

10/17/88/ASAP

File

7/6/88  
House  
connecting  
rechecked  
10/17 ok C.B.D.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

**INDEXED**

04-346074

DATE 5/24/88

DATE SYSTEM APPROVED 10/17/88

INSPECTOR C.B.D.

P 41838  
A 36422

Dale Fogle Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Himmell Property ROAD 17780 Old Frederick Rd LOT 3

PROPERTY OWNER Henry L. Blevins

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 170 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start 1st trench 150 feet from back (262') lot line and 110 feet from left (50' Right-of-way to rear Parcel) lot line, run trench on level ground, assume toward front left corner 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 Sid Abel DATE 3/18/88

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

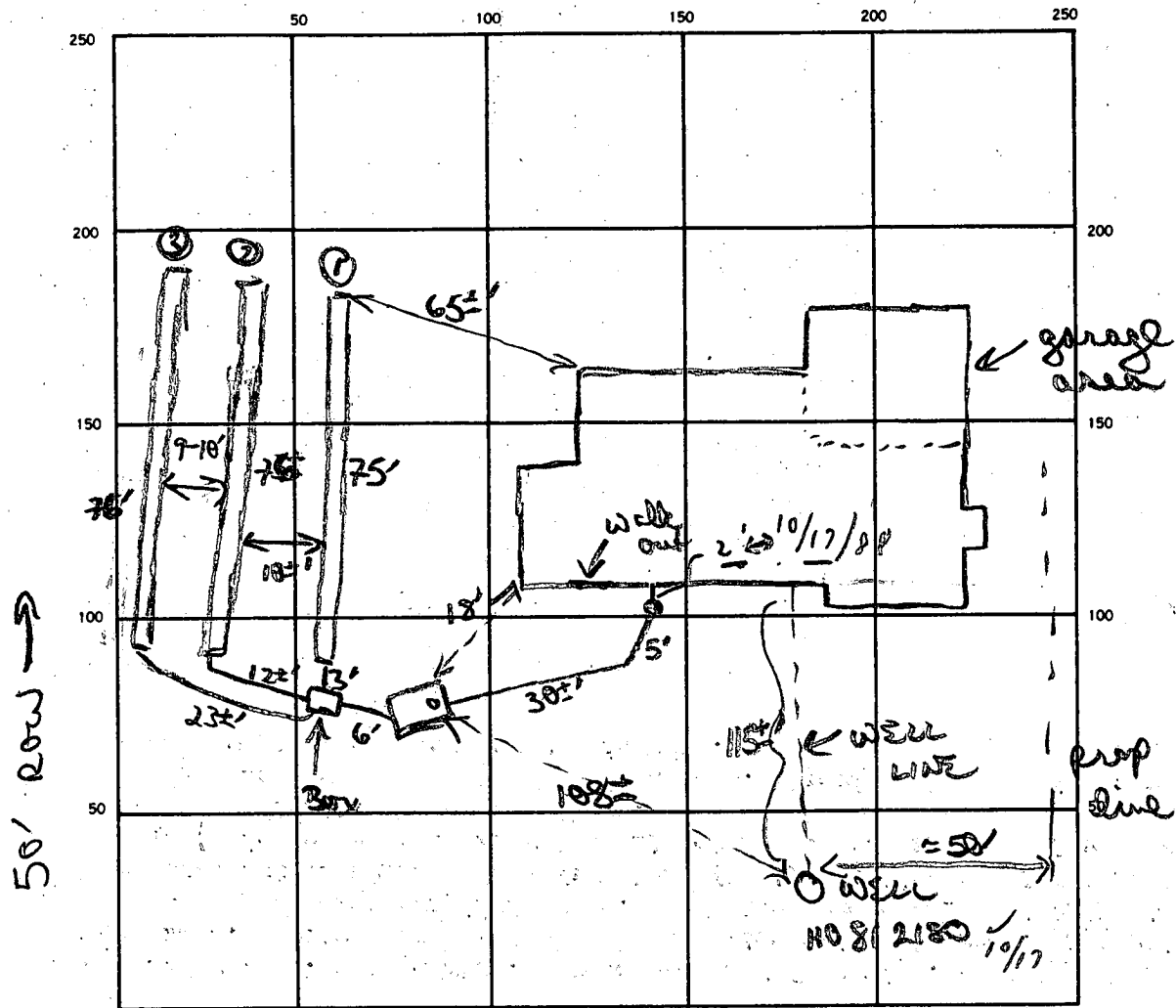
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A  
36422



