

7-20-95  
am c/d

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-419522

P 50967D

A 49286

DISTRICT 5th

DATE 5/28/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 7-20-95

INSPECTOR Amu

## INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737

PHONE 988-9270

SUBDIVISION Bucks Haven Manor LOT 6 ROAD 7424 Bucks Haven Lane

PROPERTY OWNER Cornerstone Homes, Inc. / Danny Selby

ADDRESS \_\_\_\_\_

2-SEPTIC TANK CAPACITY 1250 GALLONS

\*\*\* 2-SEPARATE 1250 GALLON SEPTIC TANKS IN SERIES REQUIRED. (See Attached Letter of May 17th For Explanation)

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

$\frac{240}{760} = \frac{320}{31960}$

LINEAR FEET OF TRENCH REQUIRED 320

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 - From the right front lot corner, place the distribution box 150 feet down the right lot line and not more than 10 feet off that lot line. Run trenches on contour toward left side of property.

NOTES - TRENCH LENGTH MAY EXCEED 100 FEET TO MAKE MAXIMUM USE OF AVAILABLE SEPTIC AREA.

Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.  
OK 6/2/95 DKS

BLDG. PERMIT SIGNED

AND RETURNED 6-2-98

*Serial # B1011962 - M...  
DATE 05/22/95*

PLANS APPROVED BY C. Williams

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

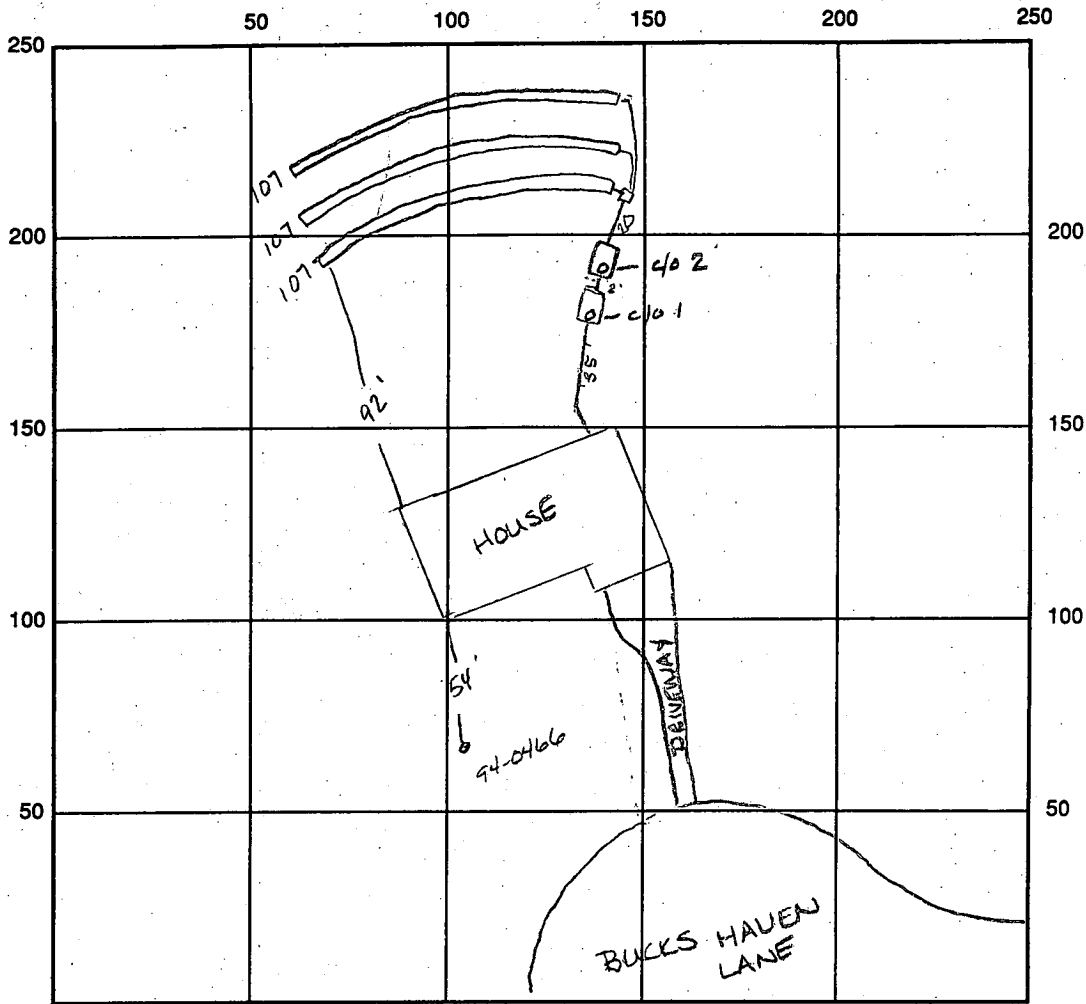
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*Add'l on - Deck  
Serial # 62273  
BLDG. PERMIT SIGNED  
AND RETURNED 10-26-95*

