

10-13-94  
C.O. @ 4:00  
10-19-94  
12 PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49819

A REPAIR

DISTRICT \_\_\_\_\_

DATE 01/06/94

DATE SYSTEM APPROVED 10/19/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-220628

INDEXED

Arnold's Backhoe & Septic Services IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 2750 Florence Road

PROPERTY OWNER Sam Savage

ADDRESS \_\_\_\_\_

1000 gal septic tank  
3 bedrooms  
200 square feet per bedroom

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Trenches to be 3' wide, inlet 2', bottom 4', 2' stone.

Run 2-100' trenches between perc holes A & B.

PLANS APPROVED BY [Signature] DATE 10/19/94

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

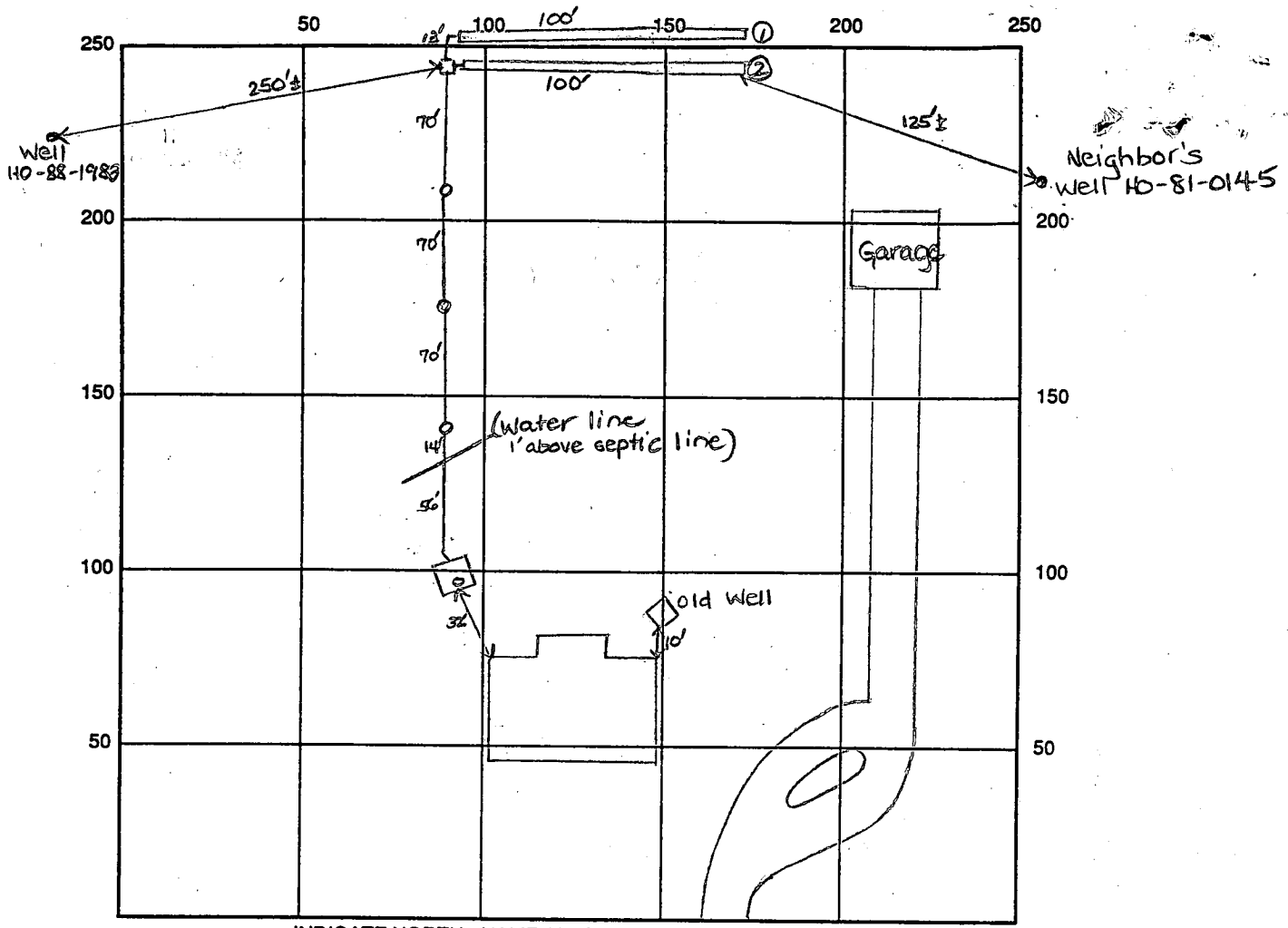
PERMIT VOID AFTER TWO YEARS

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**

R49819



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 to Florence Road

SEPTIC TANK LEVEL Existing CLEANOUTS one on s.t., 3 in line  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 100 ② 100 FT. → 200' total  
 NUMBER OF TRENCHES 2 ~~ONE SIDEWALK~~ / BOTTOM AREA 600 SQ. FT.  
 DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.  
 ABSORBENT AREA 600 SQ. FT.

REMARKS: 10/19/94 Final-OK to cover all work. DKS

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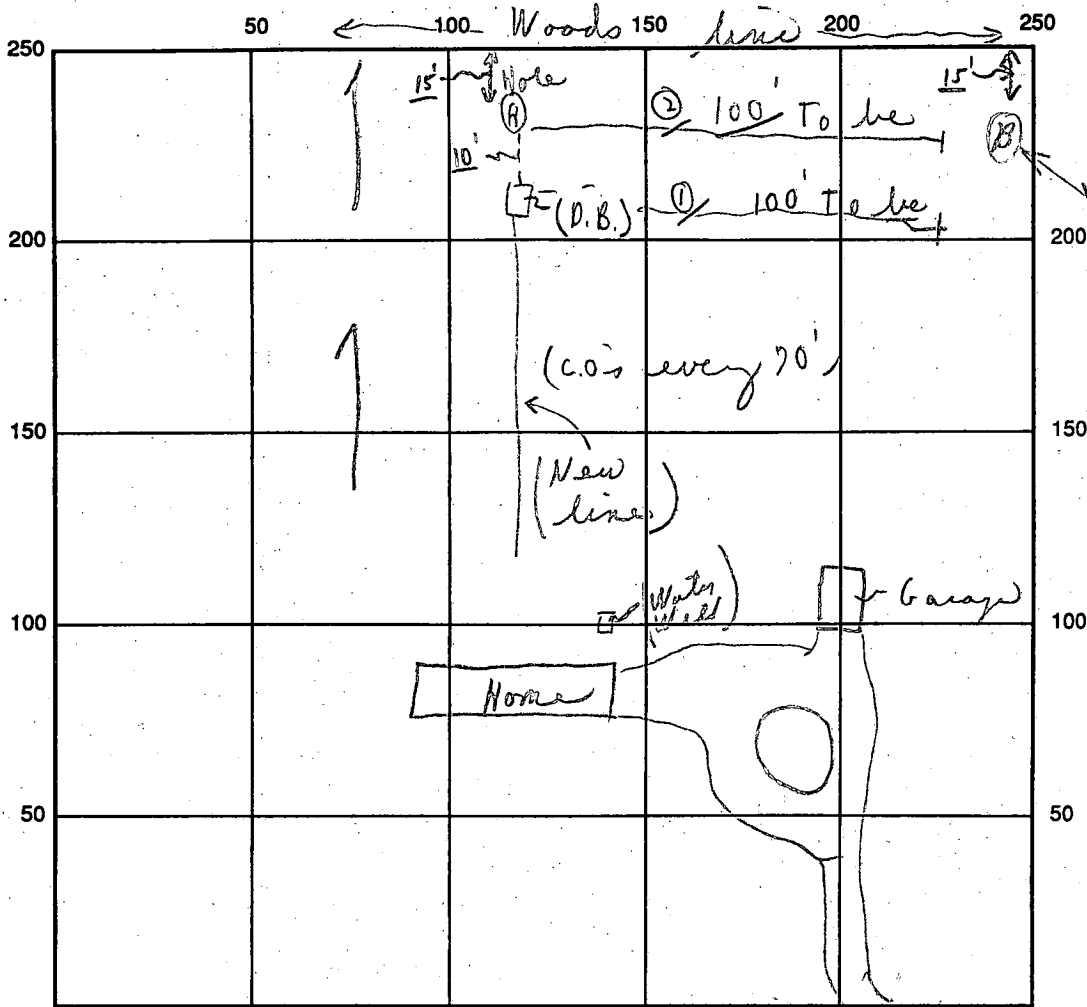
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DATE SYSTEM APPROVED 10/19/94 INSPECTOR [Signature]





