

12/6/88 AM
12/7/88
BSAD

05-403448

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 12/2/88

DATE SYSTEM APPROVED 12-7-88

INSPECTOR S. Abel

Donald Parlette

IS PERMITTED TO INSTALL ALTER

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 531-2140

SUBDIVISION Oakwood Overlook ROAD 4436 Oakwood Overlook ~~CR~~ 28

PROPERTY OWNER Philip Martowski

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 305 feet up the left (601.05') lot line and 140 feet from the same lot line as seen when facing the lot from Oakwood Overlook Court. Run trenches on contour toward back right 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. ak(cc)

PLANS APPROVED BY Sid Abel DATE 7/21/86

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

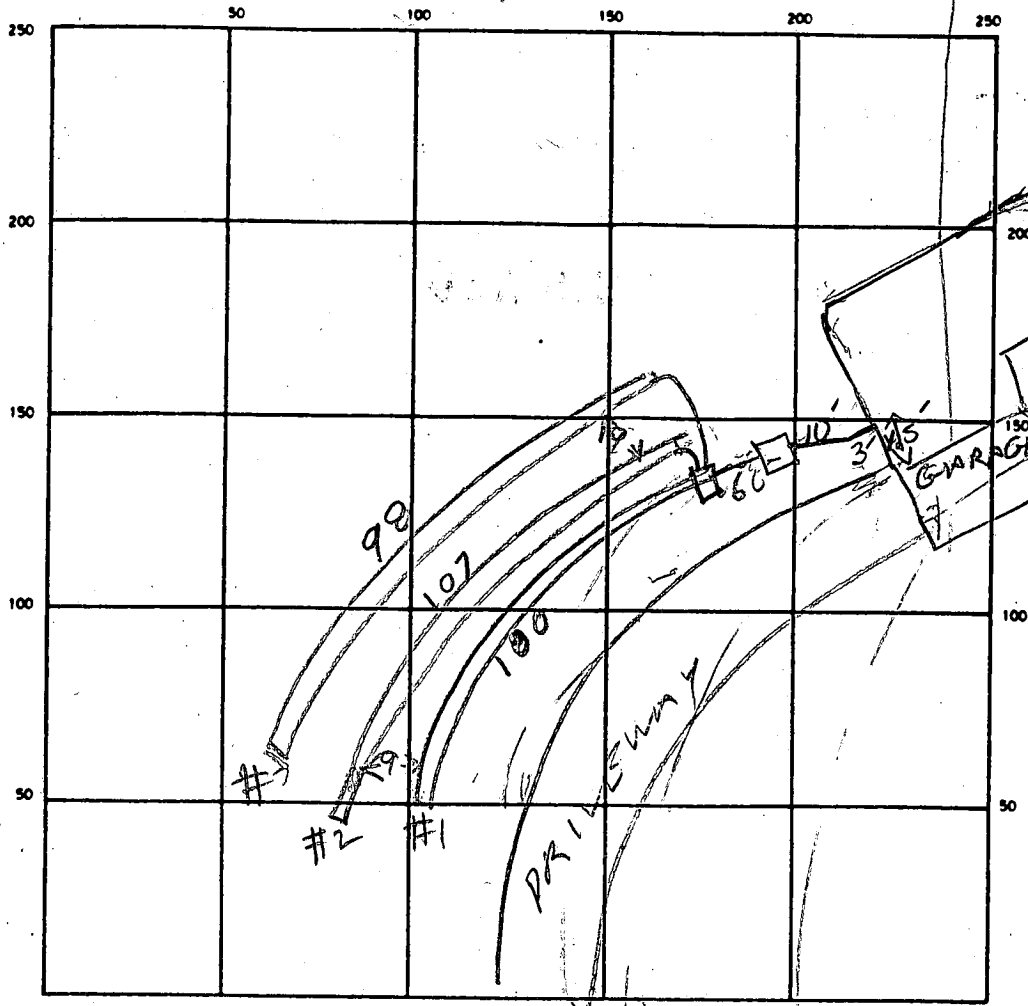
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 36501



W
H001
2092

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 ✓

CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH

5	5	3
---	---	---

 FT. TRENCH WIDTH

3	3	3
---	---	---

 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH

1.5	1.5	1.5
-----	-----	-----

 FT. TOTAL LENGTH

100	107	98	TOTAL
-----	-----	----	-------

 FT. 305

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA

9	15	180	56
---	----	-----	----

 FT. INSTAL REQUIRE

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 915 SQ. FT.

