

2-25-88  
3-29-88  
Final AM

2-25-88 Tank to house connections needed JEN  
OK 3-29-88 JEN

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-399653

INDEXED

P 41532

A 35554

DISTRICT 5th

DATE 4/19/88

DATE SYSTEM APPROVED 3-29-88

INSPECTOR JEN

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Buckskin Woods ROAD 4227 4243? Buckskin Lake Dr LOT 30

PROPERTY OWNER James W. Dunn

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 1750 GALLONS NUMBER OF BEDROOMS 6

Handwritten calculations:  
5.55 x 180 = 999  
999 + 172.3 = 1171.3  
1171.3 + 173 ft trench = 1344.3  
1344.3 / 1.22 = 1102 (approx)  
1102 + 173 = 1275 (approx)

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench 265 feet from the front (245 ft) lot line and 115 feet from the right (610') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the back on contour toward the back 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

PLANS APPROVED BY S. Abel DATE 2/13/86

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(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.

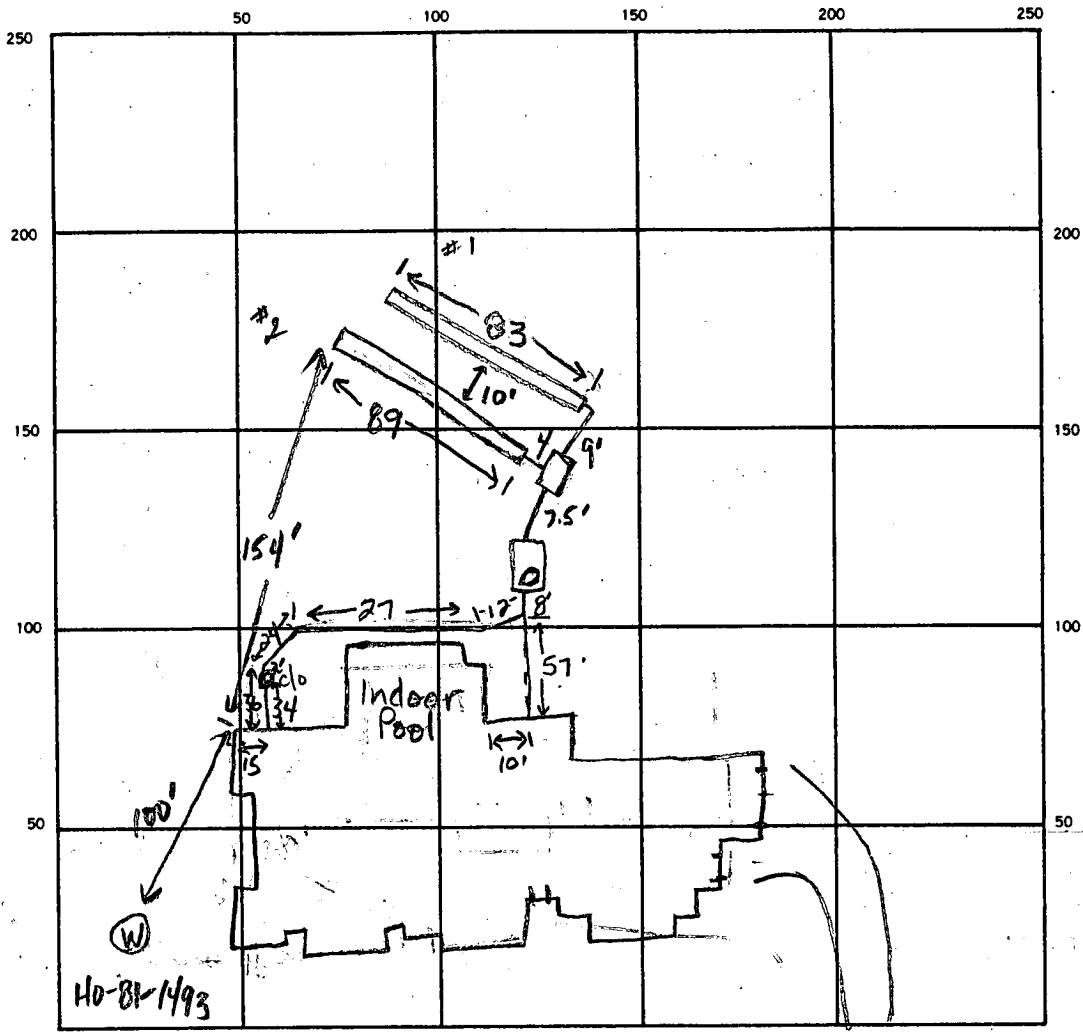
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EM - 2-1186