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

A  
49286



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 21250 gal in series OK CLEANOUTS clo 1 OK / clo 2 OK

DISTRIBUTION BOX LEVEL OK baffle is in per contractor

DRAIN FIELD/TITLE DEPTH 4 per contractor FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①107 ②107 FT. = 321 total linear ft of trench

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

321  
3  
960

REMARKS: 7-20-95 OK to cover all work final AEM

DATE SYSTEM APPROVED 7-20-95

INSPECTOR Amy McMillen

# APPLICATION

PERCOLATION TESTING

A 49286

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT Fifth

DATE May 26, 1993

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER CATHERINE CLOENGER Cornerstone Homes

ADDRESS 12459 SCAGGSVILLE ROAD PHONE 531-5991 379-0157

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

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

PROPERTY LOCATION:

SUBDIVISION CLOENGER PROPERTY Bucks Haven Manor LOT NO. 5 Prelim lot 10 Final lot 6

ROAD AND DESCRIPTION 1400'± NORTHWEST FROM INTERSECTION OF BROWN'S BRIDGE ROAD AND MARYLAND ROUTE 216  
(7417 Bucks Haven Lane)

TAX MAP 40 PARCEL # 138

SIZE OF LOT 43,000<sup>01</sup> TYPE BLDG. SINGLE FAMILY SFD-4 Bldg  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 4/6/95  
Serial # 585-37-  
SFD-4 Bldg

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.

*[Handwritten Signature]*

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 8/16/93 - LOT OLD 5 FAILED BUT NEW LOT 5

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # CREATED SEE ATTACHED SHEET ON NEW 5 DATE PERC OK ON NEW 5

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # HOLD FOR PLAT DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