REMARKS 12/6/88 AM LOCATION OR PER PLAN TRENCHES BUC

12/6/88 AM - TRENCHES OR COVER TRENCHES
CALL FOR INSPECTION OF TANK & PIPES R. HODGES

DATE SYSTEM APPROVED 12/7/88

INSPECTOR S. Abel

SUBDIVISION: OAKWOOD OVERLOOK

LOT NUMBER: 16

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 5.0 feet below original grade.
 Effective area begins at 4.0 feet below original grade.
1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 30.5 FEET UP THE LEFT (601.05') LOT LINE AND 14.0 FEET FROM THE SAME LOT LINE AS SEEN WHEN FACING THE LOT FROM ROAD ON OAKWOOD OVERLOOK CT. RUN TRENCHES ON CONTOUR TOWARD BACK RIGHT CORNER OF LOT. 7-21-86
S. Abel

APPLICATION

PERCOLATION TESTING

A 36501

P _____

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

DISTRICT 5

DATE 1-24-86

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 Kenward Wayfield, Jr. Philip Martowski - 459-6142

ADDRESS 14663 Philadelphia Rd GOTHALS PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

OAKWOOD OVERLOOK

PROPERTY LOCATION:
SUBDIVISION Resub Lot 1 & 2/ Wayfield Prop. LOT NO. 16

ROAD AND DESCRIPTION Iron Oaks Rd - 1/2 mile south of Iron Oaks Rd. & Philadelphia intersection
14436 OAKWOOD OVERLOOK COURT

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 3.4 acres 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.

George L. Resch for K. Wayfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/14/86 - Perc OK Hold for Certificate Hole Plat

BUDG. PERMIT SIGNED
AND RETURNED 9-22-88
BP 21410

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 36501

P _____

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

DISTRICT 5

DATE 1-24-86

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 Rennard Warfield, Jr.

ADDRESS 14663 Inadelpia Rd. 1/2 NCL5 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Resub Lots 1 & 2 Warfield Prop. LOT NO. 16

ROAD AND DESCRIPTION On Oaks Rd - 1/2 mile south of Oak Rd +
Inadelpia intersection

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 3.4 acres 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.

George L. Resch for R. Warfield
(SIGNATURE OF APPLICANT)