A 35554



INDICATE NORTH, - NAME ADJOINING ROADWAY AS BASE LINE.  
 Buckskin Lake Drive

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on S tank, 1 in line

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD TILE FIELD. DEPTH 9.5 9.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 35 4 FT.

EFFECTIVE GRAVEL DEPTH 6.0 5.5 FT. TOTAL LENGTH 85 89 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 516 490 SQ. FT.

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

ABSORBENT AREA 1000 SQ. FT.

81  
 2  
 194  
 201  
 256  
 158  
 1536

REMARKS 2-25-88 OK to add stone pipe & paper to both trenches. JEN  
2-25-88 OK to cover all work after the septic tank. JEN  
3-29-88 House connections etc. Brick layers working near well side connection. Some broken bricks in trench on pipe which has been exposed since 3-25-88. Told bricklayers not to let anymore bricks fall into trench. OK to cover all work. JEN

DATE SYSTEM APPROVED 3-29-88 INSPECTOR Jane E. Wadeau

LOT NUMBER: 30

SUBDIVISION: BUCKSKIN WOODS

DRY WELL OR DRY WELL AND TRENCH

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

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

<u>Minimum Total square Feet</u>
_____
_____
_____

DICK DOLAN  
461-6386

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

BP 15757 in house pool  
12/16/87

158 sq. ft./bedroom

Trench to be 2 wide.  
 Inlet 3 1/2 feet below original grade.  
 Bottom maximum depth 9 feet below original grade.  
 Effective area begins at 3 1/2 feet below original grade.  
5 1/2 feet of stone below distribution pipe.

~~ADD 22% TO TRENCHES  
 + 50% TO TANK - SWIMMING POOL IMPACT  
 EQUIVALENT TO G.D. REQUIREMENT CW~~

# 12853

BUILDER INDICATES POOL WILL  
 HAVE NO DISCHARGE - BACKWASH  
 OR OTHERWISE INTO SEPTIC SYSTEM.  
 LETTER TO FOLLOW.  
 NO REASON TO INCREASE  
 SEPTIC CAPACITY BEYOND  
 NORMAL SPECS. CW

- 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 Carbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE TRENCH 265 FE FROM THE FRONT 295 FE LOT LINE AND 115 FE FROM THE RIGHT (610') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DR. RUN TRENCHES ON CONTOUR TOWARD THE BACK LEFT LOT LINE. 2-13-86 S. Auhl

BUDG. PERMIT SIGNED  
 AND RETURNED 2/16/89  
 Serial # 15757 Form.

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35554  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5

DATE MAY 6 1985

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. JAMES W. DUNN

PROPERTY OWNER DALE Z. MAISEL c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER 4237 BUCKSKIN LAKE DR.

SUBDIVISION BUCKSKIN WOODS LOT NO. 28 NEW LOT 30

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG COUNTRY SCHOOL

SIZE OF LOT 3 ACRES TYPE BLDG. 4  
(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.