4926 old Lot 5

New part of Final lot

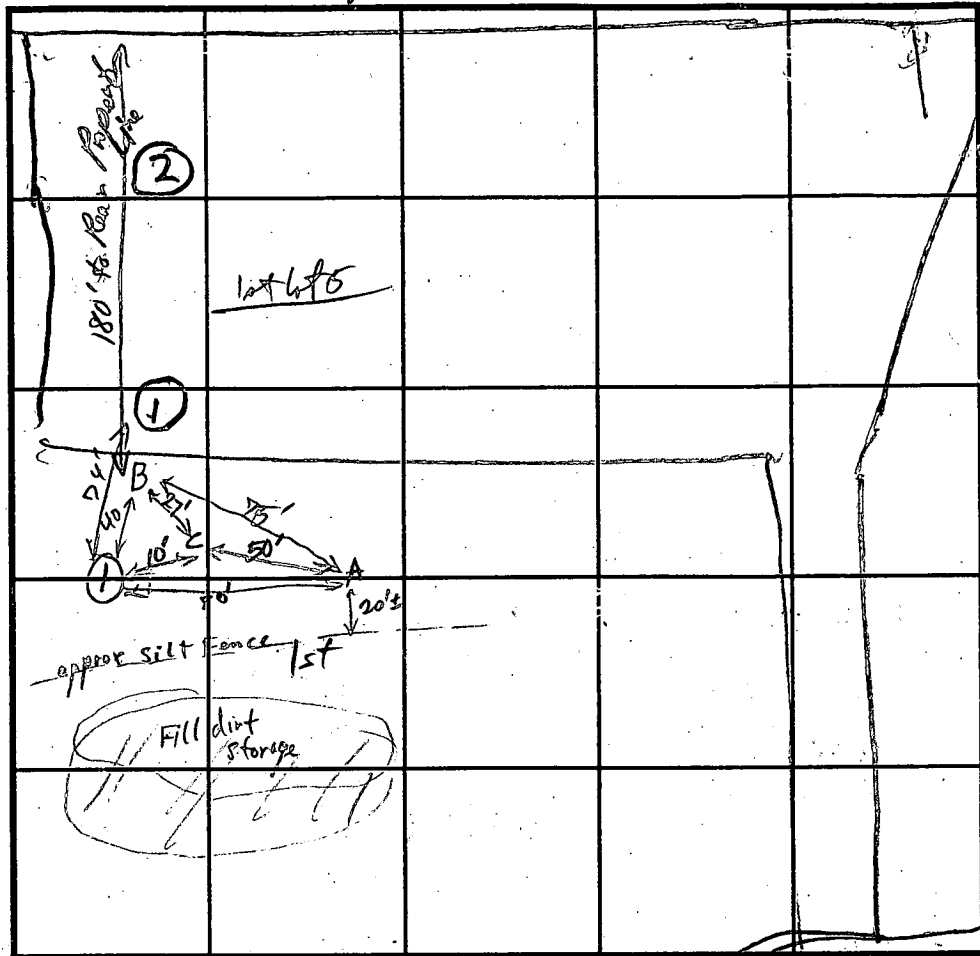
COUNTY #

SOIL PROFILE

0' TOP SOIL  
 3" BROWN CLAY  
 4' BROWN SAND LOAM FEW ROOTS  
 7' MOIST  
 8 1/2' WATER

0' (2) TOP SOIL BROWN CLAY  
 5' SAND LOAM  
 6 1/2' MOIST  
 7 1/2' WATER

6(A)  
 3' Red Brn CL  
 4' Red Brn - Rd SCL -> SL  
 4' Mid-Hid Brn Mica Loam moist  
 28' Mid Brn Lv. dk Brn F. mica Loam m-c 23d Black & dk Brn pebbles v. Moist-wet



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL FILE

6(B)  
 0' Red Brn CL  
 4' Red SL - Red Brn Moist  
 6' MIX Some Brn mica Brn  
 pale sandy Brn FLS-SL  
 c-3d cream + peach orange Brn pebbles and c1-2d black stains + conc. v. Moist-wet  
 VERY probable water table  
 6C  
 Red Brn h CL - Rd slight moist  
 4' Red h SL Moist  
 5' Mix Mid-light Brn v. moist  
 dk mica Brn 2 m v. dark Brn Bould to blk Conc (c1-2p) Part. wet  
 v. pale cream to gray white v. Moist-wet  
 v. SL PIF rd + c3d Brn pebbles v. Moist-wet

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/93	IV	9.5	WATER	8.5	NO.	FAIL	
+	2V	8	WATER	7.5	?	FAIL	
5/9/95	(6A)		Not tested	good soils begin @ 3' approx	UT @ 8 1/2'		(brn) Marginal shallow system only
	(6B)	v10'	Colors suggest	water table at 8'			Fail
	(6C)	v9'	Colors suggest	water table at 6ft			Fail
		v9'	Colors suggest	water table at 5-7 1/2'			Fail

REMARKS: lot 5 OLD 5 FAILED SEE ATTACHED 1) DRAWING FOR NEWS

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME ? TRENCH WIDTH 3  
 INLET DEPTH 34 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180-210

ORFEEB MAN JR

# APPLICATION

PERCOLATION TESTING

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BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
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PROPERTY LOCATION:

SUBDIVISION ~~CLOVINGER PROPERTY~~ Bucks Haven Manor LOT NO. 5 ~~Preliminary~~ Final Lot 6

ROAD AND DESCRIPTION 1400'± NORTHWEST FROM INTERSECTION OF BROWN'S BRIDGE ROAD AND MARYLAND ROUTE 216  
(7417 Bucks Haven Lane)

