2  
 red/yel  
 9 org  
 silty  
 sand  
 loam  
 10-15%  
 Saprolite  
 12 frags

45  
(14)  
(6) (7) (10) (11)  
 $\bar{x} = 10$   
 20 BR  
 In 5'  
 Bot 7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/89	(1)	12 1/2	MARGINAL	30%	FRAGS	FAIL	
	(2)	12 1/2'	WATER AT	11 1/2'	FAIL		
	(3)	12'	WATER AT	9'	FAIL		
	(4)	4 1/2	REFUSAL		FAIL		
	(5S)	5	11:39	20 min	NO PERC	FAIL	
	5V	13					
?	(6S)	8 1/2	11:17	11:37	NO PERC	FAIL	
	(6V)	13	11:16	11:21	11:21	11:33	12
	(6V)	13	12:06	12:08	12:08	12:14	6
	7S	5	12:30	12:43	12:43	12:57	14
	7V	12	see	Profile			

SHALLOW (14V) 6 1/2 STRUCTURED ROCK FAIL  
 ONLY REMARKS USE (6)-(7)-(10)-(11)

TYPE OF SOIL  
 TESTED BY M. Rifkin

ALSO PRESENT D. Hopkins

Lot 3  
A44128

		44128		

SOIL PROFILE

0r9 +  
pale  
yel  
clay  
loam

4

14.0r9  
tan +  
yellow  
sandy  
silt  
loam

15% saprolite  
Frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13

0r9  
clay  
loam

---

deep  
0r9  
silt  
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/89	8S	5 1/2	11:35	20min	NO PERC	FAIL	
	8V	12 1/2	sim to	10	10% Frags	WATER @ 10'	
	9S	5 1/2	12:16	20min	NO PERC	FAIL	
	9V	12	sim to	10	10-15% Frags	WATER @ 10'	
	10S	4 1/2	12:53	12:58	12:58	1:09	11
	10V	13	sim to	10	more org. 20% Frags	clay to 3 1/2'	
?	11S	5 1/2	1:10	1:15	1:15	1:25	10
?	11V	? 5 1/2	LOOKS	OK			
	12S	5	1:00	1:02	1:02	1:06	4
	12V	11 1/2	sim to	10	25% Frags	clay to 3 1/2'	some white
	13S	5	1:25	1:27	1:27	1:30	13
	13V	12	see	Profile			