DALE Z. MAISEL  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-13-86

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

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

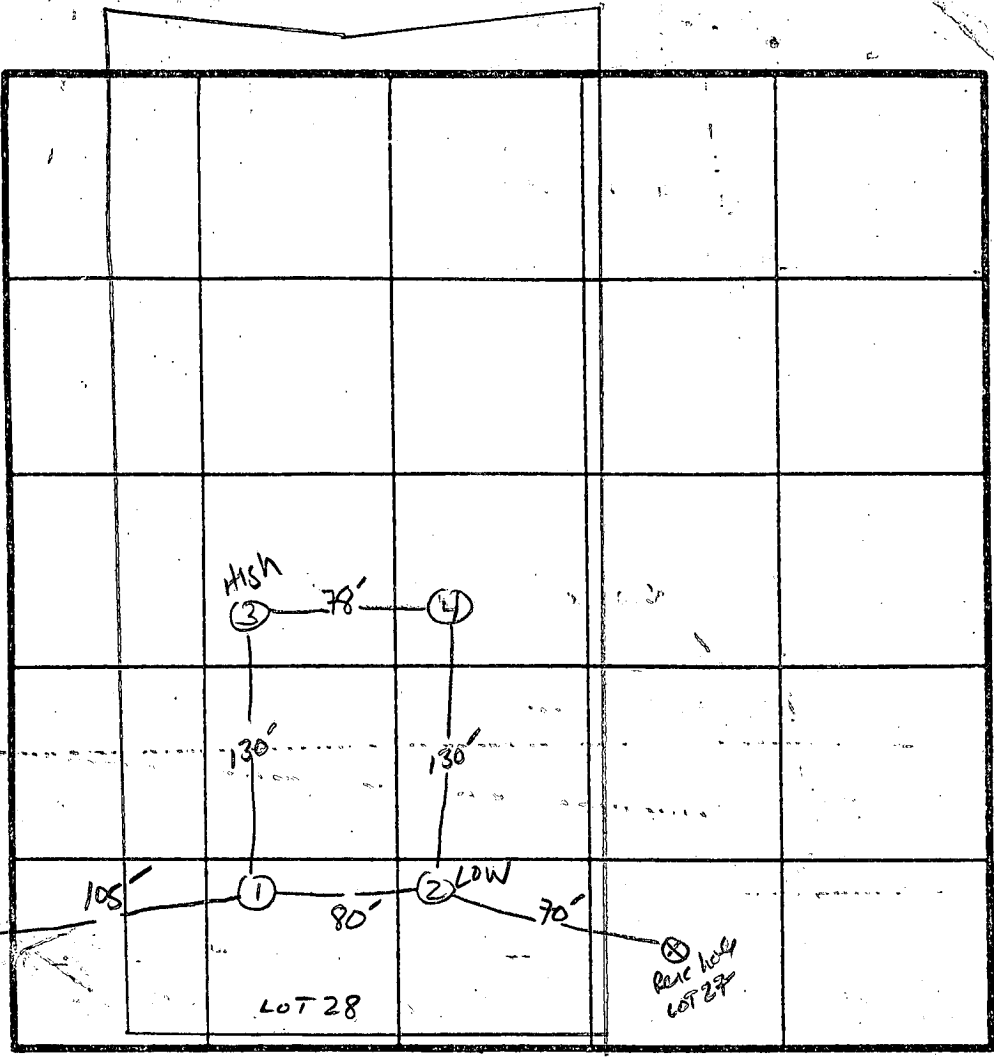
REASONS FOR REJECTION OR HOLDING S-29-85 Perc Satisfactory, hold for Certified Subdivision Plat same B.P.#12853

STAMP: PERMIT SIGNED AND RETURNED 7-21-87

# THIS IS NOT A PERMIT

④  
① ②  
SOIL PROFILE

0'  
6" A1-3  
RED BROWN  
CLAY LOAM  
100%  
SAPROLITE  
3'  
Yellow Brown  
Silty SAND  
micaceous  
20-30%  
SAPROLITE  
12-14'



X Perc. Time  
6  
INLET 3'  
BOTTOM MAX 9'  
158 #13R

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
PROPOSED RD.