170  
4  
680  
227  
3 1680  
20

SEPTIC TANK LEVEL 1250 gal CLEANOUTS 1 in line 15T.  
 DISTRIBUTION BOX LEVEL ✓ w/ baffle  
 DRAIN FIELD/TILE FIELD DEPTH 6 6 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 4 4 FT.  
 EFFECTIVE GRAVEL DEPTH 2 2 2 FT. TOTAL LENGTH 75 76 76 FT.  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 225 228 228 SQ. FT.  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA 681 SQ. FT.

REMARKS system location seems approx OK. location of house vs septic vs well considerably different than approved BR. No house connection made. OK to cover lines & all trenches, well line inspected - OK to cover  
(A.M.) 10/17/88 Water test appears ok for house connection.  
Letter - left per Mr. Williams. File.

DATE SYSTEM APPROVED 10/17/88 INSPECTOR Charles Bryan Stuckes

# APPLICATION

PERCOLATION TESTING

A 36422

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 1/16/86

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 Himel

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

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

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

PROPERTY LOCATION:

SUBDIVISION Himel Property LOT NO. 3

ROAD AND DESCRIPTION Frederick Road

TAX MAP 1 PARCEL # 17

SIZE OF LOT 3 Acres TYPE BLDG. S.F.D.  
(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. /s/ Carl Hudgins  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 1-23-86 Perc Satisfactory for shallow only, HOLD  
for certified hole location, well + house site. S. Abel