TAX MAP 40 PARCEL # 138 BLDG. PERMIT SIGNED AND RETURNED 4/6/95

SIZE OF LOT 43,000<sup>sq</sup> TYPE BLDG. Social # 58587- SED - 4 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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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]  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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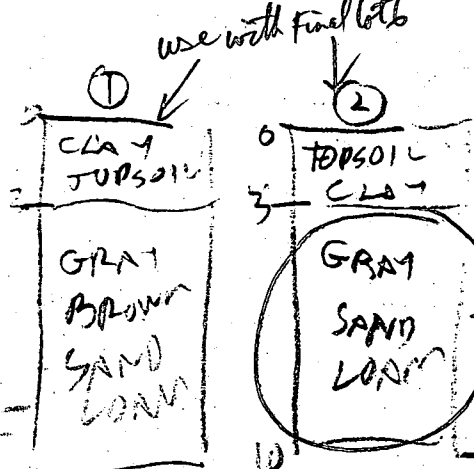
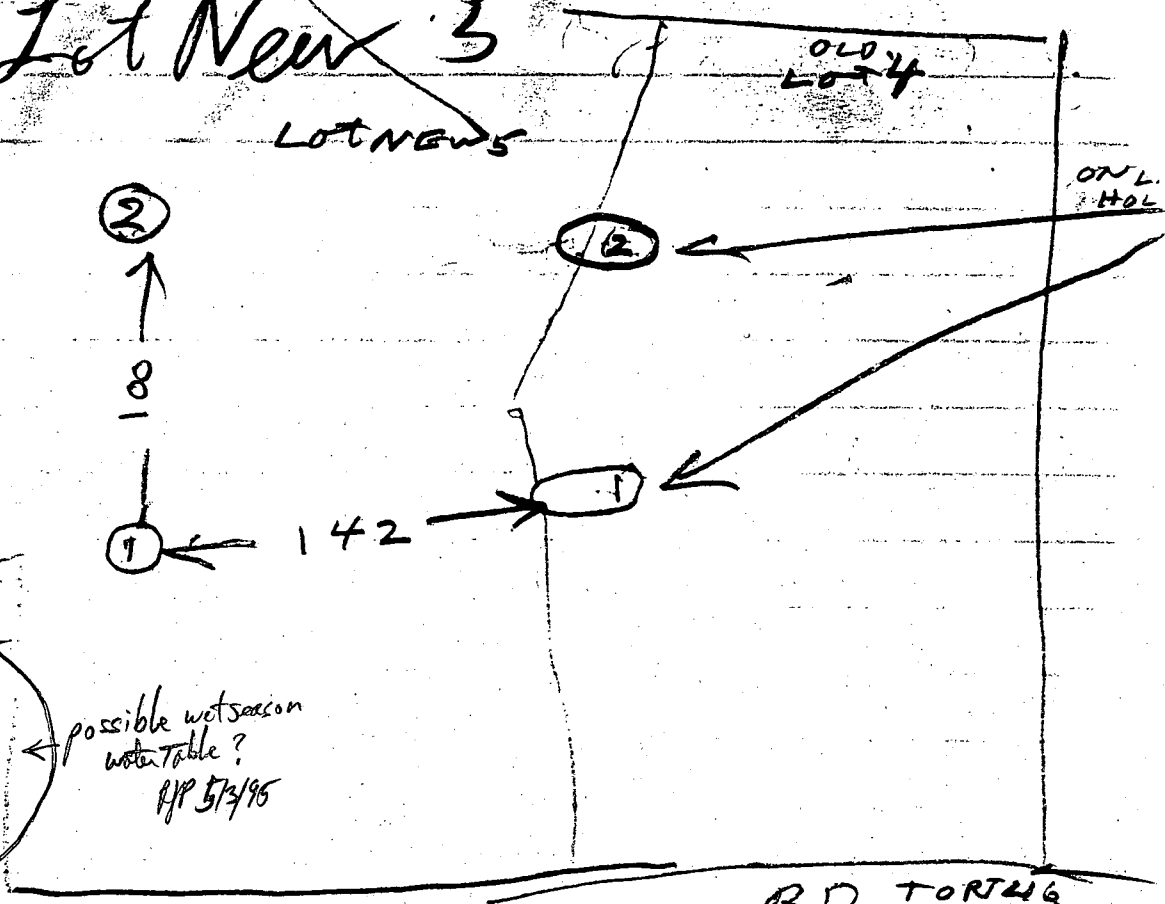
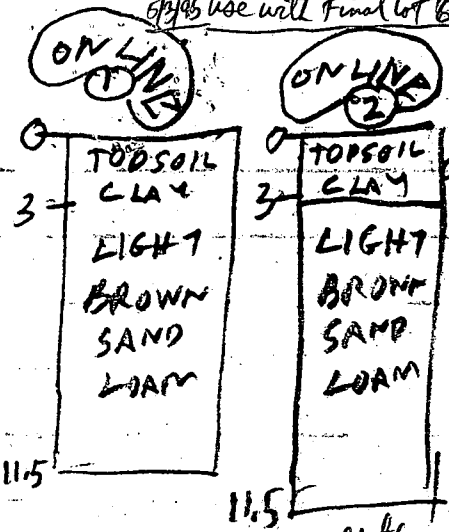
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # CREATED SEE ATTACHED SHEET ON NEW 5 DATE PERC OK ON NEW 5

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # HOLD FOR PLAT DATE \_\_\_\_\_

# THIS IS NOT A PERMIT



# Lot New 5



6/15/95	1.5	4	332	235	235	238	3
	IV	11.5	OK				
	2.5	4	235	237	237	240	3
	2V	10	OK	SHALLOW			
	1.5	4	138	139	139	40	1
	IV	11.5	OK				
	2V	11.5	OK				