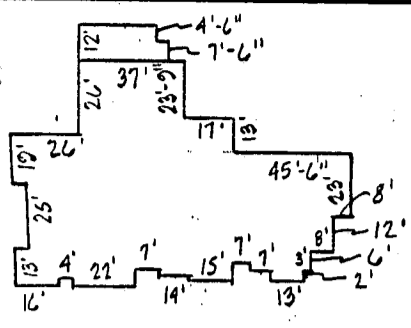
③  
6" A1-3  
RED BROWN  
CLAY LOAM 100%  
SAPROLITE  
3.5'  
Red Brown  
Silty SAND  
slightly  
micaceous  
10-20%  
SAPROLITE  
13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/29/85	1 S V	3' 12"	11:21	11:25	11:25	11:34	9 MIN
			UNIFORM SOIL		STRUCTURE Below 3'		
	2 S V	3.5' 14"	11:29	11:30	11:30	11:33	3 MIN
			UNIFORM SOIL		STRUCTURE Below 3'		
	3 S V	3.5' 13"	11:43	11:44:30	11:44:30	11:48	3.5 MIN
			UNIFORM SOIL		STRUCTURE Below 3.5'		
	4 S V	3.5' 12"	11:35	11:37	11:37	11:42	5 MIN
			UNIFORM SOIL		STRUCTURE Below 3'		

REMARKS Proc. notes AS per PLAT.