BLDG. PERMIT SIGNED  
AND RETURNED 3/18/88  
BP17270 S. Abel

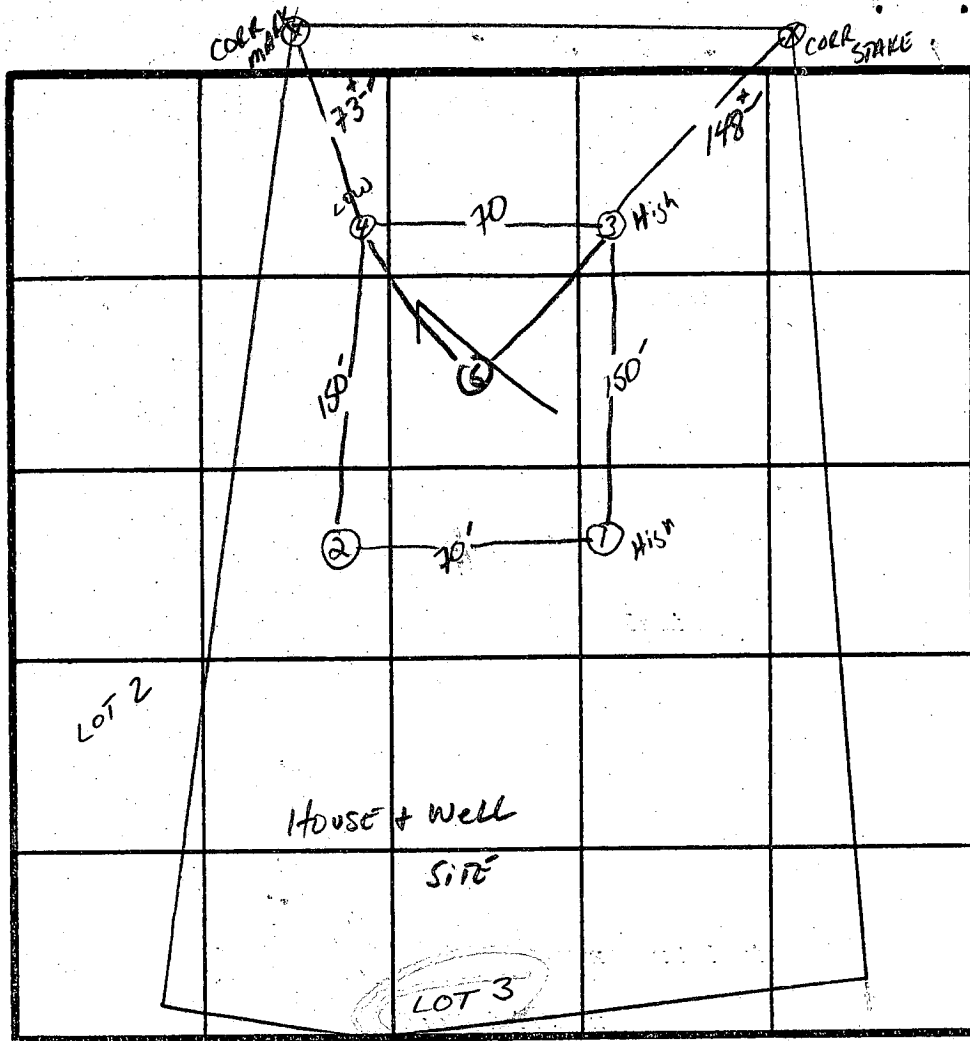
# THIS IS NOT A PERMIT

① ④ ③  
SOIL PROFILE

0'	AP
1'	Yellow BR. CLAY LM. 10% FRAGMENTS
4'	Yellow BR SAND SILT 20-30% COARSE FRAGMENTS
11'	

② ⑤

0'	AP
4'	Yellow BR. CLAY LM. 10% FRAGMENTS
10'	Yellow BR SAND SILT 20-30% FRAGMENTS
11-12'	SAME w/ 40-50% FRAGMENTS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
FREDERICK Rd.

X Perc Time  
10 min  
INLET 4"  
BOTTOM MAX  
86'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/22/86	1 S	4.5'	2:22	2:36	2:36	2:54	18min	
	2 S	11'	uniform soil structure below 4'					
	3 S	4.5'	2:19	2:21	2:21	2:26	5min	
	4 S	11'	sep profile varying soil structure					
	5 S	4'	2:26	2:27	2:27	2:30	3min	
	6 S	11.5'	SAME AS HOLE #1					
	7 S	4.5'	2:29	2:32	2:32	2:37	5min	
	8 S	11.5'	SAME AS HOLE #1					
	9 S	12'	SAME AS HOLE #2					

168 #/BR  
170

REMARKS SHELF TEST NEED ONLY AT SHALLOW DEPTHS.

TYPE OF SOIL MANDR / ME AIRY - NO SHALE SPARDLITE TO 11'+

TESTED BY S. Abel ALSO PRESENT O-KETTERMAN

# APPLICATION

PERCOLATION TESTING

A 37941

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 10/28/86

12/5/86  
9:30  
1 Lot  
+ REDO Two OTHERS IF NECESSARY

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 JIM HIMEL

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

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

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

PROPERTY LOCATION:

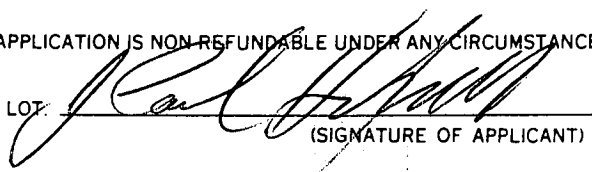
SUBDIVISION HIMEL PROPERTY LOT NO. 4

ROAD AND DESCRIPTION FREDERICK RD

TAX MAP 1 PARCEL # 17

SIZE OF LOT 3 ACRES 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)

