

8/11/89  
3:00 PM  
9/5/89 1:00 PM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 35641  
A ~~35641~~ 32986

DISTRICT 5th

DATE 7/19/89

DATE SYSTEM APPROVED 10/27/94

INSPECTOR M. Ciskin

INDEXED

03-309407

Donald Berilla IS PERMITTED TO INSTALL  ALTER

ADDRESS 12562 Folly Quarter Road, Ellicott City, Maryland PHONE 531-3760

SUBDIVISION White Property ROAD 12540 Folly Quarter Rd LOT 4

PROPERTY OWNER Donald Berilla

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from the back (177') lot line and 90 feet from the left (373') lot line. Run trenches on contour toward the right (666') lot line as seen when facing the lot from Folly Quarter Road.

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 Sid Abel DATE 6/29/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES) **BLDG. PERMIT SIGNED AND RETURNED 9/8/94**

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

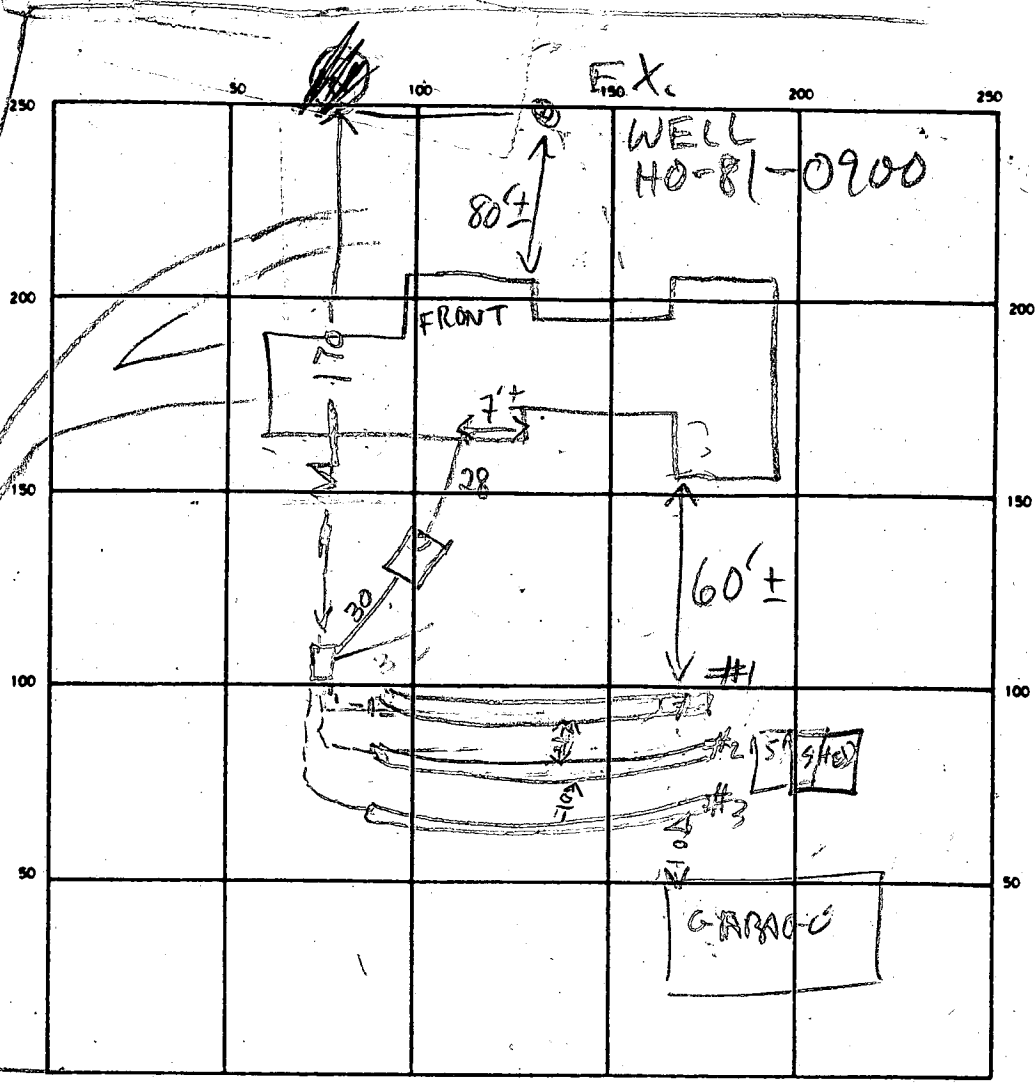
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*Serial # 64871*  
*deck*

