

10/28/98  
3:00  
10/28/98  
9:30

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-422175

P 511057

A 49861-A

DISTRICT \_\_\_\_\_

DATE 10/20/98

DATE SYSTEM APPROVED 4/8/98

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

# INDEXED

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

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

SUBDIVISION Springdale Estates LOT 10 ROAD 13721 Springdale Drive

PROPERTY OWNER Dale Thompson Builder

ADDRESS \_\_\_\_\_

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 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 110 feet up the left (175.00') lot line and 95 feet off that same lot line. Run trenches on contour in both directions.

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

OK KM 10.20.98

PLANS APPROVED BY Amy McMillen/Mark E. Rifkin DATE 10-15-98

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

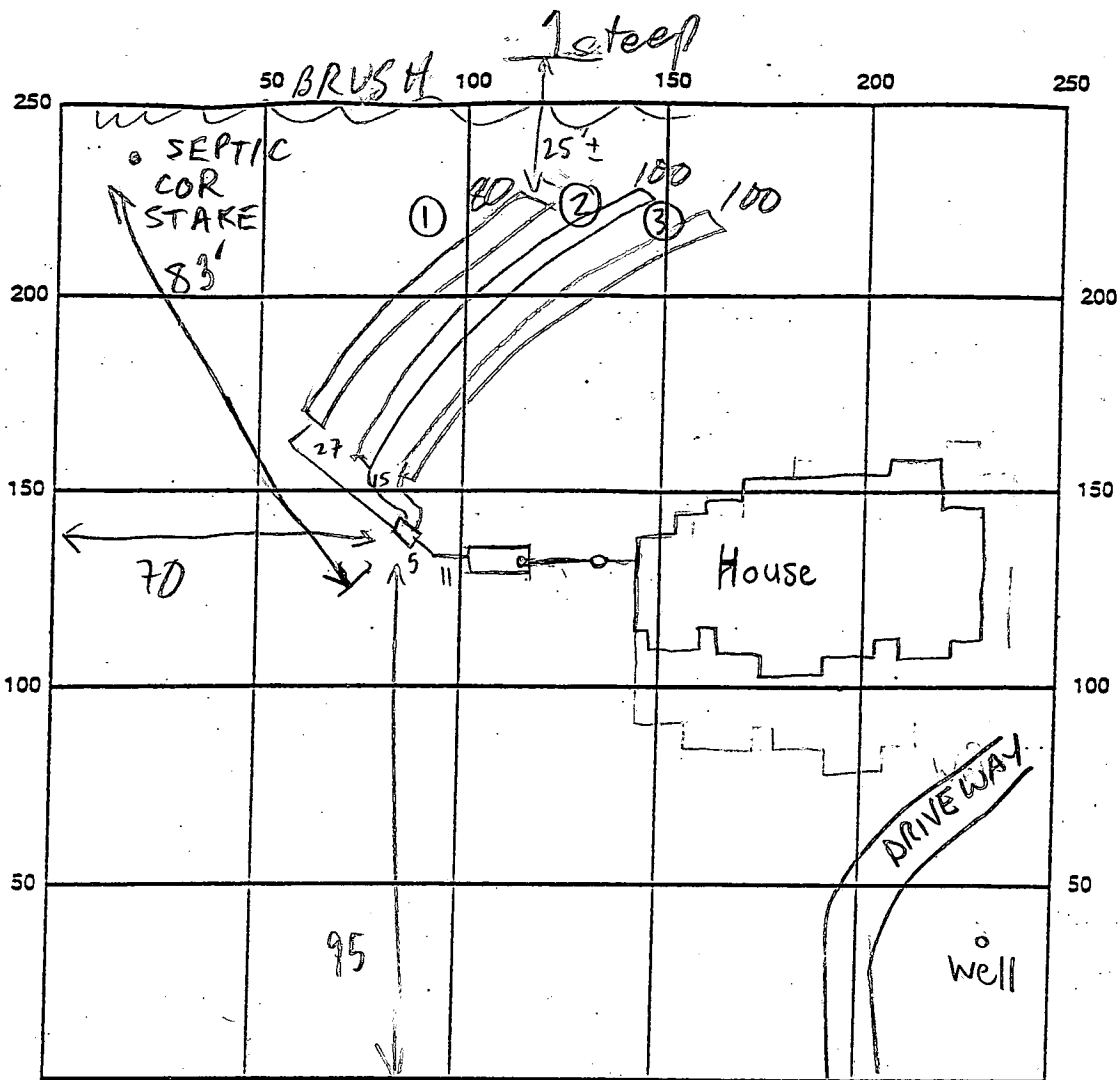
PERMIT VOID AFTER TWO YEARS

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 49861-A



SPRINGDALE DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS 2 (1 house, 1 tank 6")

