

9/14/88
Non-Residential

03-311746

PERMIT

P 42532

A 35390

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/14/88

DATE SYSTEM APPROVED 9/15/88

INSPECTOR R.J.

Arnold Backhoe & Septic Services, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 795-7873

SUBDIVISION Pond View

ROAD 11998 Frederick Rd

LOT 2

PROPERTY OWNER Charles Wright

12000 Frederick Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 187 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4 feet below original grade. 4½ feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot corner (the junction of the 281' and 131.75' lines) place 1st trench 115 feet down the right line and 25 feet off the (Extended) right line as seen when facing property from Route 144. Run trenches along contour towards the left (174.85') 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

PLANS APPROVED BY Bert Nixon

DATE 6/08/87

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.

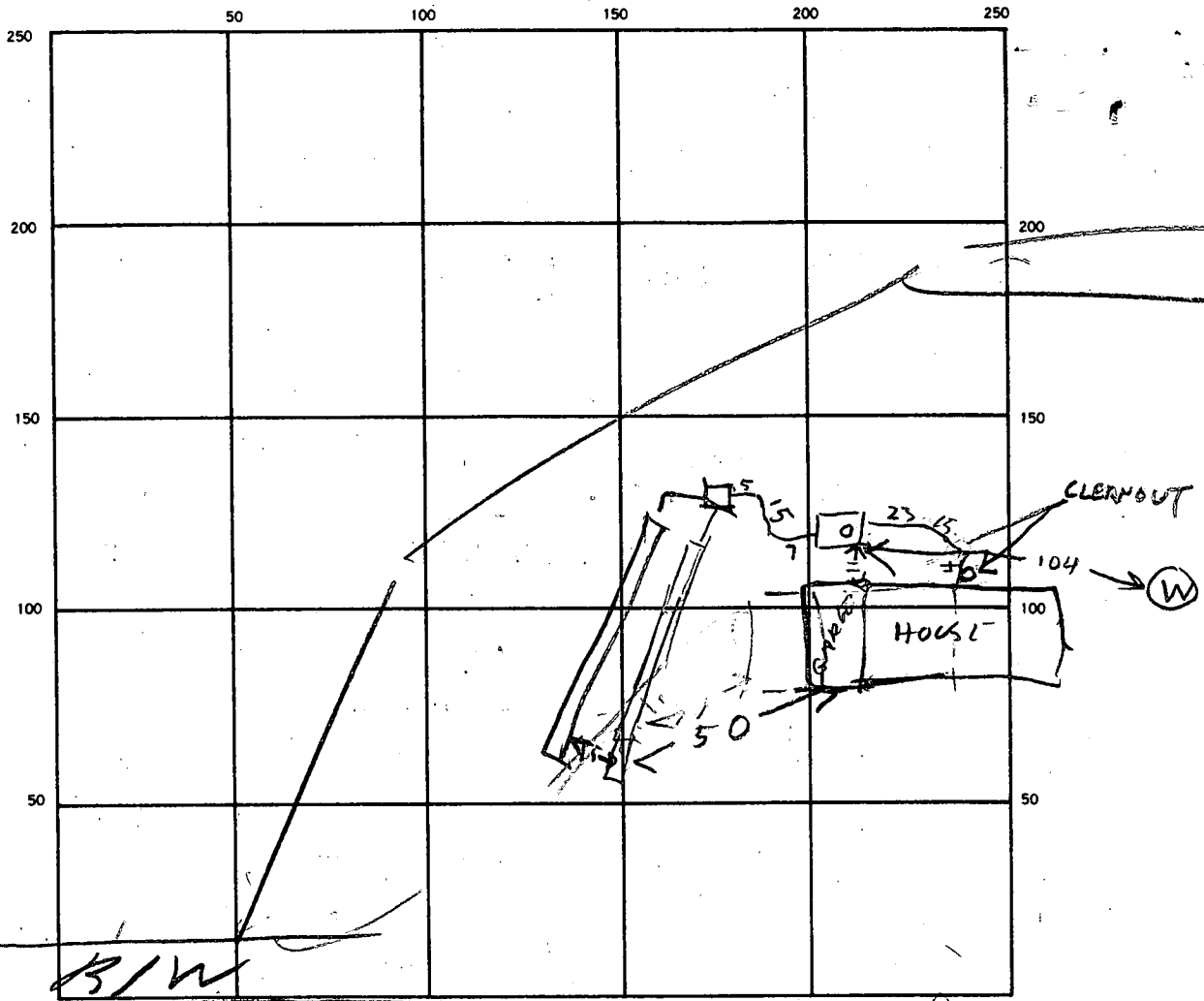
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EM - 2-1186

