

5/21/87
3:11 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39031

A 33139

DISTRICT 3rd

DATE 4/6/87

DATE SYSTEM APPROVED 5/28/87

INSPECTOR [Signature]

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-307026

Olen Ketterman IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Farside ROAD 11722 Foxspur Court LOT 64

PROPERTY OWNER Harvey Patrick

ADDRESS _____

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

GARBAGE GRINDER?	YES <u>X</u>	NO _____	System #1- Total 550 sq. ft. of system-50 Ft. Trench
		NO <u>x</u>	System #2- Total 450 sq. ft. of system-30 ft. trench
SEPTIC TANK CAPACITY	<u>1500</u> GALLONS	NUMBER OF BEDROOMS	<u>3</u> System #1
	<u>1000</u> gallons	" " "	<u>3</u> System #2

DRY WELLS - 15' x 15' - Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. NOTE: The trench 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 5 feet of stone below distribution pipe.

LOCATION - One system to be located 110 ft. from the right (297.15') lot line and 410 feet from the front (290.92') lot line as seen when facing the lot from Foxspur Court. The second system to be installed at next highest part of percolation field possible.

PLANS APPROVED BY S. Abel DATE 4/06/87

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(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.

BLDG. PERMIT SIGNED
AND RETURNED 4/24/87
Serial # 12598
1 Story good enclosure

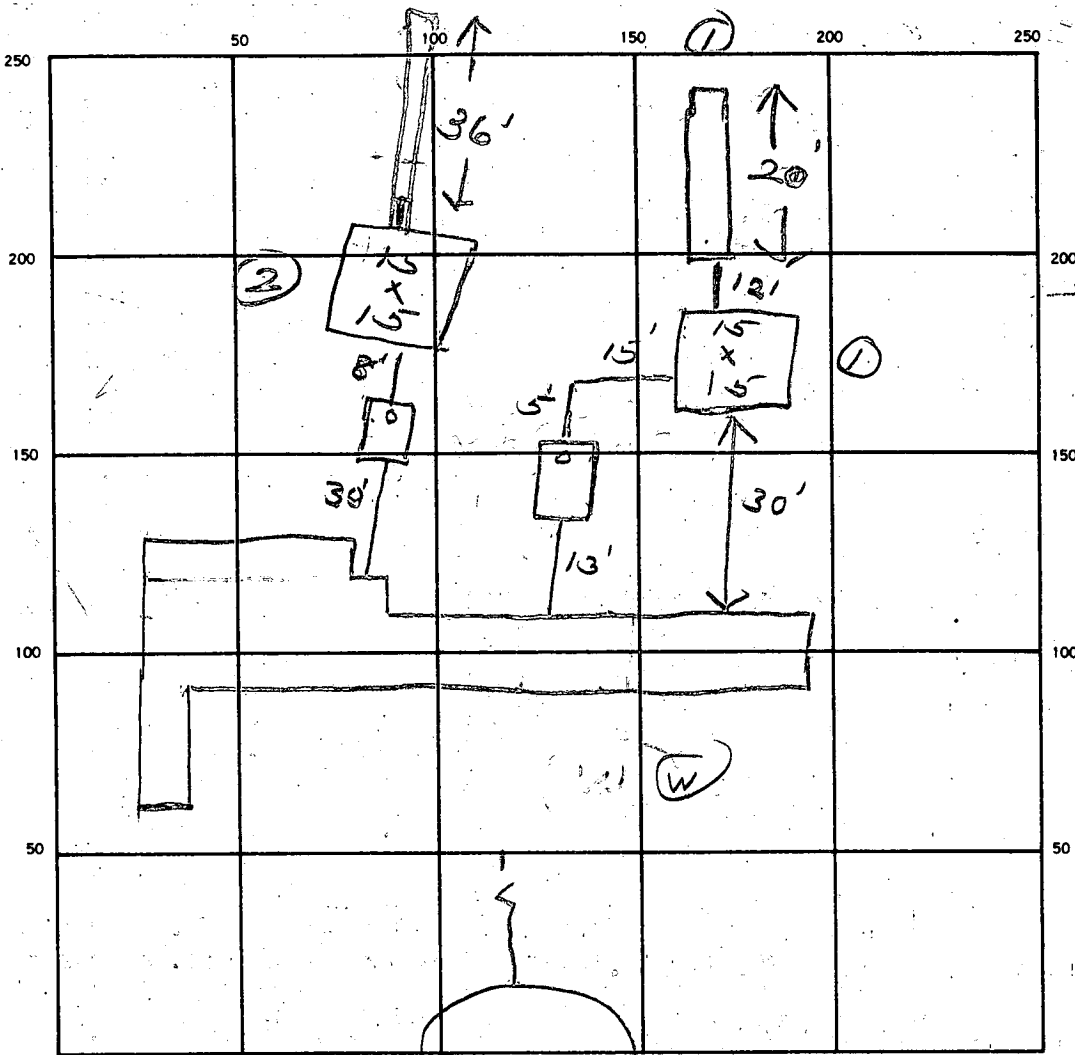
BLDG. PERMIT SIGNED
AND RETURNED 8/19/87
Serial # 13989 - Prod.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33139