REMARKS

SHALLOW SYSTEM ONLY

TYPE OF SOIL

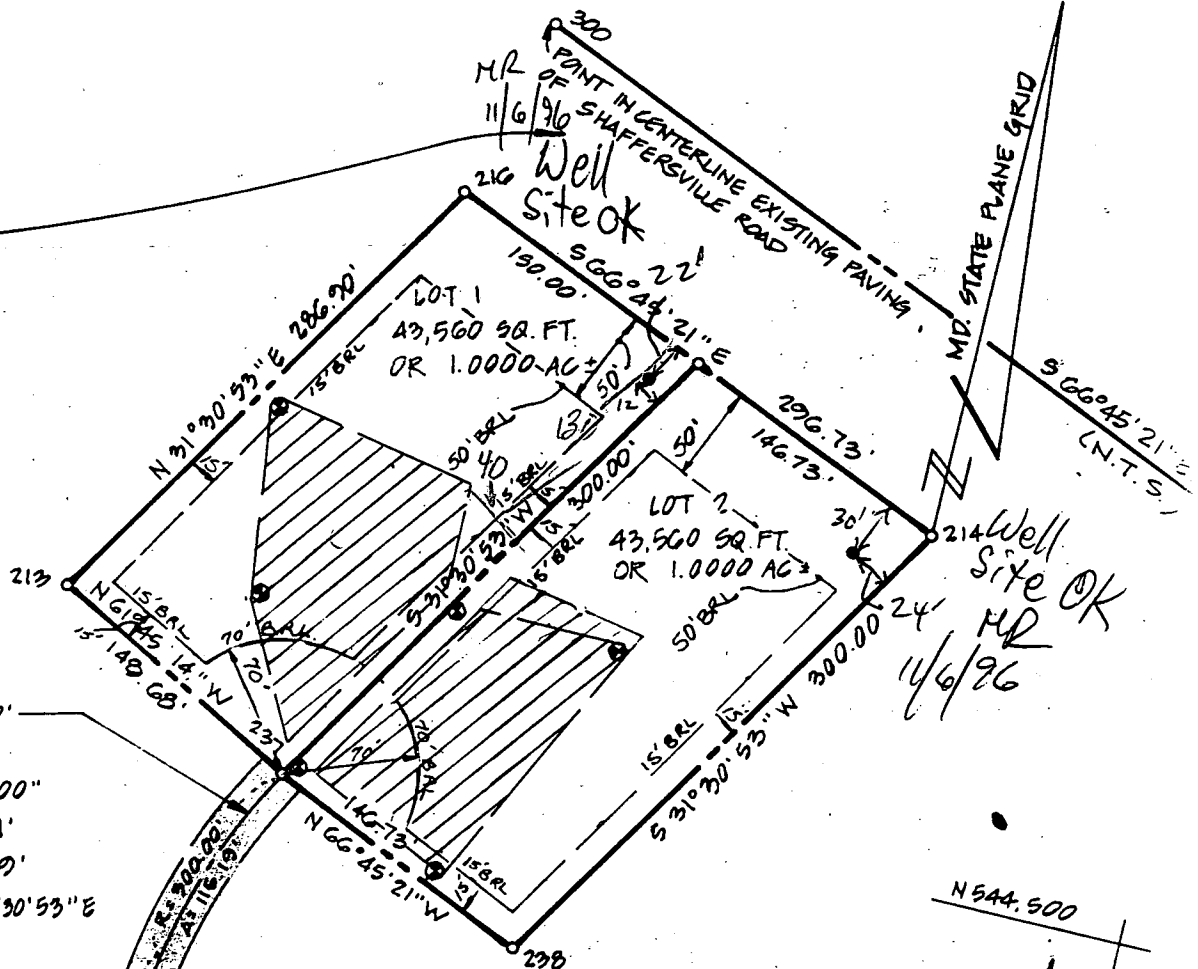
TESTED BY

M. Rifkin

ALSO PRESENT

D. Hopkins

RESIDUE  
 RT L. ZIRKLE, ET AL.  
 L. 2122, F. 204  
 33.97 AC. ±



$R = 300.00'$   
 $A = 115.19'$   
 $\Delta = 22^\circ 00' 00''$   
 $TAN = 58.91'$   
 $CHD = 114.49'$   
 $CHD. BRG = N 20^\circ 30' 53'' E$

75' EASEMENT FOR INGRESS  
 AND EGRESS FOR LOTS 1 AND 2  
 (PRIVATE)

$R = 300.00'$   
 $A = 207.47'$   
 $\Delta = 39^\circ 31' 29''$   
 $TAN = 128.08'$   
 $CHD = 203.36'$   
 $CHD. BRG = N 29^\circ 19' 31'' E$

RESIDUE  
 ROBERT L. ZIRKLE, ET AL  
 L. 2122, F. 204  
 33.97 AC. ±

*Signed Final*  
 F 97-138

NOTES: (CONT.)

10. FOR FLAG OR COLLECTION, SA MAINTENANCE OF THE FLAG O
11. THE USE-IN-CO DRIVWAY FOR FOLIO 511 IS AND MAINTA
12. PLAT SUBJECT E COUNTY ZONING THE LOTS TO THE DWELLING FOR ESTABLISHED DISTRICT OR DRIVWAYS SHD OCCUPANCY TO EMERGENCY REQUIREMENT A- WIDTH

