

10/19/88 PM

05-405130

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42716

A 36990

DISTRICT 5th

DATE 10/6/88

DATE SYSTEM APPROVED 10/20/88

INSPECTOR C. Williams

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION The Chase ROAD 11631 Masters Run LOT 14

PROPERTY OWNER The DOW Group

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 - 180 sq. ft. per bedroom. 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 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 210 feet down the left (390') lot line and 70 feet off the left lot line as seen when facing the lot from Masters Run, Run trenches on contour toward left lot line.

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

OK TO CHANGE TO INLET 3', BOTTOM 8' FT STONE TO MAKE MAXIMUM USE OF AVAILABLE AREA. 10/19/88 CW

PLANS APPROVED BY Sid Abel DATE 1/06/87

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(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.

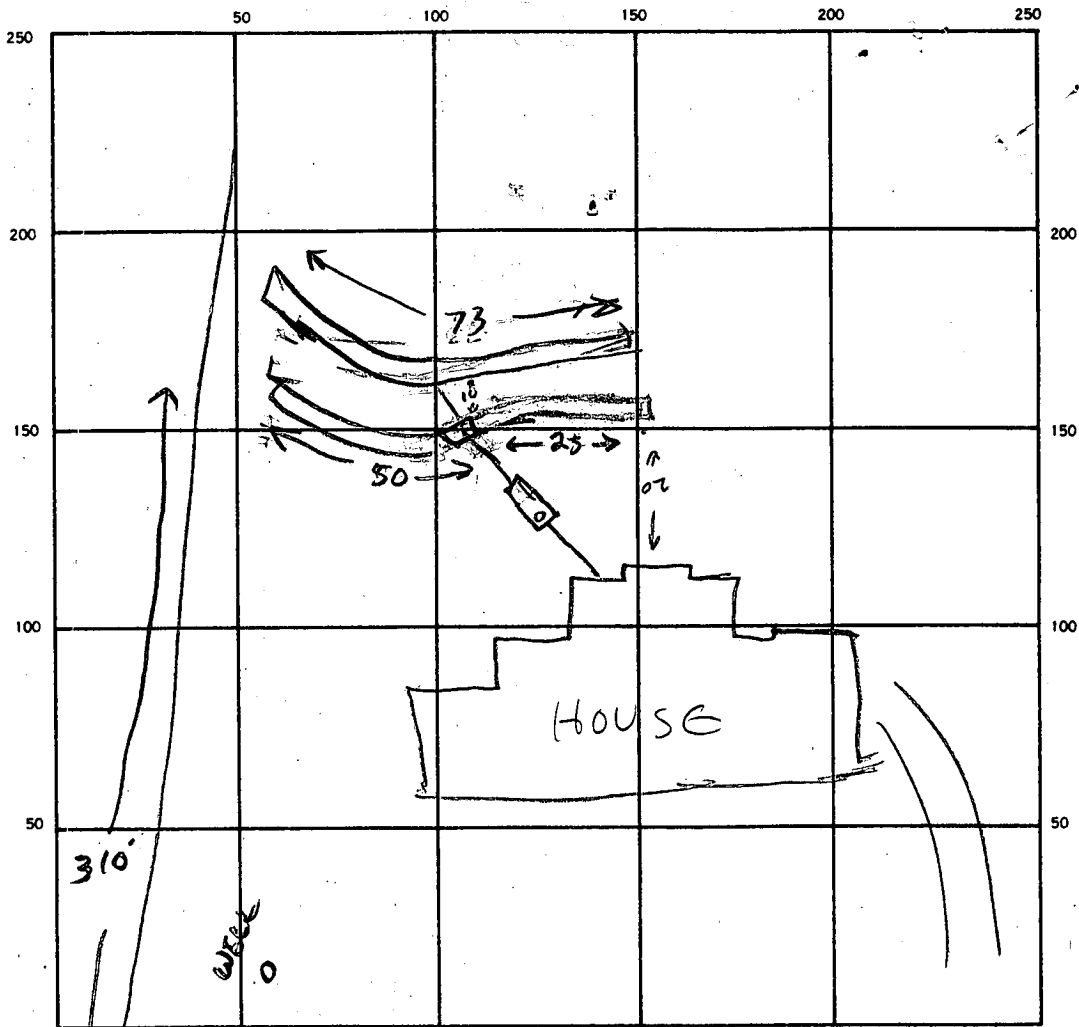
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-36990



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MASTERS RUN RD

SEPTIC TANK. LEVEL

CLEANOUTS

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 148 FT.