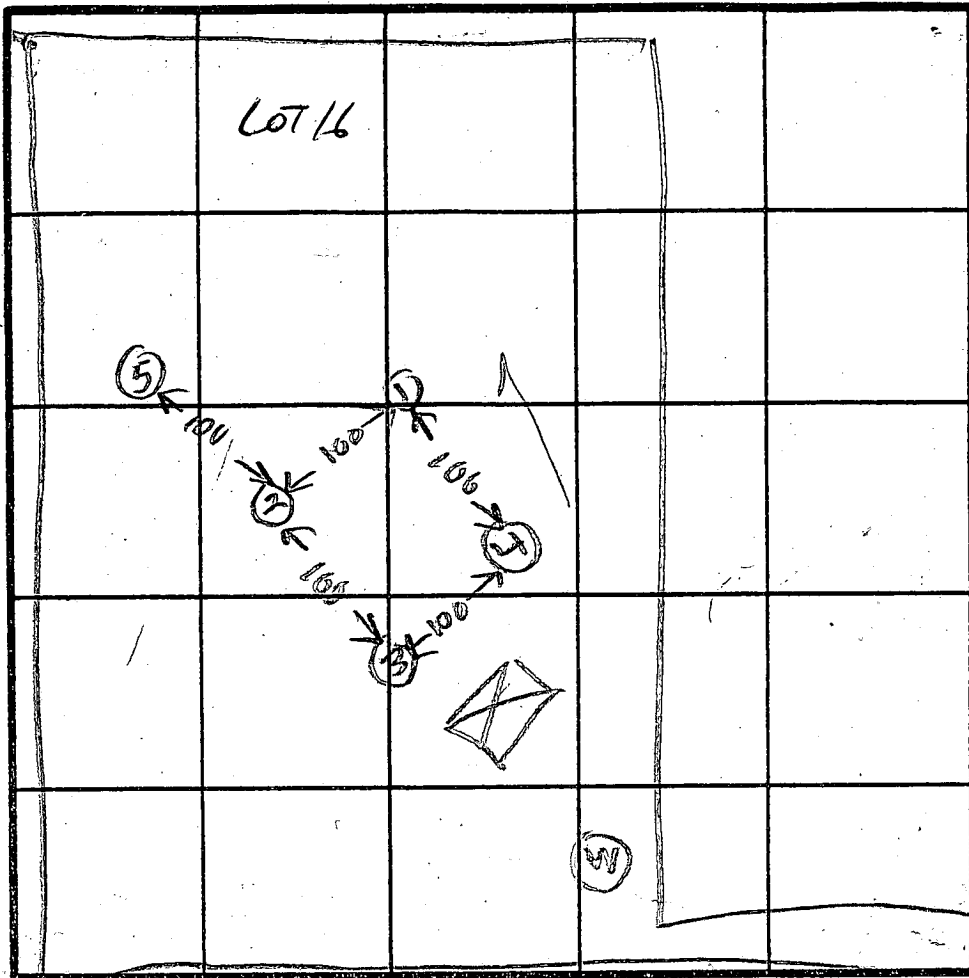
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Hole Elevation
 (4) = HIGHEST
 (3) = Next Highest
 (1) = LOWEST
 (2) = NEXT LOWEST

SOIL PROFILE

0
 3
 BROWN RED CLAY TOPSOIL
 BROWN SAND LOAM

LOT 16

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0
 2
 (3)
 TOPSOIL RED CLAY
 BROWN SAND MICA LOAM

0
 4
 (4)
 BROWN CLAY TOPSOIL
 YELLOW BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/14/86	1S	3	213	218	218	232	24
	1V	13	LOOKS OK				
	2S	4	216	224	224	232	8
	2V	13	LOOKS OK				
	3S	4	227	229	229	231	L
	3V	12	LOOKS OK				
	4S	5	247	249	249	256	7
	4V	8	247	249	249	256	7
	4V	12	LOOKS OK				
	5V	11	WATER		11	FT	X

7 PERC
 12 min
 INLET
 3.5
 BOTTOM
 5
 180 #/BR

REMARKS: Holes dug per alternate Higher Surveyor
 TYPE OF SOIL: Per Arch
 TESTED BY: B HONGER
 ALSO PRESENT: KETTERMAN

EH-12-1079

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

May 11, 1988

Mr. and Mrs. Philip Martowski
6307 Hardwood Drive
Laham, Maryland 20706

RE: Oakwood Overlook - Lot 28
Oakwood Overlook Court
Well Tag Number: HO-81-2092

Dear Mr, and Mrs. Martowski:

This is to advise that the above referenced property passed the standard percolation test on February 14, 1986 and is considered a buildable lot.

This is to advise that the well for the above referenced lot was constructed in accordance with the well construction regulations (COMAR 10.17.13). The well grouting and yield testing procedures were inspected and approved on June 1, 1987.

The yield test indicated a flow rate of 4 gallons per minute.

