

4/9/90 3pm

03-308162

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 45943

A 44476

DISTRICT 3rd

DATE 5/17/90

DATE SYSTEM APPROVED 4/9/90

INSPECTOR R. Hodges

## INDEXED

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Wigglesworth Property ROAD 3330 Pfefferkorn Road LOT 6

PROPERTY OWNER Angelia Maw & Walter C. Marshall

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER  YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 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 - Start the first trench 310 feet from the front (158') lot line and 30 feet from the right lot line. Run trenches along contour toward left side of lot.

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 10/30/90

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

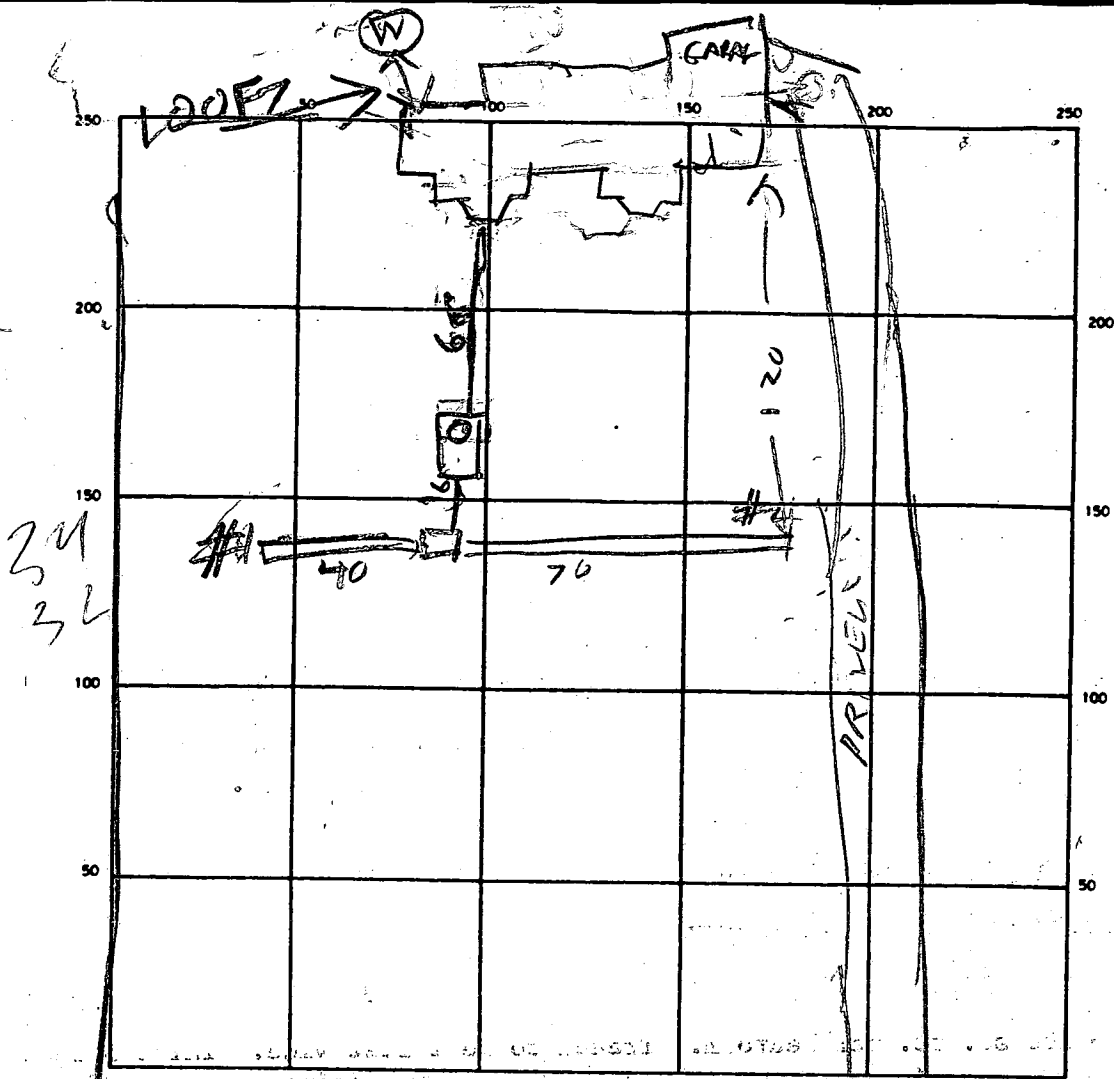
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

44476



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OFFER KORN RD

ST

SEPTIC TANK LEVEL 1000 / CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 110 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 550 SQ. FT.

