

8/2/99
11 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512007

A 32084

04-3505W

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE 7/15/99

DATE SYSTEM APPROVED 8/3/99

INSPECTOR S.R.K.

INDEXED

Barnard Brothers Construction IS PERMITTED TO INSTALL ALTER

ADDRESS 1612 Brittle Branch Way, Woodbine, MD 21797 PHONE 410-489-7621

SUBDIVISION Lisbon Estates LOT 2 ROAD 1617 Brittle Branch Way

PROPERTY OWNER Barnard Brothers Construction

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start trench at perc. hole #6 located 130 feet from front lot line and 120 feet from right lot line as seen when facing lot from Brittle Branch Way. Run trenches along level ground toward right lot line as seen when facing lot from proposed Lisbon Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/1/99 DCS

PLANS APPROVED BY Sid Able/Amy McMillen DATE 6-21-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

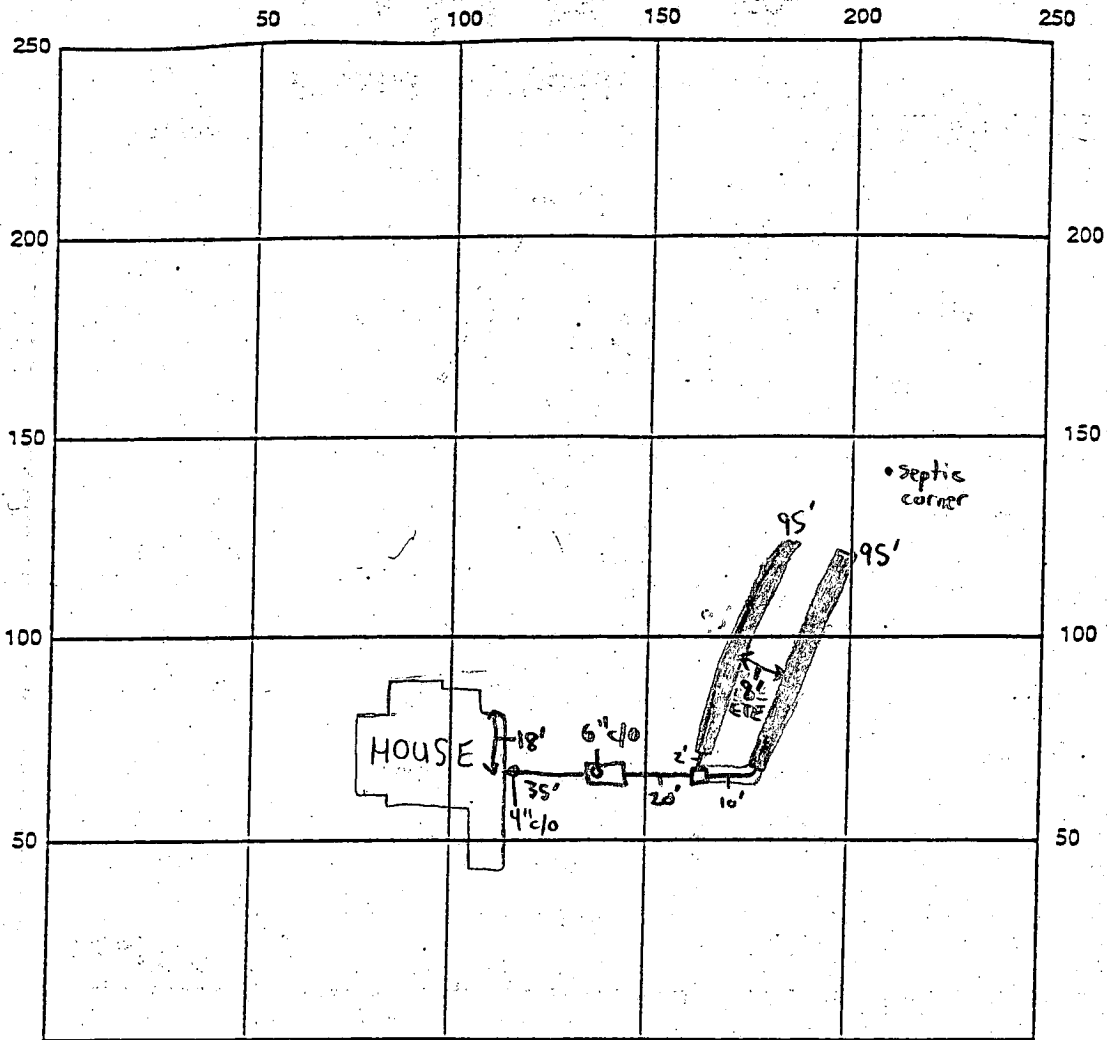
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