A 35390



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

ST

SEPTIC TANK LEVEL 1000 CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 77 FT. 65 FT. 14.2 FT. TOTAL

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 337 SQ. FT. 292 SQ. FT. 629 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

65
4.5
325
260
728

REMARKS 9-15-88 OK TO STONE TRENCHES AS DUG - CAVING IN. S. ABE
9/15/88 LOCATION OK PER PLANS TRENCH #1 DOG
& SOME STONE ADDED. 9/15/88 TRENCH #1 - OK
TRENCH #2 & COVER. RH

DATE SYSTEM APPROVED 9/15/88 INSPECTOR Raymond Hoedgls

6/8/87
②

Handwritten signature

POUND VIEW
RT 2 144

A 35390

SUBDIVISION:

LOT NUMBER: 2

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
3 - No

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 1/2 feet below original grade.

Effective area begins at 4 feet below original grade.

4 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: BEGINNING FROM THE RIGHT FRONT LOT CORNER (THE
JUNCTION OF THE 281' AND 131.75' LINES) PLACE 1ST TRENCH
115' DOWN THE RIGHT LINE AND 25' OFF THE (EXTENDED) RIGHT LINE AS
SEEN WHEN FACING PROPERTY/ FROM RTE 144. RUN TRENCHES
ALONG CONTOUR TOWARDS THE LEFT (174.85') LOT LINE.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35390
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 5/3/85

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 Charles Wright 12000 Route 144 988-9275
Route 144 531-2980
ADDRESS _____ PHONE 442-1336 Olen Ketterman

PROPERTY LOCATION:

SUBDIVISION Wright Property LOT NO. X2 Tax Map 16, Parcel 6
ROAD AND DESCRIPTION Corner of Sand Hill Road and Route 144
11998 Frederick Rd.

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(NUMBER OF BEDROOMS)

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/ Olen Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/17/85 PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNED AND RETURNED 2/24/87

BP 13604
8/1/85

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35390

P _____

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Olen Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

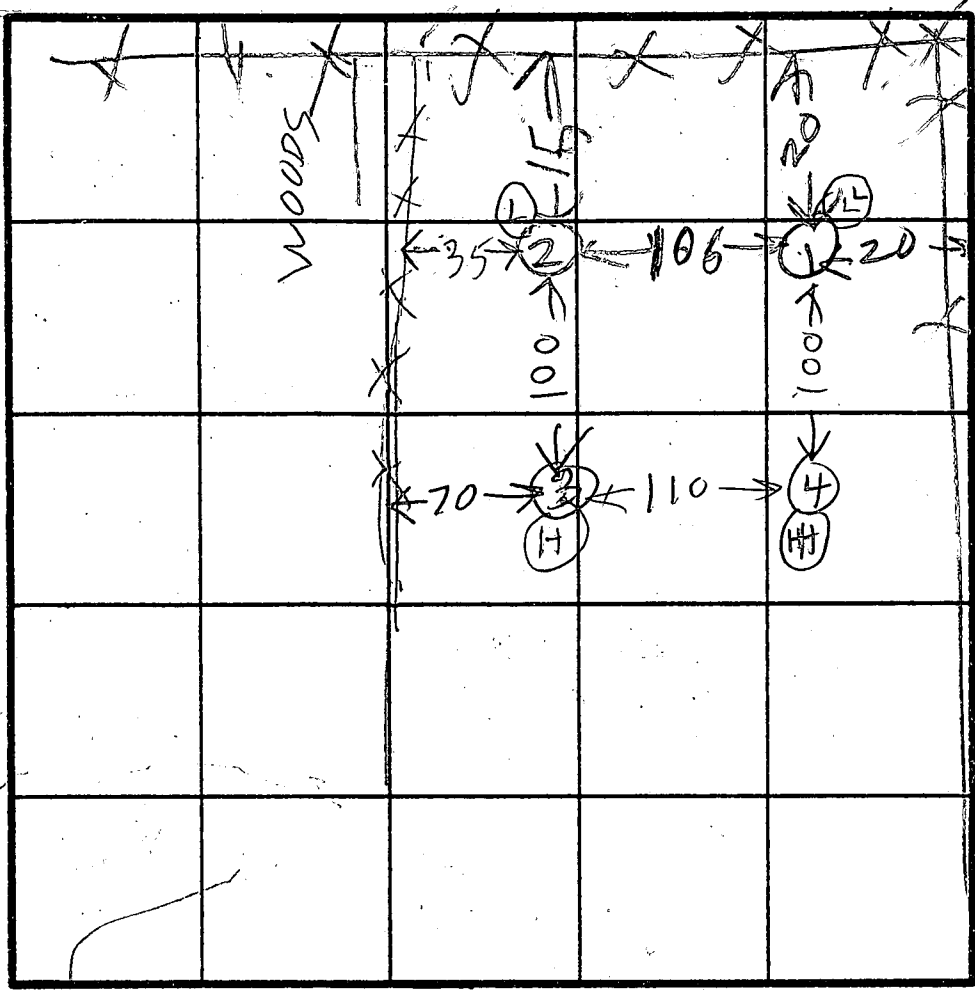
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