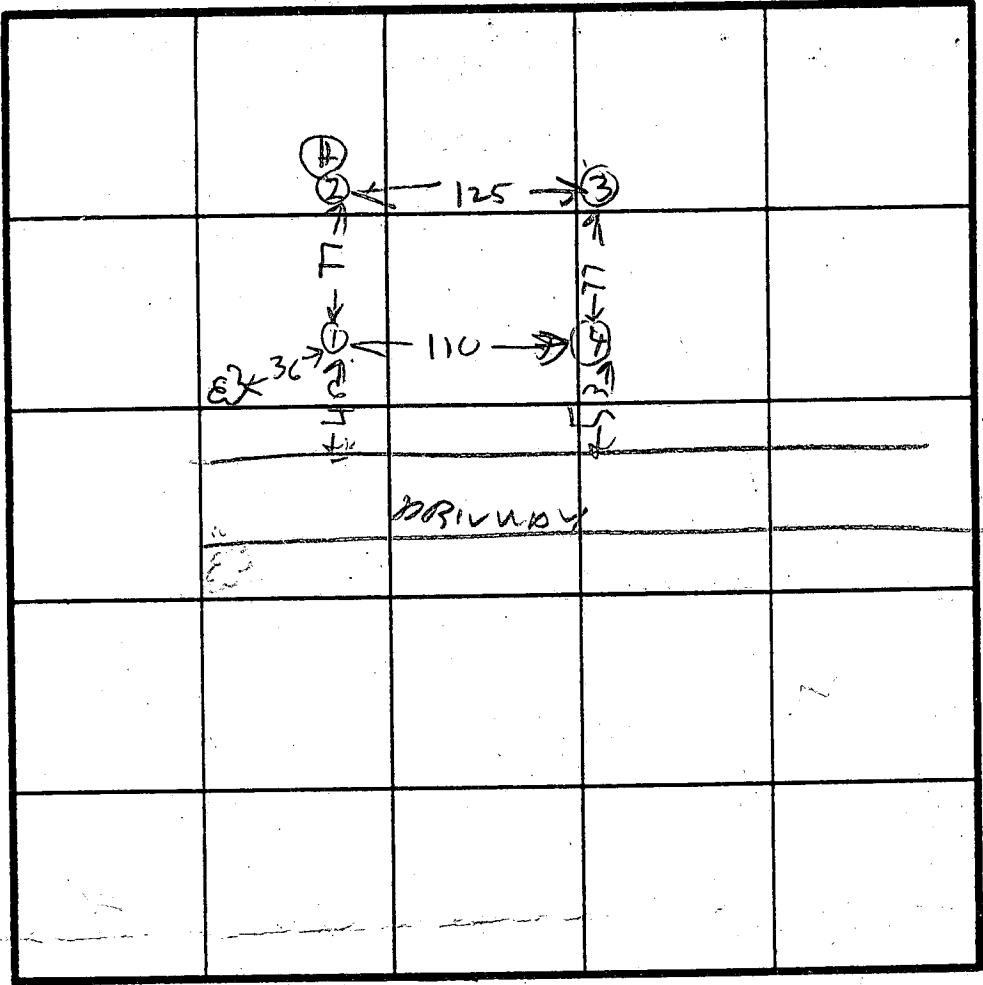
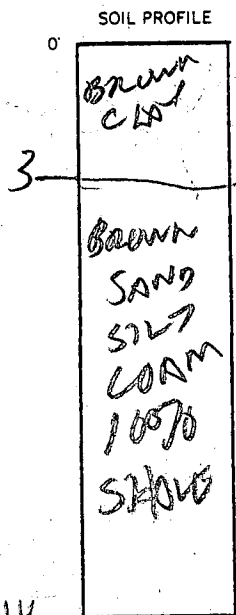
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

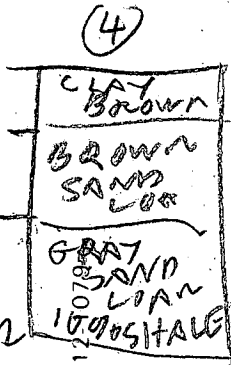
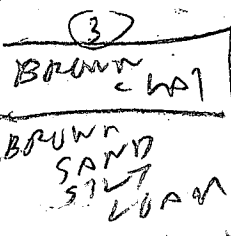
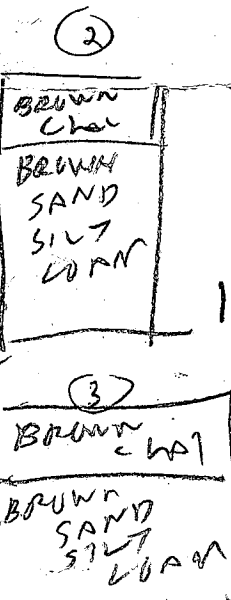
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT



HOLE ELEV  
 (2)(3) = HIGH  
 (1)(4) = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GLTFRED A 1

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/5/86	13	4	217	234	234	255	19
	14	14.5	OK				
	20	7	221	229	229	237	8
	25	4	224	224	224	226	1
	26	12.5	OK				
	33	4	237	247	247	308	19
	36	11.5	OK				
	45	4.5	240	241	241	243	2
	46	12	OK				