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

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

REMARKS 4/6/90 - LOCATION OK  
4/6/90 - TRENCHES OK & STONE ADDED

DATE SYSTEM APPROVED 4/9/90

INSPECTOR R. Hodges

# APPLICATION

PERCOLATION TESTING

A 44476  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

*PROPOSED MODIFICATION  
OF APPROVED SEPTIC AREA  
TO ACCOMMODATE DESIGNED  
HOUSE + WELL SITE C.W.*

DATE 6/9/89

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 Angelia Mae + Walter C Marshall

ADDRESS 6914 Deer Valley Rd Highland, MD 20777 PHONE Work 301-762-9307  
Home 531-5838

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Wigglesworth LOT NO. #6

ROAD AND DESCRIPTION 3330 Pfefferkorn Rd Approx 2 Miles off Rt. 32

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 3 1/2 A. TYPE BLDG. S.F.D. 3 Bedroom  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

*REG. PERMIT SIGNATURE  
AND RETURNED 10/30/89  
Serial # 29266 - SFD -  
S.F.D. 3 Bedroom*

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.

*Walter C Marshall*  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 6/13 Hold for certified holes; be careful of existing water well on adjacent lot.  
C.B.S.

HD-216

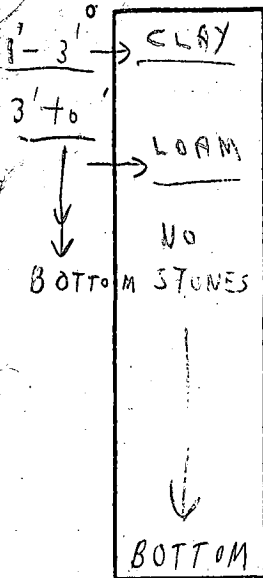
## THIS IS NOT A PERMIT

LOT #6  
Refer

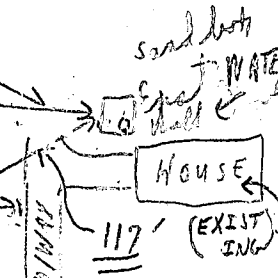
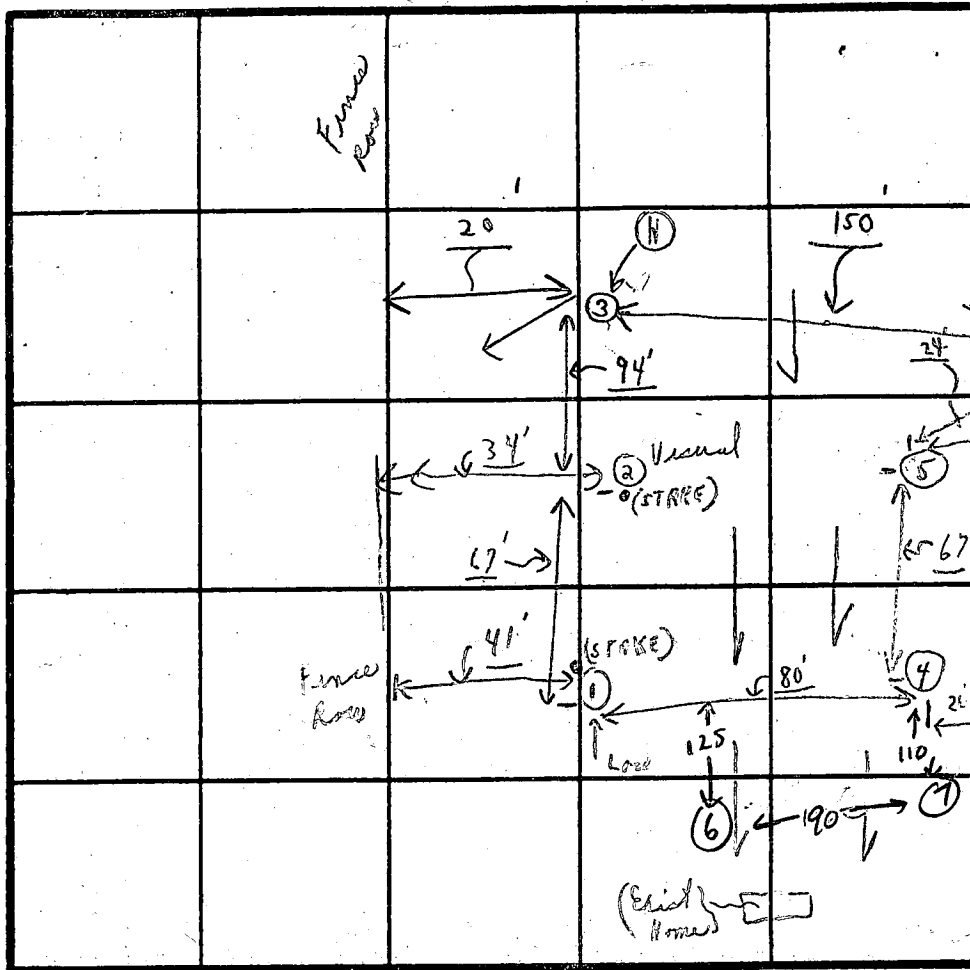
A 44476