NUMBER OF TRENCHES 2 (75+73) ONE SIDEWALL/BOTTOM AREA 740 SQ. FT.

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

ABSORBENT AREA 740 SQ. FT.

REMARKS 10/20/88 SYSTEM IS LOCATED IN BACK HALF OF SEWER EASEMENT
DUE TO PLAT DISCREPANCIES.

DATE SYSTEM APPROVED 10/20/88

INSPECTOR C. Williams

SUBDIVISION: DeCHASE

LOT NUMBER: 14

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
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

180 sq. ft./bedroom
4-110

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 3.5 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 210 FE DOWN THE LEFT (390') LOT LINE AND 7.0 FE OFF THE LEFT LOT LINE AS SEEN WHEN FACING THE LOT FROM MASTERS RUN. RUN TRENCHES ON CONTOUR TOWARD LEFT LOT LINE. 1-6-87 Sid Abel

APPLICATION

PERCOLATION TESTING

A 36990

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation The Dow Group

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

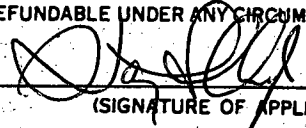
SUBDIVISION The Chase - formerly The Paddock LOT NO: 14

ROAD AND DESCRIPTION Homewood Road 11631 MASTERS RUN

TAX MAP 29 PARCEL # 24

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.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/26/86 PERC. SATISFACTORY, HOCD FOR SUBDIVISION PLAN, SHALLOW SYSTEM

only 5' deep

BLDG. PERMIT SIGNED
AND RETURNED 5-11-86

BP 180748AL

THIS IS NOT A PERMIT

① ② ③
SOIL PROFILE

4"
A-3
SAND LOAM
STRONG BR
GRAVELY
15-25%
CLAY
< 10%

3"
STRONG BR
SAND LOAM
100%
FRAGMENTS

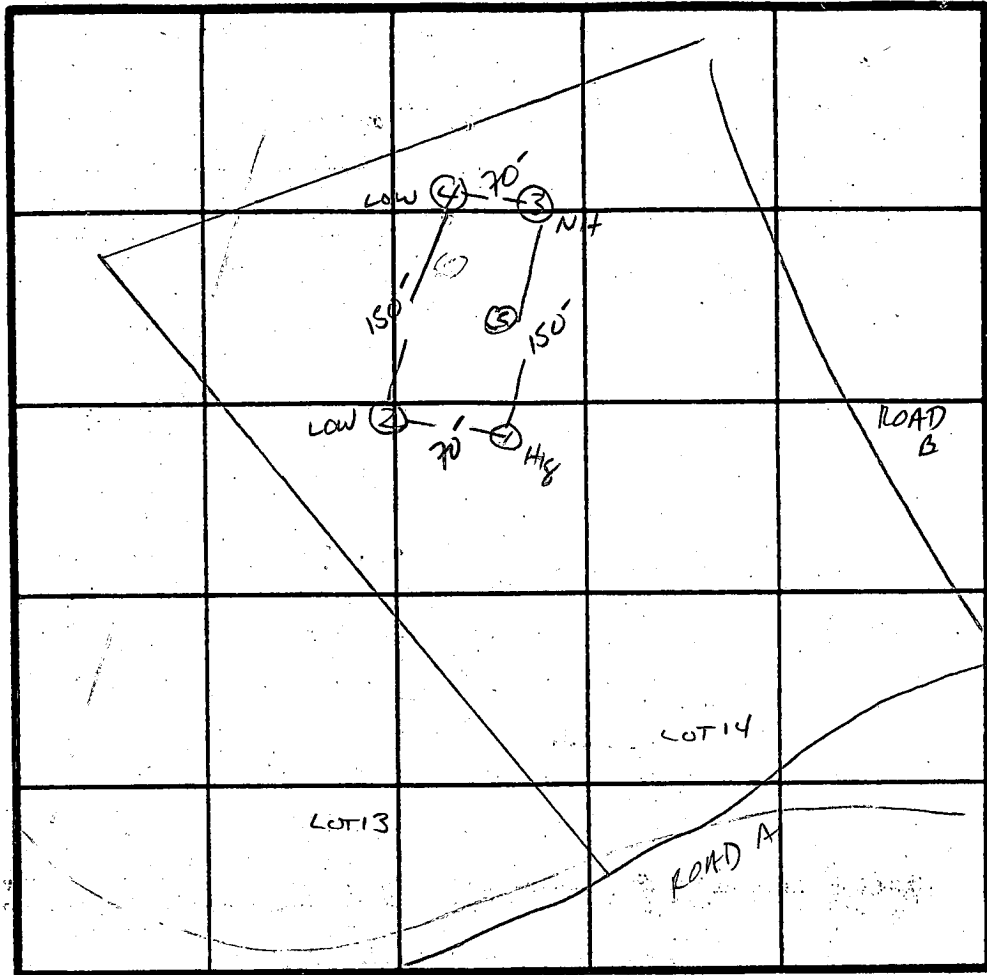
12'-13'