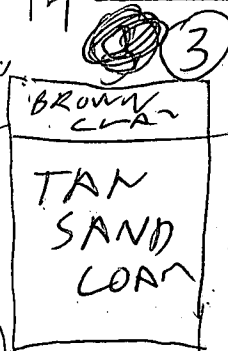
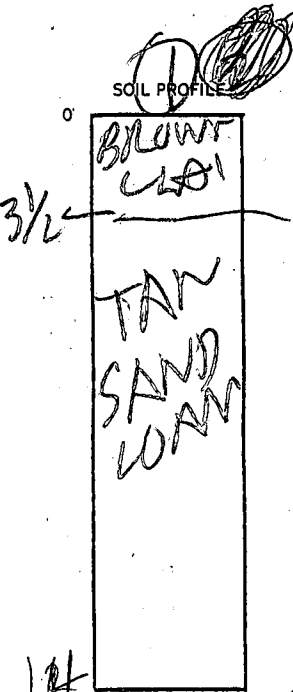
12 28
23 7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



HOLE ELEVATION



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/17/05	1 S	4 1/2	2 29	2 30	2 30	2 33	3
	1 V	4 1/2	LOOKS	OK	OK	OK	
	2 S	4 1/2	2 45	2 50	2 50	3 08	18
	2 V	12 1/2	LOOKS	OK	OK	OK	
	3 S	3 1/2	3 00	3 02	3 02	3 05	3
	3 V	12 1/2	LOOKS	OK	OK	OK	
5/17/05	4 S	4 1/2	3 15	3 18	3 18	3 23	5
	4 V	12 1/2	LOOKS	OK	OK	OK	

HIGH
LOW
④ HIGHEST
③ NEXT HIGHER
① LOWEST
② NEXT LOW

REMARKS: HOLE DUG PER SURVEYOR STAKE

TYPE OF SOIL: BROWN CLAY TOPSOIL

TESTED BY: R HODGES

ALSO PRESENT: OK LETTERMAN & SON

junction of the flag or pipe stem lot driveway
 The lots shown hereon comply with the min. ownership width and lot areas as read by the Md State Dept of Health and Mental Hygiene.

SUBJECT TO VP-87-11
 The recording of the declaration of maintenance agreement for the use in common easement is recorded # 89947

SEE DETAIL "A"

