

2/11/87
A.M.

05-3740200

APPROVED
2/11/87
R11
P 38623

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 2/11/87

DATE SYSTEM APPROVED _____

INSPECTOR _____

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Glennlg Manor II ROAD 12707 Folly Quarter LOT 4B

PROPERTY OWNER Donald Felts Robert Phelps

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 2½ feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2½ feet below original grade. 1½ feet of stone below distribution pipe.

LOCATION - Place distribution box 140 feet from the South (401') lot line and 100 feet from the East (239') lot line. Run trench(s) along contour toward either side 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. *of/SA*

PLANS APPROVED BY C. Williams DATE 5/19/86

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.

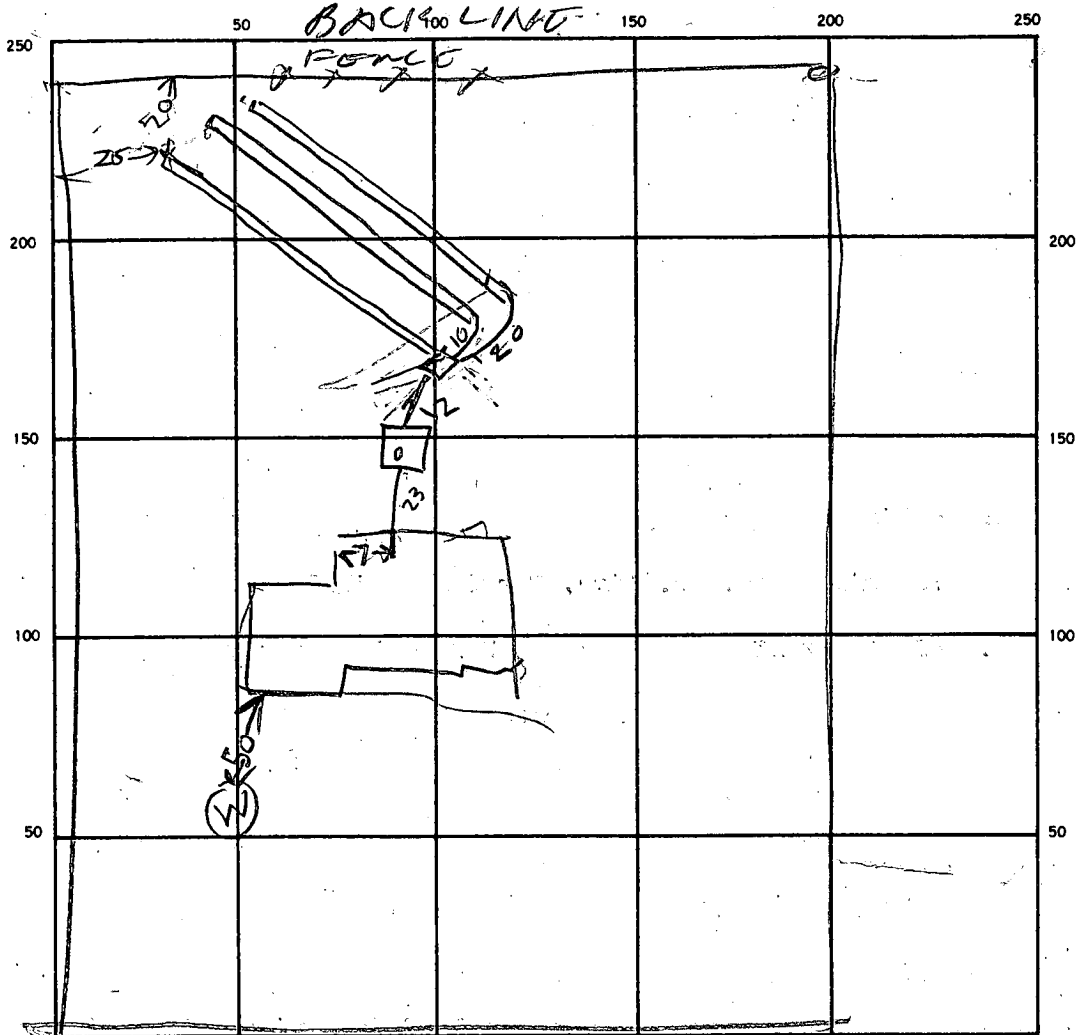
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 32256



95
87
69
251

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH ① 4 ② 4 ③ 4 FT. TRENCH WIDTH ① 3 ② 3 ③ 2 FT. INLET DEPTH ① 2.5 ② 2.5 ③ 2.5 FT.