WOODS

SOIL PROFILE



(ALL HOLES)

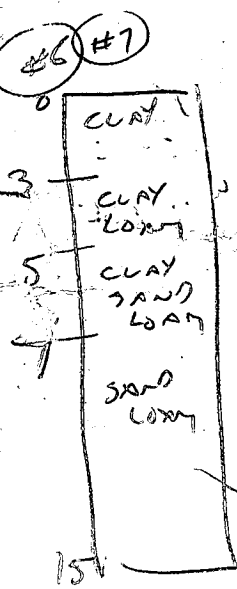


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pepperhorn Road

| DATE        | TEST NO. | DEPTH   | PRE-WET |            | TEST - DROP   |      | TIME  |
|-------------|----------|---------|---------|------------|---------------|------|-------|
|             |          |         | START   | STOP       | START         | STOP |       |
| 6/13/89     | ①        | 3 1/2'  | 2:39    | 2:41       | 2:41          | 2:44 | 3 min |
|             |          | 12' 9"  |         |            | LOAM - OK     |      |       |
| Retest P.M. | ②        | 3 1/2'  | 2:12    | 2:12       | 2:12          | 2:12 |       |
|             |          | 12' 10" | Visual  |            | ok - no tests |      |       |
|             | ④        | 3 1/2'  | 3:09    | 3:11       | 3:11          | 3:13 | 2 min |
|             |          | 11'     |         |            | LOAM          |      |       |
|             | ③        | 3 1/2'  | 2:58    | 3:00       | 3:00          | 3:02 | 2 min |
|             |          | 6'      | 2:59    | 3:00       | 3:00          | 3:02 | 2 min |
|             |          | 12 1/2' |         |            | LOAM          |      |       |
|             | ⑤        | 3' to   | 12:12   | Sandy Loam |               |      |       |

1'-3' clay  
3' - LOAM



average  
time 3  
minutes  
only  
3'

6/15/89 ⑥ ⑦ vis. OK 5-15' *curtains*  
 REMARKS Tests in area of grass, + near *open* *home*  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY C.B.A. ALSO PRESENT Frochmen

\* CONTRACTOR DUG STAKE D LOCATIONS WHICH TURNED OUT TO BE WELL SITE & HOUSE CORNERS  
 HOLE NO. 67 DUG 125' AWAY TO RECTIFY ERROR. *William*

PRELIMINARY

# APPLICATION

5/13/81  
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31372

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 5/ 11/81

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 James Wigglesworth property

ADDRESS 3310 Pfefferkorn Road, West Friendship, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. EW 3

ROAD AND DESCRIPTION Pfefferkorn Road

SIZE OF LOT 4.8965 acres m/l TYPE BLDG. 3 or 4 bedrooms  
(NUMBER OF BEDROOMS)

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. /s/ Olen Ketterman for James Wigglesworth  
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR [Signature] DATE 5/12/81