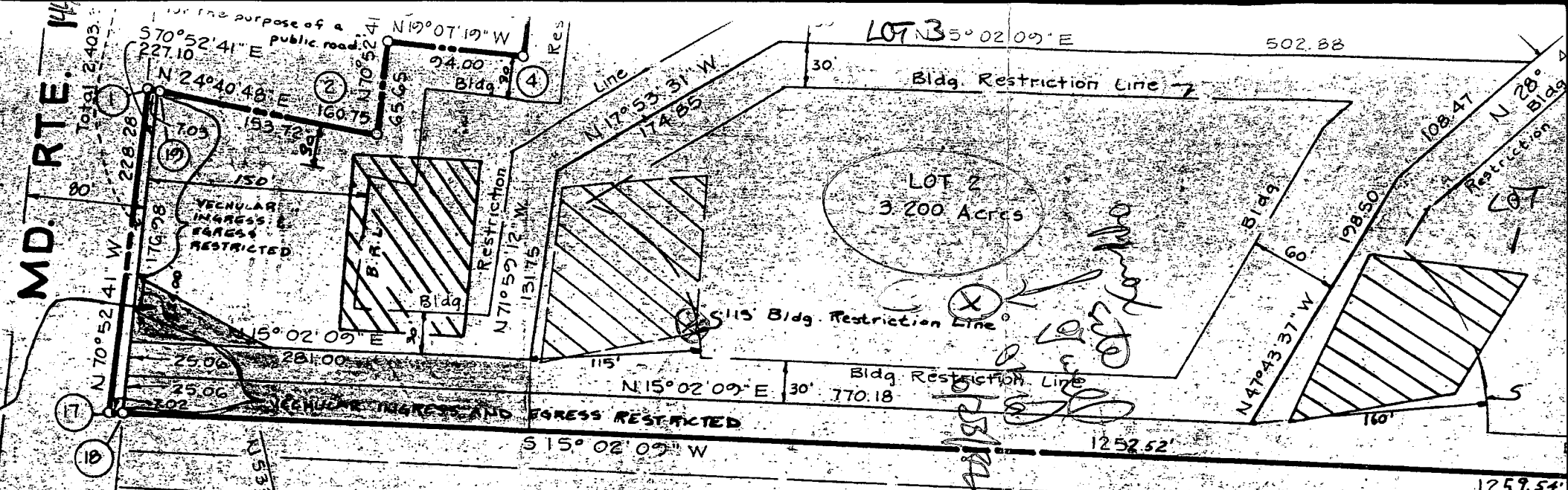
TABLE

TOTAL NO OF LOTS and/or PARCELS to be recorded	4
TOTAL AREA OF LOTS and/or PARCELS	20.042 Acres
TOTAL AREA OF ROADWAYS incl widening Strips	0.054 Acres
TOTAL AREA OF SUBDIVISION	20.096 Acres

APPROVED: FOR Private WATER and Private SEWERAGE SYSTEMS, IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD CO., HOWARD CO. DEPT OF HEALTH and MENTAL HYGIENE.
M. Boyd M.D. City Health Officer. Date 3/12/87

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.
Thomas J. Harris Director. Date 4-7-87

APPROVED: FOR STORM DRAINAGE SYSTEMS, PUBLIC WATER, PUBLIC SEWER, and PUBLIC ROADS, HOWARD CO. DEPT OF PUBLIC WORKS.
Victor Neuma Director. Date 4-7-87