④

4"
A-3
YELLOW BR
SAND LOAM
FEW GRAVEL
15% FRAGS

5"
BROWN
SAND LOAM
2% CLAY
FRAGMENTS

12'



̄ Perc
3 min
INLET
3.0'
BOTTOM
4.5'
180 φ BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Homeowner Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/20/86	1 S	3'	10:36	10:37	10:37	10:39	2min	
	1 M	9'	10:38	10:40	10:40	10:42	2min	
	1 V	13'	uniform soil below 3'					
	2 S	2.5'	10:43	10:44	10:44	10:48	4min	
	2 V	13'	damp as hole #1					
	3 S	4'	10:55	10:56	10:56	10:58	2min	
	3 V	12'	damp as #1 & 2					
	4 S	5.5'	10:50	10:51	10:51	10:54	3min	
	4 V	12'	uniform soil below 5'					
	5 V							

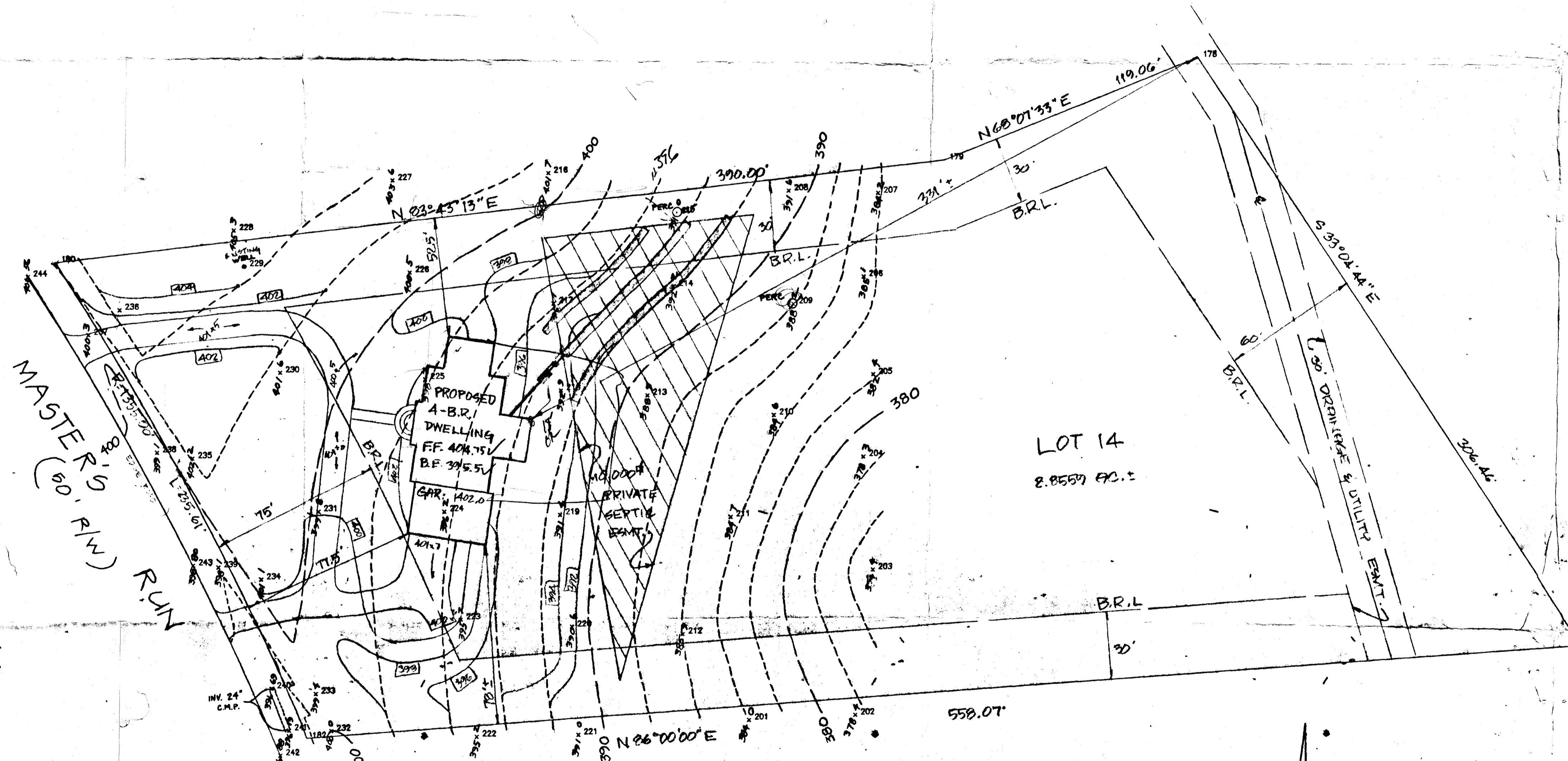
REMARKS Holes dug as per plat shallow syst. only

TYPE OF SOIL Major Gravelly Loam

S. Abel

JEFF, MAT, GAB, WADÉ

EH-12-1079



SEPTIC SYSTEM DATA

INV. @ HOUSE — 393.0 ✓ + BSMT
 SEPTIC TANK
 EX. GR. 371.0 ✓
 FIN. GR. 395.0 ✓
 INV. IN. 392.8 ✓
 INV. OUT 392.5 ✓

DISTRIBUTION BOX

EX. GR. 394.0 ✓
 FIN. GR. 405.0 ✓
 INV. IN. 392.4 ✓
 INV. OUT 392.4 ✓

TRENCHES

	1	2	3
EX. GR.	395.8 ✓	394.0 ✓	392.0 ✓
FIN. GR.	395.2 ✓	394.0 ✓	392.0 ✓
INV. IN.	392.3 ✓	390.5 ✓	388.5 ✓