512007



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 BRITTLE BRANCH WAY

SEPTIC TANK LEVEL 1250 gallon Top Seam CLEANOUTS 6" @ Tank, 4" @ House

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5-4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 190 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/2/99 - OK TO CONTINUE WORK - (SRK) 8/2/99 - WPI OK - (SRK)

8/3/99 - OK TO COVER ALL WORK - (SRK)

DATE SYSTEM APPROVED 8/3/99

INSPECTOR Steven R. Kuey

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32084
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer, BARNAED Bros. Const.
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 4

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
with S.R. 94
1617 Brittle Branch Way

SIZE OF LOT 3.14 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Reimer Tracy & Assoc. by Arthur E. Mueger
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR TRENCH DATE 2-14-85

REJECTED BY _____ FOR _____ DATE _____

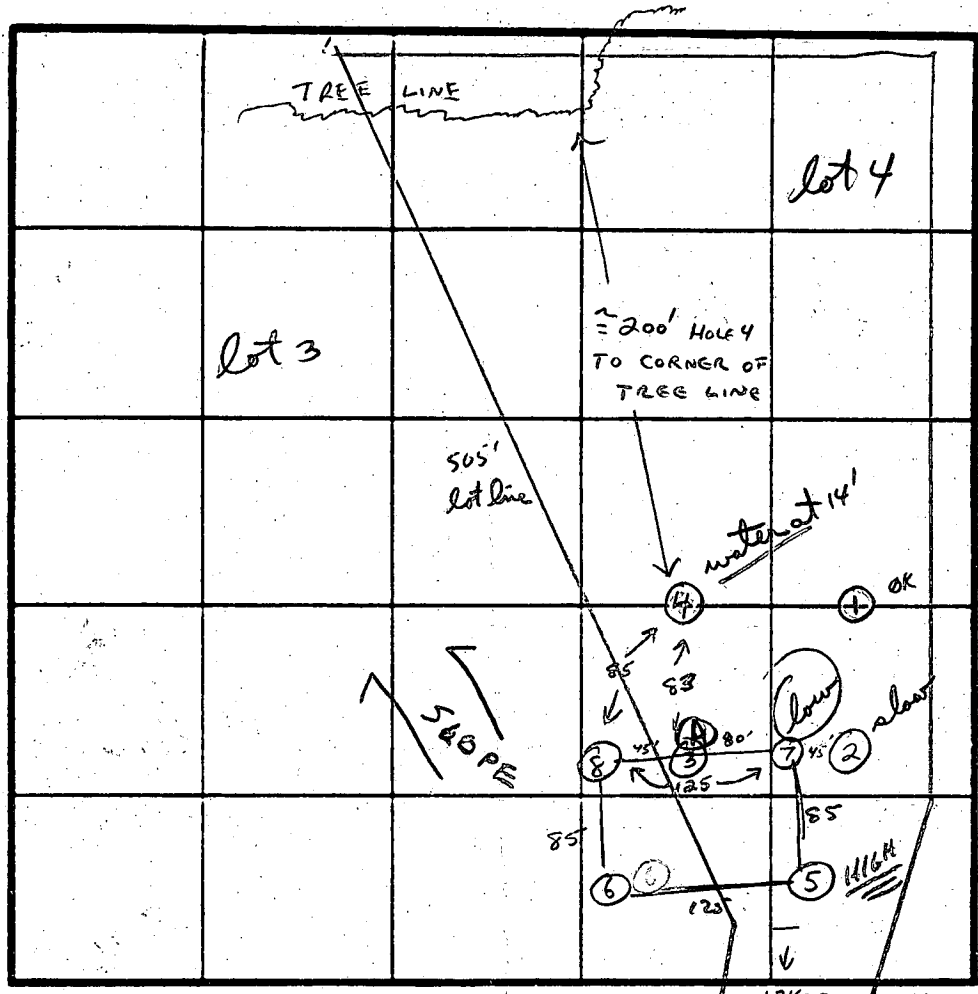
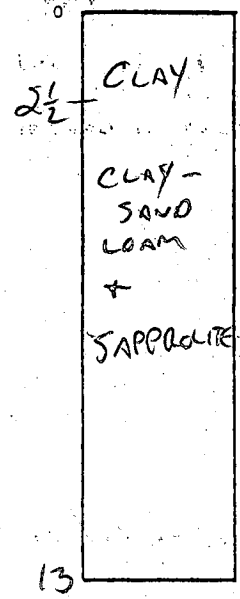
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

