

3/24/88  
6:15P  
3/25  
3PM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 41208

A 36673

DISTRICT 4th

DATE 3/14/88

DATE SYSTEM APPROVED 3/23/88

INSPECTOR C. Wells

INDEXED

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Gaither Sideling ROAD 570 Gaither Road LOT 2, Section 2

PROPERTY OWNER Carroll Builders & Remodeling

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 - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY DUE TO ROCK. Beginning from the left front lot corner, place 1st trench 175 feet down the left (552.47') lot line and 85 feet off the left line as seen when facing property from Gaither Road. Run trenches along contour towards the rear (213.71') lot line.

NOTE: MAINTAIN MINIMUM 100 FEET DISTANCE AND PROPER ELEVATION FROM WELL TO SEPTIC.

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

PLANS APPROVED BY Bert Nixon DATE 5/27/87

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(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 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.

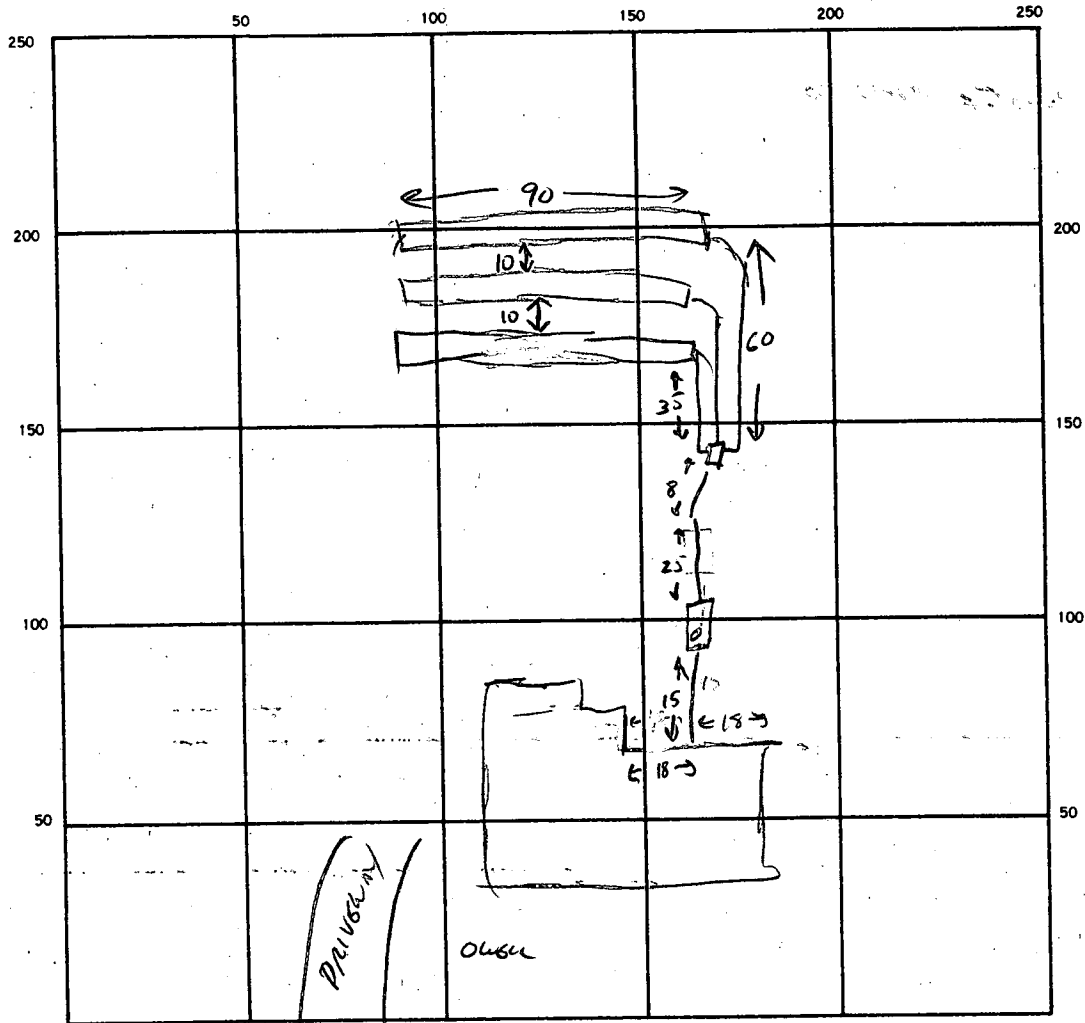
BOG PERMIT SIGNED  
AND RETURNED 9/28/89  
Serial #29994 - deck