BOTTOM OF STONE	390.8 ✓	389.0 ✓	387.0 ✓
LENGTH	60'	80'	100'

OK FOR
 YEARLY
 DISPOSAL
 SA

5-11-88
 ELEVATIONS
 MCM

BLDG. PERMIT SIGNED
 AND RETURNED 5-11-88

BP 18074
 SAH

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD. SUITE 203
 ELLICOTT CITY MD. 21043
 301-461-9563

TOPOGRAPHY PLAT & SITE PLAN
 LOT 14
THE CHASE
 4TH ELECT. DIST. HOW. CO. MD.
 SCALE: 1" = 30' 3/9/88
 5/4/88

B 7 9362 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

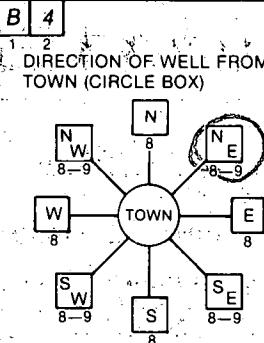
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER HO-81-2468 fill in this form completely

Date Received 110487 OWNER INFORMATION GVC BUILDERS 11673 FARNSIDE ROAD ELAYCOA CT MD 21043

LOCATION OF WELL HOWARD THE CHASE SECTION 02 LOT 14 CLARKSVILLE MILES FROM TOWN 3 MI

DRILLER INFORMATION Joseph L. Wayne 238 Driller's Name Firm Name Address Signature Date



MASTERS RUN NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 80 FT

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING... I INDUSTRIAL... P PUBLIC OR PRIVATE WATER COMPANY... T TEST, OBSERVATION, MONITORING...