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

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

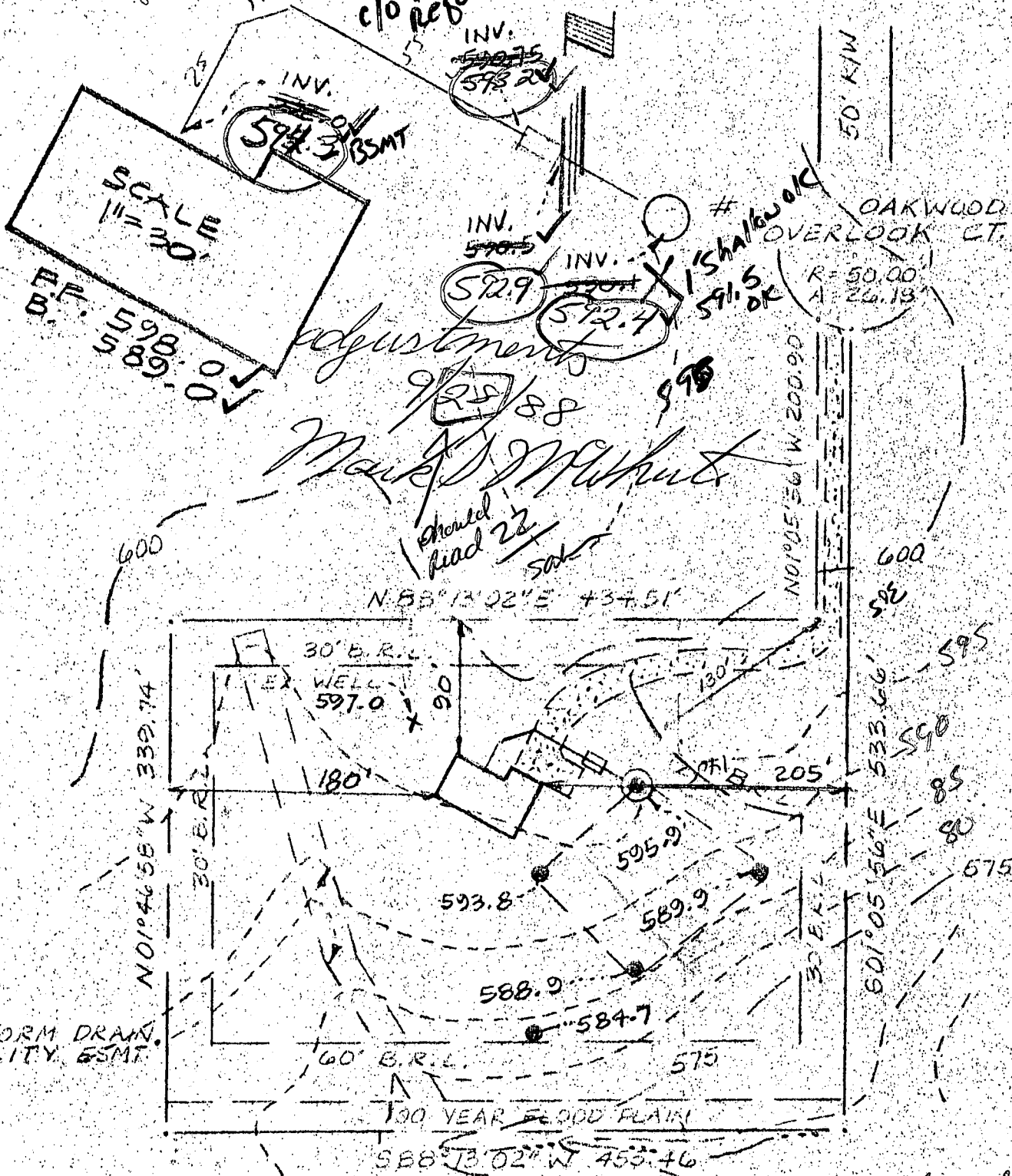
Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosures

SITE PLAN
 LOT 28
 OAKWOOD OVERLOOK
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

*c/o InLine
 REQUIRED*



*adjustment
 9/25/88
 Mark Whit*

*should
 head 22
 50'*

*revised
 9/22/88 elevations
 ok*

BDDG. PERMIT SIGNED
 AND RETURNED 9-22-88

*BP 21410
 SAL*

● FIELD LOCATED PERC HOLES

B 1 **2175** 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-81-2092
 fill in this form completely