EFFECTIVE GRAVEL DEPTH ① 1.5 ② 1.5 ③ 1.5 FT. TOTAL LENGTH ① 95 ② 27 ③ 69 251 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 753 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 2/11/87 - LOCATION OK - 720 SQ FT REQUIRED
753 SQ FT INSTALLED

DATE SYSTEM APPROVED 2/11/87 INSPECTOR Raymond Hodges

SUBDIVISION: GLENELG MANOR II

LOT NUMBER: 4B

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<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

Trench to be 3 wide.
 Inlet 2 1/2 feet below original grade.
 Bottom maximum depth 4 feet below original grade.
 Effective area begins at 2 1/2 feet below original grade.
1 1/2 feet of stone below distribution pipe.

*4BA-
 NO DISPOSAL
 Hopkins*

- 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 DISTRIBUTION BOX 140' FROM THE
SOUTH (401') LOT LINE AND 100' FROM THE EAST (239')
LOT LINE. RUN TRENCH(S) ALONG CONTOUR TOWARD
EITHER SIDE LOT LINE.

5/19/86 CW [Signature]

PRELIMINARY

APPLICATION

408
A 32256

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: 992-2330

DISTRICT 5th

DATE 10/20/82

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 Howard Associates Donald Felts

ADDRESS _____ PHONE Don Reuwer - 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor, Section 2 LOT NO. 4B

ROAD AND DESCRIPTION 12707 Folly Quarter Road

BLDG. PERMIT SIGNED
AND RETURNED 9-9-86 S.A.B.
BP 72564

SIZE OF LOT 1 acre m/l 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/ Don Reuwer for Howard Associates

(SIGNATURE OF APPLICANT)