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A36990 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 120987 B.W. Wagon 06/04/88

APPROXIMATE DEPTH OF WELL 300 FEET

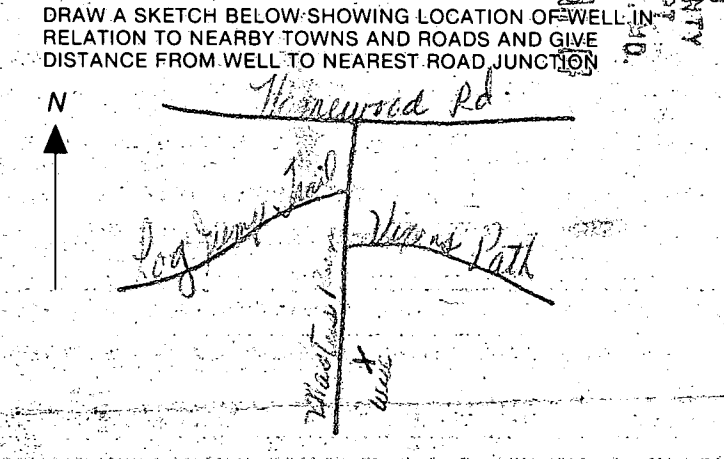
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT

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. HO-81-2468

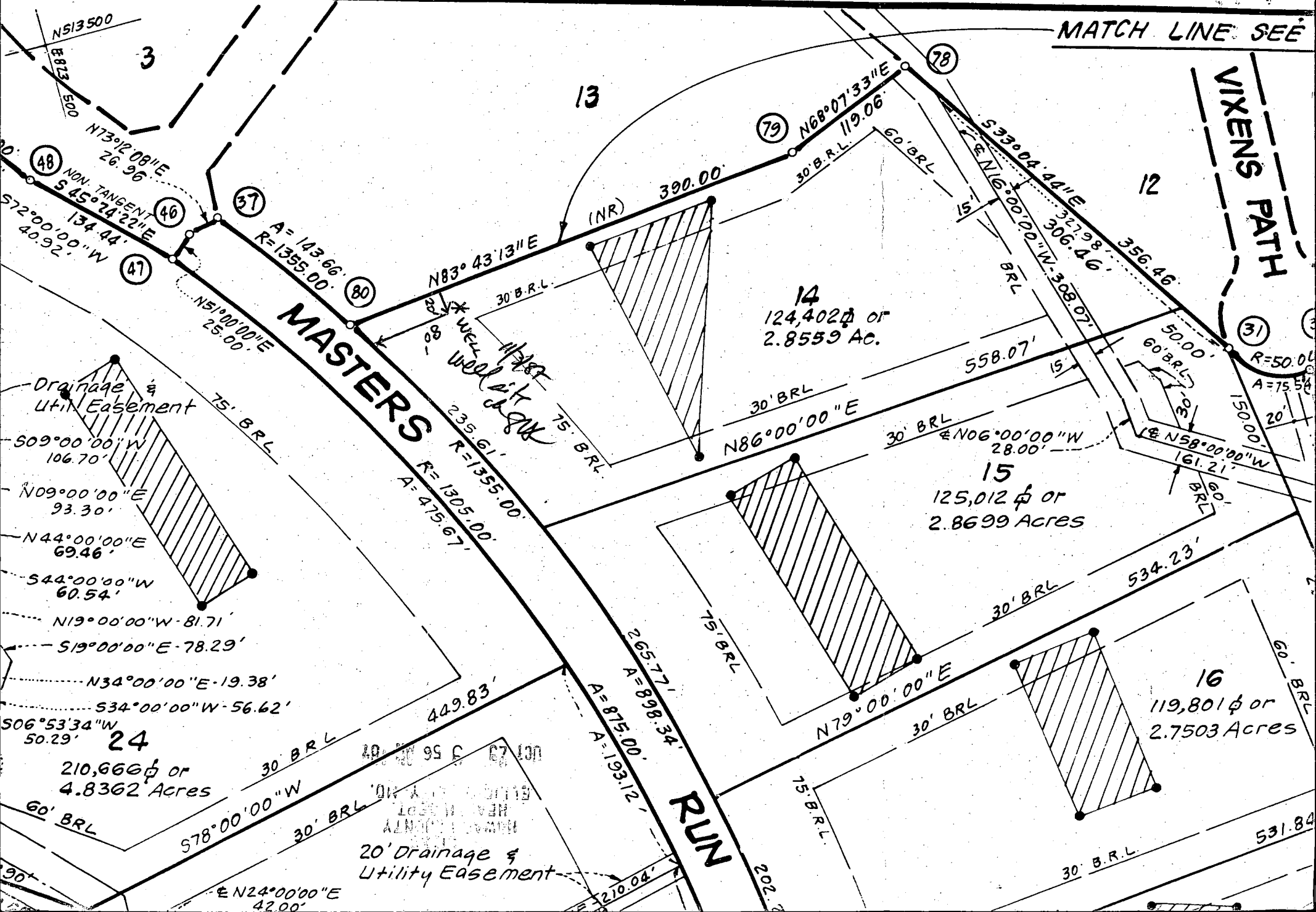
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE N 9063 S 502