ALSO PERMIT SIGNED
AND RETURNED 6-21-99
Serial # B10118363
4 Brw

THIS IS NOT A PERMIT

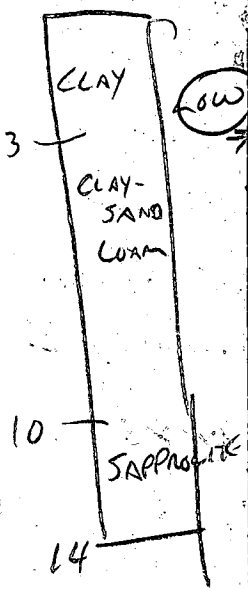
HOLE 7
SOIL PROFILE



lots

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE 171' TO PROPOSED ROAD

HOLE 8



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
9-2-82	7 S M	3/8	1:27	1:31	1:31	1:38	7 MIN	
9-2-82	V	13	2 1/2' CLAY	THEN CLAY-SAND LOAM	SAPPROLITE TO 13'		13 MIN	
9-2-82	8 S M	4/9	1:39	1:45	1:45	1:53	8 MIN	
	V	14	3' CLAY	THEN CLAY-SAND LOAM	TO 10' SAPPROLITE TO 14'		6 MIN	
12/16/88	A-12.5	CLD # 3 APPROX CLAY TO 3.5'	RED BR S.I. LOAM 25-30% FRAG					

OK

OK

X=210 MIN

REMARKS

TYPE OF SOIL CLAY LOAM w/SOME SAND CHANGING TO SAPPROLITE AT 9-12'

TESTED BY C. Sullivan / S. Mal

ALSO PRESENT UBBO VANDERVAACK
LARRY DERHOFF

ENT 12 1.1.1.1

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 7-16-82

A 32084
P _____

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Reimer Tracy & Assoc. by Arthur E. Muegge
(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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32082
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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
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PROPERTY OWNER Lawrence Blumberg/Charles Snouffer
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 3
ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
with S.R. 94

SIZE OF LOT 3.26 Acres TYPE BLDG (S.F. Detached) 4 BR
(NUMBER OF BEDROOMS)

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Reimer Tracy & Assoc. by Arthur E. Muegg
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