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

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

EH - 2-1186

A-36673



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.  
GALTHER RD

SEPTIC TANK. LEVEL  CLEANOUTS 5/1

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 5-7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3-5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 270 FT.

NUMBER OF TRENCHES 3 (90+90+90) ONE SIDEWALL/BOTTOM AREA 810 SQ. FT.

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

ABSORBENT AREA 810 SQ. FT.

REMARKS SYSTEM DOES NOT FOLLOW CONTOUR - RIGHT SIDE MUST 3-3 1/2'

LEFT SIDE INLET 5', BOTTOM INTO SLIGHTLY FRACTURED ROCK. REFER REQ'D OFFER'S DECISION. 3/24/88

3/28/88 RESPONSE ON HIGH SIDE OF SYSTEM - SOILS OK TO 10' (LOW) SYSTEM MAY REMAIN AS INSTALLED. DWELL

DATE SYSTEM APPROVED 3/28/88

INSPECTOR C. W. [Signature]

5/27/87  
②

# GAITHER SIDELING

A 36673

SUBDIVISION: SEC 2

LOT NUMBER: 2

## GAITHER FOOD

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____
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

187 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 6 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

2 1/2 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 absorbent sidewall area by 22%.

LOCATION: SHALLOW SYSTEM ONLY DUE TO ROCK. BEGINNING FROM THE LEFT FRONT LOT CORNER, PLACE 1ST TRENCH 175' DOWN) THE LEFT (552.47') LOT LINE AND 85' OFF THE LEFT LINE AS SEEN WHEN FACING PROPERTY FROM GAITHER ROAD. RUN TRENCHES ALONG CONTOUR TOWARDS THE REAR (213.71') LOT LINE.

NOTE: MAINTAIN MINIMUM 100' DISTANCE AND PROPER ELEVATION FROM WELL TO SEPTIC.

# APPLICATION

PERCOLATION TESTING

A 36673

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/21/86

? max. 4 1/2 - 5 1/2  
Rock 10 1/2 high  
9 1/2 low

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 Arthur Dadian Carroll Builders + Remodeling

ADDRESS \_\_\_\_\_ PHONE 202-331-7120

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 301-356-9351

PROPERTY LOCATION: GAITHER SIDELING

SUBDIVISION Dadian Property 570 GAITHER Rd. final lot 2 Sect 2 LOT NO. 6

ROAD AND DESCRIPTION Gaither Rd. + Patapsco River

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 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]  
(SIGNATURE OF APPLICANT)

