

9/19/97  
PR

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# INDEXED

P 58973

A 49646-G

DISTRICT \_\_\_\_\_

DATE 9-15-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 9/22/97

INSPECTOR [Signature]

*04-359445*

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road Sykesville, Maryland 21784 PHONE (410) 795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 38 ROAD 1713 Cattail Woods Lane

PROPERTY OWNER Pulte Home Corp. / Rick Powers

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

*BLVD PERMIT 5:  
AND RETURNED 6-24-98  
Serial # B70112611  
decl*

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

LOCATION - Beginning from the intersection of the 37.57' and 252.12' lot lines, place distribution box 105 feet up the 252.12' lot line and 80 feet off that same lot line. Run trenches on contour toward the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/MP*

PLANS APPROVED BY Amy McMillen REVISED \_\_\_\_\_ DATE 08/26/97

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

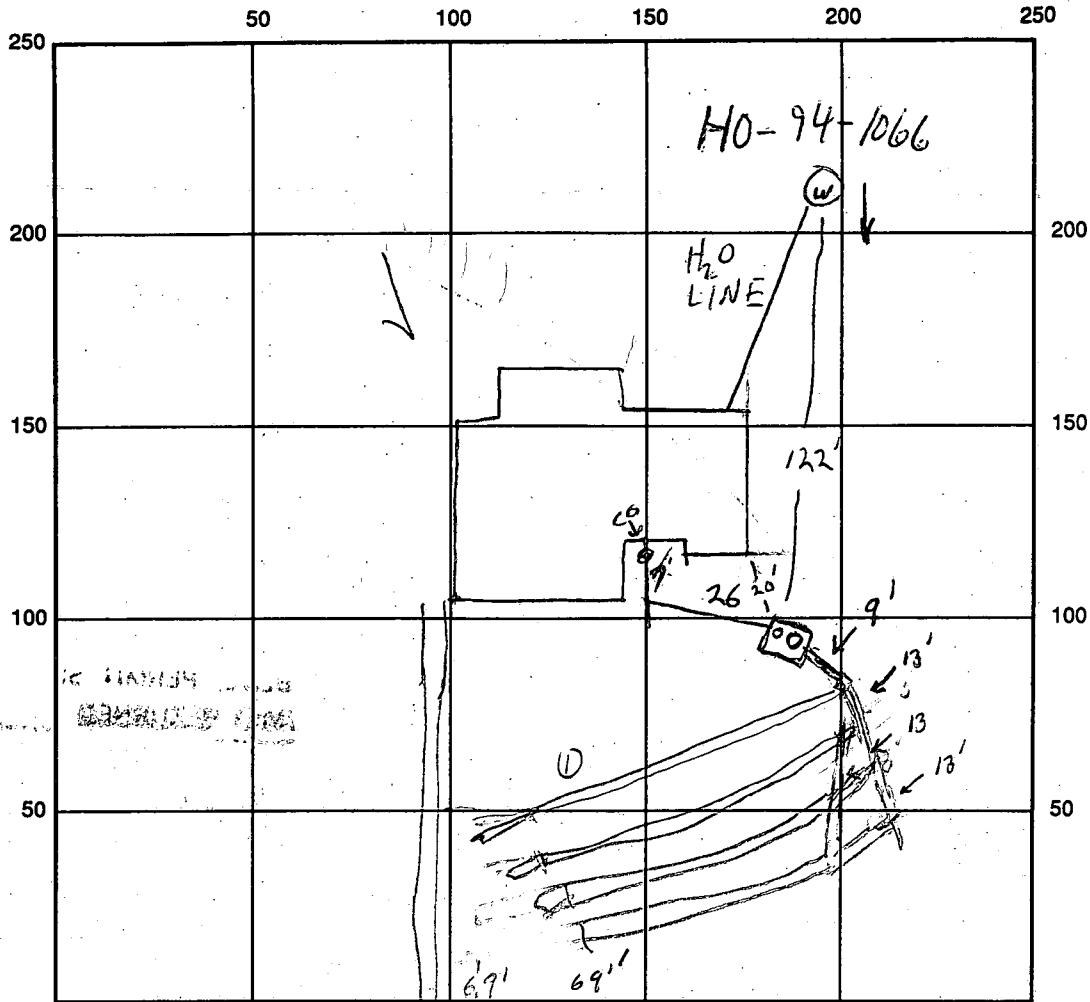
PERMIT VOID AFTER TWO YEARS

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

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

A  
49646G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
CATTLE WOODS LANE

SEPTIC TANK LEVEL ok - needs manhole CLEANOUTS 100' TANK / AT WALL  
 DISTRIBUTION BOX LEVEL ok  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 23/23/21 FT. 4  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.  
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.  
 ABSORBENT AREA - SQ. FT.