A 32986

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

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



F.Q. RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500

CLEANOUTS ST  
01'

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD DEPTHS 

1	2	3
5	4.5	5
1'	2'	1.3'

 TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 

2	2	2
---	---	---

 FT. TOTAL LENGTH 

85	89	79
----	----	----

 FT. 246

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

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

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

11 AUG 89 REMARKS LOCATION LOOKS OK PER PLANS. TRENCH EXTEND TRENCH 12 FT. ADD STONE & CALL R/H  
28 AUG 89 - TOP TRENCH #1 & #2 EXTENDED TRENCHES #1 & #3 STONE COVER TRENCHES #1 & #3 ADD STONE TO TRENCH #2 R/H  
5 SEPT 89 - STONE ADDED TO TRENCH #2. COVER TRENCH #2 R/H  
9/6/94 HOUSE CONN OK, BUT BELIEVE <sup>SOME</sup> SDA LOST/COMPROMISED MR

DATE SYSTEM APPROVED 10/27/94 INSPECTOR M. Ripkin / C.W.

# APPLICATION

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

A 32986

P \_\_\_\_\_

DISTRICT 5TH

DATE 25 JULY 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 ANNE WHITE  
ADDRESS 12562 FOLLY QUARTER PHONE BERILLA 953-7100 X7113

PROPERTY LOCATION:  
SUBDIVISION \_\_\_\_\_ LOT NO. FOUR THREE

ROAD AND DESCRIPTION ADJACANT TO JUMPER'S HILL LANE

SIZE OF LOT ± 3 ACRES TYPE BLDG. 302 4 BED ROOMS  
(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. Don Berilla  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TRENCHES DATE 9-21-83

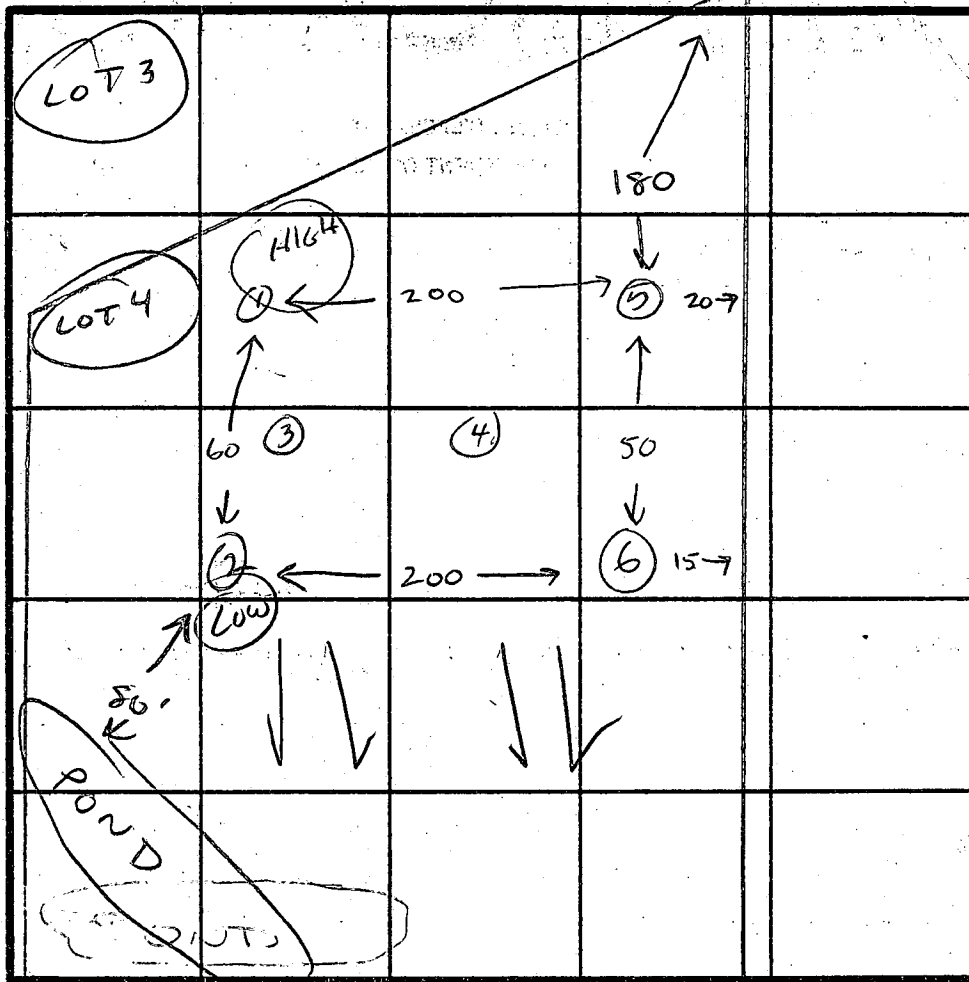
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS C. Williams DATE 8-22-83