APPROVED BY FS, FOR TILE FIELD DATE 2/15/86

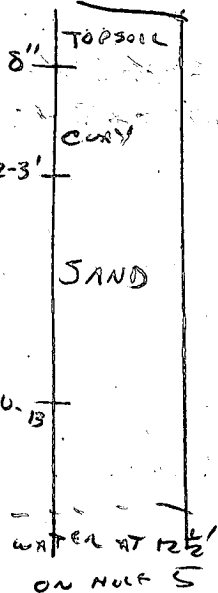
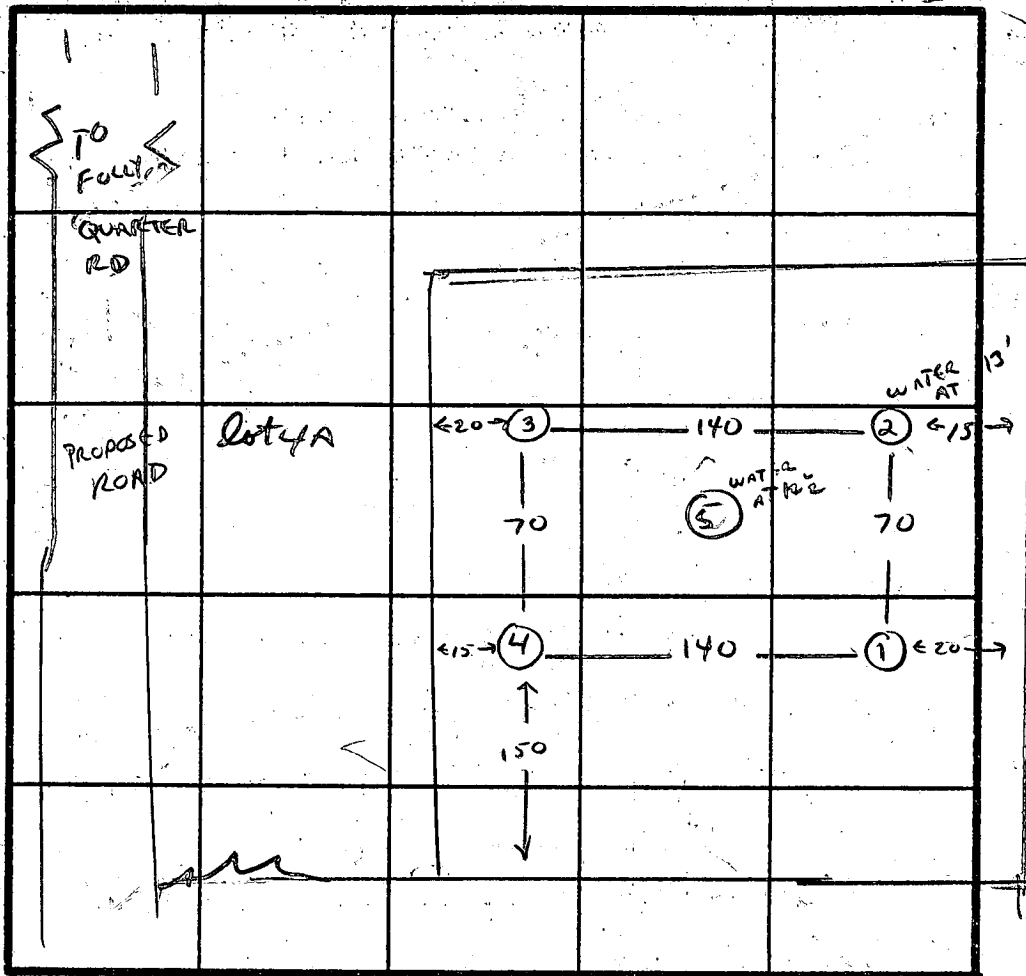
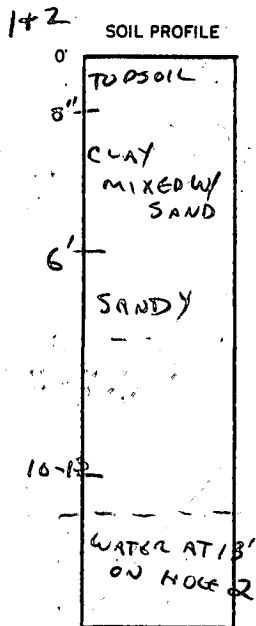
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Craig Williams DATE 11-8-22

REASONS FOR REJECTION OR HOLDING WATER & HOLD FOR WET SEASON

2/3/83 WATER IN VISUAL HOLD R.A.
2/15/83 Perc OK fertile field only F.S.

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-8-82	1	4'	12:27	12:31	12:31	12:37	6 MIN	
		10'	SAND					
	2	6'	11:41	11:43	11:43	11:46	3 MIN	
		13'	SAND →		WATER AT 13'			
	3	3'	11:53	11:54	11:54	11:56	2 MIN	
		10'	SAND					
	4	5'	11:49	11:50	11:50	11:52	2 MIN	
		13'	SAND - DRY					
	5	13'	SAND - WATER AT 12 1/2'					
2/3/83	2/REDIG	15'	WATER AT 11 1/2' FT FROM GRADE					

REMARKS CLAY OVER SAND

TYPE OF SOIL WATER AT 13' LOW HOLE OBSERVATION PIPE PLACED FOR WET SEASON OBSERVATION

TESTED BY Craig Williams

O KETTERMAN & FAMILY

ALSO PRESENT

2/2/83 WATER IN OBSERVATION PIPE 11 FT FROM GRADE PH

Pres

APPLICATION

4B

A 29037

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, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 10/16/78

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 Glenelg Manor Associates

ADDRESS _____ PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor Farms LOT NO. 4-B

ROAD AND DESCRIPTION off Folly Quarter Road

SIZE OF LOT ? 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/ Jack Boender

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/2/78 did more hold for review water