REMARKS: 9/19/97 ok to cover trenches, disc box and lines,  
need to see manhole on S.T. by 9/22/97 4' manhole + CO.  
installed on S.T. ok to cover, etc

DATE SYSTEM APPROVED 9/22/97 INSPECTOR Shawn Jones

# APPLICATION

PERCOLATION TESTING

A 49646G

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 9-27-93

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 Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION CatHaul Woods Sec II LOT NO. 38

ROAD AND DESCRIPTION Rt 97 s/d

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE TYPE BLDG. SFD  
(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.  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

A49646G  
COUNTY #

Lot 1/2 4 + 39 38

SOIL PROFILE  
34

10' tan C  
3 1/2' red CL  
5' brn SIL w/ decayed shale & yel streaks

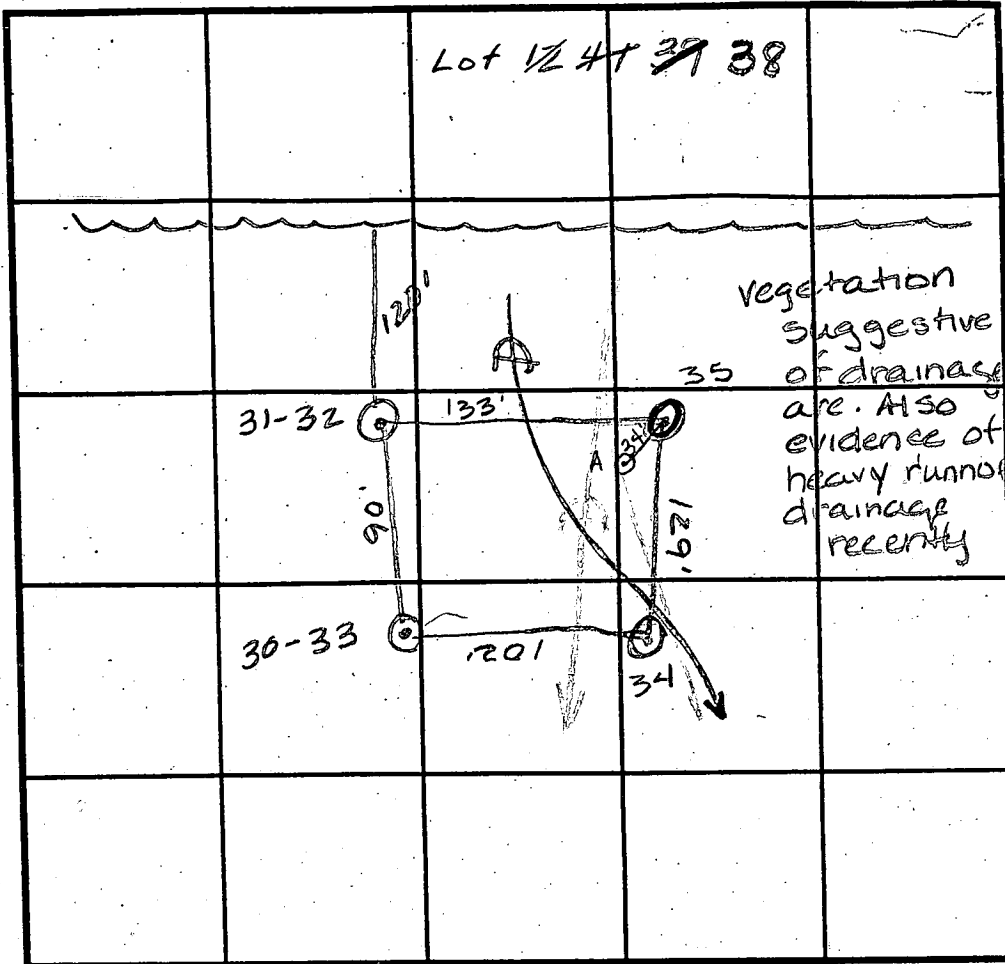
31-32  
orange/brn C

2' red/brn SIL

8' shelf of decayed shale & rock frags

30-33  
orange/brn CL

2' reddish brn SIL w/ very decayed shale throughout



SOIL PROFILE  
35

0' tan brn C  
3' reddish brn CL  
5' brn w/ tint of red SIL  
9' pocket of Saprolite rock  
14' >50%

