

~~12/15/86~~  
1/16/87  
12/16/86  
RH

03-311600

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

12/15/86  
RH  
P 38240  
A 36747  
DISTRICT 3rd  
DATE 12/12/86

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

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

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

SUBDIVISION Day Property ROAD 1940 Mt. View Road LOT 2

PROPERTY OWNER H. Mitchell Day

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet from the back (175') lot line and 70 feet from the left (249') lot line as seen when facing the lot from Mt. View Road. Run trenches on contour toward left and right lot lines.

NOTE - No trench to exceed 100 feet in length. if more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok (CW)

PLANS APPROVED BY S. Abel DATE 10/27/86

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.

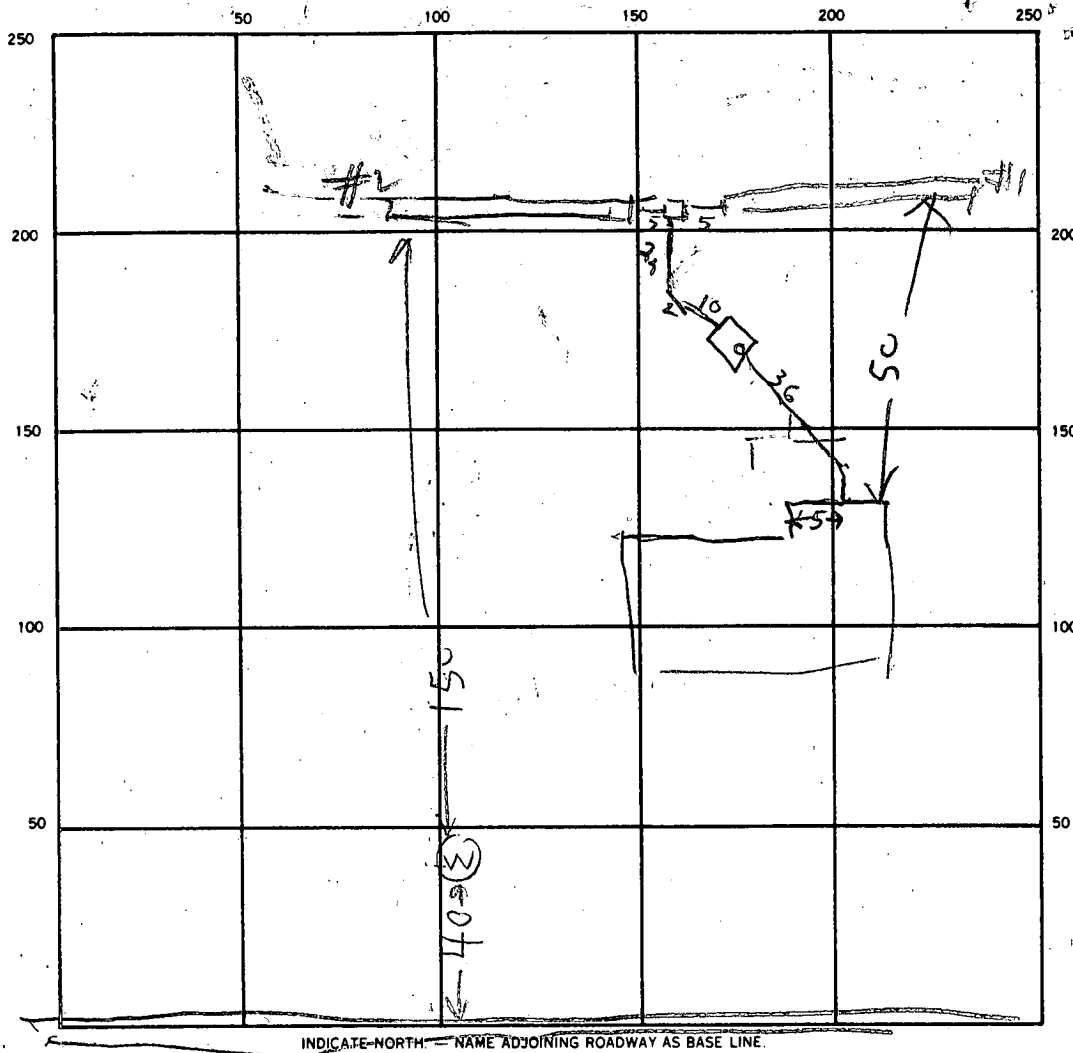
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A 36747