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Forseps co

SEPTIC TANK. LEVEL (2) 1500 each CLEANOUTS ① ②

DISTRIBUTION BOX. LEVEL _____

720
100
216

1036

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 56 FT.

NUMBER OF TRENCHES ① 20 ② 36 ONE SIDEWALL/BOTTOM AREA 316 SQ. FT.

DRYWELL INSIDE DIAMETER ① 360 ② 360 FT. EFFECTIVE DEPTH BELOW INLET 6 FT. (← changed from 5ft)

ABSORBENT AREA 1036 SQ. FT.

REMARKS 5/27/87 OK to cover drywells.

Note: (2) two trenches needed. ① 15ft. ② 34ft long

5/28/87 OK to cover all work. JS

DATE SYSTEM APPROVED 5/28/87 INSPECTOR 5 Tays

A 33139

SUBDIVISION: FARSI DE

LOT NUMBER: 64

INSTALLING 2 SYSTEMS DRY WELL OR DRY WELL AND TRENCH

1000 TANK -

150 sq. ft./bedroom

1500 TANK -

3 bedroom

Septic Tank
1000 gallon

Minimum Total Square Feet

4 bedroom

1250 gallon

5 bedroom

1500 gallon

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 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 5 feet of stone below distribution pipe.

TRENCHES

_____ sq. ft./bedroom

Trench to be _____ wide.

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

_____ 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: TO INSTALL 2 SEPTIC SYSTEMS - #1 TO HAVE 3BR WITH DISPOSAL - 550 SF OF SYSTEM - DRYWELL 15X15 WITH 50 FT OF TRENCH. #2 TO HAVE 3BR w/o DISPOSAL - 450 SF OF SYSTEM - DRYWELL 15X15 WITH 30 FT OF TRENCH; LOCATIONS - ONE SYSTEM TO BE LOCATED 110 FT FROM THE RIGHT (297.15') LOT LINE AND 410 FT FROM THE FRONT (290.92') LOT LINE AS SEEN WHEN FACING THE LOT FROM FOXSPUR COURT. THE SECOND SYSTEM TO BE INSTALLED AT NEXT HIGHEST PART OF RELOCATION FIELD

HD-191

Possible. 4-6-87 S.A.H.

RETEST

APPLICATION

9/22/83
9:30 A.M.

A ## 33139

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 3rd

DATE 9/16/83

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 Harvey Patrick HARVEY PATRICK.

ADDRESS (?) PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 64

ROAD AND DESCRIPTION Foxspur Court 11722

SIZE OF LOT 3 acres plus 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/ Richard Lebling for Harvey Patrick