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 - 4" FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80 | 100 | 100 FT. (280)

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 10/28/98 S.T. & D.B. APPEAR TO BE 20-25' TOO LOW; 2 TRENCHES  
INSTALLED, BUT MAY BE DEEP DIG 3rd. S.T. & D.B. MAY BE DULLED  
UPHILL AFTER MTG. IN FIELD (MR)

10/29/98 D.B. LOC. ALONG HIGH EDGE, SLID TOWARD ROAD 30' - OK TO  
COVER TANK & TRENCHES; HOLD FOR HOUSE CONN (MR)

4/8/98 - House Connection Made 4/8/99 - WPI ON SRK

DATE SYSTEM APPROVED 4/8/98 INSPECTOR Steven R. Krieg

ok/cw

# APPLICATION

PERCOLATION TESTING

A 49861A

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Dale Thompson Builders

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

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

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

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. X10 on perc cert

ROAD AND DESCRIPTION (13721 Springdale Drive)

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

~~NOT RETURNED~~ 10-15-90  
Senath Bro 114937

SIZE OF LOT \_\_\_\_\_ TYPE BLDG SFD - 4Brom  
(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 \_\_\_\_\_

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

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

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

HD-216

# THIS IS NOT A PERMIT

A49861A

Lot 11

ALL HOLES

SOIL PROFILE

0	red brn sa cl lm
2-3	pink tan sa lm
5-15 8	Fraags

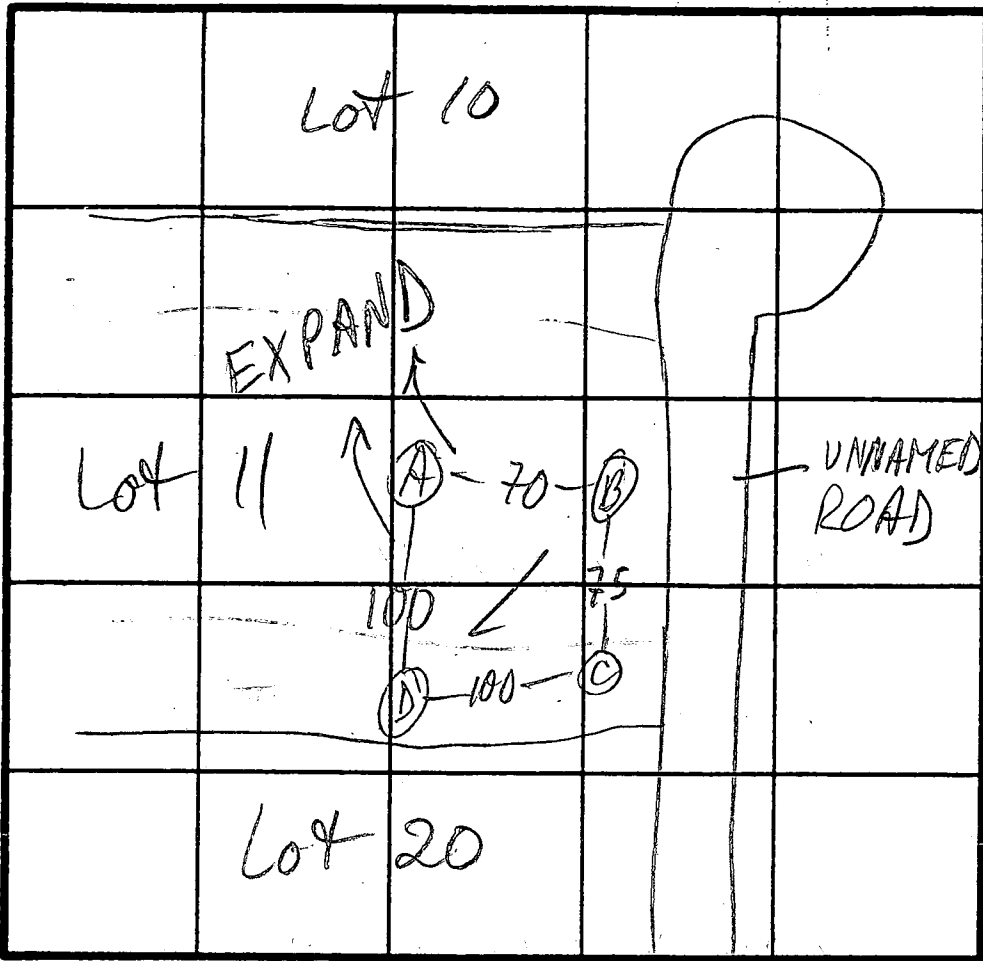
12-14

X=3

180 BR

Inlet 3

Box 5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/4/94	B M	4	12:13	12:16	12:16	12:18	2
			12:13	12:14	12:14	12:16	2
	B V	12					
	A S	3 1/2	12:17	12:20	12:20	12:25	5
	A V	12					
	D M	4 6 1/2	12:31	12:32	12:32	12:33	1
			12:28	12:30	12:30	12:35	5
	D V	14	→ may have been in				fluenced by storm flow near hole
	C S	4 1/2	12:46	12:47	12:47	12:49	2
	C V	12					

REMARKS HOLES PER PLAN ± AREA MAY BE < 10 K, ADJUST AS NEEDED

TYPE OF SOIL

TESTED BY M. Riffkin

ALSO PRESENT J. Allen, R. Demmitt

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 10

ROAD AND DESCRIPTION \_\_\_\_\_

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

SIZE OF LOT \_\_\_\_\_ 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.