THIS IS NOT A PERMIT

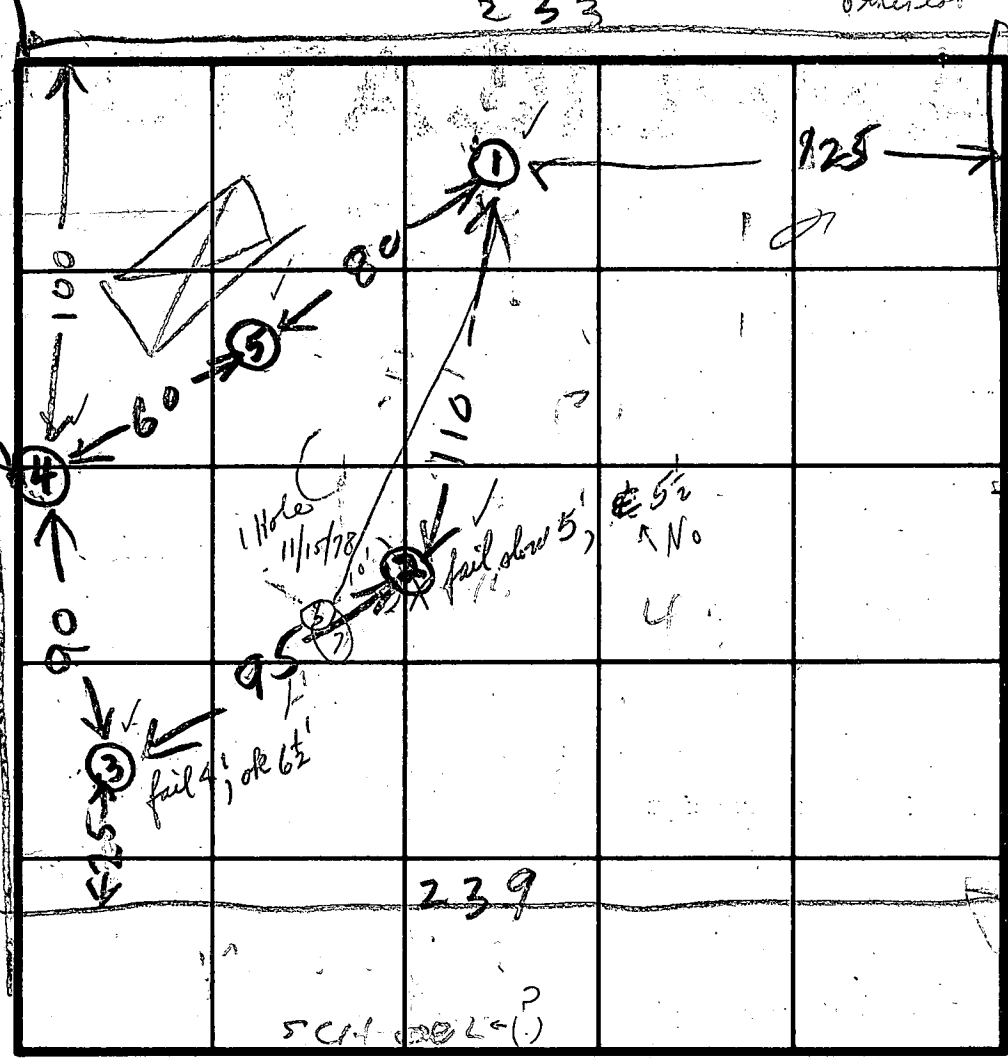
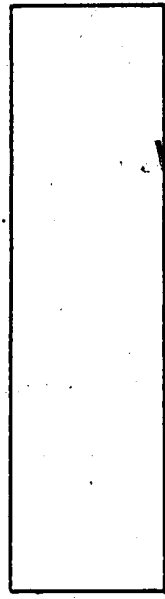
R/W

233

others

4B

SOIL PROFILE



Below dry
loam into
11/15/78

Raining
stopped
after this
Removes
+ debris
of boards

No more
holes
dry

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/78	1D	12	2:19	2:24	2:24	2:25	3
	1S	5	2:19	2:34	2:34	2:54	20
	2D	13	2:22	2:24	2:24	2:27	3
	(2S)	5	2:22	2:34	2:34	2:30	FAIL
	(3S)	4	2:30	2:52	cut by pipe		FAIL
	3D	13	2:32	2:34	2:34	2:36	2
	4D	12 1/2	2:39	2:40	2:46	2:41	1
	4S	6	2:42	2:43	2:43	2:44	1
	5V	11	TOP BOT	5 FT 6 FT	CLAY GF SAND	DRY	
	3M	6 1/2	3:02	3:04	3:04	3:06	2
	(2M)	5 1/2	3:14	3:40	3:40		