A  
yell/brn C

3' brn SIL w/ red tint  
3'-6' decayed shale shelf  
13' good water catch

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE     | TEST NO. | DEPTH              | PRE-WET             |                     | TEST - 1" DROP      |                     | TIME      |
|----------|----------|--------------------|---------------------|---------------------|---------------------|---------------------|-----------|
|          |          |                    | START               | STOP                | START               | STOP                |           |
| 11/30/93 | 34       | 5' / V14'          | 11:23 <sup>30</sup> | 11:28               | 11:28               | 11:35               | 8 min     |
|          | 31-32    | 2' / V11'          | 11:11               | 11:16               | 11:16               | 11:24               | 8 min     |
|          | 30-33    | 2 1/2' / V11'      | 11:15               | 11:17               | 11:17               | 11:19               | 2 min     |
|          | 35       | 5' / V14'          | 11:36               | 11:37               | 11:37               | 11:39               | 2 min     |
|          |          | 7 1/2' - 8' / V14' | 10:17 <sup>30</sup> | 10:19 <sup>30</sup> | 10:19 <sup>30</sup> | 10:28 <sup>30</sup> | 8 1/2 min |
|          | A        | 6 1/2' / V13       | 12:55 <sup>30</sup> | 12:55               | 12:55               | 1:01 <sup>30</sup>  | 6 1/2 min |
|          |          |                    |                     |                     |                     |                     |           |
|          |          |                    |                     |                     |                     |                     |           |
|          |          |                    |                     |                     |                     |                     |           |
|          |          |                    |                     |                     |                     |                     |           |

REMARKS: Hold for wet season prices  
 TYPE OF SOIL: Gtenetg Loam  
 TESTED BY: A McMillen / C Williams ALSO PRESENT B. SANDERS  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 3'  
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 210 ft<sup>2</sup>

B 1 **7098**  
2 (THIS NUMBER IS TO BE PUNCHED  
3 IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.  
(DP USE ONLY)

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

STATE PERMIT NUMBER

**40-97-1066**  
70 fill in this form completely 79

Date Received (APA)

**01/15/97**

OWNER INFORMATION

**206 JONIF VENTURE**  
15 Last Name 13 Owner 34 First Name  
**15555 UNION CHAPEL**  
36 Street or RFD 55  
**WOODBRINE MD 211797**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

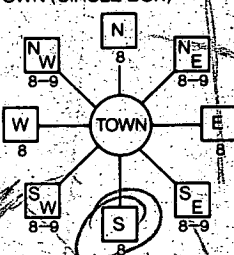
**HOWARD**  
8 COUNTY 21  
**CATTAIL WOODS**  
23 SUBDIVISION 42  
SECTION **2** LOT **35**  
44 46 48 50  
**LAWSON**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **1** M I  
73 76 77 78

DRILLER INFORMATION

MSD/MGD/MWD

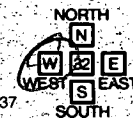
**DANA KYLER JR** **256**  
Driller's Name 77 License No. 80  
**Wasmister Rotary Well Drillers**  
Firm Name  
**P.O. Box 80, Wasmister Md 21158**  
Address  
**Dana Kyler Jr (OS) 1/13/97**  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**1713 CATTAIL WOODS LANE**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



**230**  
34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FT**  
38 39

TAX MAP **7** BLK: **PARCEL 137**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co.** **A19646G**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S  41

**02/20/97** **A. M. Moore** **2/20/98**  
43 DATE ISSUED 48 CO SIGNATURE EXP. DATE

NORTH GRID **530000** EAST GRID **0782000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET  
24 28

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

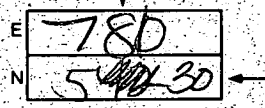
METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTARY  DRIVE-POINT
- other \_\_\_\_\_