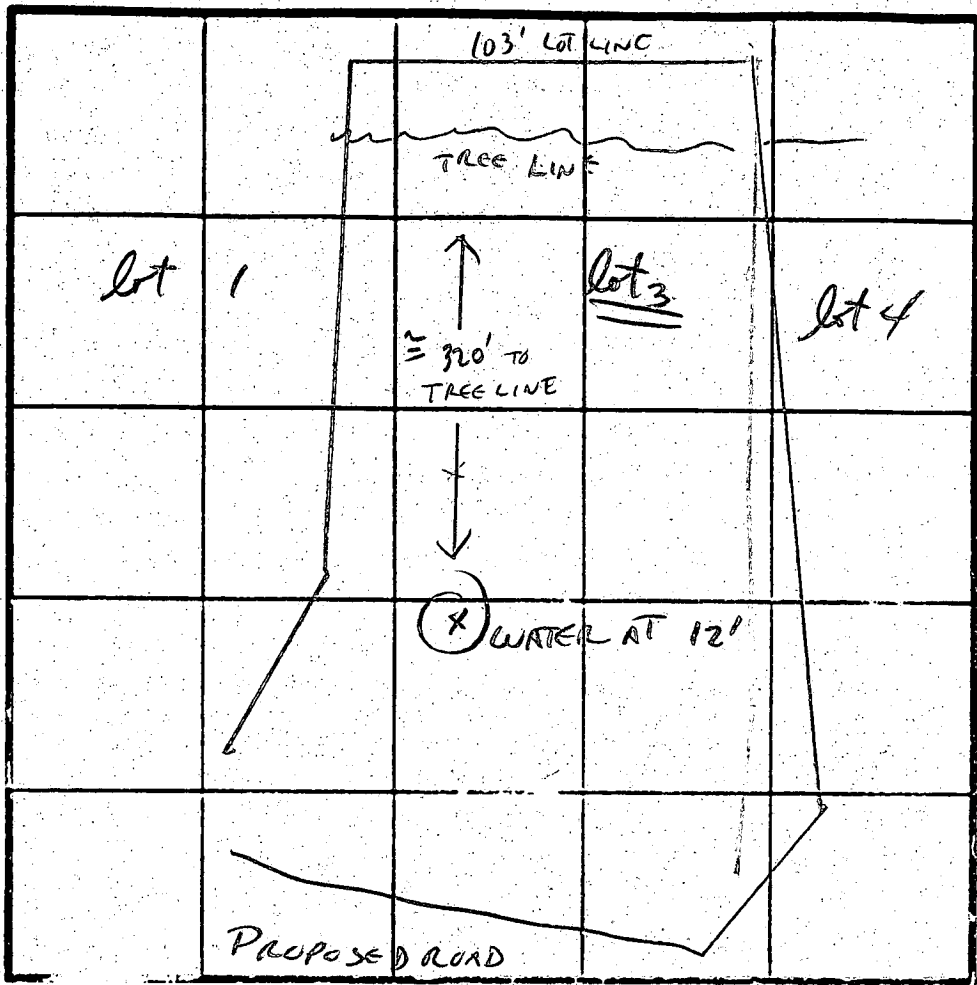
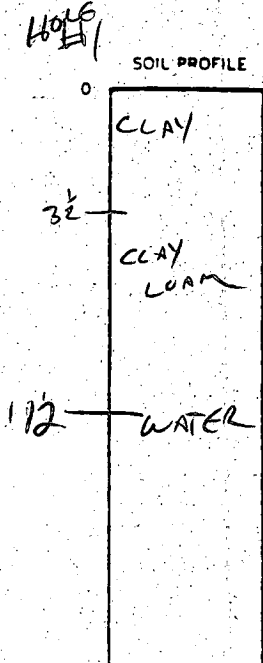
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 3