APPROVED BY B Nuyon FOR Deep trench DATE 10/7/86

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

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

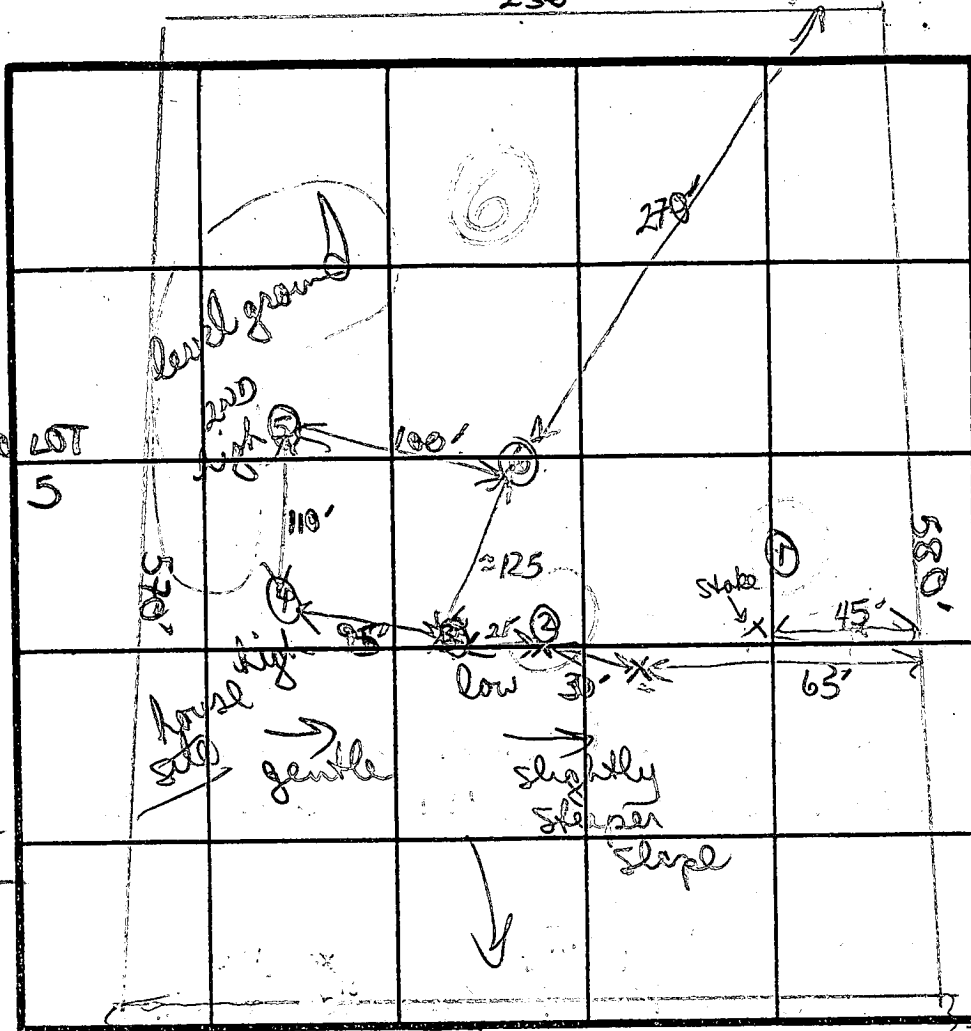
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 11/30/87  
DP15654  
8780

# THIS IS NOT A PERMIT

TO LOT 7

230'



TO LOT 21

6

Red/brown clay to clay loam  
-4 1/2'  
tan brown sandy loam

25% soil from rock  
2320

SOIL PROFILE

0'  
Red/yellow clay/sand loam  
2 1/2'  
fine med grain tan brown sandy loam  
9 1/2'  
chunks of hard rock  
rock bottom

Red/orange clay to clay loam  
red/brown to tan brown gritty sandy loam  
fraggs of hard rock to

Yellow/brown clay loam  
fine med grain tan yellow sandy loam  
EH 12-10  
11 1/2'

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/86	1	too much rock					
	2	too much rock					
	3	3'S	255	256	256	257	2min
		10'D	rock bottom (see profile)				
	4	3'S	307	314	314	339	20min
		19SD	rock bottom (see profile)				
	5	4'S	334	337	337	34N	4min
		8'M	331	333	333	236	3min
		11 1/2'D	bottom (see profile)				
	6	4'S	255	253	253	412	14min
		7 1/2'M	350	352	352	359	7min
		12 1/2'D	bottom (see profile)				

failed  
failed

INSET 3 1/2'  
MAX 6'  
1/87

SAMPLE SYSTEM or system max depth 6 1/2' if problem by rock

REMARKS clay & clay loams red/yellow plays 2-4" below sandy loams; 2 holes with rock

TYPE OF SOIL

TESTED BY B. Wilson ALSO PRESENT Phil / Gary / John

# APPLICATION

PERCOLATION TESTING

A 36673

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/20/86

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 ARTHUR DADIAN

ADDRESS \_\_\_\_\_ PHONE 202-331-7120

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 301-356-9351

PROPERTY LOCATION:

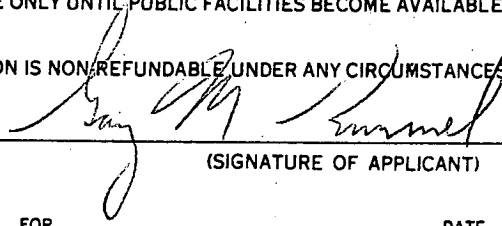
SUBDIVISION Dadian Property LOT NO. 6

ROAD AND DESCRIPTION Gaither Rd. + Patapsco River

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 acre TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

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

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

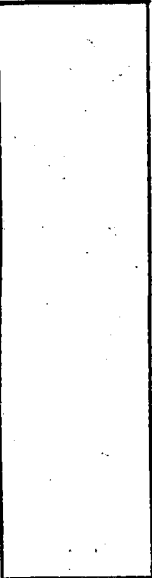
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

# THIS IS NOT A PERMIT

SOIL PROFILE

0' 


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

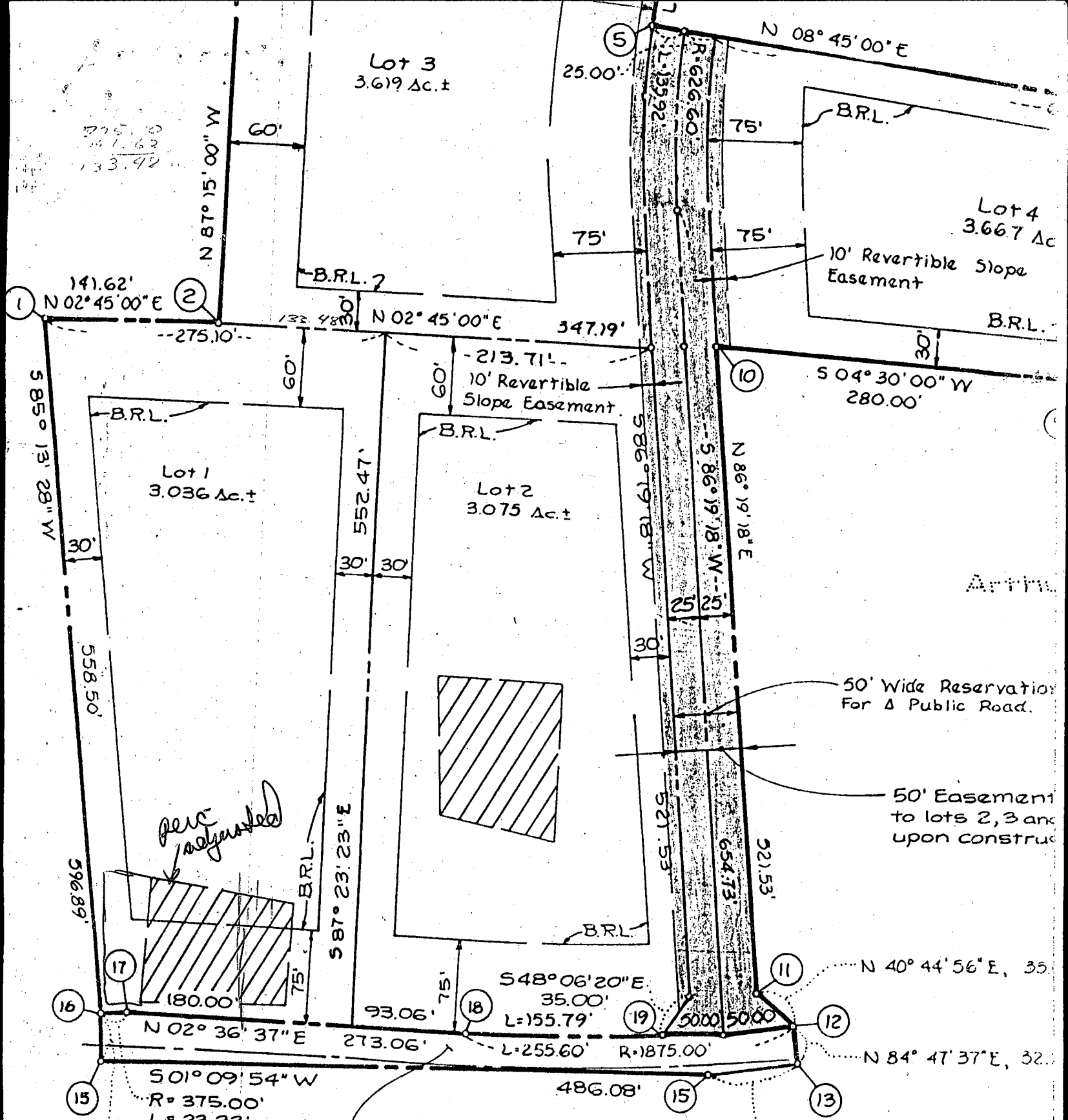
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079