Date Received
123086

OWNER INFORMATION

MARTOWSKI PHILIP
 Last Name Owner First Name

6307 HAZWOOD DR.
 Street or RFD

LAHAM MD 20206
 Town State Zip

B 3 **LOCATION OF WELL**

HOWARD
 COUNTY

OAKWOOD OVERLOOK
 SUBDIVISION

SECTION **---** LOT **16-28**

GLAWELE
 NEAREST TOWN

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

DRILLER INFORMATION

Ralph Mayer
 Driller's Name License No. **273**

Ralph Mayer (well drilling)
 Firm Name

5120 Brown Church Rd. Mt Airy
 Address

Ralph Mayer 12/12/86
 Signature Date

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

Oakwood overlook ct.
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

300
 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

Howard COUNTY NAME

A 36501 COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **12/7/87** EXP. DATE _____

515000 NORTH GRID **0803000** EAST GRID

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** 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 _____

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) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-81-2092**

SPECIAL CONDITIONS **459-6142**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8003
5105

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

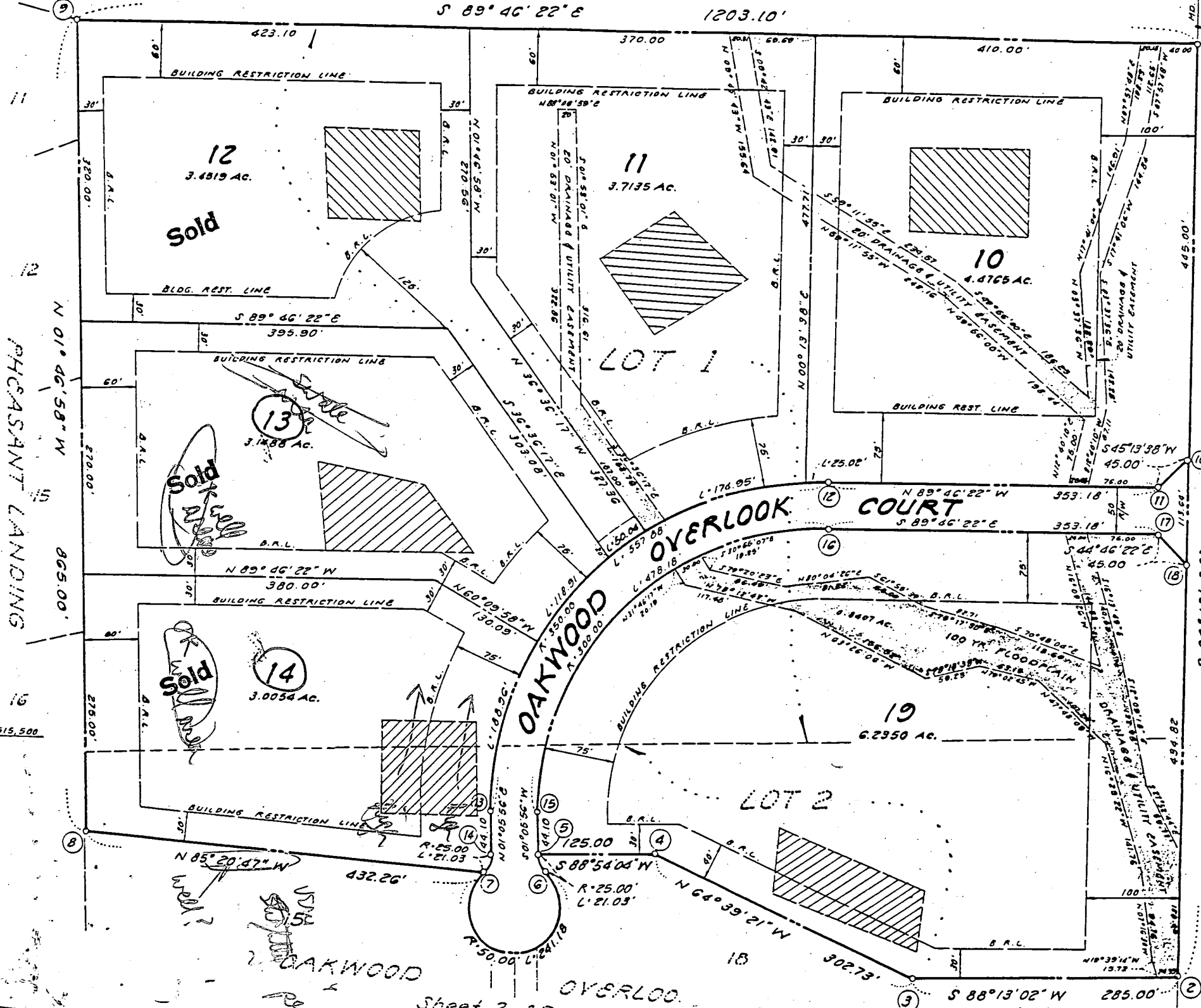
GLAWELE

OAKWOOD OVERLOOK CT.

TOWNSHIP

S 89° 46' 22" E

1203.10'