*Florence Road*  
S.T. c.o.'s in line

SEPTIC TANK LEVEL Existing CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. (To be) TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH \_\_\_\_\_ FT. 200<sup>+</sup>

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

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

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

(See above) REMARKS: p.m. 10/13/94 New system - growth allowed after cutting off old system and going to new system at rear of lot. ckd  
10/13 Discussed with Mr. Arnold and Mr. Savage, at site. ckd  
WATER LINE TO BE ABOVE SEPTIC LINE; WATER LINE TO BE DOUBLE LINE (10'±) ON EITHER SIDE OF SEPTIC LINE. ckd

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

# APPLICATION

9-2-99  
8:44 AM  
10:00 AM

## PERCOLATION TESTING

A Repair  
P 49819

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 Sam Savage

ADDRESS 2750 Florence Road PHONE 489-5134  
Woodbine, MD 21797

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: Repair for 3 Bdr House  
SUBDIVISION same as above LOT NO. \_\_\_\_\_

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

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_  
SIZE OF LOT \_\_\_\_\_ TYPE BLDG. Repair 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 Holding for Repair Septic Permit Application

REASONS FOR REJECTION OR HOLDING Site available for long side by side shallow trenches between Test Holes A-B-C - edge of woods  
Note: Stay 150 ft from existing well