REMARKS Dig extra holes to allow more room for
House ST

TYPE OF SOIL

TESTED BY

RH 11/2/78

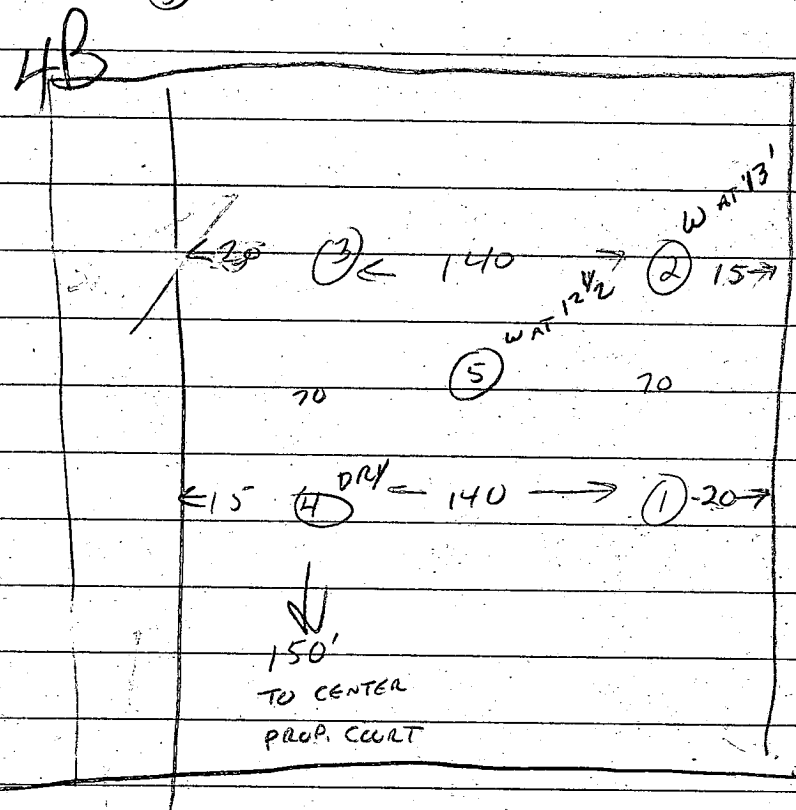
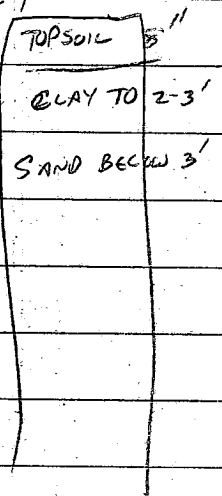
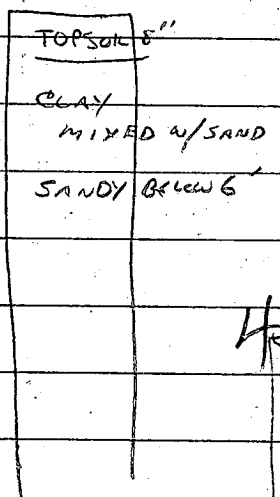
ALSO PRESENT

(?)

4B

1	4'	12:27	12:31	12:31	12:37	6 MIN
	10'	SAND				
2	6'	1:41	1:43	1:43	1:46	3 MIN
	13'	SAND → WATER AT 13'				
3	3'	1:53	1:54	1:54	1:56	2 MIN
	10'	SAND			3:44	
4	5'	1:49	1:50	1:50	1:52	2 MIN
	13'	13' SAND - DRY				
⑤	13'	SAND → WATER AT 12 1/2'				