69  
129  
30  
50

SEPTIC TANK. LEVEL OK 1000

CLEANOUTS ST  
OK

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

DRAIN FIELD/TILE FIELD. DEPTH 

#1	#2
8 1/2	8

 FT. TRENCH WIDTH 

#1	#2
2	2

 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 

#1	#2
4 1/2	4 1/2

 FT. TOTAL LENGTH 

#1	#2
60	60

 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL AREA 

#1	#2
240	240

 SQ. FT. 480

TOTAL	REQUIRED
480	474

3 BR

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

ABSORBENT AREA 1150 SQ. FT.

REMARKS 12/15/86 - TRENCH #1 & #2 NOT LOCATION OK

13/15/86 <sup>2:16 PM</sup> STONE ADDED TO TRENCH #1 & #2 INSTALL TANK & BOX & CALL RN

12/16/86 <sup>10:30</sup> SYSTEM FINISHED

DATE SYSTEM APPROVED 12/16/86

INSPECTOR Raymond Holms

MAY 9, 1986  
9:30 AM  
RE-TEST  
MAY 25, 1986 2 PM

# APPLICATION

PERCOLATION TESTING

A 36747

P \_\_\_\_\_

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

DISTRICT 3<sup>rd</sup>

DATE 4/2/86

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 H. Calvin Day / Eileen M. Day

ADDRESS 12395 Rte 99 PHONE 795-1234 - Work  
MARRIOTTSVILLE, MD 21104 442-1214 Home

PROSPECTIVE BUYER H. Mitchell Day - Son

ADDRESS 12395 Rte 99 PHONE 795-1234 Work  
MARRIOTTSVILLE, MD 21104 442-1214 Home

PROPERTY LOCATION: 1730 Mc View Road

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

ROAD AND DESCRIPTION MT VIEW Road at 99 1940 Mc View Rd.

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

SIZE OF LOT 1 Acre TYPE BLDG. Singer family  
(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.

Eileen M. Day  
(SIGNATURE OF APPLICANT)