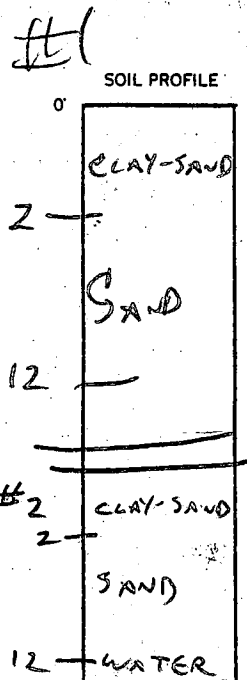
REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS; REVIEW ROCK & WATER HOLES

# THIS IS NOT A PERMIT

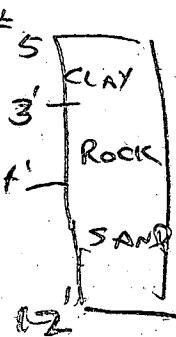
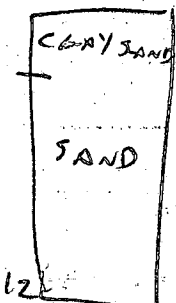
1 ← 5 IS HIGH SIDE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
FOLLY QUARTER RD.



#3 & #4



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-22-83	1	3 1/2	12:32	12:34	12:34	12:35	2 MIN
		12	SAND				
8-22-83	2	3	12:30	12:33	12:35	12:38	5 MIN
		12	SAND - WATER AT 12'				
8-22-83	3	BOTH HOLES VISUAL	CLAY-SAND		TOP 2'		SAND
	4		THEN SAND		TO 12'		
8-22-83	5	4'	12:42	12:44	12:44	12:47	3 MIN
		12	QUANT TO 3', THEN 1' ROCK, SAND 4-12'				
8-22-83	6	2 1/2'	12:50	12:53	12:53	12:56	3 MIN
		13	SAND DAMP BUT NO WATER				

REMARKS 8' Δ ELEVATION HOLE 2 → 1 ; HOLE 2 IS 10'+ HIGHER THAN POND

TYPE OF SOIL CLAY-SAND TOPSOIL, SAND BELOW 1'; WATER AT LOWEST POINT

TESTED BY C. Williams ALSO PRESENT DON BERRIGA

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35641

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 5th

DATE 4/13/85

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 DONALD BERILLA

ADDRESS 12562 FOLLY QUARTER RD PHONE 531-3760

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 4

ROAD AND DESCRIPTION 12540 FOLLY QUARTER RD  
ELLICOTT CITY

SIZE OF LOT 4.523 Ac ± TYPE BLDG. \_\_\_\_\_  
(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.