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

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

REASONS FOR REJECTION OR HOLDING 5/11/81 PERC OK HOLD FOR CERTIFIED HOLDERS RH  
PART OF OLD 3 TO BE MADE INTO A SINGLE

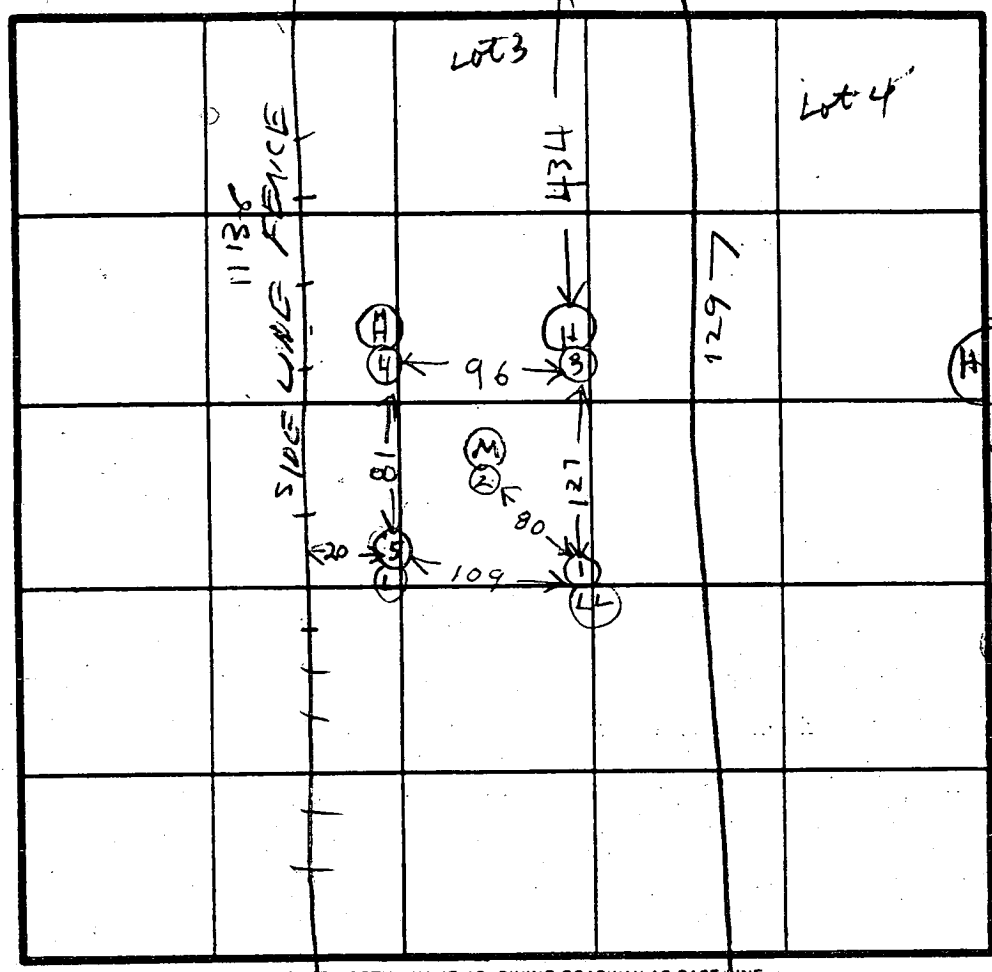
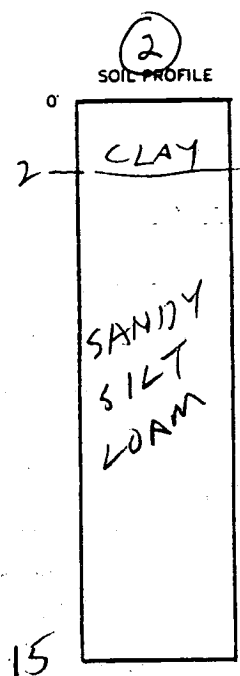
LOT. REST OF OLD 3 TO BE COMBINED WITH OLD 2  
5/11/81 DISCUSSED WITH FS PERC OK HOLD FOR PLAT RH

## THIS IS NOT A PERMIT

499

BACK LINE FENCE

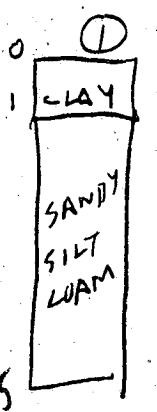
111



HOLE ELEVATIONS

- (H) H = HIGHEST
- (H) = HIGH
- (M) = MEDIUM
- (L) = LOW
- (LL) = LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