(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

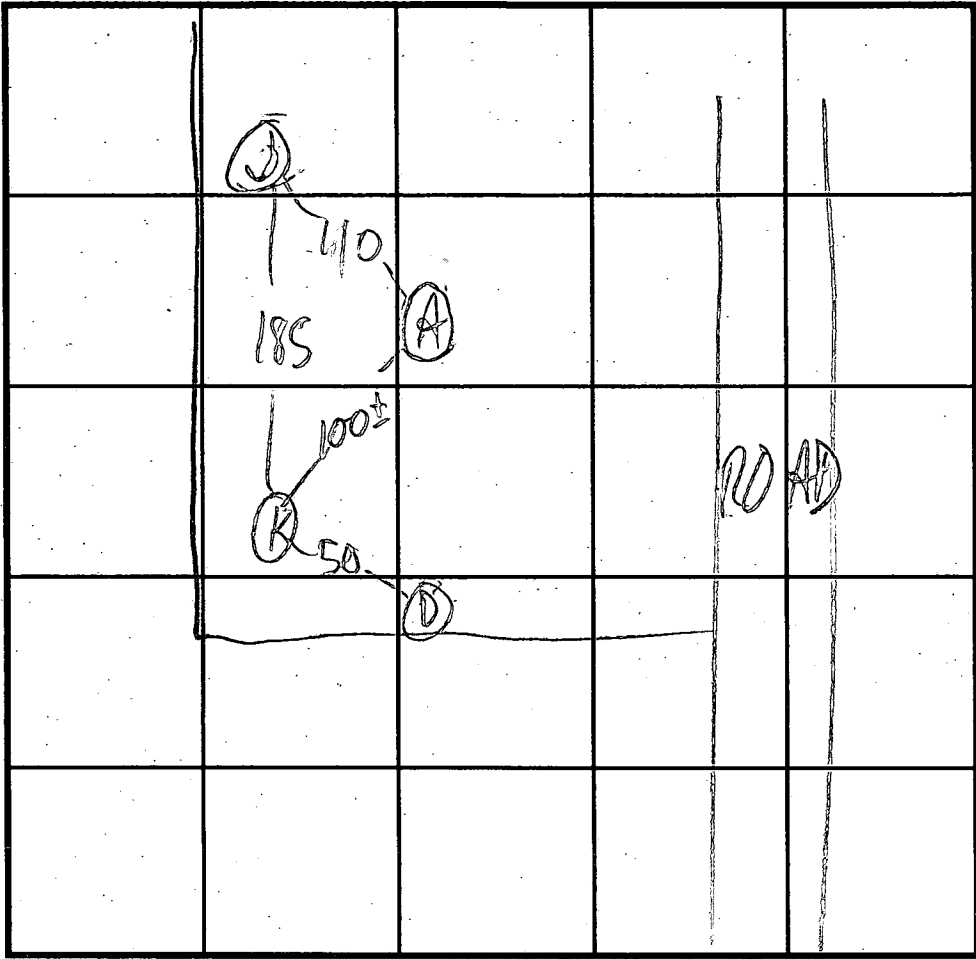
COUNTY #

SOIL PROFILE

0' ~~(JK)~~  
 1/2' FILL  
 3/2' br. sa  
 cl. loam  
 12' tan  
 sa  
 loam

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/94	10K S	3'6"	10:54	11:01	11:01	11:15	14
	10K V	12					
	10J S	4	11:06	11:11	11:11	11:18	7
	10J V	11 1/2					