1/82

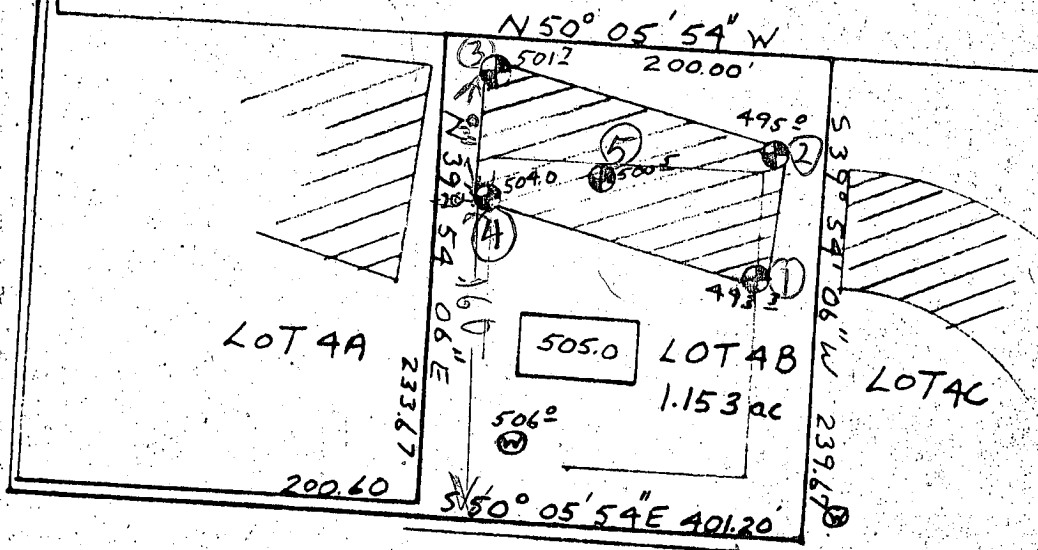


4C

PROPOSED COURT

Folly Quarter Road

LOT 3abcd




LOT 5D

LOT 5C^{OW}

LOT 5B



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

PERCOLATION TEST PLAT

PARCEL 4B

GLENELG MANOR
SECTION TWO

5th Election District
Howard County, Maryland
Scale 1" = 100'
Date 11-24-82

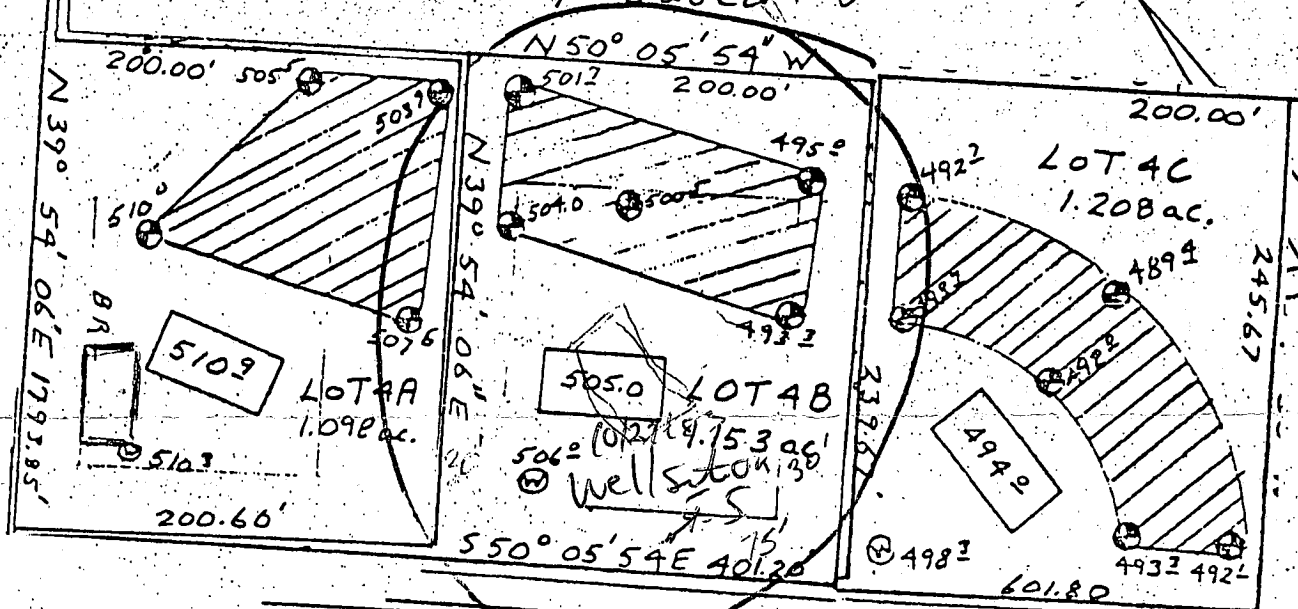
HTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