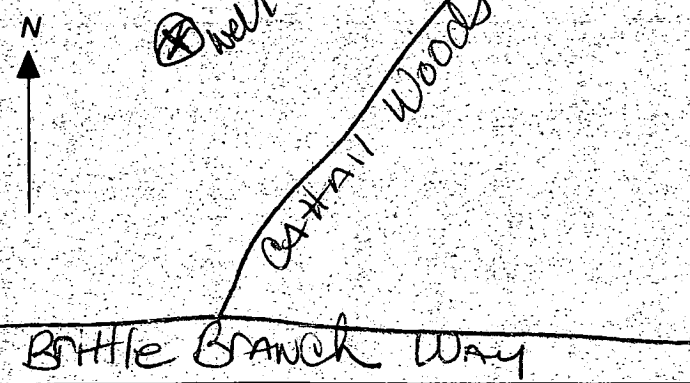
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1 **City**

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - D THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
54 63

FORCE **AM** WRITE INITIALS IN BOX 67 68 PERMIT No. **40-97-1066**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 **0500** SEQUENCE NO. (MDE USE ONLY)

**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: **A49646G**

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM **3** PD **12** YY **97**  
8 13

DATE WELL COMPLETED  
MM **03** DD **07** YY **97**  
15 20

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**HO 94 1066**  
28 29 30 31 32 33 34 35 36 37

OWNER **JOE JOINT VENTURE**  
STREET OR RFD **CATTAIL WOODS LANE** TOWN **LISBON**  
SUBDIVISION **CATTAIL WOODS** SECTION **11** LOT **38**

**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    | 1   |                        |
| Soft Br. Shale                                | 1    | 3   |                        |
| Red Clay                                      | 3    | 6   |                        |
| Soft Br. Shale                                | 6    | 30  |                        |
| Soft Br. Shale                                | 30   | 31  | X                      |
| Soft Br. Shale                                | 31   | 80  |                        |
| Blue Schist                                   | 80   | 92  |                        |
| Br. Shale & Quartz                            | 92   | 93  | X                      |
| Blue Schist                                   | 93   | 115 |                        |
| Br. Shale                                     | 115  | 116 | X                      |
| Blue Schist                                   | 116  | 153 |                        |

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS **29** NO. OF POUNDS **2726**

GALLONS OF WATER **174**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **85** ft.  
(enter 0 if from surface)

**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) **87**

60 61 63 64 66 70

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

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

**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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |  |
|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| E |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| A |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| C |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| H |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| S |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| C |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| 3 |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| R |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| E |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| E |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |
| N |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |  |

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 60  
from \_\_\_\_\_ to \_\_\_\_\_

**C 3** **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12**

METHOD USED TO MEASURE PUMPING RATE **submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **28** ft.

WHEN PUMPING **46** ft.

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 (CIRCLE) (YES OR NO) **NO**

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 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

**+** above **LAND SURFACE**

**-** below **2** (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: **0**

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 LIC. NO. **M W D 256**  
**Dana Kyker Jr. II**  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M W D 256**  
**Dana Kyker Jr. II**

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

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.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