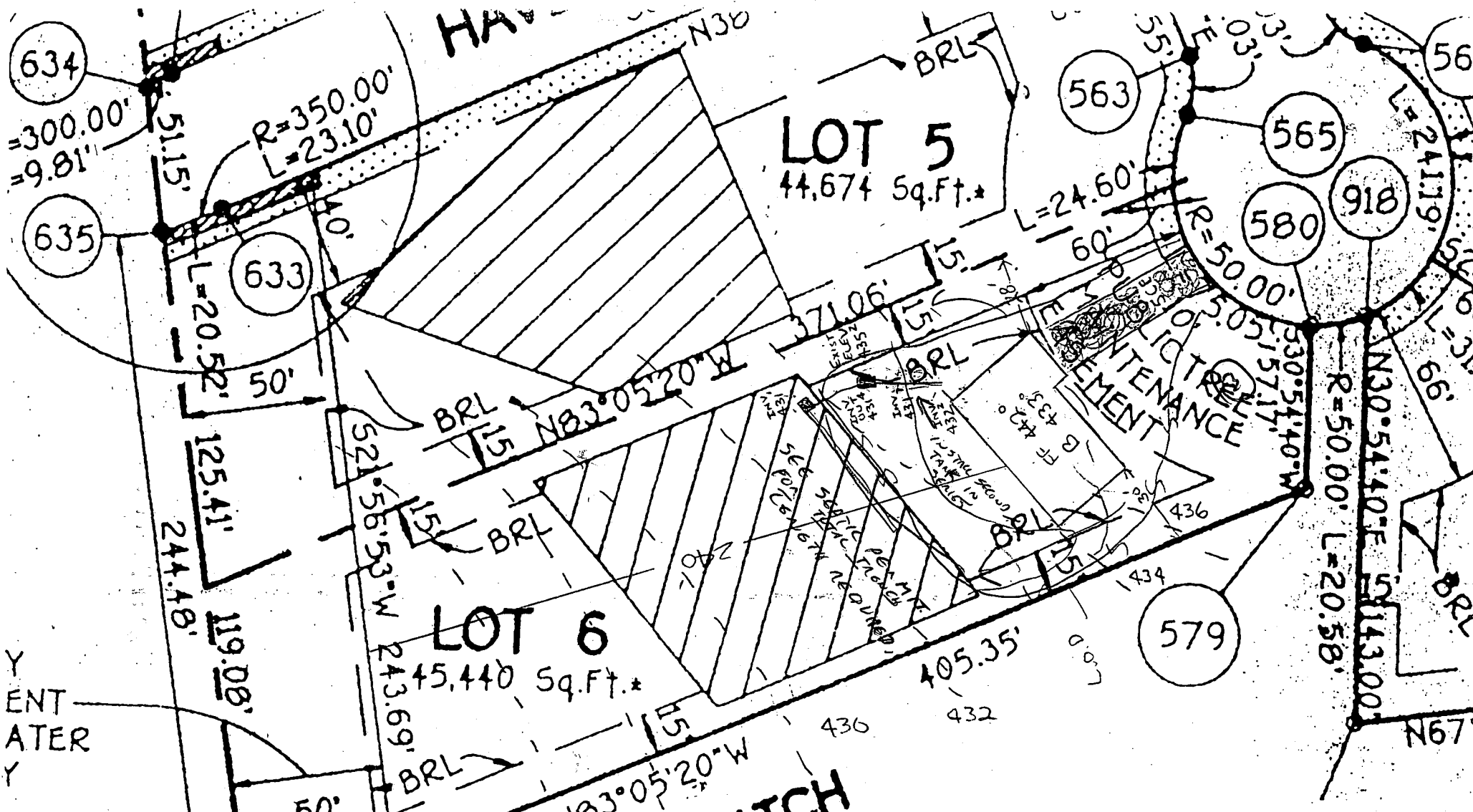
RD TORTUGA

ONLINE  
 LOT 4 &  
 LOT NEW 5  
 ONLINE  
 LOT 4 & NEW 5

Final lot 5 (Pre-lot 9)