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 12/2/83

REJECTED BY _____ FOR _____ DATE _____

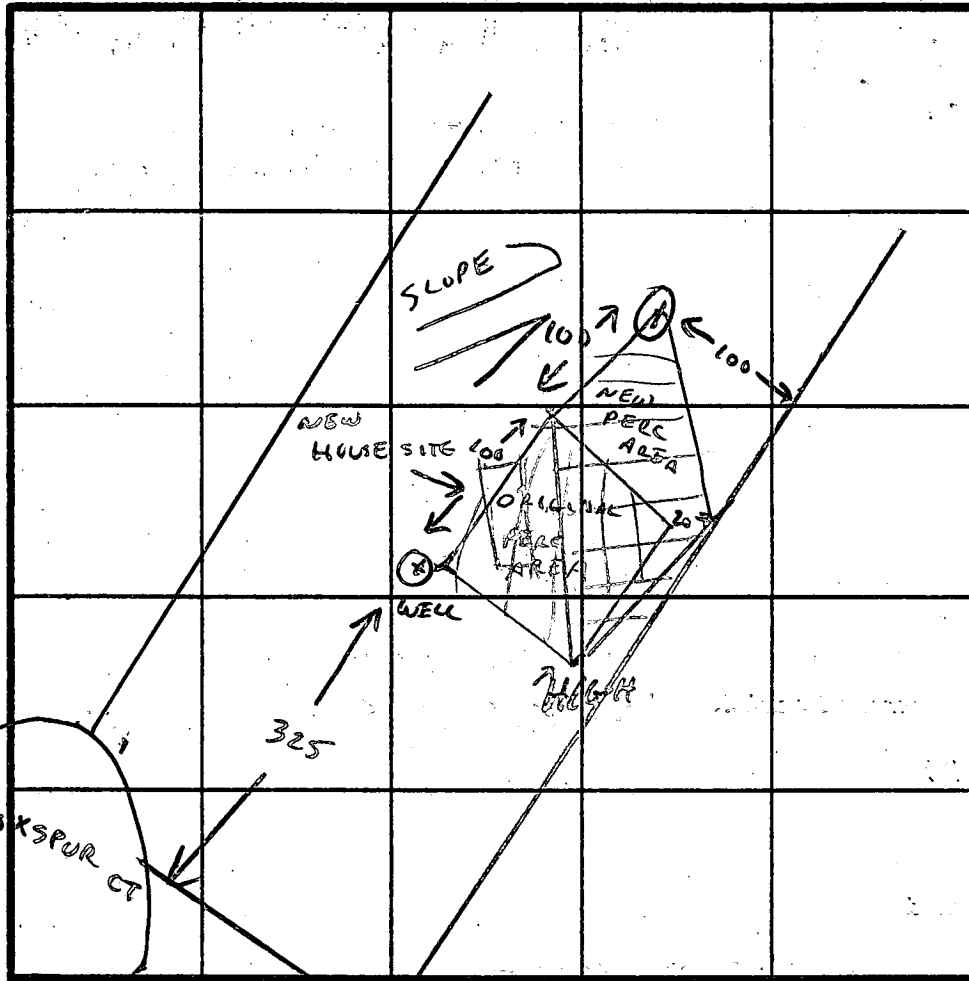
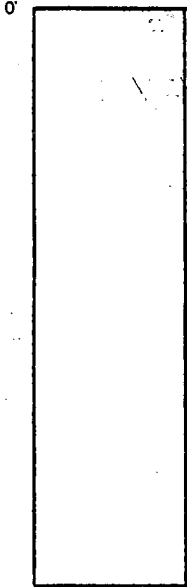
HOLD PENDING FURTHER TESTS _____

BLDG. PERMIT SIGNED
AND RETURNED 12/2/83 DATE _____
BP# 9/98
S. Abel

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-23-83	1	VISUAL SAND		3-14'			
		OK TO ADJUST PERC AREA AS REQUESTED BY BUILDER					

REMARKS _____

TYPE OF SOIL MICA SAND

TESTED BY C. Williams ALSO PRESENT RICH LIEBLING

RETEST

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A ## 33139

P _____

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

DISTRICT 3rd

DATE 9/16/83

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 Harvey Patrick

ADDRESS (?) PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 64

ROAD AND DESCRIPTION Foxspur Court

SIZE OF LOT 3 acres plus TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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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 _____

APPLICATION

A 28394

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE May 12, 1978

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 Woodmark, Inc. 10/80

ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 21 26 NEW # 64

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]