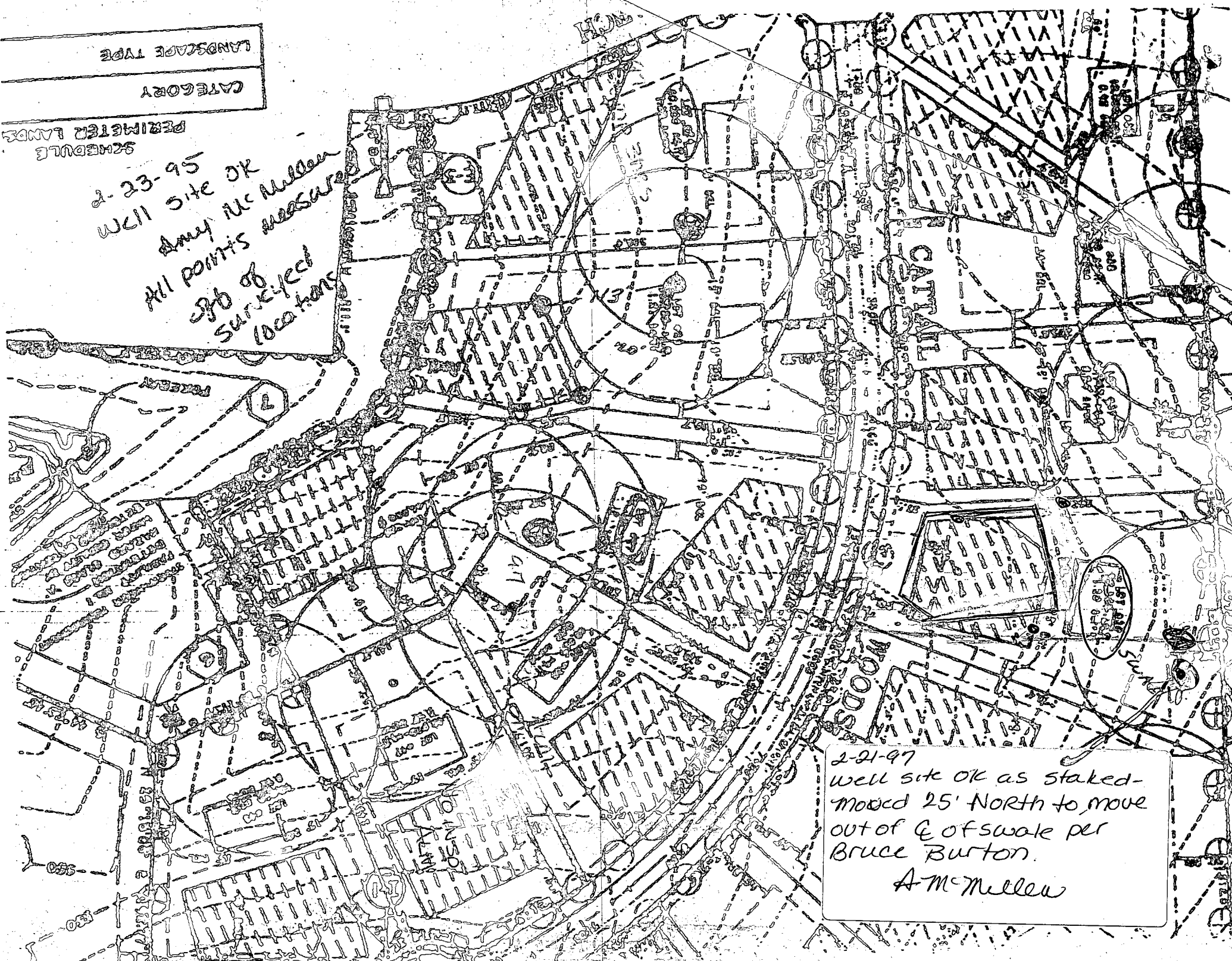
LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

*Well*  
*Cattail Woods Lane*

*Permit*

LANDSCAPE TYPE  
CATEGORY  
PERIMETER LANDS  
SCHEDULE

2-23-95  
Well site OK  
Amy Mc Mullen  
All points measured  
copy of  
surveyed  
locations



2-21-97  
Well site OK as staked -  
moved 25' North to move  
out of E of swale per  
Bruce Burton.  
A-McMullen

11/18/97  
WPI am

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 \_\_\_\_\_

Telephone \_\_\_\_\_

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

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision Cattail Woods Lot # 38 Well Tag # HO-94-1066  
Site Address 1713 Cattail Woods Lane

| Pump  | Motor               | Pitless Adapter  |
|---|---------------------|------------------|
| 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 _____ |                     |                  |

| Tank                            | Piping                                 | Well data   |
|---------------------------------|--|---|
| 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? _____ |

WPI OK 11/18/97 3 1/2 - 4'  
2 PC CAP OK B.G.  
BOLT THRU CASING NEAR WELL CAP (FOR PUMP LINE?)

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).