REMARKS \_\_\_\_\_

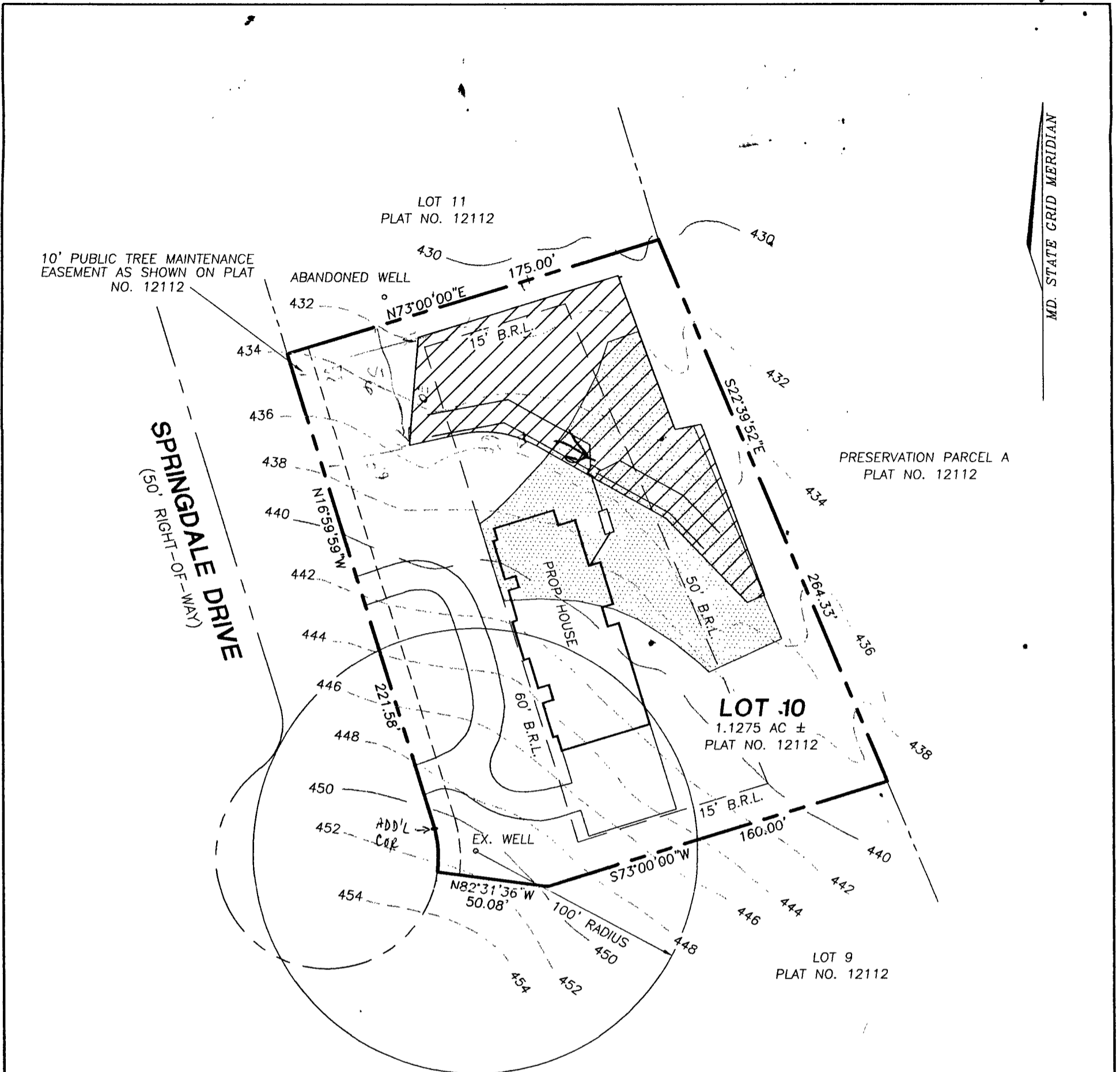
TYPE OF SOIL \_\_\_\_\_

TESTED BY M. Rifkin ALSO PRESENT R.D., J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME AJK 9 TRENCH WIDTH 3

INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 5 1/2 SQ. FT./BEDROOM 180





**LEGEND**

- EXISTING SEPTIC EASEMENT AREA ON LOT 10 AS SHOWN ON PLAT NO. 12112
- NEW SEPTIC EASEMENT AREA FOR LOT 10.

NOTE: 1. THE CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED ON CLIENT SUPPLIED TOPOGRAPHY.  
 2. THE PROPERTY LINES SHOWN HEREON ARE BASED ON A PLAT ENTITLED 'SPRINGDALE ESTATES LOTS 1-18 AND PRESERVATION PARCELS A&B AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND AS PLAT NO. 12112'  
 3. ALL EXISTING WELLS AND SEPTIC EASEMENTS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.

(EX. WELL IS FIELD LOCATED)

THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS .  
 PERCOLATION AREAS AND WATER WELLS WITHIN 100 FEET OF PROPERTY LINES ARE SHOWN ON THIS PLAT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

*Joyce M. Boyd* per *J. M. R.* 9/28/98  
 COUNTY HEALTH OFFICER MR DATE



RECORD REFERENCES	
TAX MAP :	34
PARCEL :	60
PLAT NO./FOLIO :	12112
SCALE :	1"=50'
DATE :	9-16-98