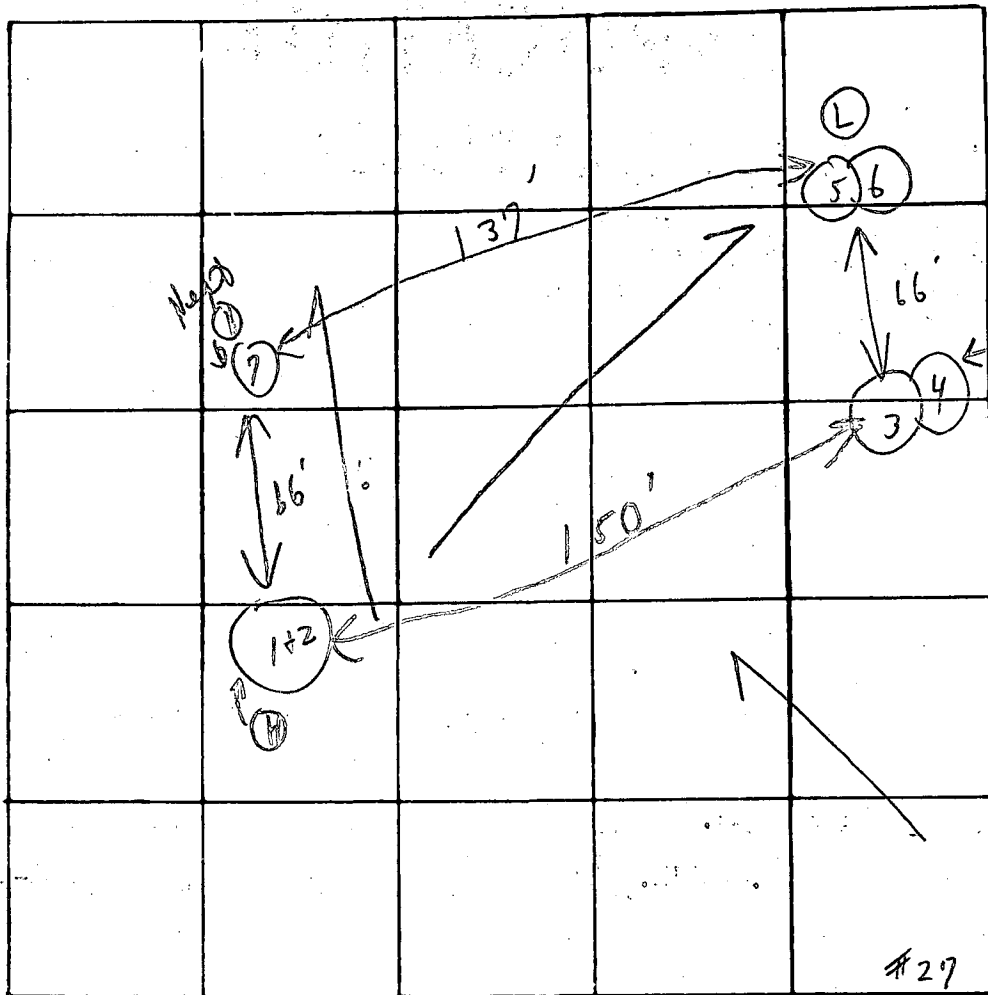
APPROVED BY Raymond Hodge FOR DW DATE 10/26/79
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/26/79 Final Plat signed

THIS IS NOT A PERMIT



(Just a little lower than #27)

Hold for
26

Soil Profile
Below
Clay
sandy
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME	
			START	STOP	START	STOP		
7/5/78	1	7' 4"	2:14	2:15	2:15	2:16	1m	Full
	2 (H)	11'	2:15	2:17	2:17	2:19	2m	Full
	3	4'	2:19	2:20	2:20	2:21	1m	Full
	4 (L)	13'	2:19	2:20	2:20	2:22	2m	Full
	5	7' 5"	2:23	2:25	2:25	2:27	2m	Full
	6	12'	2:23	2:25	2:25	2:27	2m	Full
	7 (H)	7' 4"	Vane at saturation		to 11'			

REMARKS Small brush in area → Rose bushes!!