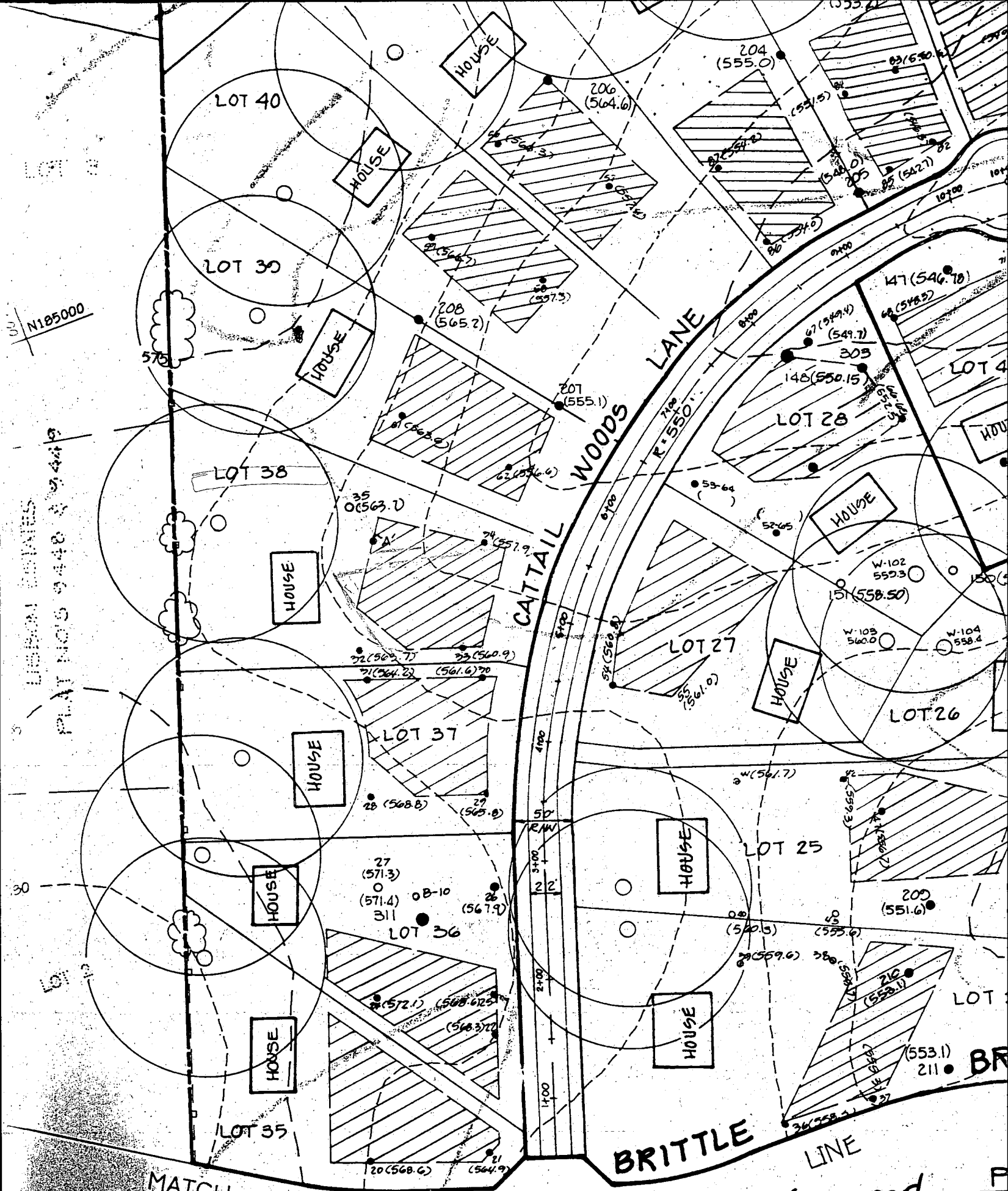
All information given above is true to the best of my knowledge.

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.





N185000

URBAN DISTRICTS  
 PLAT NOS 9448 & 9449

30

LOT 12

**SOIL CLASSIFICATIONS**

CHESTER SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.

CIDDUS SILT LOAM.

CONIS SILT LOAM, LOCAL ALLUVIUM, 3 TO 8 PERCENT SLOPES.

SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.