STAFFERSVILLE RD

N 16° 04' 35" W  
 68.85'  
 182

N 544,000

E 763,500

E 763,500

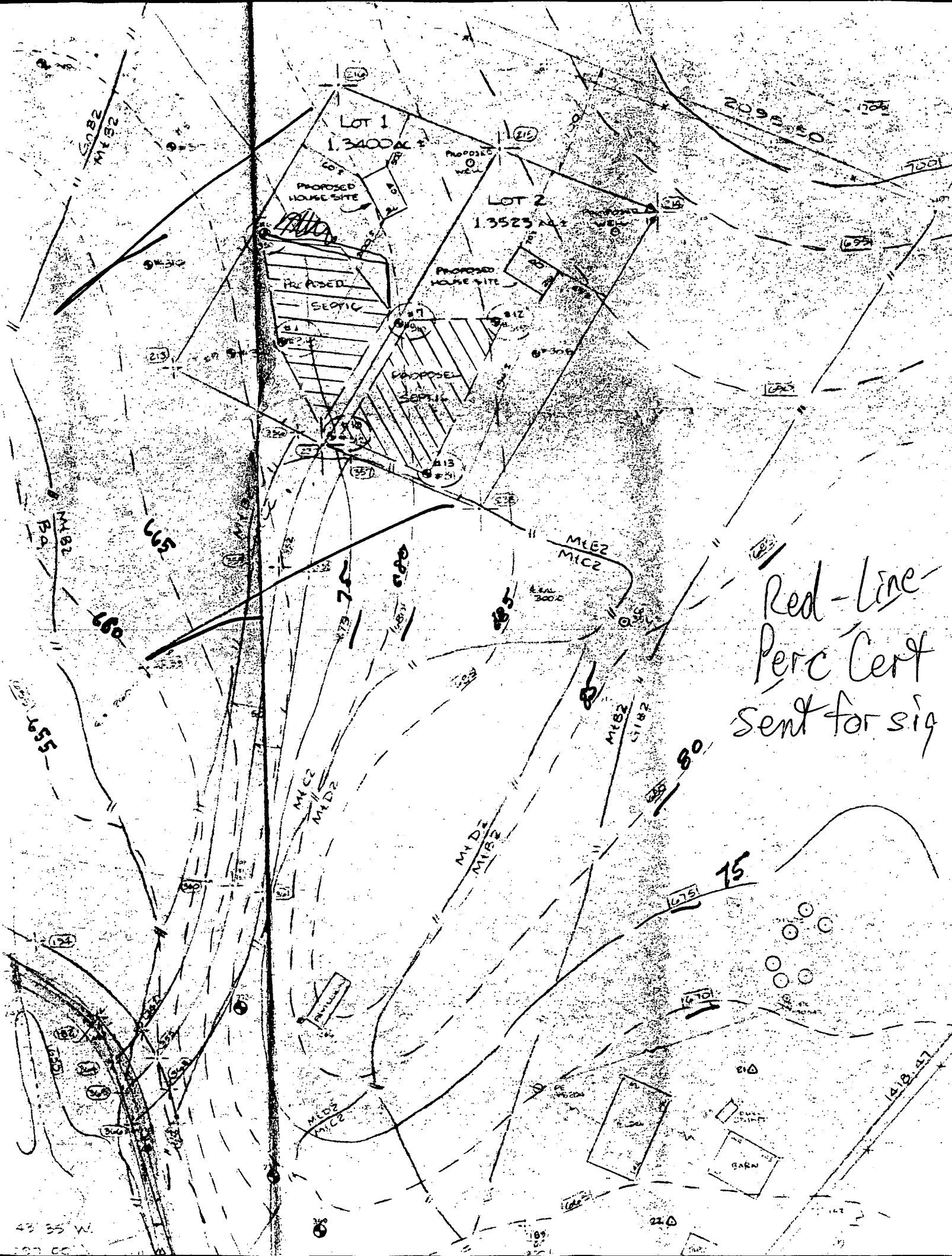
N 544,500

Well Site OK  
 MR  
 11/6/96

Well Site OK  
 MR  
 11/6/96

MD. STATE PLANE GRID

POINT IN CENTERLINE EXISTING PAVING  
 OF STAFFERSVILLE ROAD



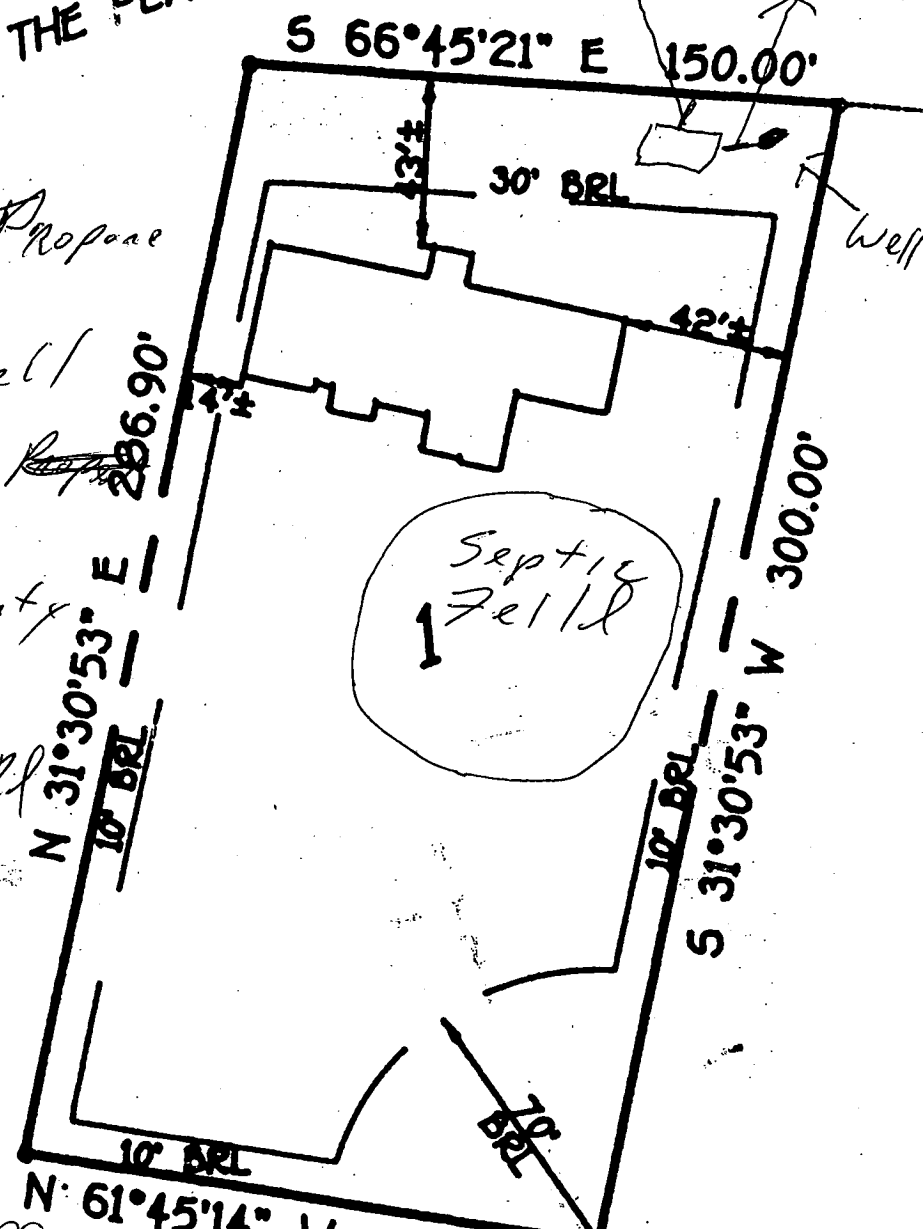
Red-Line  
Perc Cert  
sent for sig

THE CLIENT SIGNING THE HOUSE OR TITLE INSURANCE COMPANY OR ITS ESTABLISHMENT OF PROPERTY LINES, UNLESS INDICATED AS BEING A LENDER OR FUTURE SUCCEESSES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE FINANCING OR RE-FINANCING PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE EFFECTIVE COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440006 B

PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURAC

underground Propane Tank  
 30' Frame Well  
 10' From Property Line  
 EL. 10' from Property Line

RESIDUE  
 T L. ZIRKLE ET. AL.  
 L.2122.F.204



1601 Shafterville Rd  
 Robert Zirkle  
 301 831 7722

11/12/197 shown propane tank location will have no impact to the exist well & septic

ATION ONLY  
 24.3'  
 CAR# (301) 401-1348  
 800107490

25'

**B 1** **0081** SEQUENCE NO. (MDE 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  
**H0-94-0998**  
 fill in this form completely

Date Received (APA) **110496**

**OWNER INFORMATION**

**ZIRKLE BOB**  
 Last Name Owner First Name

**1705 SHAFERVILLE RD**  
 Street or RFD

**MT AIRY MD 21771**  
 Town State Zip

**B 3** LOCATION OF WELL

**HOWARD**  
 COUNTY

**ZIRKLE SUBDIVISION**  
 23 SUBDIVISION

SECTION **8** LOT **1**

**MT AIRY**  
 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **5 MI**

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

**Leo Holland Jr.**

Driller's Name **SEC/Abbott Well Drilling Pump Co.** License No. **80**

Firm Name **P.O. Box 1143 Hag MD 21741 1143**

Address **Dr. Holland Jr.**

Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**SHAFERVILLE RD**  
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **850**