Donald Berilla  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 7/6/89  
Serial # 27323 - SFD.  
4 Bed.

BLDG. PERMIT SIGNED  
AND RETURNED 4/10/86  
Serial # 68441  
4 vehicle garage

# 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

B 1 3227 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  
40-81-0900  
fill in this form completely

Date Received 3/1/85 10:00 AM  
OWNER INFORMATION  
BERILLA DON  
12562 FOLLEY QUARTER  
ELLICOTT C1+4MD21043

B 3 LOCATION OF WELL  
HOWARD  
NONE  
SECTION 44-46 LOT 48-50  
GLENELG  
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION  
Ralph Maywe 273  
Ralph Maywe (well DRILLING)  
9120 Brown Church Rd. Mt. Airy  
Ralph Maywe 1/29/85

B 4 Folley Quarter  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 300 FT  
ENTER FT or MI

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
HOWARD A32986  
COUNTY NAME COUNTY NO.  
OEP SIGNATURE DATE ISSUED 02/19/85 J. Stamen 8/19/85  
NORTH GRID 519000 EAST GRID 0814000

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)

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  
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  
E 810 4  
N 510 9  
Location OK  
Folley Quarter  
35' - casing  
7' - bag cement  
Not present during first

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 DEEPEN 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 DATE 3/1/85  
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
Sketch showing location of well in relation to nearby towns and roads. Includes labels: GLENELG, TRIDEPHIA Rd., Folley Quarter Rd., well 1300', GLENELG MANOR Sub.

Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP  
FORCE JS WRITE INITIALS IN BOX PERMIT No. 40-81-0900

SPECIAL CONDITIONS

C1 **9555** (SEQUENCE NO. (OEP USE ONLY))  
 (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 32986**

DATE RECEIVED: [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED: **030185** (15 20) Depth of Well: **160** (22 26) (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-81-0900** (28 29 30 31 32 33 34 35 36 37)

OWNER: **BERILLA DON** (last name first name)  
 STREET OR RFD: **12302 FOLLY QUARTER RD** TOWN: **GREENEG**  
 SUBDIVISION: **BERILLA PROPERTY** SECTION: **none** LOT: **4**

**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	25	
Sand Stone	25	35	<input checked="" type="checkbox"/>
Micka	35	40	<input checked="" type="checkbox"/>
Sand Stone	40	45	<input checked="" type="checkbox"/>
Micka	45	160	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT:  CM BENTONITE CLAY:  BC  
 NO. OF BAGS: **7** NO. OF POUNDS: **200**  
 GALLONS OF WATER: **40**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **31** ft.  
 (enter 0 if from surface)

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

**MAIN CASING**  
 Nominal diameter top (main) casing (nearest inch):  PL  6  35  
 Total depth of main casing (nearest foot):  63  64  66  70

**OTHER CASING (if used)**  
 diameter inch: [ ] [ ] depth (feet) from: [ ] [ ] to: [ ] [ ]

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>H0</b>	<b>30</b>
2		<b>160</b>
3		

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. **223**  
 DRILLERS SIGNATURE: *Ralph E. Mayne*

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee):  
 TELESCOPE CASING: [ ] LOG INDICATOR: [ ] OTHER DATA: [ ] [ ] [ ]