PERCOLATION TEST PLAT SPRINGDALE ESTATES
LOT 10
5TH ELECTION DISTRICT
HOWARD COUNTY
MARYLAND

**VOGEL & ASSOCIATES**  
 ENGINEERS • SURVEYORS • PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043  
 Tel 410.461.5828 Fax 410.465.3966



C1 8183

SEQUENCE NO. (DENV 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)

COUNTY NUMBER A49861A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 02/495

Depth of Well 660

PERMIT NO. Ho-94-0316

OWNER Demmitt last name SPRINGDALE DR. first name RICHARD TOWN CLARKSVILLE MD. SUBDIVISION SPRINGDALE SECTION LOT 10

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 entries for SAND and GRAY MICA ROCK.

GROUTING RECORD WELL HAS BEEN GROUTED (yes Y, no N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 53 NO. OF POUNDS 4982

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 84

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 PLASTIC OTHER

DEPTH (nearest ft.) 83 660 CASING HEIGHT (circle appropriate box and enter casing height) + above 1 below LAND SURFACE (nearest foot) 1

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. 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

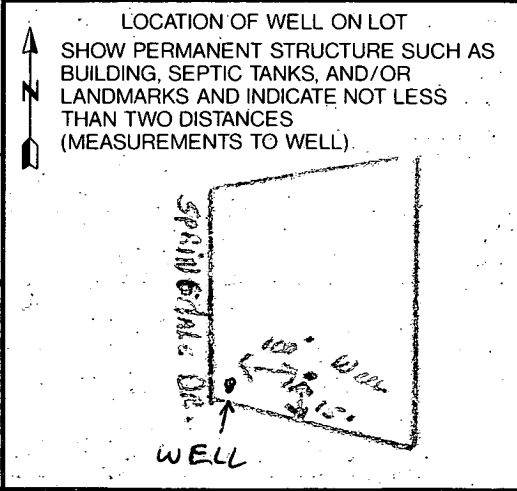
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