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

TESTED BY S. Abel ALSO PRESENT O-Ketchum



HOUSE PLAN  
NOT TO SCALE

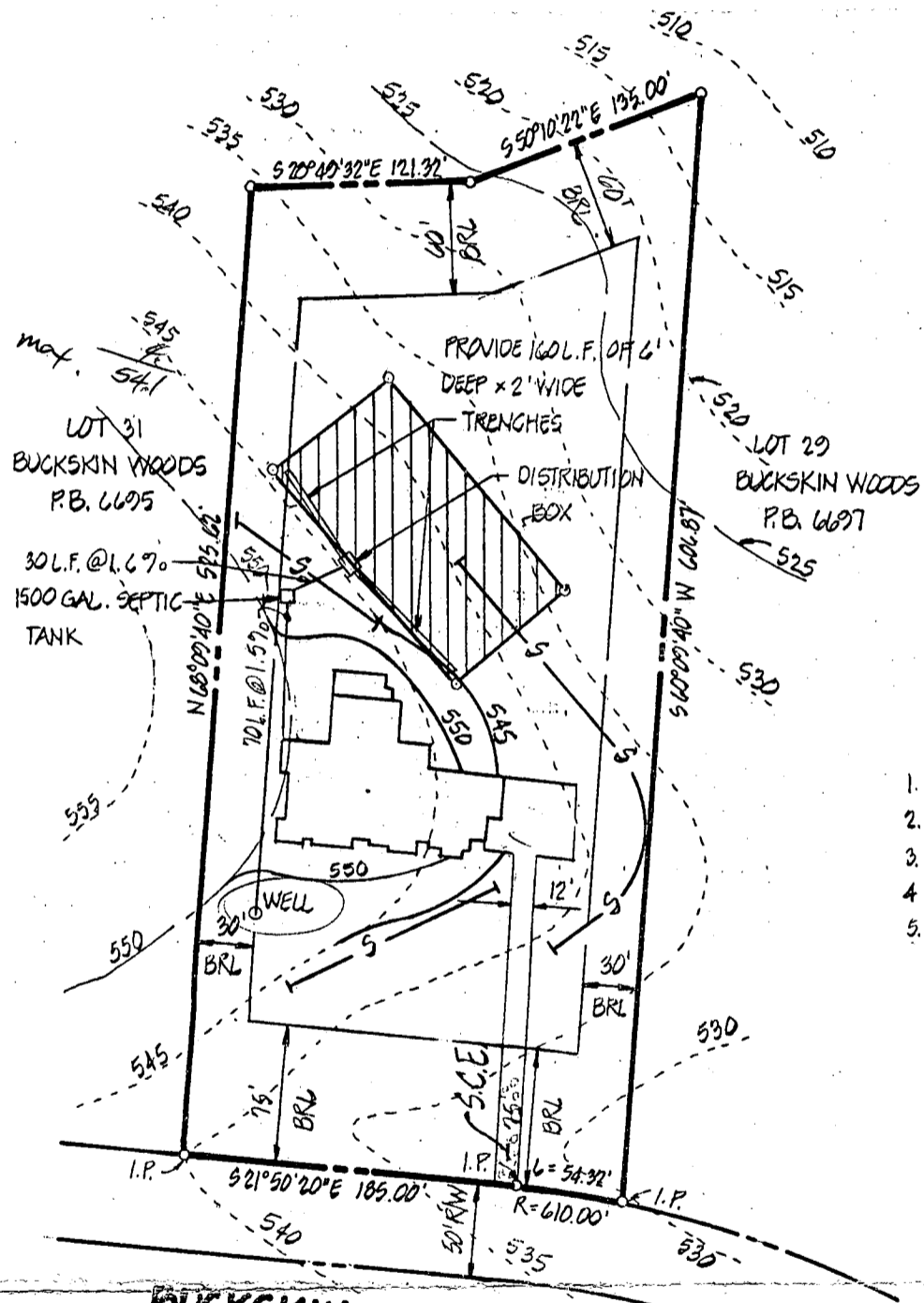
BP # 12853

- HOUSE:
- FF = 552.00 ✓
  - BSMT. = 544.00 ✓
  - INV. OUT = 541.50 ✓ ⊕ BSMT
- SEPTIC TANK:
- EX. GR. = 548.50 ✓
  - FIN GR = 548.50 ✓
  - INV IN = 540.45 ✓ MANHOLE REQUIRED
  - INV OUT = 542.15
- DISTRIBUTION BOX:
- EX GR = 544.50 ✓
  - FIN GR = 544.50 ✓
  - INV IN = 539.60 X 700 Deep
- WELL:
- EX GR = 548.20
  - FIN GR = 548.20

TRENCH EXISTING ~ 544.5  
(TRENCH INLET TO BE 4' below existing grade) for lot 30 as indicated lot 31 is 3 ft.

- NOTES:
1. TAX MAP: 22 ; PARCEL: 526
  2. PLAT REFERENCE: PLAT 6696
  3. HOUSE TO HAVE 6 BEDROOMS
  4. CONTRACTOR TO SET GRADES IN FIELD.
  5. TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRICS.

158/BR  
4'-9" - lot 31  
3'-9" - lot 30



**BUCKSKIN LAKE DRIVE**  
50' RW

PLAT REFERENCE: "BUCKSKIN WOODS - SECT. 1 - LOTS 1-37 - A RESUBDIVISION OF BUCKSKIN FARMS - LOTS 1, 5 AND 8" PLATS 6692-6698

TITLE: GRADING STUDY				
PROJECT: BUCKSKIN WOODS - SECTION 1 - LOT 30				
LOCATION: 5TH ELECTION DISTRICT TAX MAP: 22 HOWARD CO., MD.				
SCALE: 1"=100'	DESIGNED BY: JA.	DRAWN BY: D.P.	CHECKED BY: LB	DATE: JUNE, 1987
FIELD BOOK: —	PAGE NO.: —	JOB NO.: 87123	DRAWING NO.: 1 OF 1	