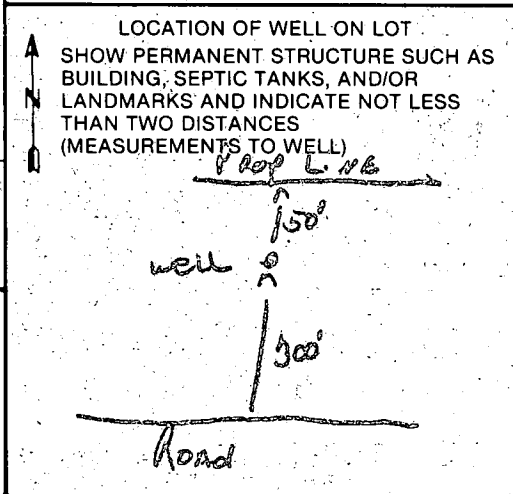
GRAVEL PACK: [ ] IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: [ ]

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.): [ ] WQ: [ ] [ ] [ ]

**C3**

**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: **35**  
 WHEN PUMPING: **35**  
 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 (nearest foot): **3**  
 - below }





HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Donald Berilla  
(Name)

12562 Folly Quarter Rd  
(Address)  
Ellicott City Md 21043

H0-81-0900  
(OEP Well Permit Number)

\_\_\_\_\_  
(Date)



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 29, 1994

Mr. Donald Berilla  
12562 Folly Quarter Road  
Ellicott City, MD 21042

RE: Possible Location Conflicts  
12540 Folly Quarter Road  
White Property, Lot 4

Dear Mr. Berilla,

On September 8 and 12, 1994, inspections of the water line and house sewer line connection were performed at the above-referenced property. On these occasions, some apparent discrepancies were observed in the relationship of the house and garage to the recorded sewage disposal easement and installed septic system.

There does not appear to be sufficient area between the house and garage to allow for the required 10,000 square foot sewage easement. Whereas the building permit plans specified the house and garage would be approximately 150 feet apart, field measurements indicate the actual separation distance to be closer to 90 feet. Since the recorded sewage easement is 75 feet wide, the most logical conclusion is that either the house, or the garage, or both, have encroached on the sewage disposal easement. In addition, the septic system was installed ten feet from the garage---much lower than specified, leaving no area within the sewage easement for gravity repairs to the septic system.

Previous conversations and meetings in the field have not resolved these discrepancies. The plan previously provided does not appear to be drawn accurately or to a standard scale. Therefore, at your earliest opportunity, please submit a surveyed "as-built" plan drawn to a standard scale to this office, showing the house, well, garage, and septic tank cleanout in relation to the recorded sewage easement. When we have determined the extent of impact to the easement, we will be able to consider options for remediation.

Final septic system approval and recommendation for occupancy approval will not be granted until this issue is satisfactorily resolved.

If you have any questions, please contact me at 313-2640.

RESOLVED  
CW/OK 10/27/94

Very Truly Yours,

Mark E. Rifkin  
Mark Rifkin, Sanitarian  
Water & Sewerage Program

MR

cc: Avis Corbin, Dept. of Licenses & Permits  
Mark Rifkin

9/6/94  
4:00

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 # 35641  
Date 7/10/89  
Name of Installer DONALD BERILLA Telephone 792-5588  
License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner DONALD BERILLA Telephone 531-3760  
Subdivision N/A Lot # 4 Well Tag # HO-81-0900  
Site Address 12540 FOLLY QUARTER RD

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make TEEL  
3. Model # 8GPM  
4. Capacity 12 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 1.0  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220   
Pitless Adapter  
1. Make HAERARD  
2. Model # PT 800  
3. Depth 36"

MR 9/6/94

QUESTION ON STEEL LINE WILL CHECK ON STAINLESS STEEL LINE 10' @ WELL, 3' @ HOUSE; STAINLESS STEEL PLATE @ PITLESS ADAPTOR 9/6/94

Piping HD 100  
1. Type POLYETHYLENE  
2. Size 1" I.D.  
3. NSF and/or BOCA Code approved YES  
4. Depth of supply line 36"  
Well data  
1. Depth 160 ft.  
2. Yield 9 GPM  
3. Static water level 35 ft.  
4. Will water supply be disinfected by installer? YES

9/12/94 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).  
STEEL LINE @ WELL REPLACED w/ PLASTIC SLEEVE  
All information given above is true to the best of my knowledge.