PHEASANT LANDING

72N OAKS ROAD

MAR 12

N 515,500

803,500
803,500

OAKWOOD

14

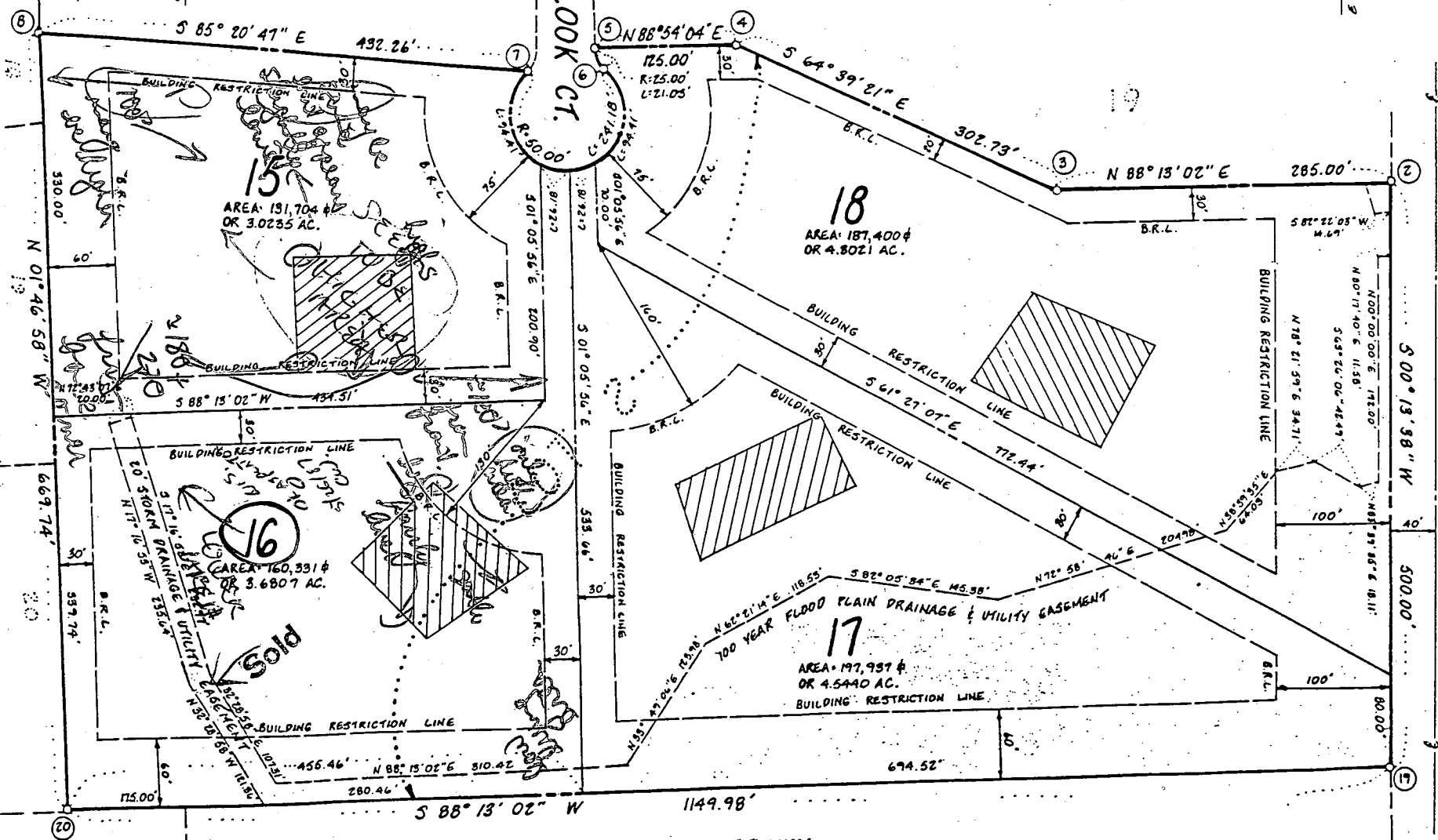
SHEET 1 OF 2

OVERLOOK CT.

OVERLOOK

N 515,500

803,500
803,500



TEN OAKS ROAD

A.M. BROWN

A.M. BROWN

C1 **0396**
 SEQUENCE NO. (OEP 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 **A 365012**

DATE RECEIVED: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **060187**
 DEPTH OF WELL: **305** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HQ-81-2092**

OWNER: **MARTOWSKI PHILIP**
 STREET OR RFD: **CHERRYWOOD OVERLOOK CT** TOWN: **GLENELEG**
 SUBDIVISION: **OAKWOOD OVERLOOK** SECTION: [] LOT: **28**

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	
Sandy	2	30	✓
Sandstone	30	35	
MICKA	35	70	
Sandstone	70	75	✓
MICKA	75	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **940**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **38** 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: **PL** **G** **42**
 Nominal diameter top (main) casing (nearest inch): **60** **61** **63** **64**
 Total depth of main casing (nearest foot): **42** **66** **70**

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 BRONZE OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 40	305
2	[] []	[] []
3	[] []	[] []

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 10.17.13 "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. **273**
 DRILLERS SIGNATURE: *Philip Martowski*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *Philip Martowski*