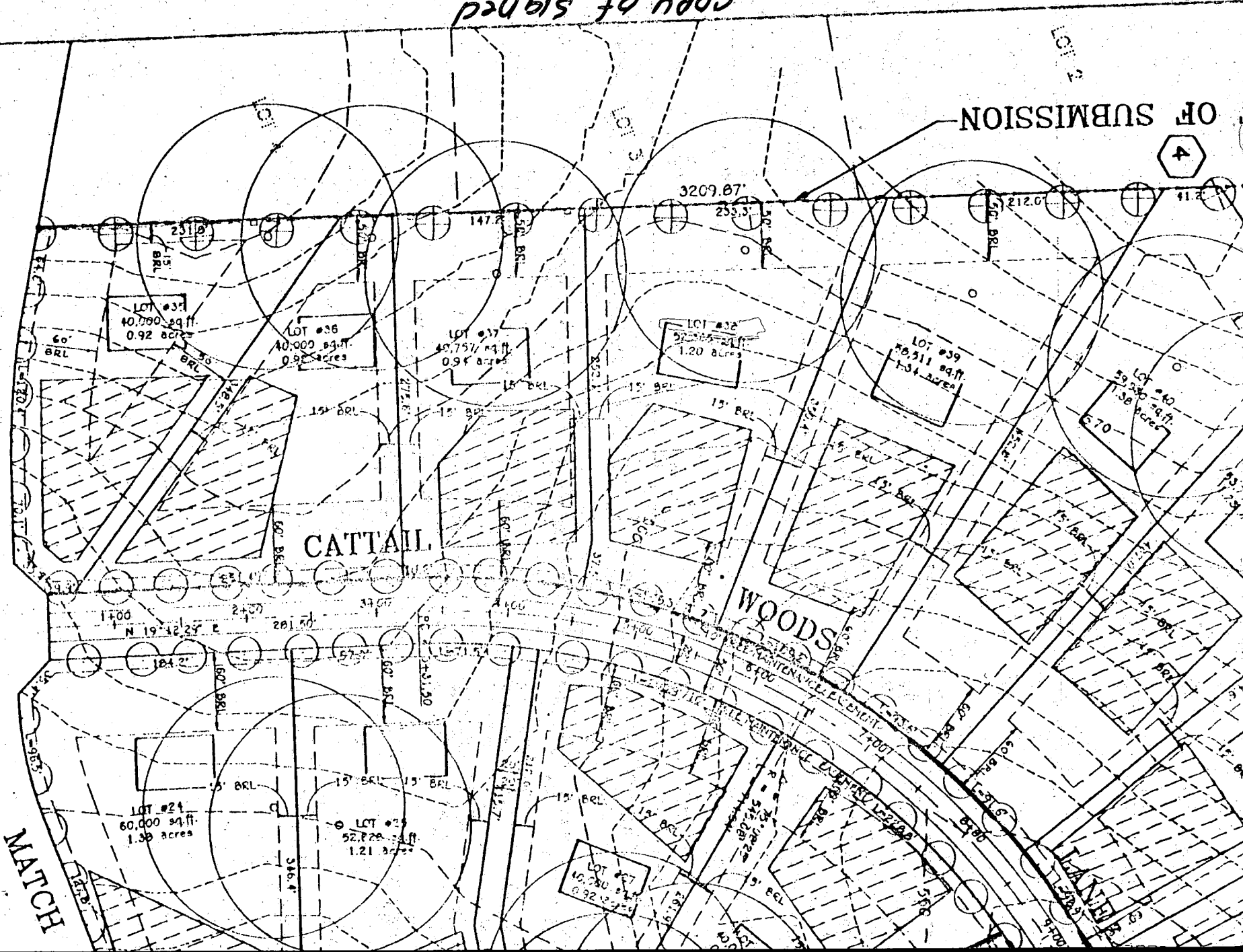
Copy of signed  
 Perc. Cert.