| DATE    | TEST NO. | DEPTH  | PRE-WET          |      | TEST - 1" DROP |      | TIME |  |
|---------|----------|--------|------------------|------|----------------|------|------|--|
|         |          |        | START            | STOP | START          | STOP |      |  |
| 5/12/31 | 1 S      | 4      | 1028             | 1030 | 1030           | 1033 | 3    |  |
|         | 1 D      | 8      | 1029             | 1031 | 1031           | 1037 | 6    |  |
|         | 2 V      | 15     | SEE SOIL PROFILE |      |                |      |      |  |
|         | 3 S      | 3 1/2  | 1038             | 1040 | 1040           | 1043 | 3    |  |
|         | 3 D      | M      | 1038             | 1043 | 1043           | 1050 | 7    |  |
|         | 4 S      | 3 1/2  | 1053             | 1054 | 1054           | 1056 | 2    |  |
|         | 4 D      | 8      | 1053             | 1057 | 1057           | 1103 | 5    |  |
|         | 1 V      | 15     | SEE SOIL PROFILE |      |                |      |      |  |
|         | 5 S      | 4      | 1108             | 1111 | 1111           | 1115 | 4    |  |
|         | 5 D      | 8      | 1108             | 1111 | 1111           | 1115 | 4    |  |
|         | 4 V      | 12 1/2 | SEE SOIL PROFILE |      |                |      |      |  |

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. HODGES & MEYERS OBSERVER

ALSO PRESENT O. KETTERMAN  
WIGGLESWORTH  
MEMORANDUM OF FCC. CO

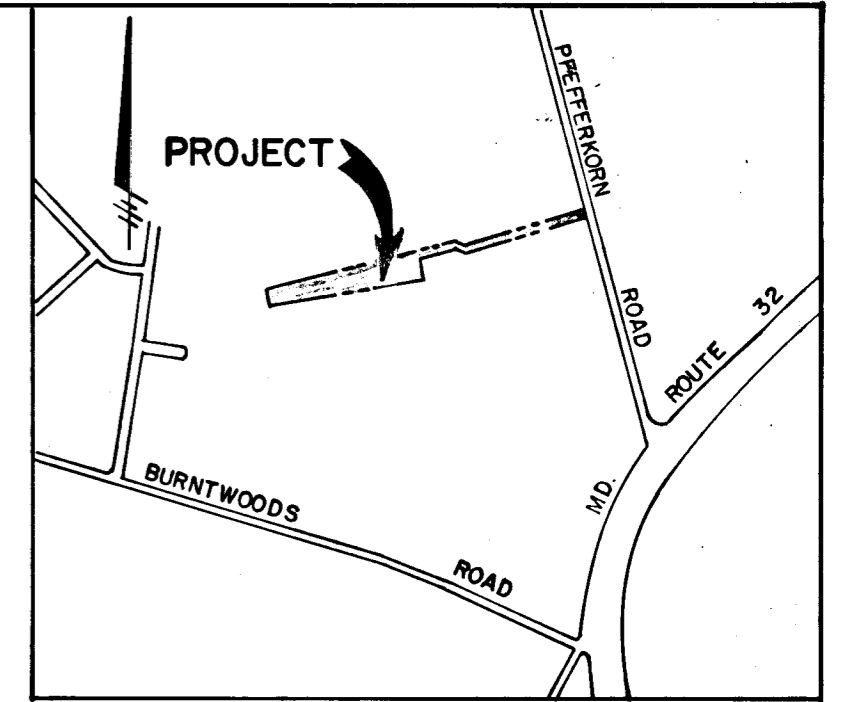
EH-12-1079

NOTES:

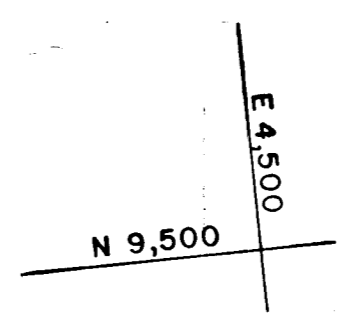
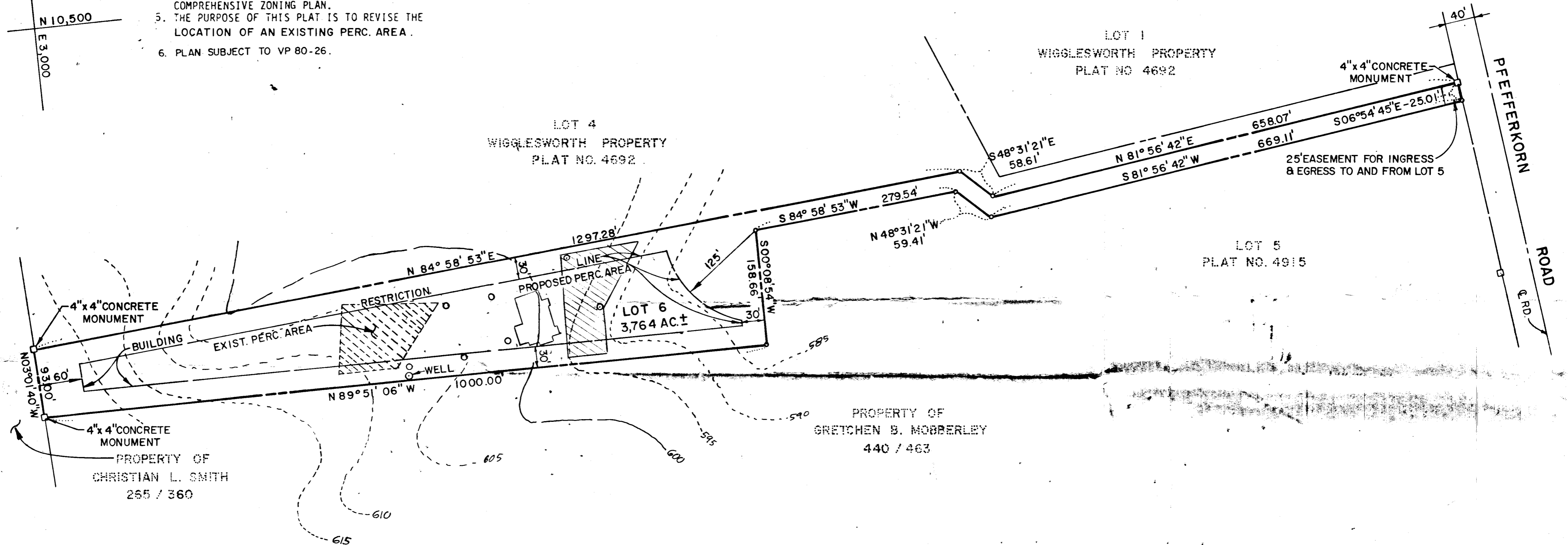
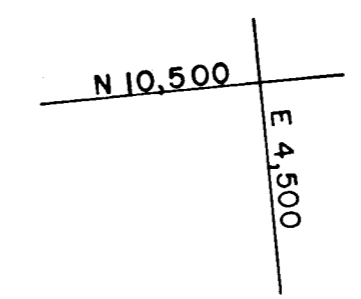
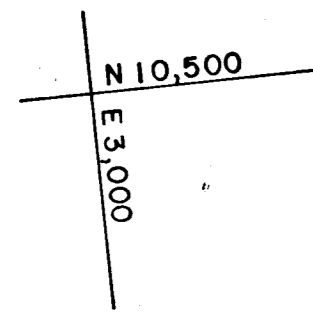
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE 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 SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM, AND THE ROAD RIGHT-OF-WAY LINE AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.
- SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
- THE PURPOSE OF THIS PLAT IS TO REVISE THE LOCATION OF AN EXISTING PERC. AREA.
- PLAN SUBJECT TO VP 80-26.

| PERCOLATION TEST DATA |                     |   |   |                   |       |
|-----------------------|---------------------|---|---|-------------------|-------|
| LOT NUMBER            | PREVIOUS LOT NUMBER | AVERAGE PERC. TIME IN MINUTES PER SECOND INCH | MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EXISTING GRADE AT TIME OF PERCOLATION TEST. |                   | A#    |
|                       |                     |   | MAX. INLET DEPTH  | MAX. BOTTOM DEPTH |       |
| 6                     | 6                   | 3 MIN.  | 3.0'  | 12.0'             | 44476 |

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT.  
*Joseph Godwin* 10-16-89  
 COUNTY HEALTH OFFICER DATE



VICINITY MAP  
 SCALE: 1" = 1200'



FISHER, COLLINS & CARTER, INC.  
 CIVIL ENGINEERS & LAND SURVEYORS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MARYLAND 21043



*Ronald B. Carter 2/14/1989*

PERCOLATION CERTIFICATION PLAN  
 LOT 6

WIGGLESWORTH PROPERTY

THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' SEPT. 15, 1989

10/27/89

OWNER CONFIRM HOUSE IS SHOWN PARTIAL FORWARD ON LOT THAN PLANNED.