**GAITHER ROAD**

Land Dedicated To Howard County Maryland For The Purpose Of A Public Road. Area = 0.431 Ac.±

**NOT SIGNED FINAL**

SEE ADJUSTED PERC FIELD w/ WELL WORK

*sect II*

**OWNER'S CERTIFICATE:**

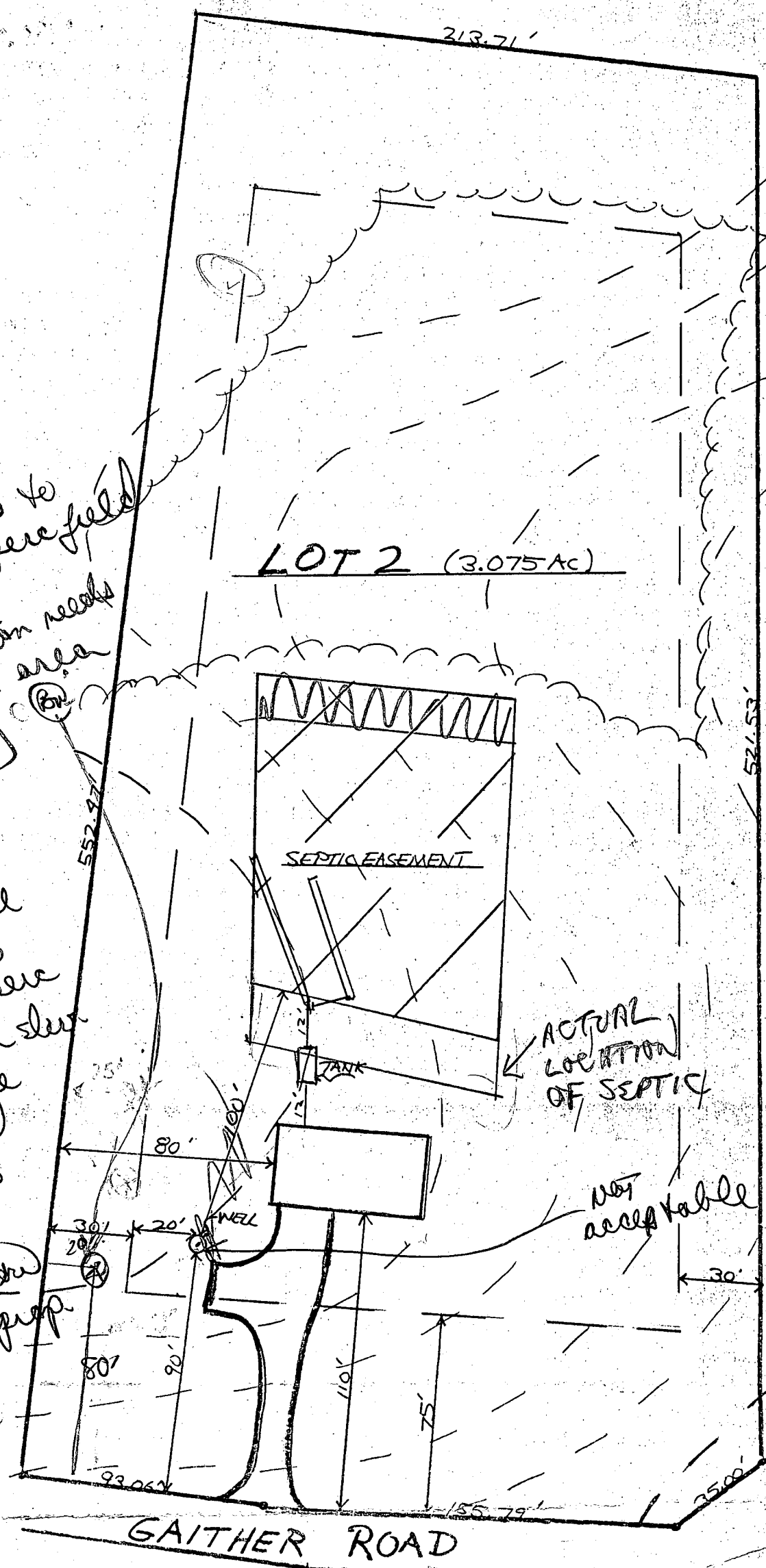
**SURVEYOR'S CERTIFICATE**

JOINT VENTURE, CONTRACT PURCHASERS OF THE PROPERTY

I HEREBY CERTIFY THAT THE...