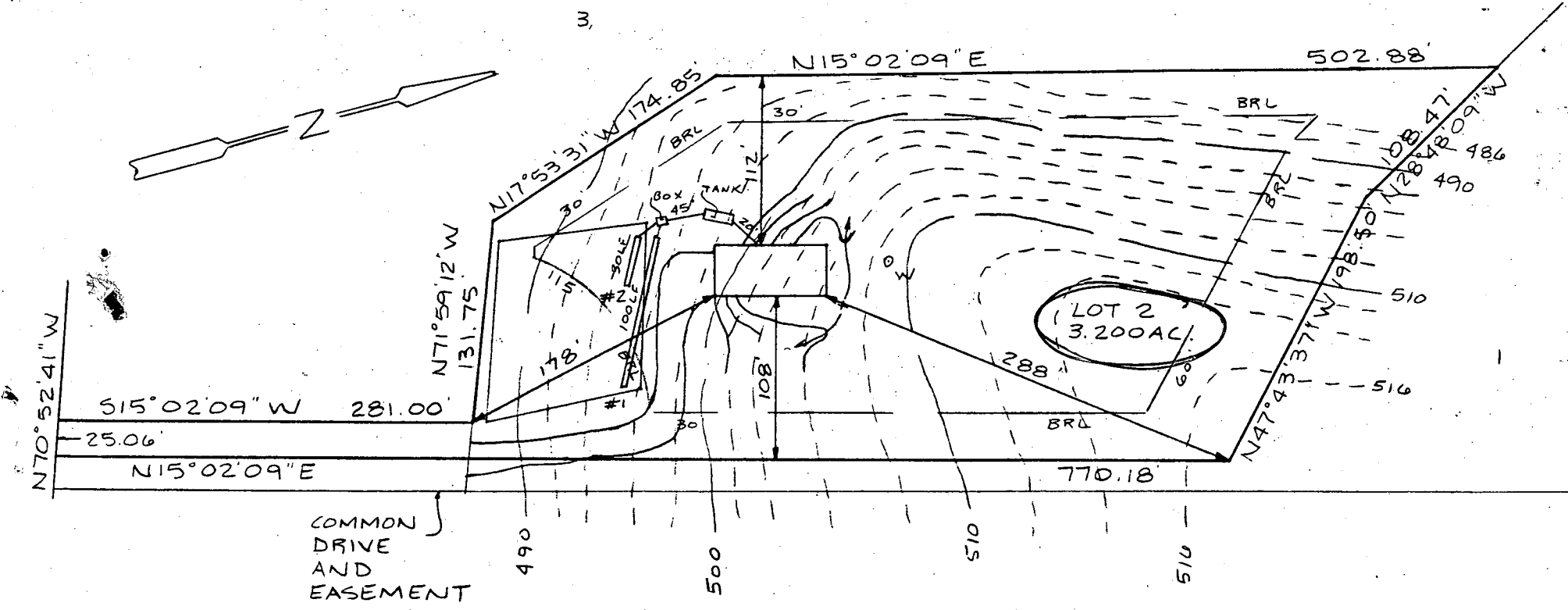
OWNER'S DEDICATION

I, (We) CHARLES L. WRIGHT AND MARLENE A. WRIGHT owner(s) 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 min. Bldg. Restriction Lines and grant unto Howard Co. 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 street rights-of-way and the specific easement areas shown hereon; (2) the right to require dedication for public use the beds of the streets and/or roads and floodplains and open space where applicable, and for good and other valuable consideration, hereby grant the right and option to Howard County, Md., to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities and open space where applicable; (3) the right to require dedication of water ways and drainage easements for the specific purpose of their construction, repair and maintenance, and (4) that no bldg. or similar structure of any kind shall be erected on or over the said easements and rights-of-way.
 Owner Charles L. Wright & Marlene A. Wright Date 6/14/86
 Witness _____

SURVEY

I hereby certify that the Final Plat of subdivision of ALL the lands shown on this plat to CHARLES L. AND MARLENE A. WRIGHT and recorded in the Land Record Office of Howard County, Md., Folio 419, and that all monuments shown hereon are as shown, in accordance with the plat as amended.

Carl Hudson



HOUSE:

FIRST FLOOR	<u>508.0</u> ✓
BASEMENT	<u>499.0</u> ✓
INVERT	<u>495.6</u> ✓ <i>BSAT</i>

DISTRIBUTION BOX:

EXISTING GRADE	<u>495.0</u> ✓
INVERT IN	<u>491.7</u> ✓
INVERT OUT	<u>491.6</u> ✓

SEPTIC TANK:

EXISTING GRADE	<u>497.5</u>
PROPOSED GRADE	
INVERT IN	<u>494.21</u> ✓
INVERT OUT	<u>493.96</u> ✓

TRENCHES:

	#1	#2
EXISTING	<u>495.5</u> ✓	<u>494.5</u> ✓
INVERT	<u>491.5</u> ✓	<u>490.5</u> ✓
BOTTOM	<u>487.0</u> ✓	<u>486.0</u> ✓
WIDTH	<u>2.0</u> ✓	<u>2.0</u> ✓
LENGHT	100.0	30.0
STONE	<u>4.5</u> ✓	<u>4.5</u> ✓

187
4-8-5
7/24/87
Elevations
OK
S. Abel

PLOT PLAN
LOT 2
POND VIEW

TAX MAP 16 PARCEL 6
3rd ELECTION DISTRICT
HOWARD COUNTY MD.
SCALE 1"=100' DATE 7/23/87

→ SPLIT TRENCHES 2-65'

I certify the above measurements and elevations are actual and true for this property.