TYPE OF SOIL _____

TESTED BY C. B. S. & C. D. ALSO PRESENT: Vane w/ 27 except
Mr. White
not present

Retest

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 28892

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE 9/20/78

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 Mark Wakefield

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 26

ROAD AND DESCRIPTION Homewood Road

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Philip Ottenritter

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

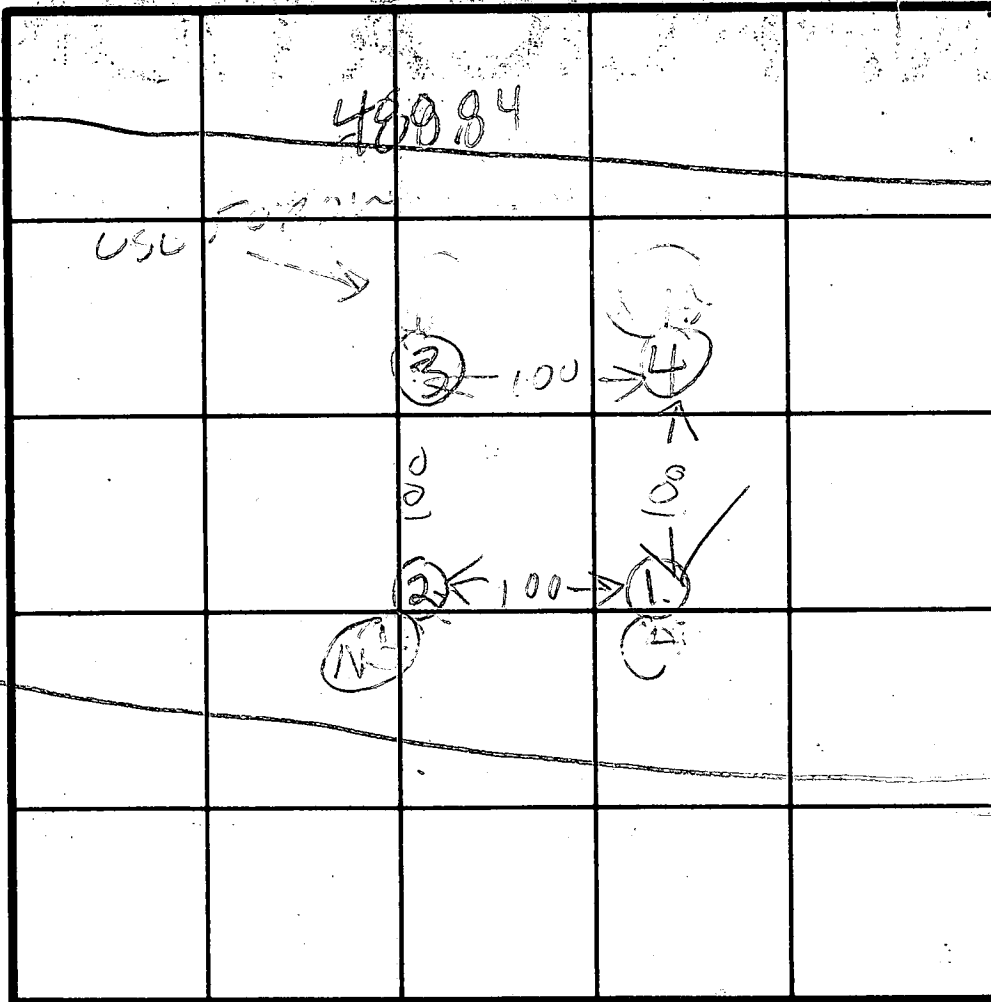
REASONS FOR REJECTION OR HOLDING 9/21/78 4 PERC OK

THIS IS NOT A PERMIT

Sept 26
New
Revised

49884

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/21/78	1S	1 1/2	1108	1109	1109	1111	2
9/21/78	1D	4	1108	1110	1110	1111	1
	2V	13	ALL SAND				
	3V	11	ALL SAND				
	4D	12	1118	1119	1119	1121	3
9/21/78	4S	3 1/2	1118	1119	1119	1120	1
							A7