3/2/87  
 Adjustments to  
 neighboring perc field  
 made.  
 Well location needs  
 to go in this area  
 very very  
 limited

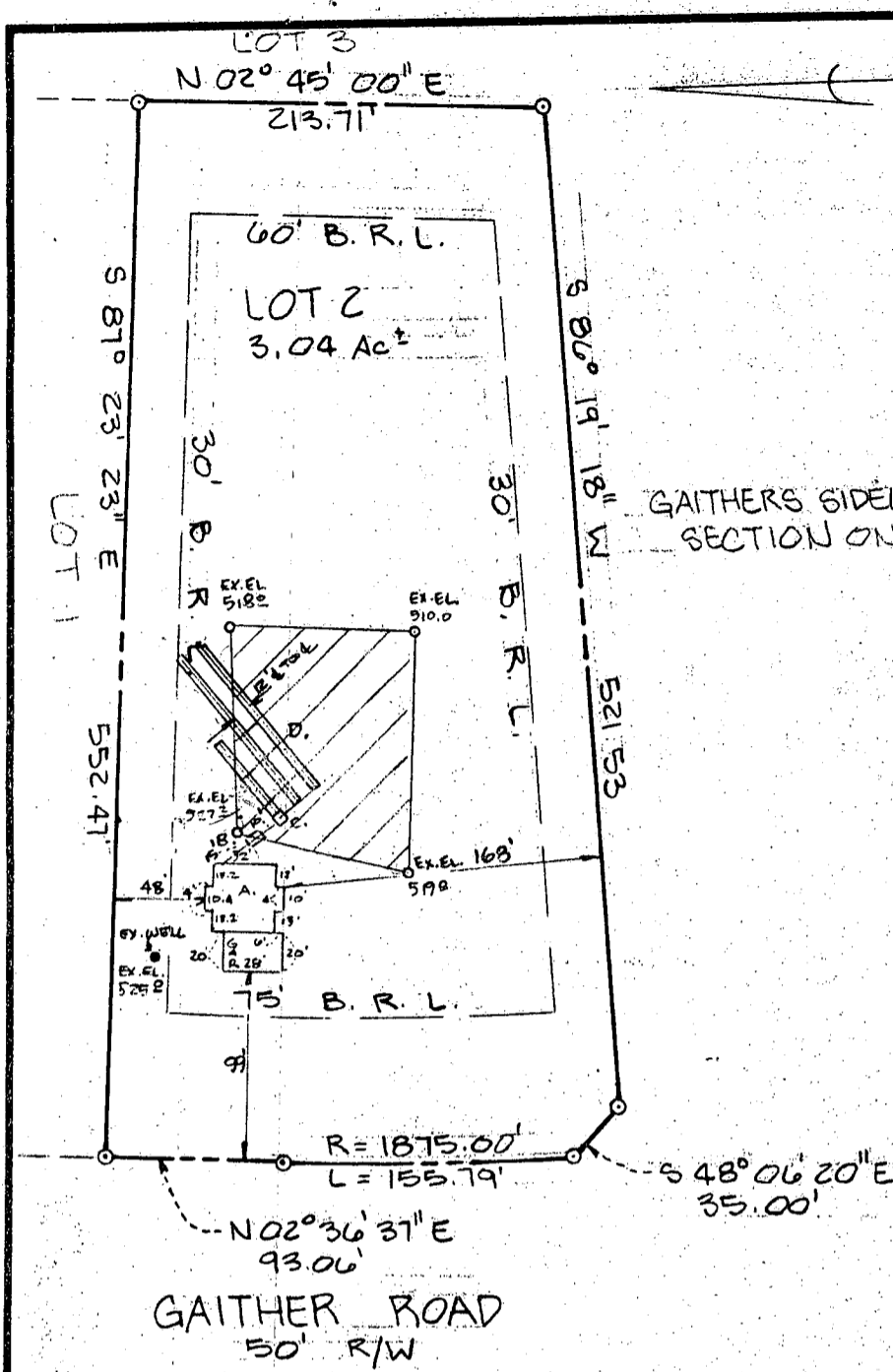
2/26/82  
 proposed well  
 site 2100' to  
 neighboring perc  
 & not higher elev  
 than surface  
 perc field  
 Used adj to  
 neighbor  
 perc to allow  
 limited approp.  
 site