SPECIAL CONDITIONS

MATCH LINE SEE

VIXENS PATH



NS13500
 B873 500
 3
 N73°12'08"E
 26.96
 (48) NON-TANGENT
 S45°24'22"E
 134.44'
 S72°00'00"W
 40.92'

Drainage & Util. Easement
 75' B.R.L.
 S09°00'00"W
 106.70'
 N09°00'00"E
 93.30'
 N44°00'00"E
 69.46'
 S44°00'00"W
 60.54'
 N19°00'00"W - 81.71'
 S19°00'00"E - 78.29'
 N34°00'00"E - 19.38'
 S34°00'00"W - 56.62'
 S06°53'34"W
 50.29'

24
 210,666 φ or
 4.8362 Acres
 60' B.R.L.
 S78°00'00"W
 30' B.R.L.
 30' B.R.L.
 20' Drainage & Utility Easement
 EN24°00'00"E
 42.00'

MASTERS
 A=143.66'
 R=1355.00'
 (37)
 (38)
 N83°43'13"E
 390.00'
 (NR)
 30' B.R.L.
 75' B.R.L.
 235.61'
 R=1355.00'
 A=475.67'

14
 124,402 φ or
 2.8559 Ac.
 N86°00'00"E
 558.07'
 30' B.R.L.
 30' B.R.L.
 75' B.R.L.

15
 125,012 φ or
 2.8699 Acres
 EN06°00'00"W
 28.00'
 30' B.R.L.
 30' B.R.L.
 60' B.R.L.
 161.21'

16
 119,801 φ or
 2.7503 Acres
 30' B.R.L.
 534.23'
 N79°00'00"E
 30' B.R.L.
 75' B.R.L.
 60' B.R.L.
 531.84'

RUN

13

12

(31)

R=50.00'
A=75.54'

1500.00'

20'

161.21'

60' B.R.L.

30' B.R.L.

50.00'

306.46'

327.98'

356.46'

30' B.R.L.

60' B.R.L.

30' B.R.L.

202.00'

#1
12-21-87
7:30 3h PT
9:30 9:00T

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2468
Location of property (road) MASTERS RUN
Subdivision THE CHASE Lot 14 Block _____ Plat _____ Sec. _____
Well Driller JOSEPH MAYNE Owner BUILDERS, GYC

Depth of well 400 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 am Pumping rate 20 gal
Total time 30 min to reach pumping water level 90 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:16 am	85 ft	6		10 gpm
10:21 am	85 ft	6		10 gpm
10:26 am	85 ft	6		10 gpm

12-21-87 Pump at 300 ft
H₂O sample taken at
10:18 am H 1322
JENadeau

C1 2081 (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 36990**

DATE Received DATE WELL COMPLETED **10/21/87** Depth of Well **400** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **110-81-2468**

OWNER **BUILDERS G.Y.C.**
 STREET OR RFD **MASTERS RUN** TOWN **CLARKSVILLE**
 SUBDIVISION **THE CHASE** SECTION LOT **14**

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	
SAND	0	40	
Gneiss Mica Rock	40	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 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 (to nearest foot) from **0** ft. to **40** ft.