depth 3 1/2'
2 mm
avg

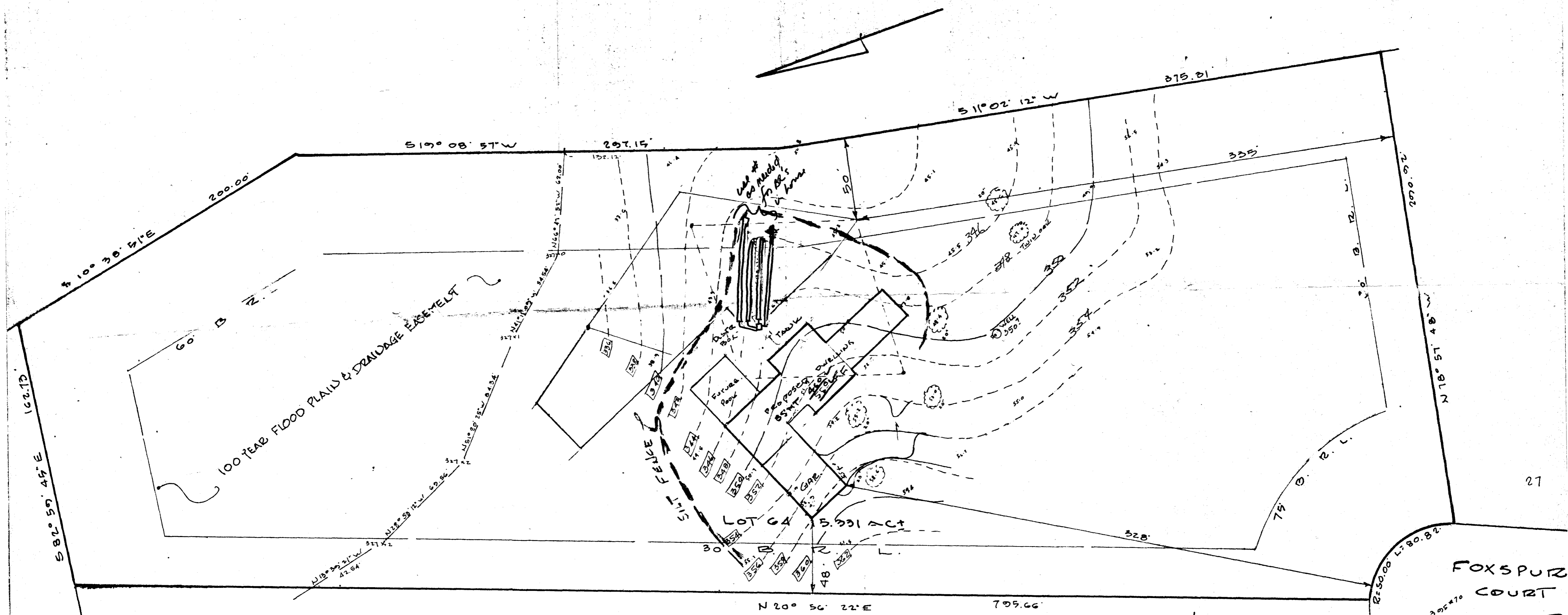
REMARKS _____

TYPE OF SOIL _____

TESTED BY RIA

ALSO PRESENT RF DM
M. WAKEFIELD

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
DEC 1 8 54 AM '86
DIVISION OF
ENVIRONMENTAL
HEALTH



DISTRIBUTION BOX.
EXIST. ELEV. 346.0 ✓
INVERT 342.0 ✓

TRUNK ELEV. 348.2 ✓
INW. OUT 342.2 ✓
INW. IN 342.5 ✓

INW. @ HOUSE 342.1 ✓

*MANHOLE
CHECK TO BRANCH
REQUIRED
5' MIN*

*12/2/86
ELEVATIONS OF
SITE*

LOT 64 "FAR SIDE" BLDG. PERMIT SIGNED AND RETURNED 12/2/86
58 & 59 SHEET 2 OF 5 PLAT NO. 4681
3rd ELECTION DIST. HOWARD COUNTY, MD
SCALE 1" = 40' NOV. 24, 1986

*4-9
S. AND
BP# 998
144 LF TRUNK NEEDED
FOR 4BR. HOUSE*

HILLKING ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5485 HARPERS FARM ROAD
COLUMBIA, MD 21044

OWNER
HARVEY PATRICK
5229 WINDMILL LADE
COLUMBIA, MD. 21044

B 1-6764 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER HO-81-0295

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

please print or type

fill in this form completely

Date Received 11/7/83 9:30 AM. OWNER INFORMATION WOODMARK LNC. 12150 Mt. Akber Ct. Ellicott City MD 21043

LOCATION OF WELL HOWARD COUNTY FAR Side SECTION 44 LOT 64 ELICOTT NEAREST TOWN MILES FROM TOWN 1 MI

DRILLER INFORMATION Joseph L. Mayne 238 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy MD 21771 10/6/83

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N NE E SE S SW W NW. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NE E SE S SW W NW. DISTANCE FROM ROAD 300 FT

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 A33139 COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 100683 Ira Shain 4/6/84 EXP. DATE NORTH GRID 515000 EAST GRID 0825000