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

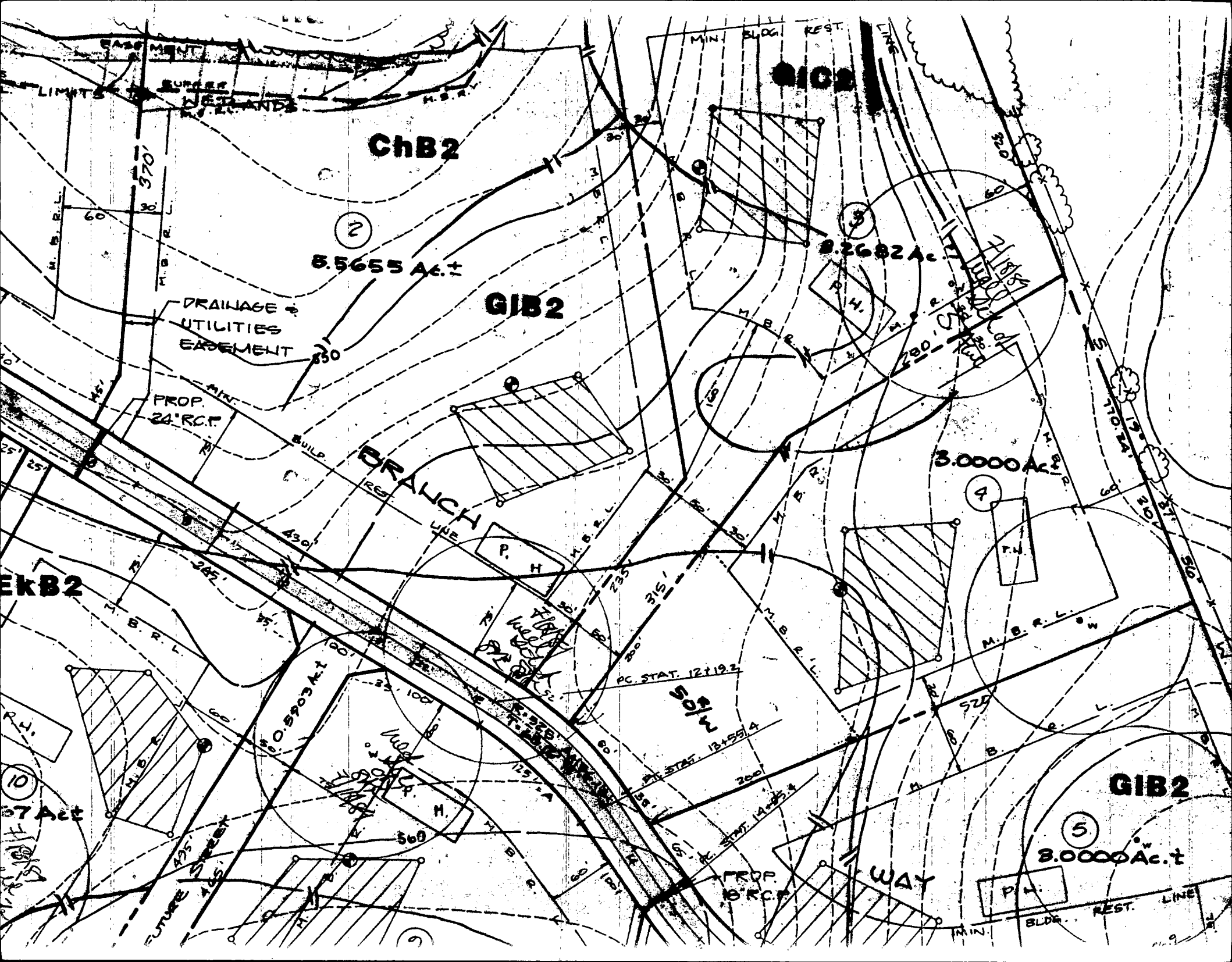
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
9-1-82	1	12	WATER				

REMARKS WATER AT 12' ALONG 448' ELEVATION CONTOUR LINE 9-1-82

TYPE OF SOIL CLAY/LOAM w/ SAPROLITE

TESTED BY C. William

ALSO PRESENT USSOV ANDERLUK LARRY DERHOFF



ChB2

5.5655 Ac.±

GIB2

BRANCH

GIB2

8.2682 Ac.

3.0000 Ac.±

EKB2

GIB2

3.0000 Ac.±

DRAINAGE UTILITIES EASEMENT

PROP. 24' R.C.P.

PC STAT. 12+19.2

50' W

PT. STAT. 13+59.4

PT. STAT. 14+25.4

PROP. 8' R.C.P.

WAY

MIN. BLDG. REST. LINE

(2)

(3)

(4)

(10)

(5)

(9)

EASEMENT

SURGER WESTLANDS

MIN. BLDG. REST.