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

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

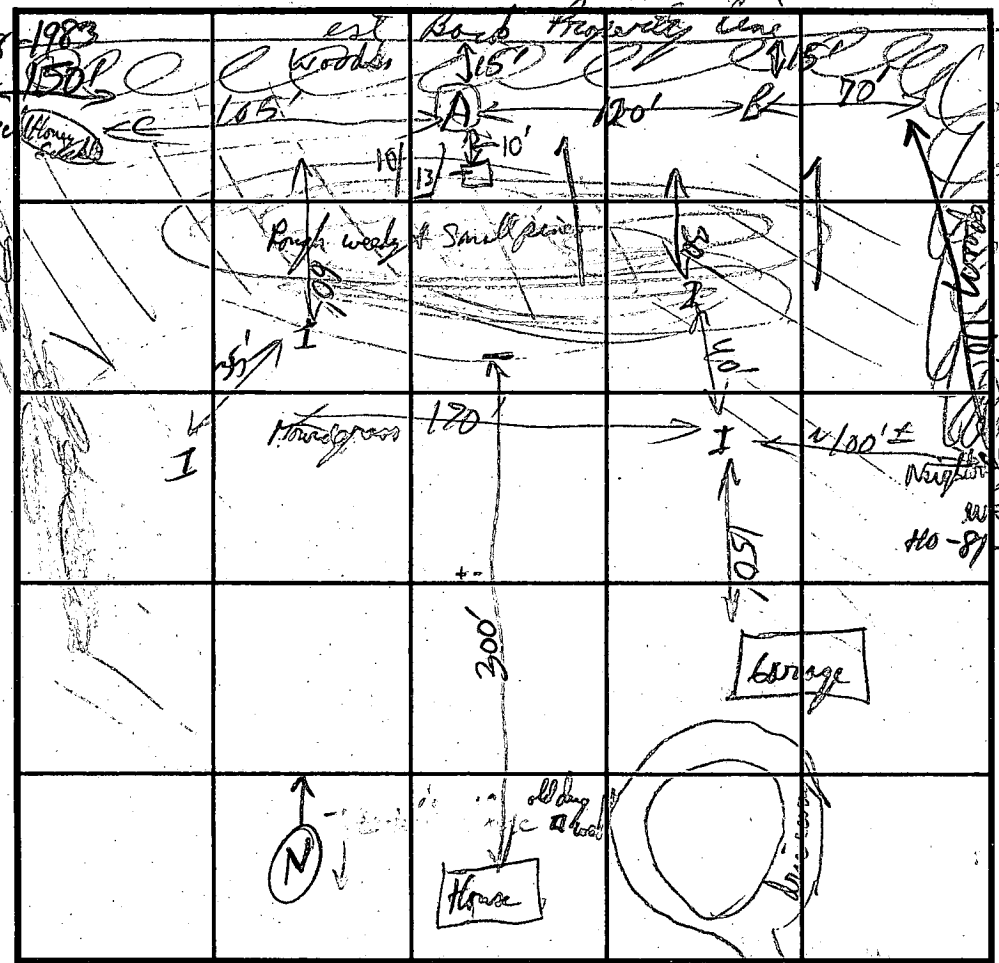
# THIS IS NOT A PERMIT

P49819

COUNTY #

SOIL PROFILE

0' Red Brn ch SICL hl  
 2-3' Red Brn ch vch hl  
 Misscon iron  
 20% small  
 5% large  
 5' 15% large  
 20-35% small  
 ch  
 Red Brn mica iron  
 to hl  
 8 1/2' Hard clastic



SOIL PROFILE

0'

Some as  
 Hle A  
 10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TO Florence Rd ->

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/12/94	A	10' 4 3/2	10:54:19	10:55:48	10:55:48	10:59:58	2 min
		8 1/2'	stopped at 8 1/2'		Hole dry in 4 minutes		
		6 1/2'	11:04:40	11:05:22	11:05:22	11:09:32	2 min
	B	4'	11:20:30	11:38:00	11:38	11:59:20	2 1/2 min
		v10	11:57				
	C	Same as Hole A					expect 2 min
		4 I's channery - too rocky @ 4 1/4'					

REMARKS OK for basin shallow system only - Max bottom depth 4 1/2 ft

TYPE OF SOIL

TESTED BY *[Signature]* ALSO PRESENT Sam Savage, Kenas Mager

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH 3

INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 210

# APPLICATION

RW 47524

PERCOLATION TESTING

A Repair  
P 49819

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 Sam Savage  
ADDRESS 2750 Florence Road PHONE 489-5134  
Woodbine, MD 2  
AGENT OR PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_  
ROAD AND DESCRIPTION 2750 Florence Road

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_  
SIZE OF LOT \_\_\_\_\_ TYPE BLDG. Repair 3 bedroom SFD 210  
(SINGLE FAMILY DWELLING OR COMMERCIAL) 31670 210

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 2-7-94 Install shallow system with 4.0ft bottom maximum