Inlet 3'  
 R/P 5/3/95  
 R/P 6'  
 ave 5 mi





GRADING PLAN / PLOT PLAN

BUCKS HAVEN MANOR

LOT 6  
BUCKS HAVEN LANE

TAX MAP NO. 40 PARCEL 138  
PLAT NO. 11620

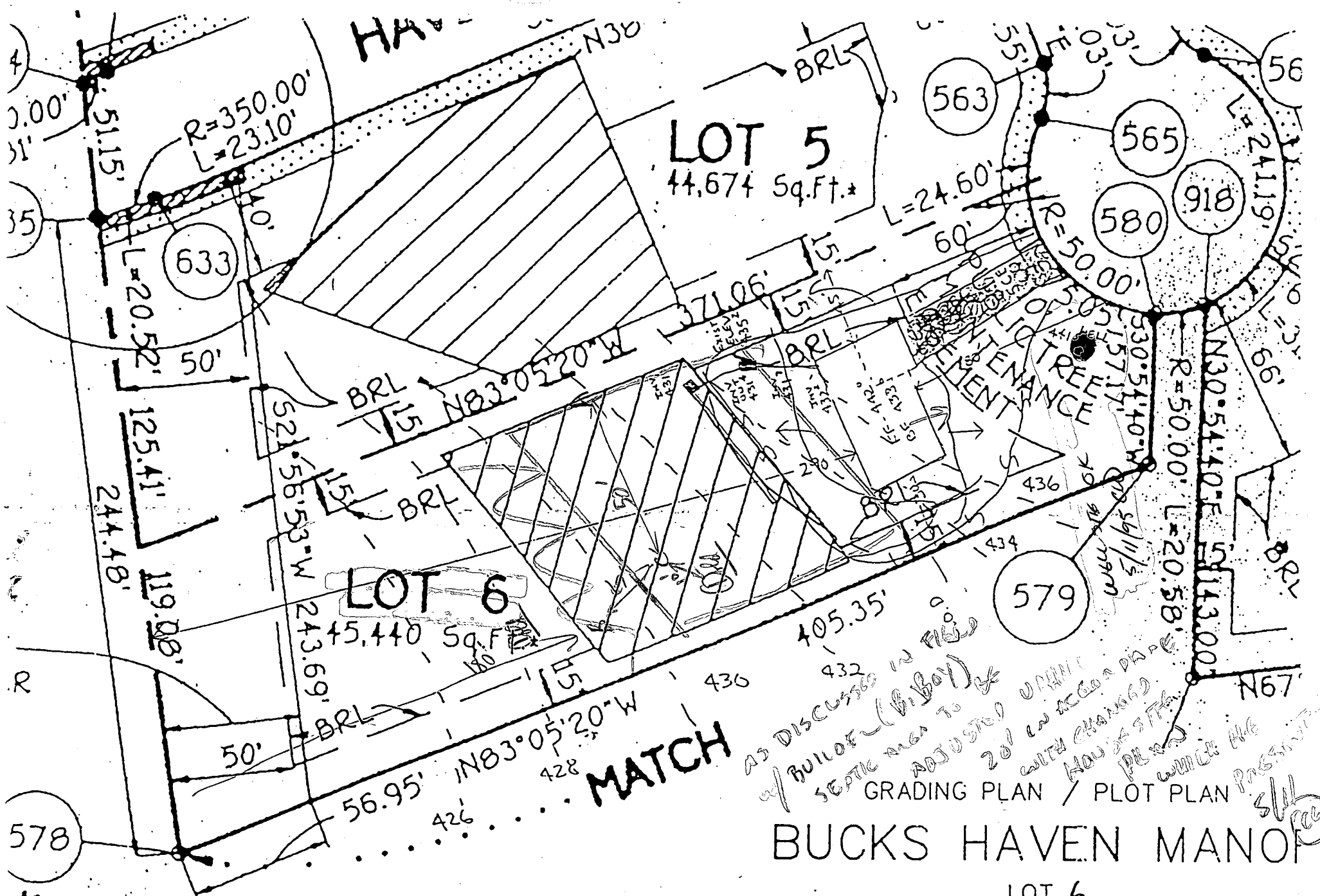
5TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: FEB 10 1995

**THIS SHEET**

BE RECORDED.  
CELLS TO BE RECORDED.  
ATION

Approved Septic System Plan  
Howard County Health Department  
\* SUBJECT TO INSTALLATION IN SEARBS  
OF SECOND SEPTIC TANK IN SEARBS

**MATCH**



115 SHEET

RECORDED  
TO BE RECORDED

11  
0

AS DISCUSSED IN FILE  
w/ BULLOCK (BIBBY)  
SEPTIC MAN TO  
ADJUSTED 20' WITH CHANGES  
DRAINAGE IN ACCORDANCE  
WITH CHANGES  
ADJUSTED PER  
WILLIAM  
PRESENTED