REMARKS: \_\_\_\_\_

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

TESTED BY: R HODGES ALSO PRESENT: JERRY POP KETTERMAN



WILLIAM HIMEL  
17794 OLD FREDERICK ROAD  
MT. AIRY, MD 21771  
(301) 831-7858

Location:

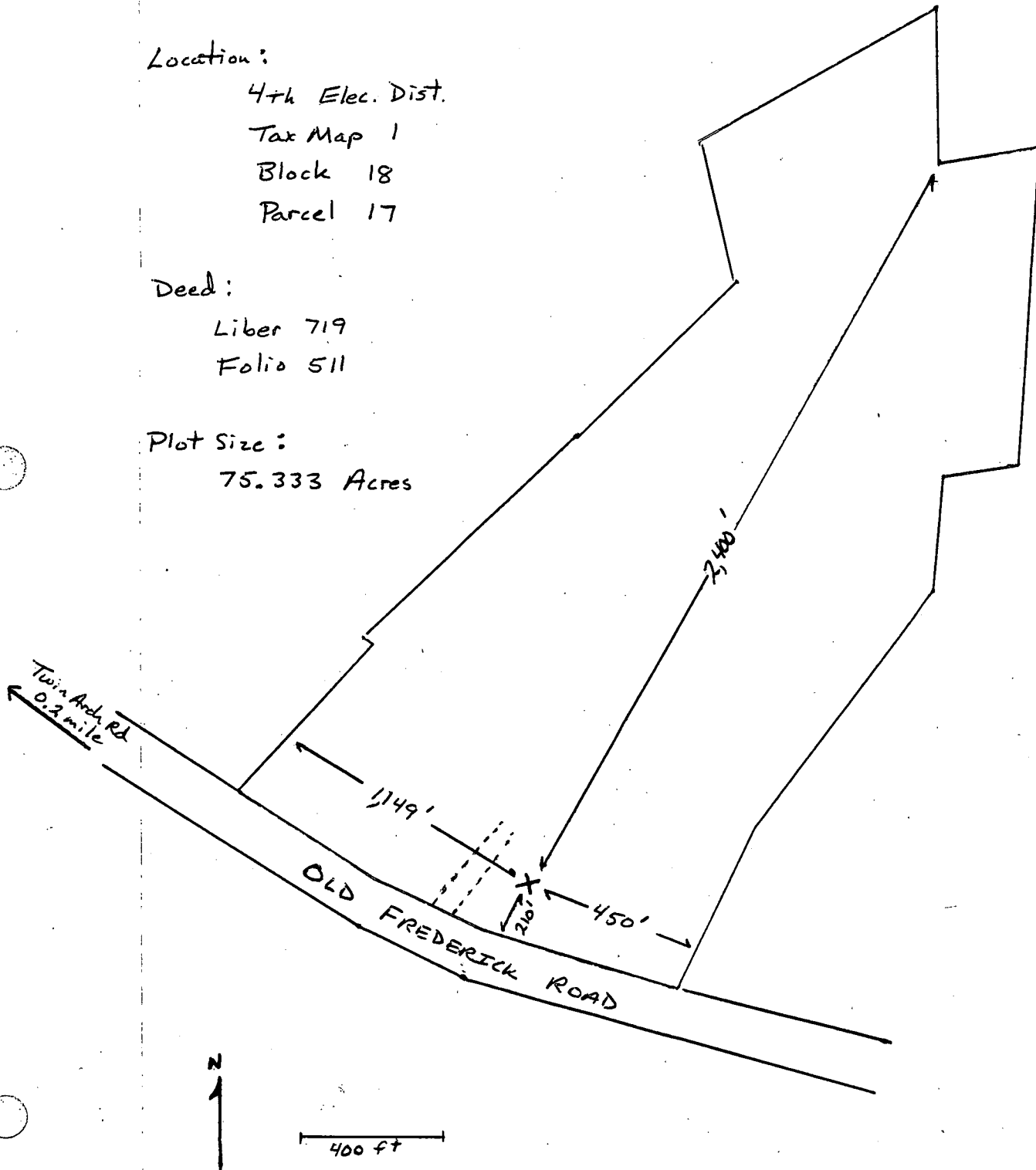
4th Elec. Dist.  
Tax Map 1  
Block 18  
Parcel 17