JEN

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

P 49819

HO-88-1983 casing above grade

Fri 10am

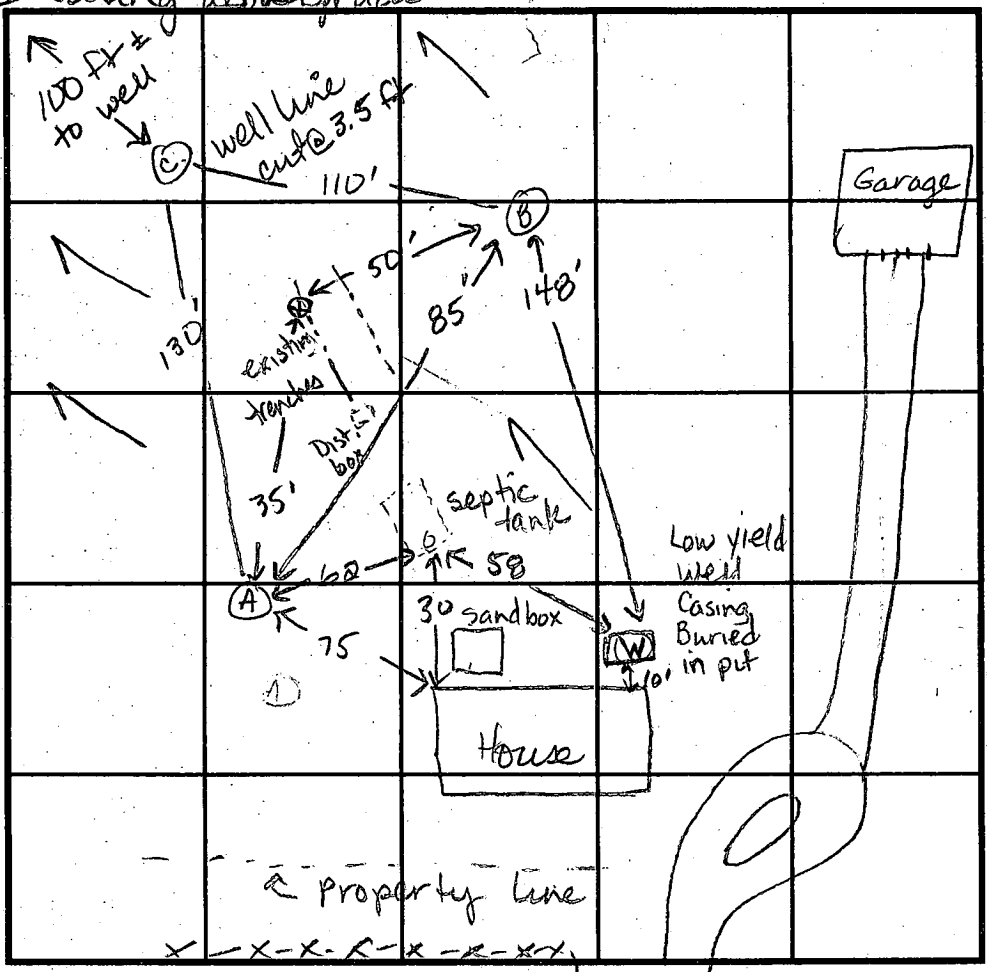
COUNTY #

SOIL PROFILE

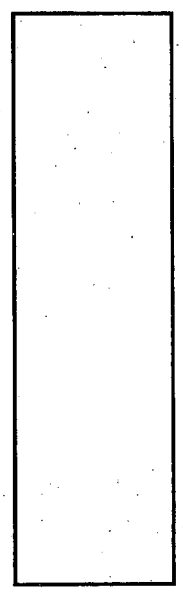
0'  
0-2' Br s c l  
loam,  
some rock  
frags < 15%  
2-4.5' Br s s i m  
some large  
rock, < 35%  
(1' x 3' x 6")  
4.5' Refusal

(B)

0-2.0' Br s c l m  
some rock  
< 5%  
2.0-4.5' Red-br s i m  
< 5% rock  
4.5-7.5' Br s s i  
1m, < 30%  
large rock (1' x 2' x 6")  
trace of  
structure  
at 6.5 ft.  
7.5' Refusal



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-7-94	A	2.0 s	10:50	11:05	11:05	11:25	20min
		4.5 D		Refusal			ok
	B	5.0 s	11:04	11:15	11:15	11:25	10min
		7.5 D		Refusal			ok
	C	3.5 V	well	line cut at 3.5 ft.			-

REMARKS: Rock refusal but no obvious structure.  
 TYPE OF SOIL: Br s c l m - 2.0', Red-br s s i m < 35% rock frags  
 TESTED BY: JE Nadeau ALSO PRESENT: Kenny / Arnold  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 15 min TRENCH WIDTH 3 ft  
 INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 4.0 SQ. FT./BEDROOM 200



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

September 16, 1994

Mr. Sam Savage  
2750 Florence Rd.  
Woodbine, MD 21797

RE: Percolation Test # 49819  
Adjustment to Recorded Sewage Easement  
2750 Florence Rd.

Dear Mr Savage:

Percolation testing conducted September 2, 1994 on the above referenced property indicated limited satisfactory soil conditions. Limiting conditions were shallow depth to fractured rock. Copies of the percolation test results are enclosed.