LINE

110' ZAV

30' ZAV

30' ZAV

30' ZAV

30' ZAV

30' ZAV

370'

245'

285'

245'

285'

245'

285'

245'

60'

30'

30'

430'

75'

600'

235'

235'

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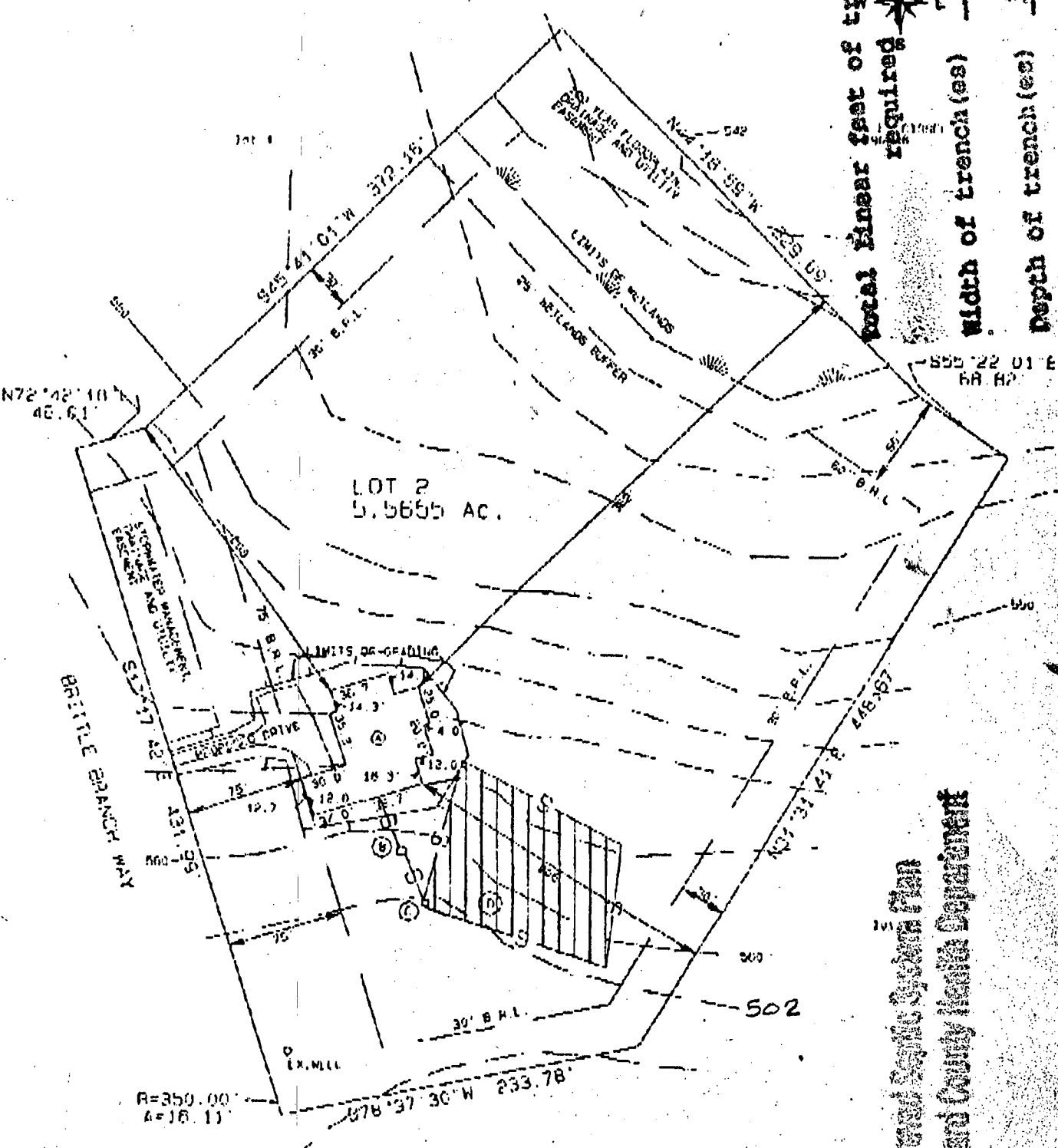
A = PROP. 4 BEDROOM HOUSE
 F.F.E. = 561.5
 B'MENT. ELEV. = 552.0
 INV. ELEV. = ~~557.0~~
 559.9

B = PROP. SEPTIC TANK
 EX. F.I.F.V. = 560.6
~~559.3~~
~~559.0~~

C = PROP. DIST. BOX
 EX. ELEV. = 500.1
~~500.0~~
 EX. ELEV. 562.0
 INV. ELEV. 558.5

D = PROP. TRENCHES
 INV. ELEV. = 556.6
 LENGTH TO BE DETERMINED AT TIME
 OF SEPTIC PERMIT ISSUANCE.