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

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

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

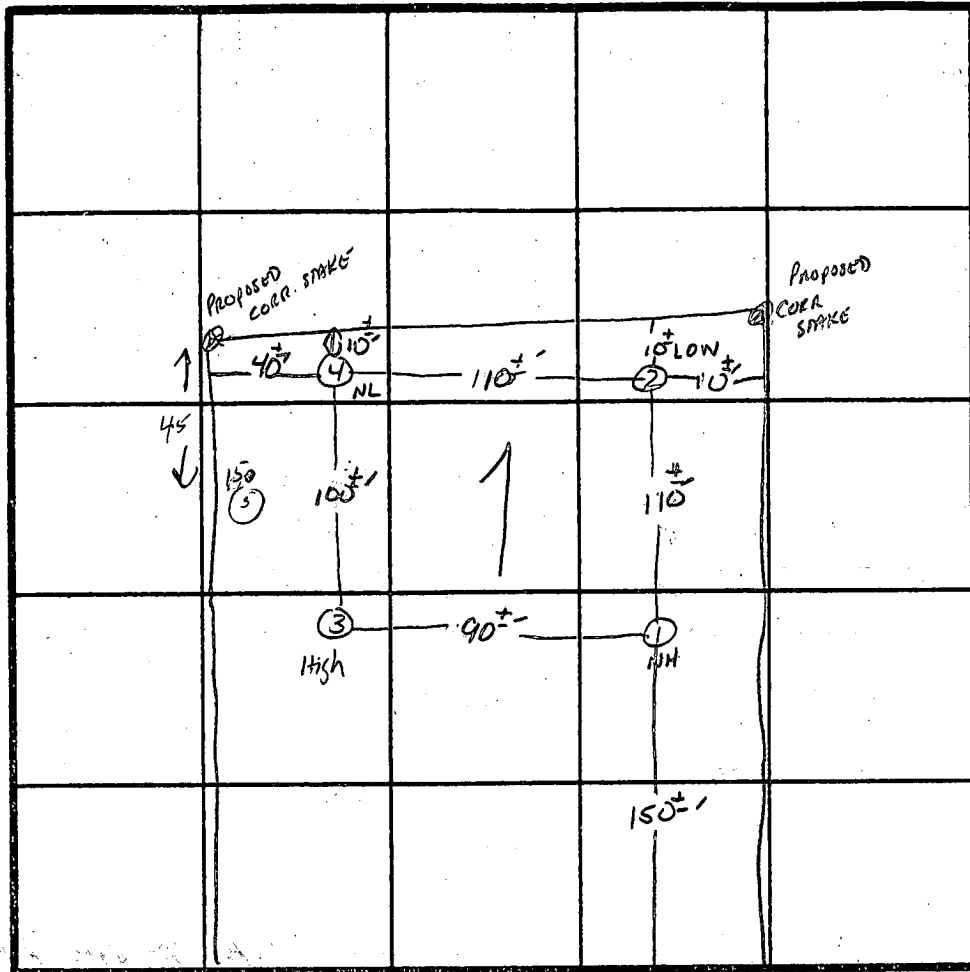
REASONS FOR REJECTION OR HOLDING 5-9-86 PUC Sanitary; hold for certified PLAT - Showing hole location, house & well sites. S.H.H.

BLDG. PERMIT SIGNED  
AND RETURNED 7/9/86 SJB  
# 71520

# THIS IS NOT A PERMIT

③ ①  
② ④  
SOIL PROFILE

8" AP  
YELLOW BR  
SILT LOAM  
CLAY 9-12%  
<10%  
FRAGMENTS  
4" BROWN SILTY  
SAND LOAM  
10-20%  
FINE  
FRAGMENTS  
w/ PINKISH  
CASTS  
13