DISTANCE FROM ROAD ENTER FT OR MI **FT**

TAX MAP **16** BLK **18** PARCEL **171**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **110**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **209**

**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 44128** COUNTY NO.

STATE SIGNATURE **Mark E. Rifkin** DATE ISSUED **12/3/97**

DATE ISSUED **120396** CO SIGNATURE **Mark E. Rifkin** EXPR DATE

NORTH GRID **544000** EAST GRID **0763000**

APPROXIMATE DEPTH OF WELL **290** 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-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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

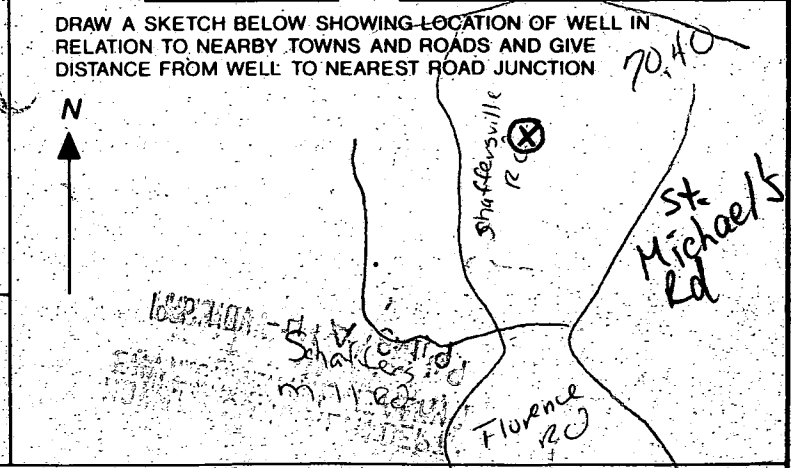
1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**763**  
**544**



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **H0-94-0998**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY

C1 3388

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 1-8 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 44128

ST/CO USE ONLY DATE Received 040397

DATE WELL COMPLETED 032797

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0998

OWNER ZIRKIE SOB STREET OR RFD SHAFFERSVILLE RD TOWN MT AIRY SUBDIVISION ZIRKIE SUBDIV SECTION LOT 1

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: RED & CLAY DIRT 0-70, BLUE SHALE 70-400.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (140), DEPTH OF GROUT SEAL (0-8.0 ft).

CASING RECORD: casing types insert appropriate code below. Includes ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: ST, Nominal diameter top (main) casing (nearest inch): 6, Total depth of main casing (nearest foot): 80.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

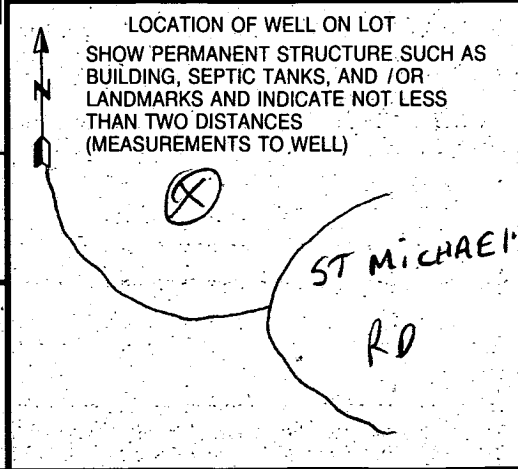
DEPTH (nearest ft.) table with handwritten entries: H080, 400. Includes SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (1.5), METHOD USED TO MEASURE PUMPING RATE (WATER LEVEL), WATER LEVEL (22 ft. before, 216 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH.



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC NO. 101, DRILLERS SIGNATURE (Must match signature on application), LIC. NO.

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

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0998  
 Location of property (road) SHAFFERSVILLE RD.  
 Subdivision ZIRKLE SUBD. Lot 1 Block      Plat      Sec.       
 Well Driller ABBOTT Owner ZIRKLE Bob