J. Carl Hudson

BLDG. PERMIT SIGNED AND RETURNED 7/24/87

S. Abel
BP 13604

B 1 0789 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

40-81-2115
fill in this form completely

Date Received

6/23/87 9:30 AM
OWNER INFORMATION

WRIGHT CHARLES
Last Name Owner First Name

12000 KNEEDERICK RD
Street or RFD

ELLICOTT CITY MD 21043
Town State Zip

DRILLER INFORMATION

Ralph Mayne 223
Driller's Name License No. 80

Ralph Mayne (well drilling)
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne 5/14/85
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

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)

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

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 DEEPEAN 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 25 WRITE INITIALS IN BOX PERMIT NO. 40-81-2115

SPECIAL CONDITIONS 988-9275

LOCATION OF WELL

HOWARD
8 COUNTY 21

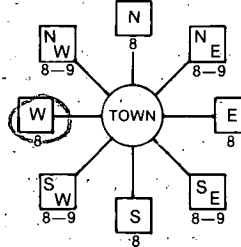
PCRD WIAW
23 SUBDIVISION 42

SECTION LOT 2
44 46 48 50

MAYFIELD
52 NEAREST TOWN 71

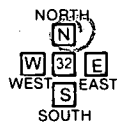
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD 144
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600
34 DISTANCE FROM ROAD 37

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 35390
COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

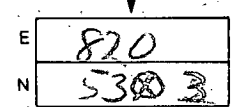
DATE ISSUED 080887 12/8/87
43 48 GO SIGNATURE EXP. DATE

NORTH GRID 533000 EAST GRID 0820000
50 55 57 63

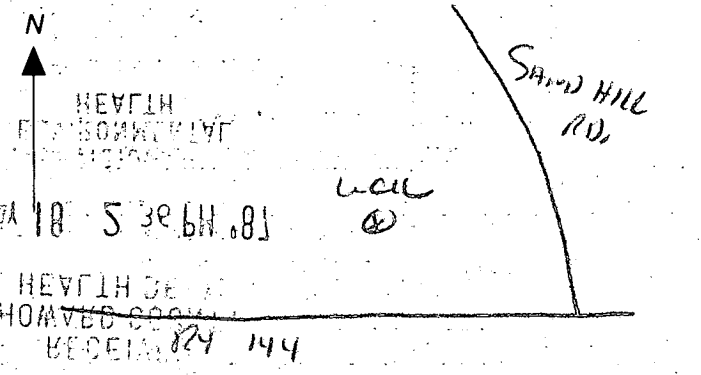
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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



1840

6/23/87

grout finished prior
to arrival

location appears OK

45" casing (1-1 1/2' above)
open hole

10 bags cement

HEALTH
DIVISION OF
ENVIRONMENTAL

MAY 18 2 35 PM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

C1 5916

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED:

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

COUNTY NUMBER A 35390

DATE Received

DATE WELL COMPLETED 062187

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2115

OWNER WRIGHT CHARLES STREET OR RFD Mo RT 144 TOWN MAYFIELD SUBDIVISION POOND VIEW SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandly, Sand Stone, Mic KA, Sand Stone, Mic KA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 10, NO. OF POUNDS 1000.

CASING RECORD: casing types insert appropriate code below. Includes codes for STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT).

MAIN CASING: Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 60.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes for STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

SCREEN RECORD table with columns: DEPTH (nearest ft.), 1-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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

SPOT 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) 3, PUMPING RATE (gal. per min. to nearest gal.) 1, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 35, WHEN PUMPING 60, TYPE OF PUMP USED (for test) 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 2, LAND SURFACE (nearest foot) 2.

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). Includes handwritten diagram with distances 1250' and 1100'.

Towry -

Mon. 9/26. Tues.

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 # 42601
Date 9-23-88
Name of Installer Thompson's P & H Telephone 465-8818
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber #1801
Name of Property Owner CHARLES WRIGHT Telephone 988-927
Subdivision POND VIEW Lot # 2 Well Tag # HO-81-2115
Site Address 11998 FREDERICK ROAD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GOULDS
3. Model # 7EH
4. Capacity 7 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
2. RPM 3200
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # PT800 5-7
3. Depth 42" Grade

Tank
1. Capacity 40 gal.
2. Pressure relief valve? RV 75 lb.

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 205 ft.
2. Yield ~~35~~ 7 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: David Thompson
Date: 9-23-88

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

HD-215

9/26/88 - approved sticker applied
CK# 7160