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) Total depth of main casing (nearest foot)
(ST) **6** **47**

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64

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

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. **258**
Joseph M. Maguire

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

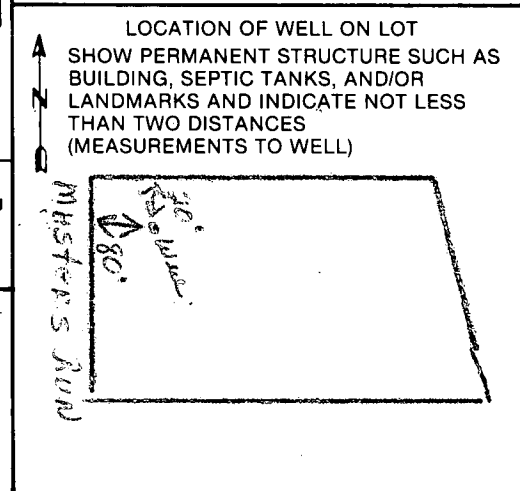
GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33**
 WHEN PUMPING **85**
 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) above below LAND SURFACE **2** (nearest foot)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2468
 Location of property (road) MASTERS RUN
 Subdivision THE CHASE Lot 14 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner BUILDERS, GYC

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 200gal
 Total time 30min to reach pumping water level 90 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	85'	3 sec.		20
8:00	90	3		20
8:15	85'	6		10
8:30	85	6		10
8:45	85	6		10
9:00	85	6		10
9:15	85	6		10
9:30	85	6		10
9:45	85	6		10
10:00	85	6		10
10:15	85	6		10
10:30	85	6		10
10:45	85	6		10
11:00	85	6		10

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 # _____ Date _____
Name of Installer _____ Telephone _____
License Number _____
Certified Well Pump Installer _____ Well Driller (JM) Registered Plumber _____
Name of Property Owner GYC Telephone _____
Subdivision THE CHASE Lot # 14 Well Tag # 40-81-2468
Site Address MASTERS RUN

Pump Motor Pitless Adapter
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
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 _____
2. Pressure relief valve? _____
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____
1. Depth 400 ft.
2. Yield 10 GPM
3. Static water level 35 ft.
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.

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 # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller (JM) Registered Plumber _____

Name of Property Owner GYC

Telephone _____

Subdivision THE CHASE Lot # 14 Well Tag # H0-81-2468

Site Address MASTERS RUN

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth 400 ft.
- Yield 10 GPM
- Static water level 35 ft.
- 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.

36990

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 X
Replacement

Receipt # 44214
Date 5/11/89

Name of Installer Zepp Plumbing & Heating Inc.

Telephone 531-6712

License number 1782
Certified Well Pump Installer

Well Driller Registered Plumber X

Name of Property Owner The Dow Group Inc.

Telephone 596-9803

Subdivision The Chase Lot # 14 Well tag #

Site Address 11631 Masters Run
Ellicott City, MD 21043

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible X

Motor

- 1. Horsepower 1
- 2. RPM
- 3. Voltage
 - a. 110
 - b. 220 X

Pitless Adapter

- 1. Make Martinson
- 2. Model #
- 3. Depth

- 2. Make Goulds
- 3. Model #
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes X No
- 6. If Yes, is low pressure cutoff switch installed? Yes X No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards X Other

Tank

- 1. Capacity 82
- 2. Pressure relief valve? Yes

Piping

- 1. Type 16016
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line

Well data

- 1. Depth 405 ft.
- 2. Yield GPM
- 3. Static water level ft.
- 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: [Signature]
Date: 4/28/89

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