GAITHER ROAD

Gaither S. deling  
 Section 2  
 Lot #2

1" = 50'



GAITHERS SIDELING  
SECTION ONE

- PROPOSED 2-STORY HOUSE**
- A. F.F. EL. = 528.0 ✓
  - Bsmt. El. = 519.5 ✓
  - Inv. Out = 523.8 ✓ - BSMT
- PROPOSED SEPTIC TANK**
- B. Ex. El. = 527.0 ✓
  - Inv. In = 523.6 ✓
  - Inv. Out = 523.31 ✓
- PROP. DISTRIBUTION TANK**
- C. Ex. EL. = 526.4
  - Inv. In El. = 523.2 ✓
- PROPOSED TRENCHES**
- D. 2 @ 60' (length)
  - Inv. El. = 522.9 ✓
  - 2½' of stone
  - 6' bottom max.

11/30/87  
Elevations ch.  
Sid Abel

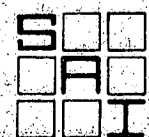
BDDG. PERMIT SIGNED  
AND RETURNED 11/30/87  
S. Abel  
18654

PLOT PLAN  
LOT 2, SECTION TWO  
GAITHERS SIDELING  
SITUATED ON GAITHER ROAD  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE = 1" = 100' SEPT. 1987

REVISED: 11/27/87 - SEPTIC INVERTS.



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



**SHELADIA Associates, Inc.**  
CONSULTING ENGINEERS  
310 A South Main Street, Mt. Airy MD. 21771  
(301) 829-2890

REFERENCE	JOB NO.
PLAT No 7091	87-1570

B 1 **1795** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

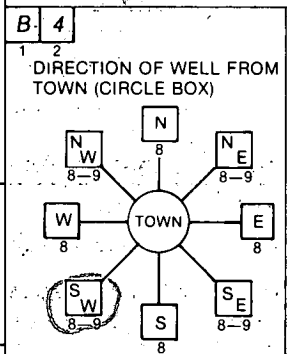
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HO-81-2095**  
 fill in this form completely

Date Received **12/20/87**  
 OWNER INFORMATION  
**United General Co.**  
 Last Name Owner First Name  
**8370 Court + Ave**  
 Street or RFD  
**81100 + Cit + Md 21043**  
 Town State Zip

B 3 LOCATION OF WELL  
**ADWARD**  
 COUNTY  
**Gaither Sideling**  
 SUBDIVISION  
 SECTION **2** LOT **2**  
**Dukesville**  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
**Tal County**  
 Driller's Name License No. 80 **977**  
**16009 Fred. rd. Lisbon**  
 Firm Name  
**MD 21765**  
 Address  
 Signature Date



**Gaither road**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD: **90**  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