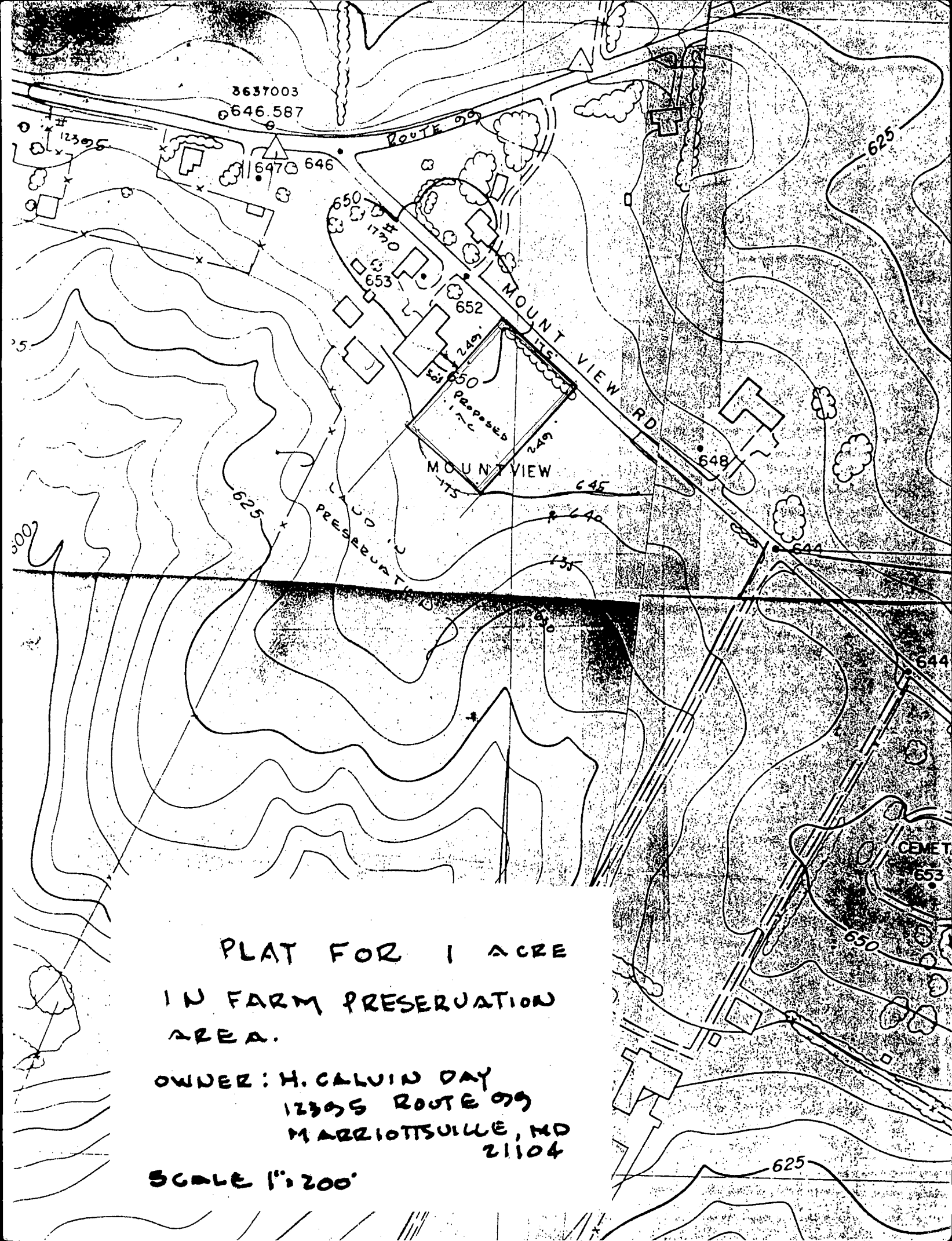
X PERC  
6 MIN  
INLET  
4'  
BOTTOM  
8'  
158 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
mt View Rd. CL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/86	1V						
	2S	4.0'	10:17	10:20	10:20	10:24	4min
	2M	9.0'	10:17	10:20	10:20	10:24	4min
	2V	13'	UNIFORM SOIL below 4 FE				
	3S	4-	10:38	10:43	10:43	10:55	12min
	3M	9.5'	10:38	10:39:30	10:39:30	10:41:30	2min
	3V	13'	UNIFORM SOIL below 4 FE				
	4S	4-	10:25	10:28	10:28	10:36	8min
	4M	9.5'	10:25	10:28	10:28	10:32	4min
	4V	13'	UNIFORM SOIL below 4 FE				
	5	13	UIS OK	4-13'			
			LOAM	10% FRAGMENTS			

75 FROM  
BACK

REMARKS 2ACRE LOT / FARMLAND PRESERVATION  
 TYPE OF SOIL Glenelg SAND LOAM / CHESTER LOAM  
 TESTED BY S. Abel ALSO PRESENT HERMAN SIKK



PLAT FOR 1 ACRE  
IN FARM PRESERVATION  
AREA.