Depth of well 400  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 22

**I. High rate pumping -- reservoir drawdown**

Time pump started 9:00 Pumping rate 12 G.P.M.  
 Total time 30 min. to reach pumping water level 214 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	214	40 SEC.	Pump setting 380	1 1/2 G.P.M.
9:45	214	40 "	<i>See below</i>	1 1/2 "
10:00	214	40 "		1 1/2 "
10:15	214	40 "		1 1/2 "
10:30	214	40 "		1 1/2 "
10:45	215	40 "		1 1/2 "
11:00	215	40 "		1 1/2 "
11:15	215	40 "		1 1/2 "
11:30	215	40 "		1 1/2 "
11:45	215	40 "		1 1/2 "
12:00	215	40 "		1 1/2 "
12:15	215	40 "		1 1/2 "
12:30	215	40 "		1 1/2 "
12:45	215	40 "		1 1/2 "
1:00	216	40 "		1 1/2 "
1:15	216	40 "		1 1/2 "
1:30	216	40 "		1 1/2 "
1:45	216	40 "		1 1/2 "
2:00	216	40 "		1 1/2 "
2:15	216	40 "		1 1/2 "
2:30	216	40 "		1 1/2 "
2:45	216	40 "		1 1/2 "
3:00	216	40 "		1 1/2 "
3:15	216	40 "		1 1/2 "
HD-224 3:30	216	40 "		1 1/2 "

17 BAGS of cement  
3 BAGS of HOLE PLUG

1997 APR - 3 P 1: 54  
ENVIRONMENTAL HEALTH DEPT

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3025-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 10/10/97

Name of Installer Fellows Plumbing & Heating, Inc. Telephone (301) 898-2452

License Number MD ST#4105  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 4105

Name of Property Owner Bob + Brenda Zirkle Telephone 301-831-7722  
Subdivision Mt. Airy Lot # 1 Well Tag # H0940998  
Site Address 101 Shoppersville Rd

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make <u>MRTSN</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>B-102</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>44"</u>
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 <u>1/2" PSI Well Line</u>	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or AOC Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>44"</u>	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: Quita B. Fellows  
Date: 10-10-97

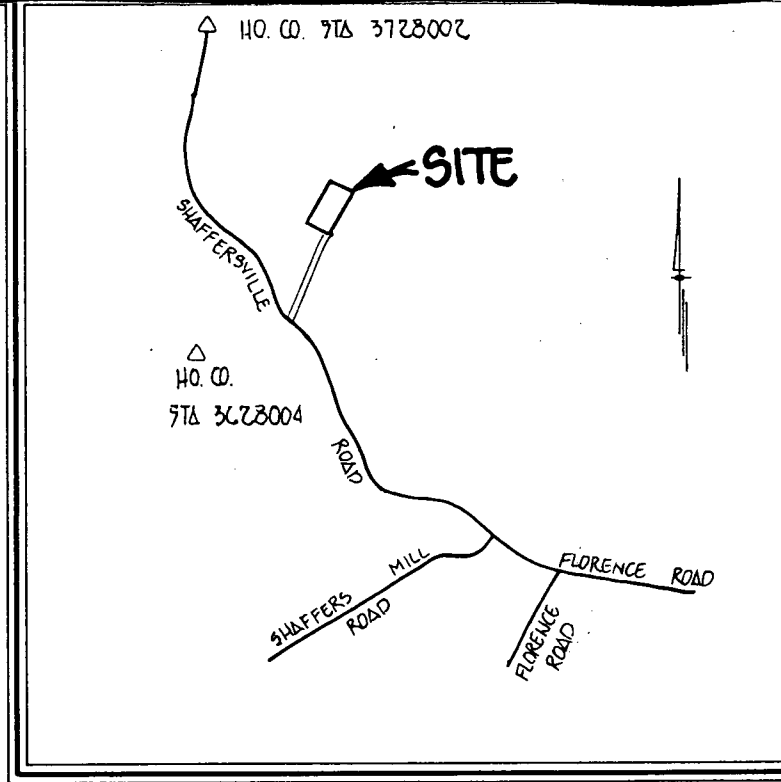
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Zirkle Subd.  
Lot 1 8/19/97