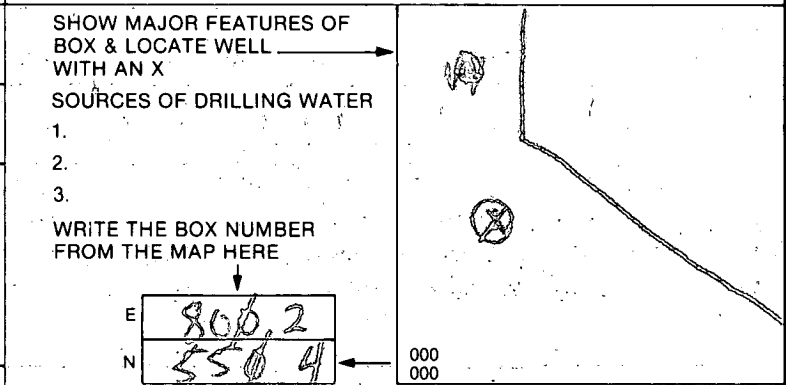
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND 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 36673**  
 COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S  
 DATE ISSUED **052787** **B. Basdon** **11/27/87**  
 CO-SIGNATURE EXP. DATE  
 NORTH GRID **554000** EAST GRID **0802000**

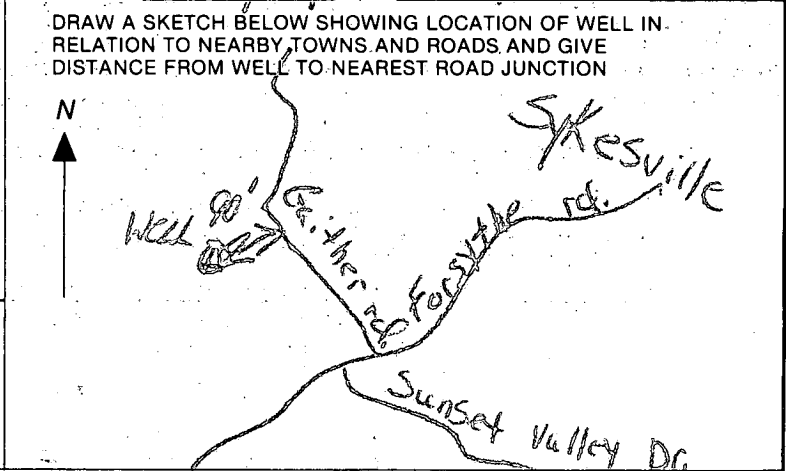
APPROXIMATE DEPTH OF WELL **150** FEET

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 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **21** WRITE INITIALS IN BOX PERMIT No. **HO-81-2095**

SPECIAL CONDITIONS



C1 **0392**  
 (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 30673**

DATE Received  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
**072787**

Depth of Well  
 22 **200** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-81-2095**

OWNER **GENERAL COUN. UNITED MYERS MIKE**  
 STREET OR RFD **GAITHER ROAD** first name TOWN **SYKESVILLE**  
 SUBDIVISION **GAITHER SIDELING** SECTION **2** LOT **2**

**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	
Brown shell	0	40	
gray rock	40	65	
gray white rock	65	67	✓
gray rock	67	200	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **14** NO. OF POUNDS **1316**  
 GALLONS OF WATER **84**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **35** 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) **66** Total depth of main casing (nearest foot) **49**

**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**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>HO</b> <b>42</b>	<b>200</b>
2		
3		

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.) WQ  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **03**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **19al.**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **40**  
 WHEN PUMPING **44**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

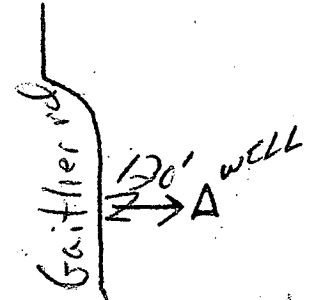
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER: 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE **02** (nearest foot)  
**-** below }

**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)

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.

DRILLER'S IDENT. NO. **2370**  
 DRILLER'S SIGNATURE **Allen Compton**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





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

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Property Owner Mike Myers Telephone \_\_\_\_\_  
Subdivision Gaither Sideline Lot # 2 Well Tag # HO-81-2095  
Site Address Gaither Road Section 2

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 200 ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield 70 GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level 40 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: \_\_\_\_\_

Date: \_\_\_\_\_

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