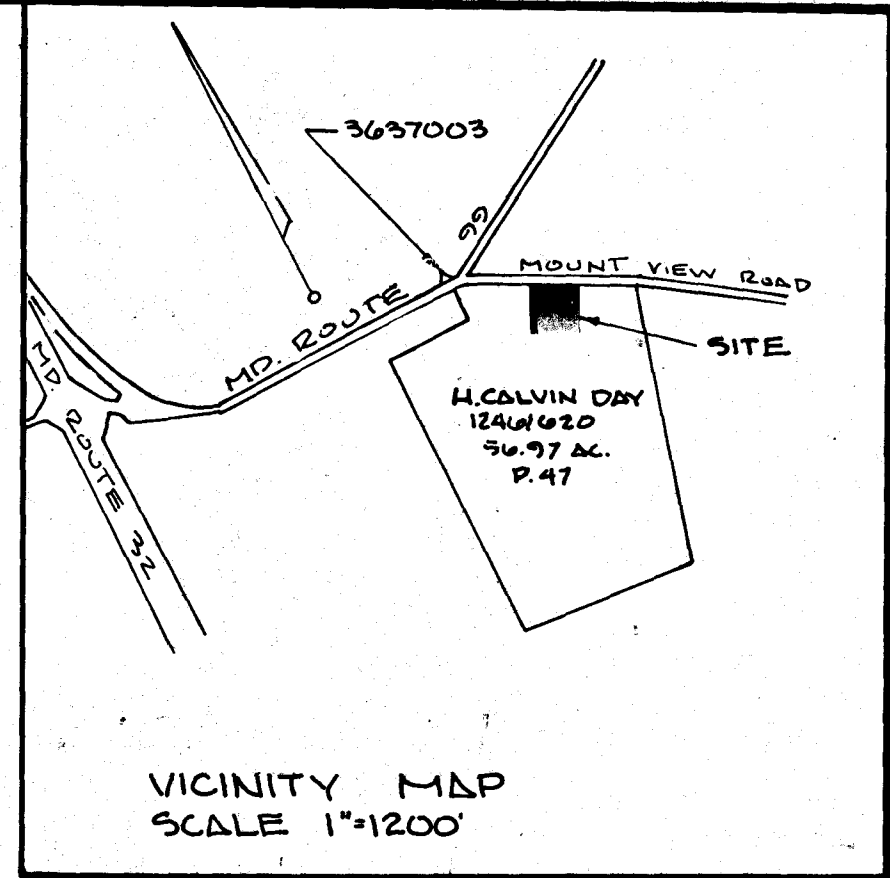
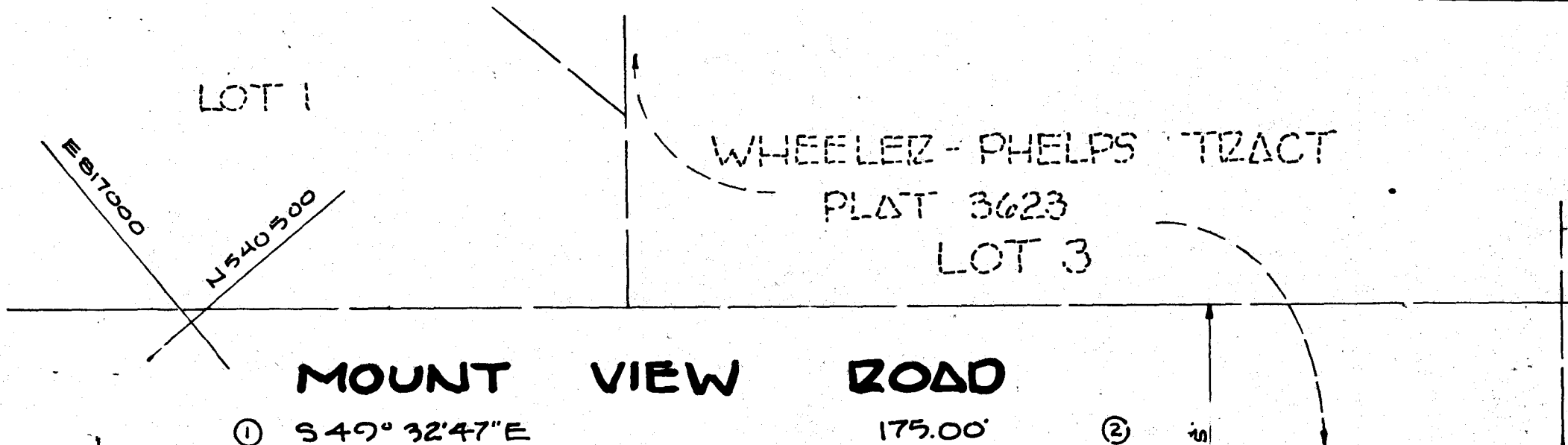
OWNER: H. CALVIN DAY  
12355 ROUTE 99  
MARIOTTVILLE, MD  
21104