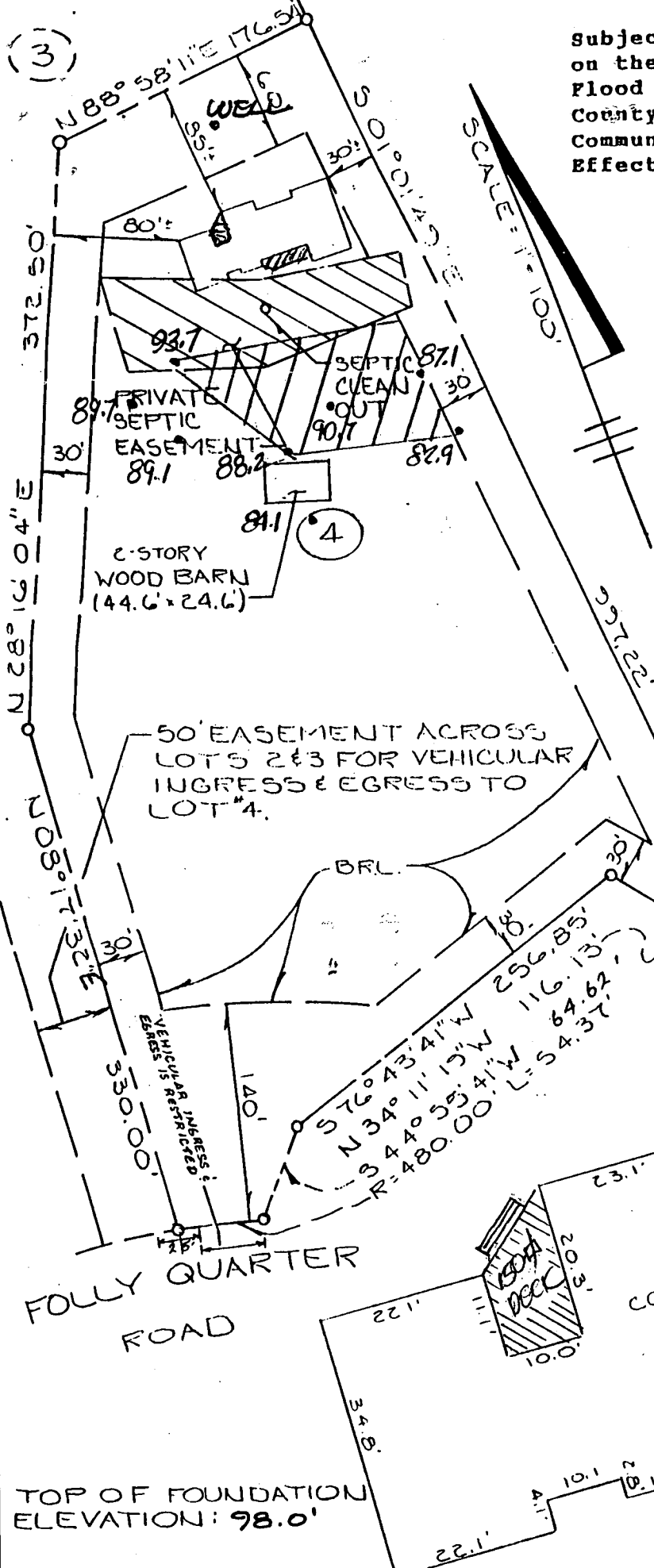
STEEL PIPE MAINTAINED @ HOUSE 3-5' B.G.

Signature of Applicant: Donald Berilla  
Date: \_\_\_\_\_

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



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel No. 21 of 45 Community Panel No. 2400440021B Effective date: December 4, 1986



12540 FOLLY QUARTER RD  
 ELLICOTT CITY, MD 21042

5/8/96  
 Deck location will have no impact to existing well and/or septic - OK to proceed.

Amy McMullen