total linear feet of trench required $\frac{90}{2}$ feet
 width of trench (es) $\frac{2.0}{2}$ feet
 depth of trench (es) $\frac{7.5}{2}$ feet
 depth of stone required below
 observation pipe $\frac{4.0}{2}$ feet



PLOT PLAN
 LOT 2, SECTION 1,
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH WAY
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' JUNE 1999
 1" = 120'

Approved Septic System Plan
 Howard County Health Department

Raymond J. Day
 6/21/99

CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN
 EQUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND
 RECORDS OF HOWARD COUNTY, MARYLAND, AS
 REFERENCED HEREON

REFERENCE Job No. 2448	JOB NO.
---------------------------	---------

RAYMOND J. DAY
LAND SURVEYOR
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND 21776
 410-875-2784

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0895
 Location of property (road) BRITTLE BRANCH WAY
 Subdivision LISBON ESTATES Lot 2 Block Plat Sec.
 Well Driller RALPH MAYNE Owner FRAIL DEVELOPERS

Depth of well 305'
 Distance of measuring point (M.P.) above ground 2 1/4'
 Static water level (S.W.L.) below M.P. 2 1/4'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 190 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	190 ft	30 Sec	[Crossed out]	2 GPM
8:45	190 ft	30 Sec		2 GPM
9:00	190 ft	30 Sec		2 GPM
9:15	190 "	30 "		2 "
9:30	190 "	30 "		2 "
9:45	190 "	30 "		2 "
10:00	190 ft	30 Sec		2 GPM
10:15	190 ft	30 Sec		2 GPM
10:30	190 ft	30 Sec		2 GPM
10:45	190 "	30 "		2 "
11:00	190 "	30 "		2 "
11:15	190 "	30 "		2 "
11:30	190 ft	30 Sec		2 GPM
11:45	190 ft	30 Sec		2 GPM
12:00	190 ft	30 Sec		2 GPM
12:15	190 "	30 "		2 "
12:30	190 "	30 "		2 "
12:45	190 "	30 "		2 "
1:00	190 ft	30 Sec		2 GPM
1:15	190 ft	30 Sec		2 GPM
1:30	190 ft	30 Sec	2 GPM	
1:45	190 "	30 "	2 "	
2:00	190 "	30 "	2 "	
2:15	190 ft	30 Sec	2 GPM	

R
 P
 Sec
 30
 GPM
 2
 230

C1 **1043** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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-32084**

ST/CO USE ONLY
 DATE Received **052299**
 DATE WELL COMPLETED **111089**

Depth of Well
305
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-0895

OWNER **FCM DEVELOPERS**
 STREET OR RFD **last name: RAYMOND ROAD way first name: Lighth** TOWN **Lighth**
 SUBDIVISION **Lighth Estates** SECTION **LOT 2**

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	
Top Soil	0	2	
Brown Slate	2	40	✓
Brown Sand	40	45	
Blue Slates	45	90	
Green Slates	90	95	✓
Blue Slates	95	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 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 **40** ft
 (enter 0 if from surface)

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

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **50**

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
PL **OT**
 PLASTIC OTHER

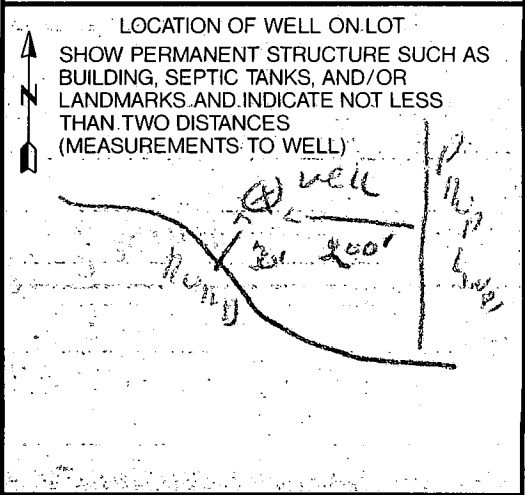
C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
1 **40** **45** **200**
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
2 **23** **24** **26** **30** **32** **36**
 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
3 **38** **39** **41** **45** **47** **51**
 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**
 from to