GRADING PLAN / PLOT PLAN

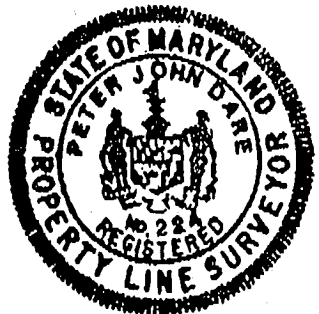
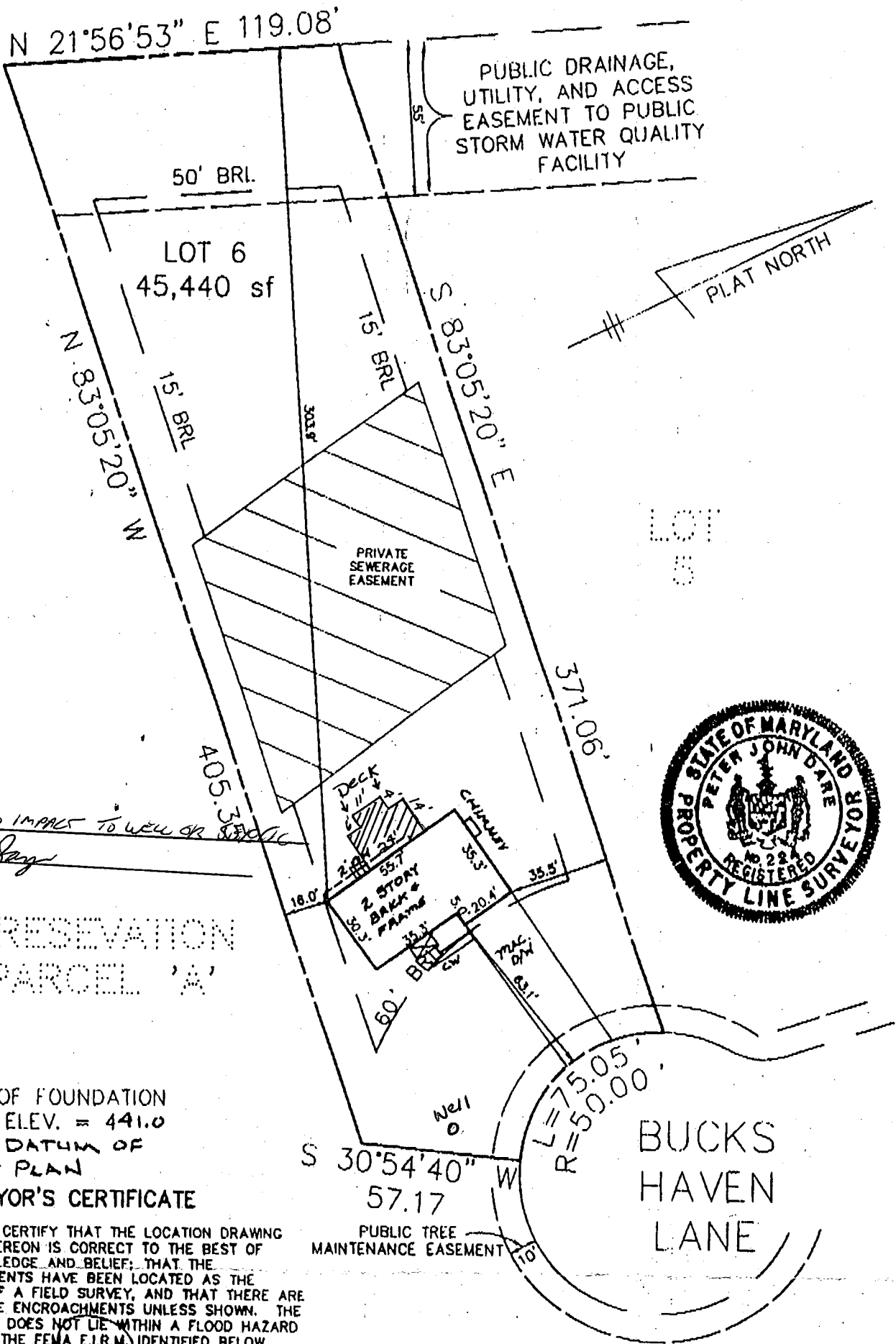
# BUCKS HAVEN MANOR

LOT 6  
BUCKS HAVEN LANE

TAX MAP NO. 40 PARCEL 13R  
PLAT NO. 11620

5TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE LOT CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



10/26/95 NO IMPACT TO WELL OR SEWER  
*Blair Jay*

PRESEVATION  
 PARCEL 'A'

TOP OF FOUNDATION  
 WALL ELEV. = 441.0  
 PER DATUM OF  
 PLOT PLAN

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

*Peter J. Dare* 9/25/95  
 PETER J. DARE  
 MD. PROPERTY LINE SURVEYOR #224 **FINAL**

RECORD PLAT No. 11620  
 FEMA FIRM No. 240044 0038 B  
 DATED DEC. 4, 1986

**TSA GROUP, INC.**  
 planning • architecture • engineering • surveying  
 8480 BALTIMORE NATIONAL PIKE SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 (410) 465-6105