OEP 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 (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 303 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 WHEN PUMPING 314 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) LAND SURFACE (nearest foot)



COUNTY

**B 1** **5338** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HD-94-0316**  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS) fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **12/29/94**  
 Last Name **Demmitt** Owner **Richard** First Name  
 Street or RFD **Box 228**  
 Town **Clarksville** State **MD** Zip **21029**

**LOCATION OF WELL**  
 County **Howard** Subdivision **Springdale**  
 Section **44** Lot **10**  
 Nearest Town **Clarksville**  
 Miles from town (enter 0 if in town) **3** MI

**DRILLER INFORMATION** MSD/MGD/MWD  
 Driller's Name **Joseph E. Wayne** License No. **24**  
 Firm Name **Joseph E. Wayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph E. Wayne** Date **12/10/94**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 (W) (N) (NE) (E) (SE) (S) (SW) (8-9)  
 NEAR WHAT ROAD **Springdale Drive**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**  
 DISTANCE FROM ROAD **25** FT  
 ENTER FT OR MI **FT**  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**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  
 County Name **Howard** County No. **A 49861A**  
 STATE SIGNATURE **Mark E. Palkin** DATE ISSUED **1/19/96**  
 NORTH GRID **496000** EAST GRID **0804000**

APPROXIMATE DEPTH OF WELL **265** FEET

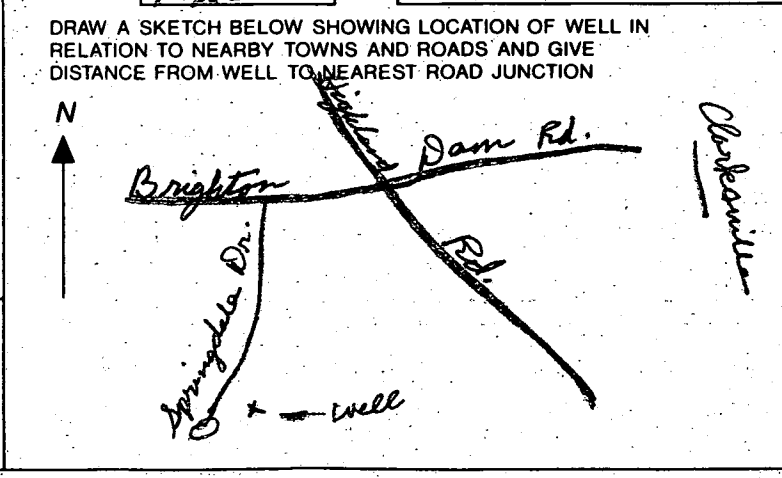
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

**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 **MR** WRITE INITIALS IN BOX PERMIT No. **HD-94-0316**

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  
 E **8084**  
 N **4986**





1/2/95  
Site OK  
Well  
Lot 10  
Cammitt  
Springdale

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-E Ellicott Mills Drive  
 Ellicott City, MD 21043  
 410-3833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation    
 Replacement

Receipt # \_\_\_\_\_   
 Date \_\_\_\_\_

Name of Installer Willoughby Plumbing

Telephone 410-781-7051

Licence Number 69925   
 Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner DALE THOMPSON

Telephone \_\_\_\_\_   
 Well Tag # 40-99-1316

Subdivision SPRINGDALE PT Lot 8 10

Site Address 13721 Foxwood Dr

CLARKSVILLE, MD 21771

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make JALUZZI
- Model # \_\_\_\_\_
- Capacity 1/2 GPM

- Motor 3/4 HP
- Horsepower 3/4 HP
  - RPM \_\_\_\_\_
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter
- Make RACVAT
  - Model # \_\_\_\_\_
  - Depth 1/2

- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations?
  - Torque arrestors
  - Cable guards
  - Other None

Tank

- Capacity 40 gal
- Pressure relief valve? Yes

- Piping COPOLINE
- Type COPOLINE
  - Size 1"
  - NSF and/or BOCA Code approved Yes
  - Depth of supply line 4ft

- Well data 60
- Depth 60 ft.
  - Yield 3.3 GPM
  - Static water level \_\_\_\_\_ ft.
  - Will water supply be disinfected by installer? \_\_\_\_\_

4/9/99 OK BY SRK

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: Chris Willoughby

Date: 4/9/99

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