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.) W Q
 70 72 74 75 76

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **1**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Rock**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **21**
 WHEN PUMPING **190**
 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
 (CIRCLE) (YES or 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } **2** (nearest foot)
 49 50 51



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 26.04.04 "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. **253**
 DRILLERS SIGNATURE **[Signature]**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **2249** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

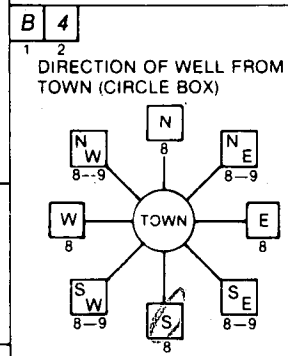
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-0895
 fill in this form completely

Date Received (APA) **052389**
OWNER INFORMATION
 ERILL DEWALCOPERS
 AGV659
 MT. AIRY

B 3 LOCATION OF WELL
 HOWARD COUNTY
 LISBON ESTATES
 SECTION 44 46 LOT 2 50
 LISBON
 MILES FROM TOWN (enter 0 if in town) 1 MI

Trans to R. Mayne
DRILLER INFORMATION
 Driller's Name: R. Mayne License No. 80: **238**
 Firm Name: Mayne Well Drilling
 Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
 Signature: R. Mayne Date: 5/22/89



Bristle Branch Way
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD: 30 FT
 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)
 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
 COUNTY NAME: HOWARD COUNTY NO.: A32084
 STATE SIGNATURE: _____ DATE ISSUED: 071789 CO SIGNATURE: Craig Williams EXP. DATE: 1/17/90
 NORTH GRID: 541000 EAST GRID: 0777000

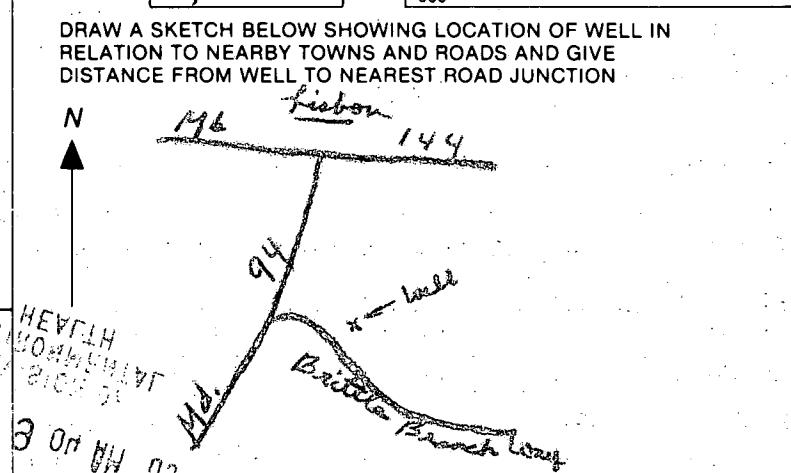
APPROXIMATE DEPTH OF WELL **290** FEET

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
 other _____

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

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE OW INITIALS IN BOX PERMIT No. **HO-99-0895**

SPECIAL CONDITIONS
 COUNTY

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 7-28-99
 Name of Installer Keith Handertmark Telephone 410-857-0155
 License Number 8300
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Barnard Brothers Telephone 410-489-7621
 Subdivision Lisbon Estates Lot # 2 Well Tag # _____
 Site Address 1617 Brittle Branch Way

Pump
 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 _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 _____

Pitless Adapter
 1. Make yes
 2. Model # _____
 3. Depth 42"

Tank
 1. Capacity 48 gal
 2. Pressure relief valve? yes

Piping
 1. Type 1/2" psi
 2. Size 1/2"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 42"

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? no

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.

WPI OK
8/2/99-SRK

Signature of Applicant: Keith Handertmark
 Date: 7-28-99

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