County Health Officer *J.S.*

Date

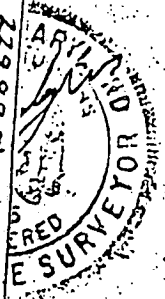
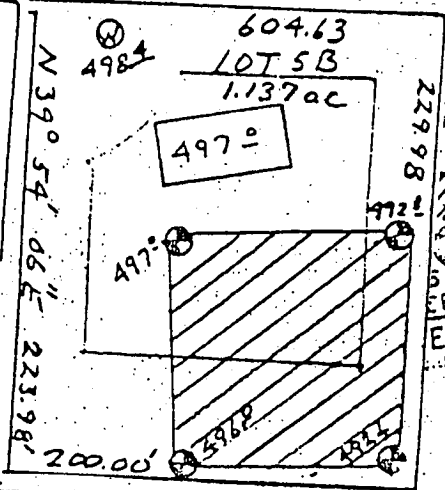
Folly Quarter Road

LOT 3 a b c d



LOT 5D

LOT 5C



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PERCOLATION TEST PLAT

PARCEL 4B
 GLENELG MANOR
 SECTION TWO

5th Election District
 Howard County, Maryland
 Scale 1" = 100'
 Date 11-24-82

APPROVED: For Private Water and Private Sewage Systems

James B. [Signature] 2-16-83

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307

B 1 **6681** SEQUENCE-NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER **H0-81-0322**
fill in this form completely

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

please print or type

Date Received **102083** OWNER INFORMATION

FELTS **DONALD**
Last Name Owner First Name

252 FOSTER KNOLL DR.
Street or RFD

JOPPA **MD21085**
Town State Zip

B 3 LOCATION OF WELL

HOWARD
COUNTY

GLENELG MANOR
SUBDIVISION

SECTION **5** LOT **4B**

GLENELG
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION

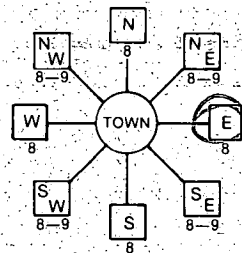
Ralph Mayne **253**
Driller's Name License No. 80

Ralph Mayne (well Drilling)
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne 10/18/83
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2520
DISTANCE FROM ROAD
ENTER FT or MI **FT**

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

HOWARD
COUNTY NAME

A 32256
COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **102783** **Frank Shum** **4/27/84**
CO SIGNATURE EXP. DATE

NORTH GRID **516000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **150** 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)

- 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 _____ G A P _____

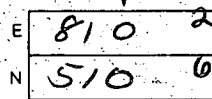
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **H0-81-0322**

SPECIAL CONDITIONS

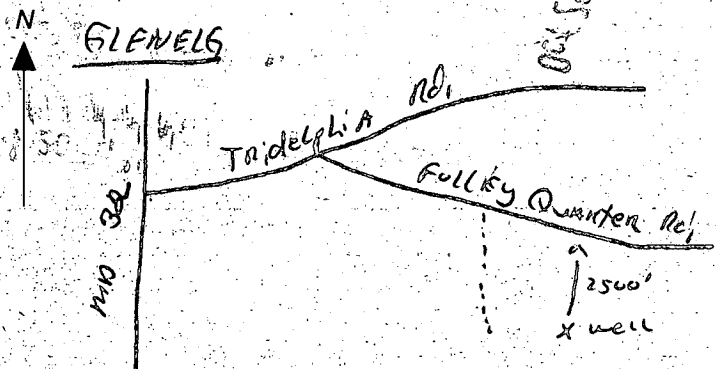
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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



C1 0842. (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 32256

DATE Received [] DATE WELL COMPLETED 110783 Depth of Well 165 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0322

OWNER Felts last name Folly Quarter Rd. Donnell first name TOWN Glenelg SUBDIVISION Glenelg Manor SECTION 2 LOT 4B

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	
Sandy	2	30	✓
Sand Stone	30	45	
Micka	45	55	✓
Sand Stone	55	60	✓
Micka	60	165	

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 19 NO. OF POUNDS 1300

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

caseing types insert appropriate code below

STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL ST BRASS BR BRONZE PL PLASTIC PL OPEN HOLE HO OTHER OT

DEPTH (nearest ft.)