SCALE 1"=200'



COORDINATES		
NO.	NORTH	EAST
1	540 470.76	816 994.51
2	540 357.20	817 127.67
3	540 142.16	816 949.93
4	540 255.71	816 816.77

COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID SYSTEM AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATION NO. 3637003.



**AFFIDAVIT**  
 I DO AFFIRM UNDER THE PENALTY OF PERJURY THAT 420'S ON 6TH LINE I AM THE LEGAL OWNER OF THE LAND SUBJECT TO THE SUBDIVISION AND HEREBY DO REQUEST THE CREATION OF HOME-SITES AS PROVIDED FOR UNDER THE MARYLAND AGRICULTURAL LAND PRESERVATION PROGRAM (OMAR 15, 15, 01, 07 (A)). THE LOTS ARE BEING CREATED FOR AND INTENDED FOR THE USE BY: LOT 1 H. MITCHELL DAY, WHOSE RELATIONSHIP TO ME IS SON. I UNDERSTAND THAT THE LOT HEREIN BEING REQUESTED CAN BE USED ONLY FOR THE CONSTRUCTION OF A DWELLING FOR THE PERSONAL USE OF THE INDIVIDUAL CITED. I UNDERSTAND THAT LOTS CREATED UNDER THE CITED CODE OR REGULATIONS MAY NOT BE FURTHER SUBDIVIDED. I UNDERSTAND THAT THIS REQUEST FOR LOT CREATION MAY BE MADE ONE TIME ONLY FOR MYSELF AND EACH OF MY CHILDREN AND SUCH LOT CREATION IS SUBJECT TO THE HOWARD COUNTY CODE AND THE HOWARD COUNTY ZONING REGULATIONS THAT ARE APPLICABLE TO LOT CREATIONS UNDER THE FARMLAND PROTECTION PROGRAM REFERENCED ABOVE.

Eileen M. Day 10/24/86  
 OWNER DATE

H. CALVIN DAY  
 L. 1246 F. 620

**TABULATIONS:**  
 TOTAL NUMBER OF LOTS TO BE RECORDED = 1  
 TOTAL AREA OF LOTS TO BE RECORDED = 1.000 ACRES±  
 TOTAL AREA OF ROADWAYS TO BE RECORDED = 0.100 ACRES±  
 TOTAL AREA OF SUBDIVISION TO BE RECORDED = 1.100 ACRES±

- GENERAL NOTES:**
- SUBJECT PROPERTY ZONED "R" PER 8-2-1985 COMPREHENSIVE ZONING PLAN
  - SUBJECT TO V.P. 86-150
  - THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT APPROXIMATELY 10,000 # AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL SEWAGE IS AVAILABLE. THE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
  - THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF MENTAL HEALTH AND HYGIENE.
  - EXISTING HOUSE ON LOT 1.
  - INDICATES IRON BAR SET.