GENERAL NOTES

copy of signed  
Prelim. Plan

OF SUBMISSION

4



SCHEDULE D  
STORMWATER MANAGEMENT AREA LANDSCAP

LINEAR FEET OF PERIMETER

NUMBER OF TREES REQUIRED

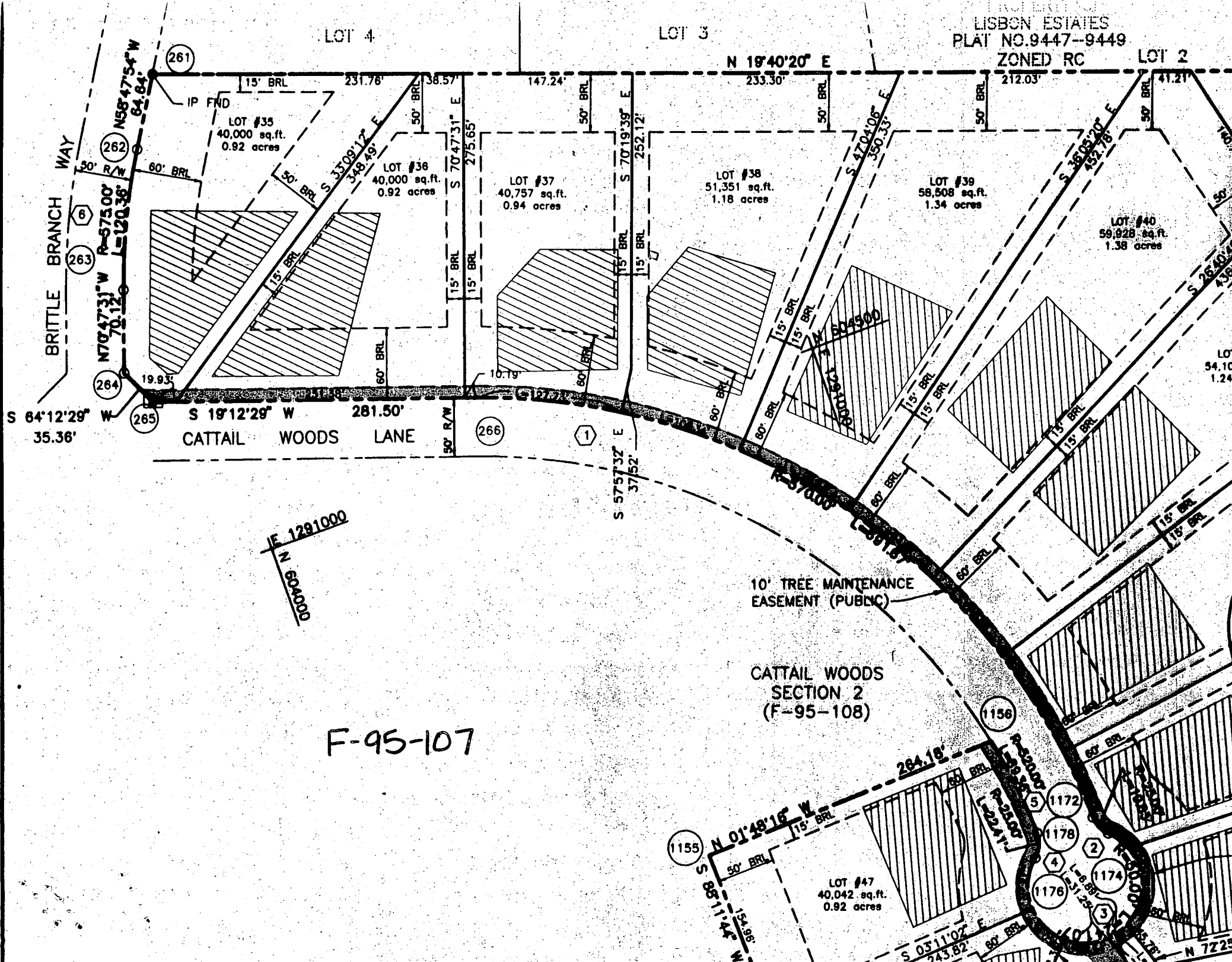
SHADE  
EVERGREEN

5 385 7

8

10

LISBON ESTATES  
PLAT NO. 9447-9449  
ZONED RC



F-95-107

E 1291000  
N 6000000

10' TREE MAINTENANCE  
EASEMENT (PUBLIC)

CATTAIL WOODS  
SECTION 2  
(F-95-108)

LOT #47  
40,042 sq. ft.  
0.92 acres

LOT #35  
40,000 sq. ft.  
0.92 acres

LOT #38  
40,000 sq. ft.  
0.92 acres

LOT #37  
40,757 sq. ft.  
0.94 acres

LOT #38  
51,351 sq. ft.  
1.18 acres

LOT #39  
58,508 sq. ft.  
1.34 acres

LOT #40  
56,828 sq. ft.  
1.38 acres

LOT #41  
54,108 sq. ft.  
1.24 acres