Testing identified a limited area suitable for one repair septic system to service the existing property. Future repairs would have to go in the previously approved sewage disposal area which would require a pumped septic system. Specifications for the citing and sizing of this repair septic system will be made by one of our sanitarians at the time of its installation. If you have any questions, Please call me @ 313-2640.

Very Truly yours,

*Ron Pinkley (cu)*

Ronald Pinkley, R.S.  
Water and Sewerage Program

at  
Enclosures

C1 4645 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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 **RW 47524**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**11/14/71**

Depth of Well  
**300**  
 (TO NEAREST FOOT)

OK MR  
 11/27/91

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-88-1783**

OWNER **Savage Samuel**  
 STREET OR RFD **2750 Florence Rd** TOWN **Mt. Airy**  
 SUBDIVISION SECTION LOT

**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	
TOP SOIL	0	2	
Clay	2	5	
<del>Gray slate</del>	5	24	
Sand stone	24	26	
Mica	26	42	
Sand Stone	42	52	✓
Mica	52	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **7** NO. OF POUNDS **700**  
 GALLONS OF WATER **35**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **18** 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**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **20**

**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

**C2**  
 DEPTH (nearest ft.)  
**HO 18 300**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **40**  
 WHEN PUMPING **300**  
 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  
 (CIRCLE) (YES or 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)

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. **40**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Charles R. Wilson**

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

**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).  
**Back line**  
**30' to well**  
**Side line**

B 1 **5270**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**H0-88-1983**

fill in this form completely

Date Received (APA)

**100391**

OWNER INFORMATION

**SAVARE SAM**

**5150 FLORENCE RD**

**WOODBINE MD 21797**

B 3

LOCATION OF WELL

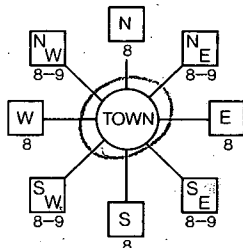
**HOWARD**

**FLORENCE**

**2750 Florence Rd**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI **FT**

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

COUNTY NAME **Howard** COUNTY NO. **RW 47524**

STATE SIGNATURE: **Howie D. Parley** DATE ISSUED: **04-03-92**

DATE ISSUED: **100391** CO SIGNATURE: **Howie D. Parley** EXP. DATE: **04-03-92**

NORTH GRID: **540000** EAST GRID: **0764000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCUSION  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTARY  DRIVE-POINT

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

Box numbers: **76/4** and **57/10**

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
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

**H0-88-1983**

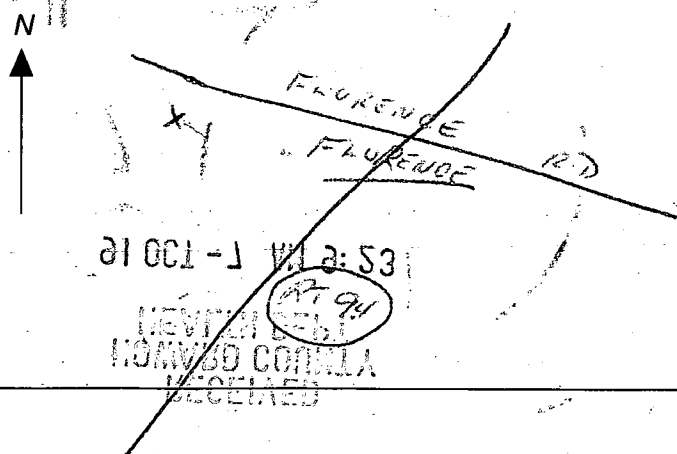
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **RT** PERMIT No. **H0-88-1983**

SPECIAL CONDITIONS

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



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

Final 1/6/92  
 R.M. O.C. B.

New Installation  ~~Replacement~~  
 Replacement

Receipt # 476811 NO FEE  
 Date 12/17/91

Name of Installer MARK BREW

Telephone \_\_\_\_\_

License number 10690

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

Name of Property Owner SAMUEL SAVAGE

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well tag # 40-88-1983 1/6/92

Site Address 2750 FLOORACK RD.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	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? _____

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: Mark Brew

Date: 12-17-91

[ 1/6/92 - Cant tell if casing ]

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