**APPROVED:**  
 FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT  
Joseph Byler 10-30-86  
 COUNTY HEALTH OFFICER DATE

**APPROVED:**  
 HOWARD COUNTY OFFICE OF PLANNING AND ZONING  
Thomas L. Harris 11-4-86  
 DIRECTOR DATE

**APPROVED:**  
 FOR STORM DRAINAGE AND PUBLIC ROADS  
 HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS  
Joseph F. Neumeier 11-3-86  
 DIRECTOR DATE

**SURVEYORS CERTIFICATE**  
 I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF PART OF THAT LAND CONVEYED BY HELEN LEE MIHALOVICI AND B. DORSEY RIDGELY, JR. PERSONAL REPRESENTATIVES OF THE STATE OF MARYLAND, BY DEED DATED MAY 1, 1984, ETC., AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1246 AT FOLIO 60, ETC., AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Walter Park 9/8/1986  
 WALTER PARK REG. L.S. 5539

**OWNERS CERTIFICATE**  
 WE, H. CALVIN DAY AND EILEEN M. DAY, HIS WIFE, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MD, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREETS, (2) THE RIGHT OF WAYS THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (3) THE RIGHTS TO REQUIRE DEDICATIONS FOR PUBLIC USE THE BEDS OF STREETS AND OR ROADS AND FLOOD PLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND OR ROADS AND FLOOD PLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (4) THE RIGHT TO REQUIRE DEDICATION OF WATER WAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE AND (5) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER SAID EASEMENTS AND RIGHT OF WAYS. WITNESS MY HAND THIS SEPTEMBER 8, 1986.

H. Calvin Day Eileen M. Day Walter P. Forman  
 H. CALVIN DAY EILEEN M. DAY WITNESS

RECORDED AS PLAT NUMBER 6981 ON 11/06/1986 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD

SIGNED LOT 1 FILE COPY  
 DAY VIEW ACRES

TAX MAP 9 PARCEL 47  
 SCALE: 1"=30' DATE: 9-8-86  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

LUDKINS ASSOCIATES, INC.  
 ENGINEERS - SURVEYORS  
 231 JOSEPH SQUARE  
 COLUMBIA, MARYLAND 21044

F-87-54

F-87-54

B 1 5703

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

70 79 70-81-1563

fill in this form completely

Date Received

06/1/86

OWNER INFORMATION

DAY MICHAEL

12345 RT 99

MARIOTT + SULLEMO 21104

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21 CALVIN DAY PROP

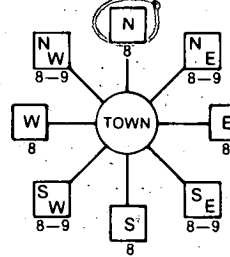
SECTION 44-46 LOT 48-50 LOT 2

WEST ARI CROSHIP

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

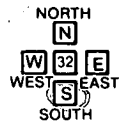
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)



Mount View Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD

ENTER FT OR MI

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 36747 COUNTY NO.

OEP SIGNATURE DATE ISSUED

06/18/86 CO SIGNATURE EXP. DATE

NORTH GRID 540000 EAST GRID 0817000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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

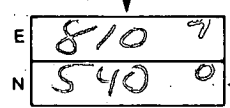
FORCE INITIALS PERMIT No. 70-81-1563

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

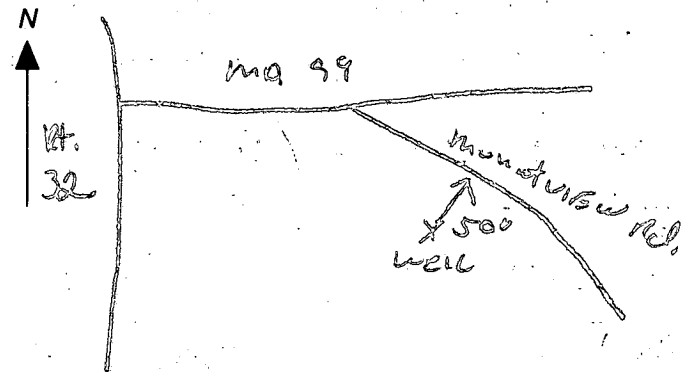
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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 00591