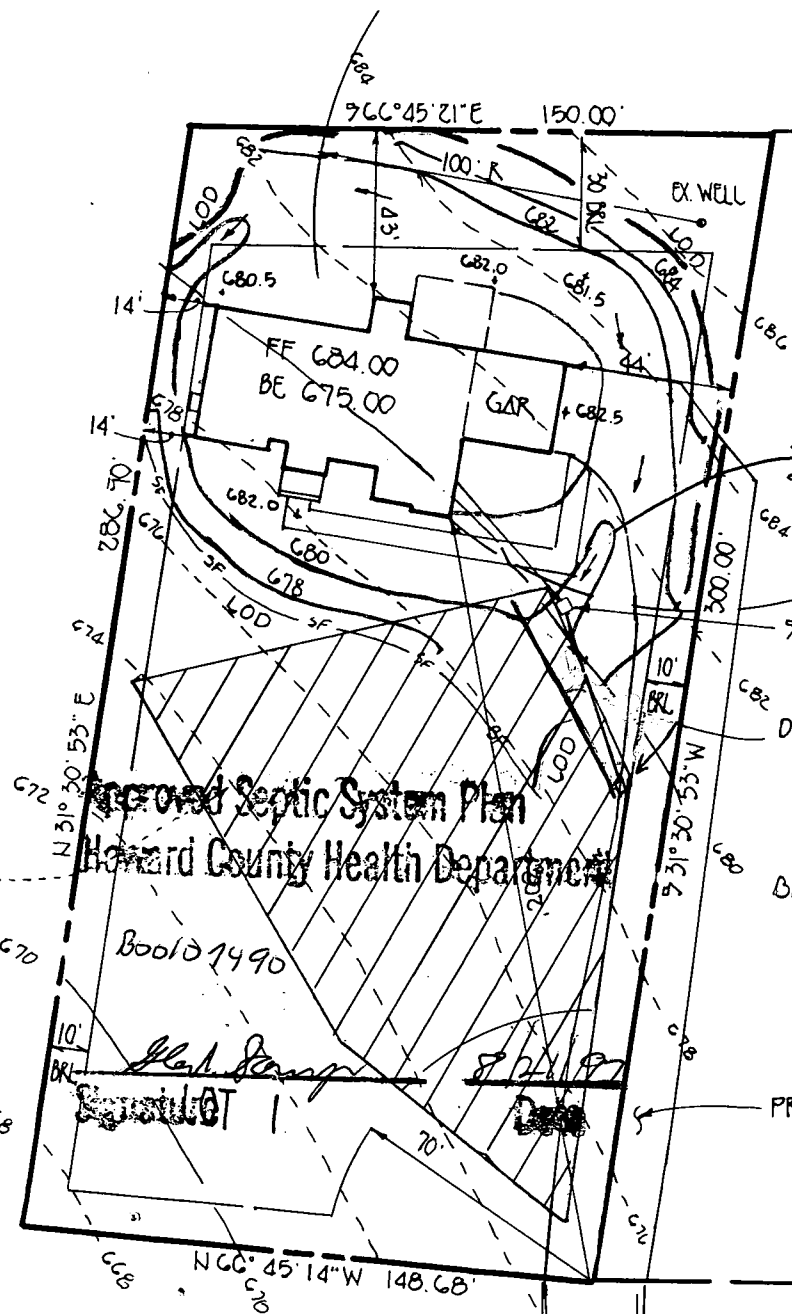
by FC&C

1:50

THIS SWALE NOT ON FINAL LOT 2 SITE PLAN MR 8/27/97



**VICINITY MAP**  
SCALE: 1"=200'



Proposed Septic System Plan  
Howard County Health Department

SEPTIC TANK

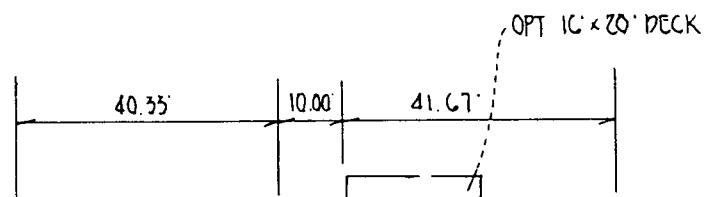
DISTRIBUTION BOX

280' TRENCH, 3' WIDE  
INLET 5' BELOW EXISTING GRADE  
Bottom 7' " " " "  
2' STONE BELOW DIST. PIPE.

PROPOSED USE-IN-COMMON DRIVEWAY

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3.
  - A. FIRST FLOOR ELEVATION: 684.00
  - B. BASEMENT ELEVATION: 675.00
  - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 677.2
  - D. INVERT IN AT SEPTIC TANK: 676.9
  - E. INVERT OUT AT SEPTIC TANK: 676.6
  - F. PROPOSED GRADE OVER SEPTIC TANK: 680.00
  - G. INVERT AT DISTRIBUTION BOX: 676.5
  - H. EXISTING GROUND OVER DISTRIBUTION BOX: 680.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



TO SHAFFERSVILLE RD