LOCATION DRAWING  
**BUCKS HAVEN MANOR**  
 LOT 6  
 7424 BUCKS HAVEN LANE

5th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE : 1" = 50' DATE : 6/20/1995

C1 2996 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. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49287A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Bucks Haven Farm last name Bucks Haven Lane first name High Land TOWN Bucks Haven Manor SECTION LOT 6

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

C 3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 6

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

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

BEFORE PUMPING 20 ft. WHEN PUMPING 185 ft. TYPE OF PUMP USED (for test)

MAIN CASING TYPE Nominal diameter top-(main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 45

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

NUMBER OF UNSUCCESSFUL WELLS:

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

WELL HYDROFRACTURED YES NO

C 2 DEPTH (nearest ft.)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

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

DEPTH (nearest ft.) H O 93 305

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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)

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

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

Diagram showing well location on a lot with handwritten notes 'well 25' and '20' RAPHANE'.

DRILLERS SIGNATURE (Must match signature on application)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

LIC. NO.

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

**B 1** **1290** SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER  
**MD-94-0466**  
fill in this form completely

Date Received (APA) **040495**

**OWNER INFORMATION**

**Buck Haven Farm**

15 Last Name 21 Owner 27 First Name 34

**12459 RT 216**

36 Street or RFD 42

**HIGHLAND MD 20727**

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD** COUNTY

**Buck Haven Manor** SUBDIVISION

SECTION **7** LOT **6**

**HIGHLAND** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1 MI**

**DRILLER INFORMATION** MSD/MGD/MWD

**Ralph Mayne** License No. **116**

Driller's Name 77 License No. 80

**Ralph Mayne (well drilling)** Firm Name

**9120 Brown Church Rd Mt Airy** Address

**Ralph Mayne** Signature **3/30/95** Date

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

**Buck Haven LA** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **25** ENTER FT OR MI **RT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**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

**A49287A** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **051195** CO SIGNATURE **Ray Wilkin** EXP. DATE **5/10/96**

NORTH GRID **485000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

**8104**

**4805**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

**rt 216**

**25**

**well**

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)

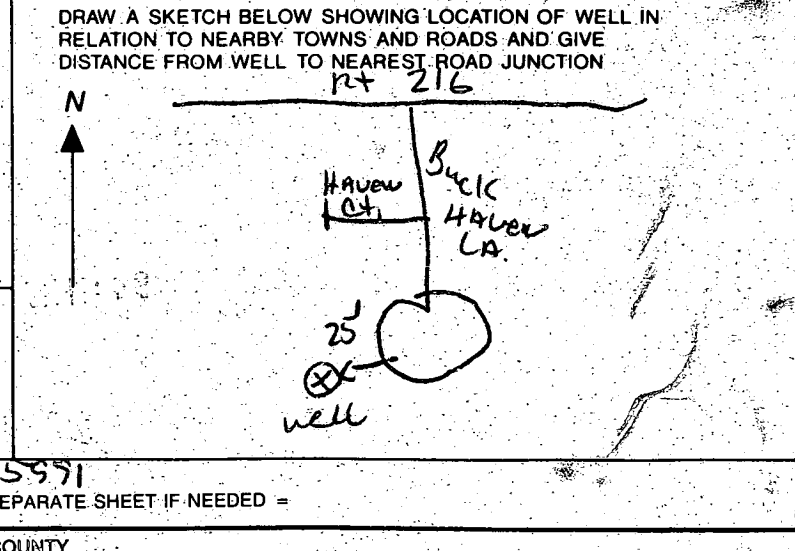
APPROX. PERMIT NUMBER **GAP**

FORCE **CD** WRITE INITIALS IN BOX

PERMIT No. **MD-94-0466**

SPECIAL CONDITIONS **854-2018 531-5591**

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



195  
28

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 5/26/95

Name of Installer Charles A. Klein & Sons, Inc.

Telephone (410) 549-6960

License Number 6521

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Constitution Homes

Telephone (410) 379-0157

Subdivision Becha Haven Manor Lot # 6

Site Address Becha Haven Lane

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
- 2. Make \_\_\_\_\_
- 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 \_\_\_\_\_

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

Tank

- 1. Capacity \_\_\_\_\_
- 2. Pressure relief valve? \_\_\_\_\_

Piping

- 1. Type \_\_\_\_\_
- 2. Size \_\_\_\_\_
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth \_\_\_\_\_ ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? \_\_\_\_\_

7-28-95  
WPI - OK to  
cover. AMM

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: Charles A. Klein Jr.

Date: 5/26/95

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