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH) **56** **60**

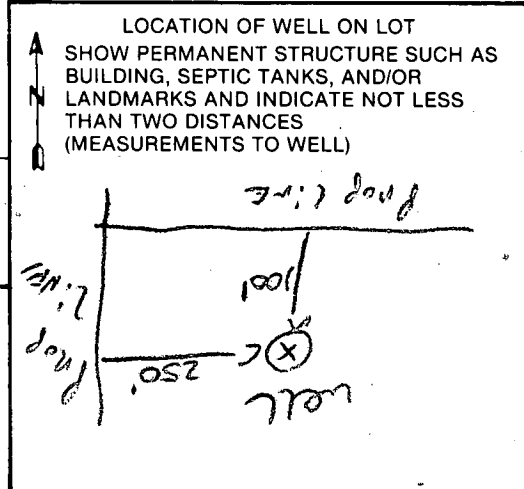
GRAVEL PACK from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [] **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T [] (E.R.O.S.) WQ [] [] [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **20**
 WHEN PUMPING **25**
 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: [] **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 (nearest foot) **2**
 (-) below }



1-24-89

1/24/89
Partial

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 # 43190
Date 12/12/88
Name of Installer WOOD & WILLINGBURY, P.L.C. Telephone 381-4023
License Number MD 7040
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner MIKE McWHORTER Telephone _____
Subdivision _____ Lot # 28 Well Tag # HO - 81 - 2092
Site Address 4436 OAKWOOD AVE. LOOK CT
DAYTON MD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
3. Model # 5E0S412
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 Guys

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____
Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____
Tank
1. Capacity 75
2. Pressure relief valve? 75
Piping
1. Type POLYBUTYLENE
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 4 feet
Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Ray W Wood

Date: 12/2/88

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

HD-215

Partial 1/24/89 { Pitless adapter is OK }
c. B. D Pump + tank is not in or not seen.