APPROXIMATE DEPTH OF WELL 200 FEET

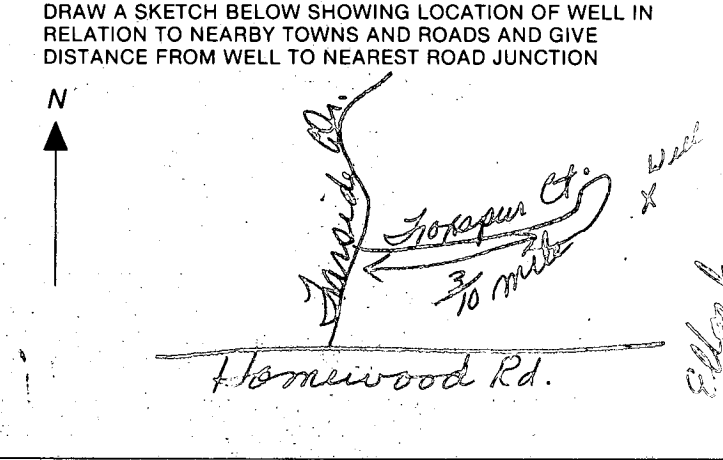
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

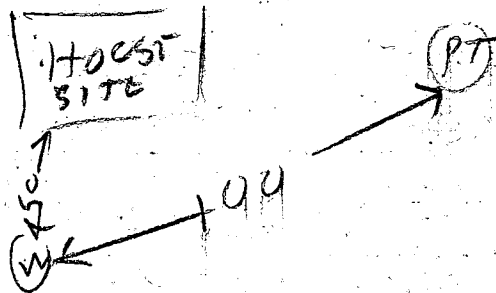
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other

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 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 FS WRITE INITIALS IN BOX PERMIT NO. HO-81-0295

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 E 820 S N 510 S





CT

- ① 32 FT CASING 2 FT OUT OF GROUND
- ② ONLY 11 FT OPEN HOLE MEASURED WITH A STRING
- ③ 28 FT OPEN HOLE MEASURED & JETTED WITH A PIPE
- ④ 7 BAGS
- ⑤ WELL O/E

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 OCT 6 12 24 PM '83
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

C1 0837

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 33139

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 0783

22 26 220

28 37 40-81-0295

OWNER Woodmark Inc.

STREET OR RFD last name Foxspur Court

first name TOWN Eliok

SUBDIVISION Farside

SECTION

LOT 64

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 FROM TO Check if water bearing

Brown shale 0 26 Grey mica shale 26 220

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 652

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 28 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

S+ 6 32

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

C 2

DEPTH (nearest ft.) 1 HO 30 220

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

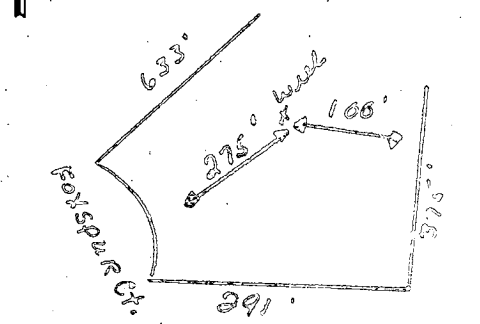
C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 1/2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 WHEN PUMPING 17 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)

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 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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

33139

New Installation Replacement

Receipt # 39121
 Date 4/1/89

Name of Installer Arthur M. Blackman

Telephone 276-9529

License number 15577
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 1557

Name of Property Owner HARVEY D. RICKS Telephone 730-8952
 Subdivision FOR SALE Lot # 64 Well tag # _____
 Site Address 1422 Fox Sparrow Ct
Ellicott City, Md 21043

<p>Pump</p> <p>1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <input checked="" type="checkbox"/></p> <p>2. Make <u>Grundfos</u></p> <p>3. Model # <u>5550N4170</u></p> <p>4. Capacity <u>5</u> GPM</p> <p>5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____</p> <p>6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____</p> <p>7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____</p>	<p>Motor</p> <p>1. Horsepower <u>3/4</u></p> <p>2. RPM _____</p> <p>3. Voltage <u>50</u> a. 110 _____ b. 220 <input checked="" type="checkbox"/></p>	<p>Pitless Adapter</p> <p>1. Make _____</p> <p>2. Model # _____</p> <p>3. Depth <u>4 1/2'</u></p>
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<p>Tank</p> <p>1. Capacity _____</p> <p>2. Pressure relief valve? <input checked="" type="checkbox"/></p>	<p>Piping</p> <p>1. Type <u>plastic</u></p> <p>2. Size <u>1/2"</u></p> <p>3. NSF and/or BOCA Code approved _____</p> <p>4. Depth of supply line <u>30'</u></p>	<p>Well data</p> <p>1. Depth <u>20</u> ft.</p> <p>2. Yield <u>1</u> GPM</p> <p>3. Static water level _____ ft.</p> <p>4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/></p>
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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: 4/1/89

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