Deed:

Liber 719  
Folio 511

Plot Size:

75.333 Acres



OFFICE OF PLANNING & ZONING

File No. F-87-26

FINAL PLAT/ORIGINAL

Timber Lane  
(Name)

SIGNATURE APPROVAL

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

OPZ

Date Received

Date Forwarded

Tim Borum  
Reviewing Agent

10-20-87

10-20-87

Rejected For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DPW/HEALTH

Date In

Date Forwarded

\_\_\_\_\_  
Reviewing Agent

\_\_\_\_\_

\_\_\_\_\_

Rejected For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH/DPW

Date In

Date Forwarded

[Signature]  
Reviewing Agent

10-22

10-29-87  
11-2-87

Rejected For: orig 2  
\_\_\_\_\_  
\_\_\_\_\_

OPZ

Date Received

Owner/Engineer Notified

\_\_\_\_\_  
Reviewing Agent

11-55 8 35 00 87

Actions or Revisions Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







B 1 **2103** SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**HO-81-2180**  
fill in this form completely

Date Received  
OWNER INFORMATION  
**BLEVINS HENRY L INC**  
21 LIBERTY ROAD  
SYKESVILLE MD 21784

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**TIMBER LANE (HIMMEL)** SUBDIVISION  
SECTION **3** LOT **3** PROP  
**MOUNT AIRY** NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION  
**Ronald L. Kyker**  
Westminster Rotary Well Drilling, Inc.  
P.O. Box #861., Westminster, Md. 21157  
**Ronald L. Kyker** Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**Old Frederick** NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD **745** FT  
ENTER FT or MI **FT**

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **350**

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-36422**  
OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S   
DATE ISSUED **02/10/88**  
NORTH GRID **554000** EAST GRID **076200**

APPROXIMATE DEPTH OF WELL **250** FEET  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'  
SOURCES OF DRILLING WATER  
1. **WELL**  
2. **WELL**  
3. **WELL**  
WRITE THE BOX NUMBER FROM THE MAP HERE  
**5501**

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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**7/13/87**  
**WELL**  
**SEE OTHER SIDE**  
**OLD FREDERICK RD.**

Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
FORGE **SA** WRITE INITIALS IN BOX PERMIT NO. **HO-81-2180**

SPECIAL CONDITIONS

7/13/87

- ① 43 FT casing
- ② 42 ft open hole measured with a string
- ③ Not sure of location (no paperwork at time of grant)
- ④ 16 BAGS
- ⑤ WELL IS OK

B. Hodges

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
JUN 26 10 20 AM '87  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

August 22, 1986

Mr. James Himel  
2641 Ebony Rd.  
Baltimore, Maryland 21204

RE : Well permit HO-81-1625

Dear Mr. Himel:

I am confirming our telephone conversation of 8/22/86 regarding the proposed well location on proposed lot 1 Timber Lane.

There have been two non-productive attempts to drill wells upslope from the area that has been approved for sewage disposal.

We will grant your request to drill a well 60 feet from the rear lot line and 60 feet from the right side line, as seen when facing the lot from Old Frederick Road. This well site is downslope of, and in close proximity to the approved sewage disposal area.

As we discussed, this placement jeopardizes the proposed lots' buildable status and the status of the adjacent lot 2 also.

Prior to any approval of the proposed subdivision plan of Timber Lane lot lines will require adjustment, and additional percolation tests will be required if you proceed with this proposal.

If you have any questions regarding this matter, please call Craig Williams at 461-9933.