EACH SCREEN 1 40 38 165

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. 273

DRILLERS SIGNATURE Ralph Mayne

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

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)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 165

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

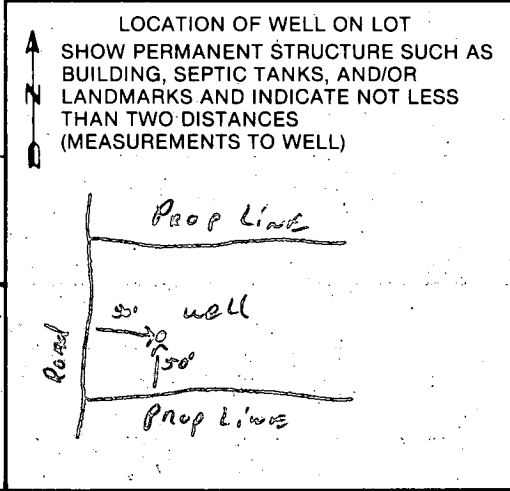
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

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 } LAND SURFACE - below } (nearest foot)



LOT 4B

200.00 FT

601

495

4 Ditches 3' x 3' x 60'

10' space

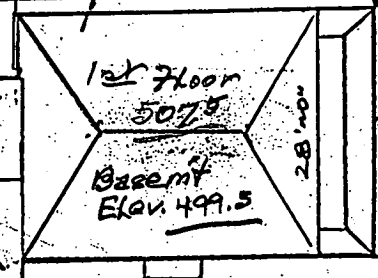
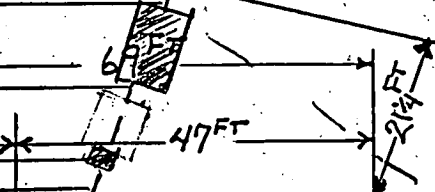
10' space

497° Orig. Elev. time of Perc.
496° 30" East. Elev.

Driveway Field Inlet Elev. 4965

495° Invert Elev. out of tank DB

496° Invert 55' FT
Invert OUT OF TANK 497.4
497° Invert SEATC
498° Inv. El. out of house



BLDG. PERMIT SIGNED AND RETURNED 9-9-86 S. Abel BP 72564

Property Line of HW

25' FT

76' FT

239.67 FT

506° Well

Stage

Edge of Road of HW

75' FT

401.20 FT

4BR

2.5' - 4' 180 4BR

4BR LF (240)
4BR w/disposal LF 294

⊕ elevations

2" = 50' FT

3/3/87 - Now.

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 # 38803
 Date 3-3-87

Name of Installer TIMOTHY J. ROLLMAN (TJR) Telephone 725-2392

License number 7079
 Certified Well Pump Installer Well Driller Registered Plumber ✓

Name of Property Owner DONALD FELTS Telephone
~~THOMAS CASTELL~~ / MIKE FISHER

Subdivision GIENELB MANDR ESTATES Lot # 4B Well tag #
 Site Address 12707 EDLY BVAIRTEL RD.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u> </u>	1. Make <u>HARVARD</u>
a. Deep well jet <u> </u>	2. RPM <u> </u>	2. Model # <u> </u>
b. Shallow well jet <u> </u>	3. Voltage <u> </u>	3. Depth <u>41</u>
c. Submersible 3000 <u>✓</u>	a. 110 <u> </u>	
2. Make <u>SACUZZI</u>	b. 220 <u>X</u>	
3. Model # <u> </u>		
4. Capacity <u> </u> GPM		
5. Pump exceeds well capacity Yes <u>✓</u> No <u> </u>		
6. If Yes, is low pressure cutoff switch installed? Yes <u>✓</u> No <u> </u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u>✓</u> Cable guards <u> </u> Other <u> </u>		

Tank	Piping	Well data
1. Capacity <u>42 GAL EDWIN.</u>	1. Type <u>RESSLON</u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u>N/A</u>	2. Size <u>1"</u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <u> </u>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u>yes</u>	4. Will water supply be disinfected by installer? <u>N/A</u>

Well ditch inspec. 3-3-87 Pitless lines 4 ft below grade - OK to cover JS

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: Timothy J. Rollman
Date: 3-3-87

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