SEQUENCE NO. (OEP USE ONLY)

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 36747

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

DATE RECEIVED

DATE WELL COMPLETED 062786

DEPTH OF WELL 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1553

OWNER DAY MITCHELL last name first name STREET OR RFD MOUNT VIEW RD TOWN MARRIOTTSVILLE MO SUBDIVISION CALVIN DAY PROPERTY SECTION LOT 2

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, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter 6 Total depth 57

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

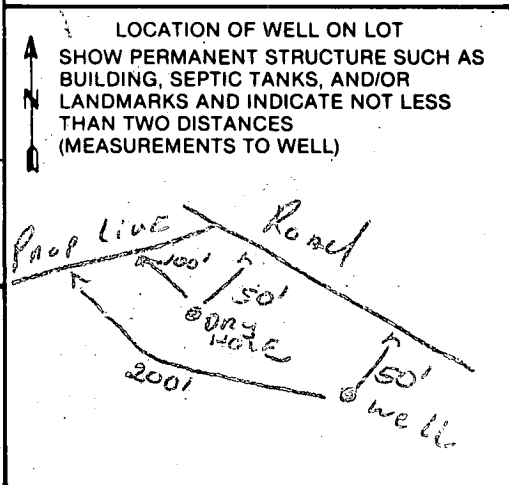
SCREEN DEPTH (nearest ft.) HO 56 340 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 260 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)



CIRCLE APPROPRIATE LETTER 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 (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-1563  
 Location of property (road) MT VIEW RD  
 Subdivision CALVIN DAY PROPERTY Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner MITCHELL DAY

Depth of well 260 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 45 ft

I. High rate pumping -- reservoir drawdown  
 Time pump started 8:00 Pumping rate 10 G.P.M.  
 Total time 1 hr 15 min to reach pumping water level 260 ft ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

50 ft open 12 G.P.M.  
57 ft PL

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	260 ft	30 sec		2 G.P.M.
9:30	260 ft	30 sec		2 G.P.M.
9:45	260 ft	30 sec		2 G.P.M.
10:00	260 ft	30 sec		2 G.P.M.
10:15	260 ft	30 sec		2 G.P.M.
10:30	260 ft	30 sec		2 G.P.M.
10:45	260 ft	30 sec		2 G.P.M.
11:00	260 ft	30 sec		2 G.P.M.
11:15	260 ft	30 sec		2 G.P.M.
11:30	260 ft	30 sec		2 G.P.M.
11:45	260 ft	30 sec		2 G.P.M.
12:00	260 ft	30 sec		2 G.P.M.
12:15	260 ft	30 sec		2 G.P.M.
12:30	260 ft	30 sec		2 G.P.M.
12:45	260 ft	30 sec		2 G.P.M.
1:00	260 ft	30 sec		2 G.P.M.
1:15	260 ft	30 sec		2 G.P.M.
1:30	260 ft	30 sec		2 G.P.M.
1:45	260 ft	30 sec		2 G.P.M.
2:00	260 ft	30 sec		2 G.P.M.
2:15	260 ft	30 sec		2 G.P.M.
2:30	260 ft	30 sec		2 G.P.M.
2:45	260 ft	30 sec		2 G.P.M.
3:00	260 ft	30 sec		2 G.P.M.
3:15	260 ft	30 sec		2 G.P.M.

12/19/86

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

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

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

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

Name of Property Owner CALVIN DAY Telephone \_\_\_\_\_  
Subdivision C. DAY Lot # 2 Well tag # 10-91-1563  
Site Address Mt View Road

<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 _____	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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief value? _____	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: \_\_\_\_\_

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

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

12/19/86 OK TO COVER OUTSIDE WORK PRESSURE TANK NOT YET INSTALLED  
TAG OK STICKER APPLIED RH