Very truly yours,

Frank Skinner, Assistant Director  
Bureau of Environmental Health

fs

cc: Craig Williams  
Carroll Jordan, 18370 New Cut Rd., Mt. Airy, Md. 21771

B 1 5009

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MD-91-1625

fill in this form completely

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

Date Received

Grid for date received

OWNER INFORMATION

Grid for owner last name

Grid for owner first name

Grid for street or RFD

Grid for town, state, zip

DRILLER INFORMATION

Grid for driller name and license number

Grid for firm name

Grid for address

Grid for signature and date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home, Farming, Industrial, Public or Private Water Company, Test, Observation, Monitoring

APPROXIMATE DEPTH OF WELL

APPROXIMATE DIAMETER OF WELL

METHOD OF DRILLING (circle one)

- Bored, Jetted, Jetted & Driven, Air Rotary, Air-Per percussion, Rotary, Cable, Reverse-Rotary, Drive-Point

REPLACEMENT OR DEEPEINED 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 deepen an existing well

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

APPROP. PERMIT NUMBER

FORCE INITIALS PERMIT No. MD-91-1625

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

Grid for county

Grid for subdivision

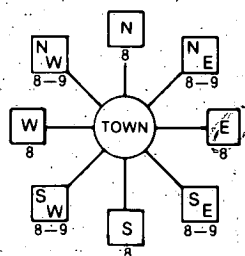
Grid for section and lot

Grid for nearest town

MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Grid for road name

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Grid for county name and number

Grid for OEP signature and date issued

Grid for CO signature and exp. date

Grid for north and east grid coordinates

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

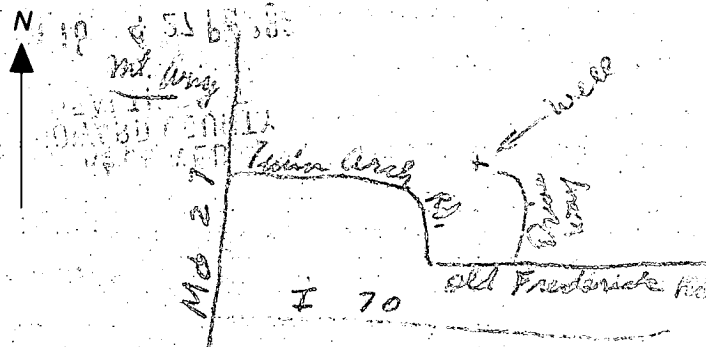
SOURCES OF DRILLING WATER

- 1. Well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

Grid for box number

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



C1 5983 (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 A-36422

DATE Received [ ] DATE WELL COMPLETED 071587 Depth of Well 22 203 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2180

OWNER [ ] last name [ ] first name [ ] TOWN [ ] SUBDIVISION [ ] SECTION [ ] LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Brown Shale, Blue & Brown Shale, Brown Slate, Blue slate, Brown slate, Blue slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 16, NO. OF POUNDS 1504, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 0 to 4 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 46.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. SCREEN TYPE ST, BR, HO, PL, OT.

DEPTH (nearest ft.) 46, 203. Casing height above/below land surface.

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 296. DRILLERS SIGNATURE Ronald L. Kyker. SITE SUPERVISOR [ ]

GRAVEL PACK [ ] IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL 3, WHEN PUMPING 144, TYPE OF PUMP USED S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO. TYPE OF PUMP INSTALLED [ ] CAPACITY: GALLONS PER MINUTE [ ] PUMP HORSE POWER [ ] PUMP COLUMN LENGTH [ ] CASING HEIGHT [ ]

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). OLD FREDERICK Rd.



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 # 42135  
 Date 7/14/88  
 Name of Installer Gartland Plumbing Telephone 829-9238  
 License Number 6352  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner Henry L. Blevins Telephone 829-9238  
 Subdivision Timberlane Lot # 3 Well Tag # HD-91-2180  
 Site Address Old Frederick Rd

Pump  
 1. Type  
 a. Deep well jet   
 b. Shallow well jet   
 c. Submersible   
 2. Make Goulds  
 3. Model # 1/2 HP  
 4. Capacity 5 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 1/2 HP  
 2. RPM 3450  
 3. Voltage   
 a. 110   
 b. 220

Pitless Adapter  
 1. Make Halvard  
 2. Model # 1  
 3. Depth 42"

Tank  
 1. Capacity 42  
 2. Pressure relief valve? Yes

Piping  
 1. Type 1401b  
 2. Size 1"  
 3. NSF and/or BOCA Code approved Yes  
 4. Depth of supply line 42"

Well data  
 1. Depth 203 ft.  
 2. Yield 5 GPM  
 3. Static water level 144 ft.  
 4. Will water supply be disinfected by installer? No

PARTIAL INSP  
 7/6/88 JINAD62U

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: 7/13/88

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