PLAN ACCEPTED, ~~WITH~~ REVISED HOUSE LOCATION WILL BE SHOWN ON REVISION ACTION BP ISSUED.

10/30/89 *Callin*

720/0  
500/0  
9

J.S. & R.I. Marshall

1  
N  
1

2  
3

N 84° 58' 53" E 1297.28'

470'-0"

LOT 6  
3.764 AC

A.M. Marshall

N 89° 51' 06" W

Well - Exist. Elev. 91.5

Garage

HOUSE  
1st Floor Elev. 94'-0"  
Basement Elev. 84.5'

PERC. SITE

Invert Elev. (into) Septic Tank 84.00

Exist. Elev. of Septic Tank 85.75

Invert Elev. (out of) House 84.33

Invert Elev. (out of) Septic Tank 83.75

281'-0"

N 00° 08' 54" E  
158.61'

R.O. & P.M. Burford

Property of Christian L. Smith

Gretchen B. Motberley

- Dist. Box Inlet Elev. 83.60
- Exist. Elev. 85.5
- Orig. Elev. at time of PerK Test 85.5

1

C1 **.9956** SEQUENCE NO. (DENV. USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 **A44476**

ST/CO USE ONLY  
 DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **083189**

Depth of Well  
 22 **150** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0791**

OWNER: **MARSHALL WALTER**  
 last name first name  
 STREET OR RFD: **330 PINEWOOD RD** TOWN: **FAIRMOUNT**  
 SUBDIVISION: **...** SECTION: **...** LOT: **16**

**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  |                        |
| DIRT  | 0    | 20  |                        |
| BROWN SHALE                                   | 20   | 30  |                        |
| GREEN SHALE                                   | 30   | 70  |                        |
| GREY SLIST                                    | 70   | 90  |                        |
| BLUEROCK                                      | 90   | 150 |                        |

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **7** NO. OF POUNDS **658**  
 GALLONS OF WATER **35**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **38** ft.  
 (enter 0 if from surface)

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **GAL BUCKET**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30**  
 WHEN PUMPING **31**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

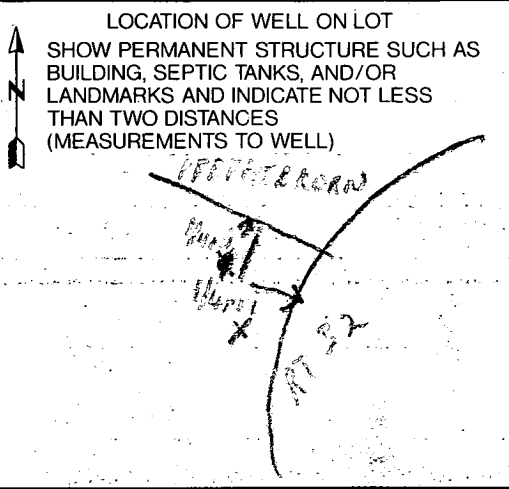
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE [ ] (nearest foot)  
**-** below }

**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

**C 2**

DEPTH (nearest ft.)  
 1 **H0** **38** **150**  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]



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. [ ] [ ] [ ] [ ]  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 [Signature]

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 [ ] [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

~~4/12/90~~ 4/16/90  
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 # 45783  
Date 4/12/90

Name of Installer Lennon Plumbing + Heating

Telephone 781-6405

License Number 7611

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Walter Marshall Telephone \_\_\_\_\_

Subdivision MIGGLES WORTH Lot # 6 Well Tag # HO-88-0781

Site Address 3330 Statterkorn Rd. West Friendship.

**Pump**

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible
2. Make Hydro Flow
3. Model # \_\_\_\_\_
4. Capacity 82 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 3/4
2. RPM 3450
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

**Pitless Adapter**

1. Make HAVARD
2. Model # HA
3. Depth 4' +

**Tank**

1. Capacity 80 gal
2. Pressure relief valve? Yes

**Piping**

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

**Well data**

1. Depth 150 ft.
2. Yield 10 GPM
3. Static water level 30 ft.
4. 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: [Signature]

Date: 4/12/90

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

HD-215

4/16/90-DK TO COVER OUTSIDE WORK PRESSURE TANK CAN BE CHECKED LATER BY