**boender associates**  
inc.  
consulting engineers  
land surveyors  
land planners

COURTHOUSE SQUARE  
3565 ELLICOTT MILLS DRIVE  
ELLICOTT CITY, MD. 21043  
(301) 465-7777

**B 1** 0572 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

40-81-1400

fill in this form completely

**OWNER INFORMATION**

Date Received 11/11/86

MURPHY JAMES Owner First Name

10621 MUSTANG PATH Street or RFD

ELFWOOD Town MD 21738 Zip

**LOCATION OF WELL**

HOWARD COUNTY

RUCKSKIN LAKE SUBDIVISION

SECTION 44 LOT 20

GLENDALE NEAREST TOWN

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

**DRILLER INFORMATION**

Ralph Wayne Driller's Name 257 License No. 80

RALPH WAYNE (well driller) Firm Name

9120 Ravenwood Mt. Airy Address

Ralph Wayne 5/1/86 Signature Date

**B 4**

Folley Quarter Rd NEAR WHAT ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

3500 DISTANCE FROM ROAD

ENTER FT or MI FT

**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-35554 COUNTY NO.

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S

DATE ISSUED 06/28/86 CO SIGNATURE R. Allen EXP. DATE 12/28/86

NORTH GRID 510000 EAST GRID 0817000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8107  
N 5100

**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) \_\_\_\_\_

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

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

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_

FORCE A WRITE INITIALS IN BOX PERMIT NO. 40-81-14093

**SPECIAL CONDITIONS**

C1 04884

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

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER CRAVE DONALD last name 15309 Patch ORCHARD first name RD. TOWN Silver Springs 20904 SUBDIVISION BACKSKIN SECTION LOT 30

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 70, NO. OF POUNDS 1000, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 45 ft.

CASING RECORD: casing types insert appropriate code below (PL), MAIN CASING TYPE (PL), Nominal diameter 6, Total depth of main casing 155 ft.

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

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

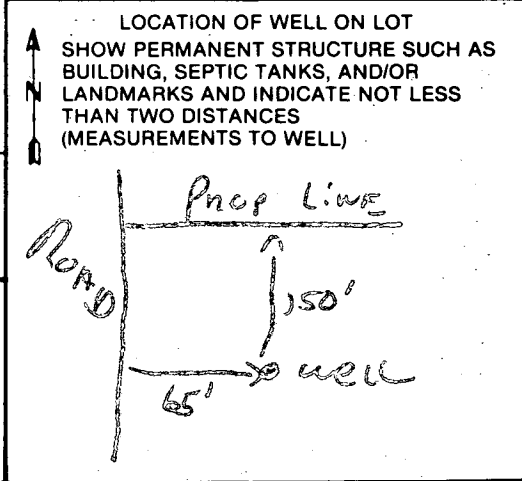
DEPTH (nearest ft.) table with handwritten values: 153, 200. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56-60.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (7), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (35), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below), LAND SURFACE (50).



A 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. 223. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Mayrose. 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 - HO-89-1493  
 Location of property (road) Folley Quarter - Rd  
 Subdivision BUCKSKIN Lot 30A Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner \_\_\_\_\_

Depth of well 200 ft  
 Distance of measuring point (M.P.) above ground 25+  
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown  
 Time pump started 12:30 Pumping rate 10 G.P.M.  
 Total time 15 min. to reach pumping water level \_\_\_\_\_ 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	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:45	60 ft	7 sec	<del>X</del>	9.6 G.P.M.
1:00	60	7		9.0
1:15	60	7		9
1:30	60 ft	7 sec		9 G.P.M.
1:45	60	7		9
2:00	60	7		9
2:15	60 ft	7 sec		9 G.P.M.
2:30	60	7		9
2:45	60	7		9
3:00	60 ft	7 sec		9 G.P.M.
3:15	60	7		9
3:30	60	7		9
3:45	60 ft	7 sec		9 G.P.M.

55 ft PL. 45 open 10 bags

5-17-88  
10am

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 R&D Contractors Telephone \_\_\_\_\_  
Subdivision Buckskin Woods Lot # 30 Well Tag # HO - 81 - 1493  
Site Address Buckskin Lake Drive

<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 valve? _____	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? _____

5-17-88 WORK COMPLETED & COVERED before arrival. SAH

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.