

6/10/92
6/11/92 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48182

A 31077

DISTRICT 3rd

DATE 5/29/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE SYSTEM APPROVED 6/11/92

INSPECTOR [Signature]

03-301 095

C. Mayes plumbing and Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 638 Cecil Avenue, Millersville, Maryland 21108 PHONE 923-0510

SUBDIVISION Weisensel Property LOT 1-B ROAD 12494 Howard Lodge Drive

PROPERTY OWNER Mr. and Mrs. Scott Mitchell

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

SPECIAL FOOTING AND FOUNDATION INSPECTION PRIOR TO ISSUANCE OF SEPTIC SYSTEM PERMIT.

4/10/92 FOUNDATION LOCATION INSPECTED & IS OK RH

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 70 feet from the front lot line and 135 feet from the right side of the lot as seen when facing the lot from Howard Lodge Road. Run the trenches toward the left side of the lot as seen when facing the lot from Howard Lodge Road. Keep the 1st trench no longer than 60 feet to keep within the sewage disposal easement, MAINTAIN 100 FEET DISTANCE FROM WELL TO SEPTIC SYSTEM. OIL 4/9/92 RH

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 3/31/92

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

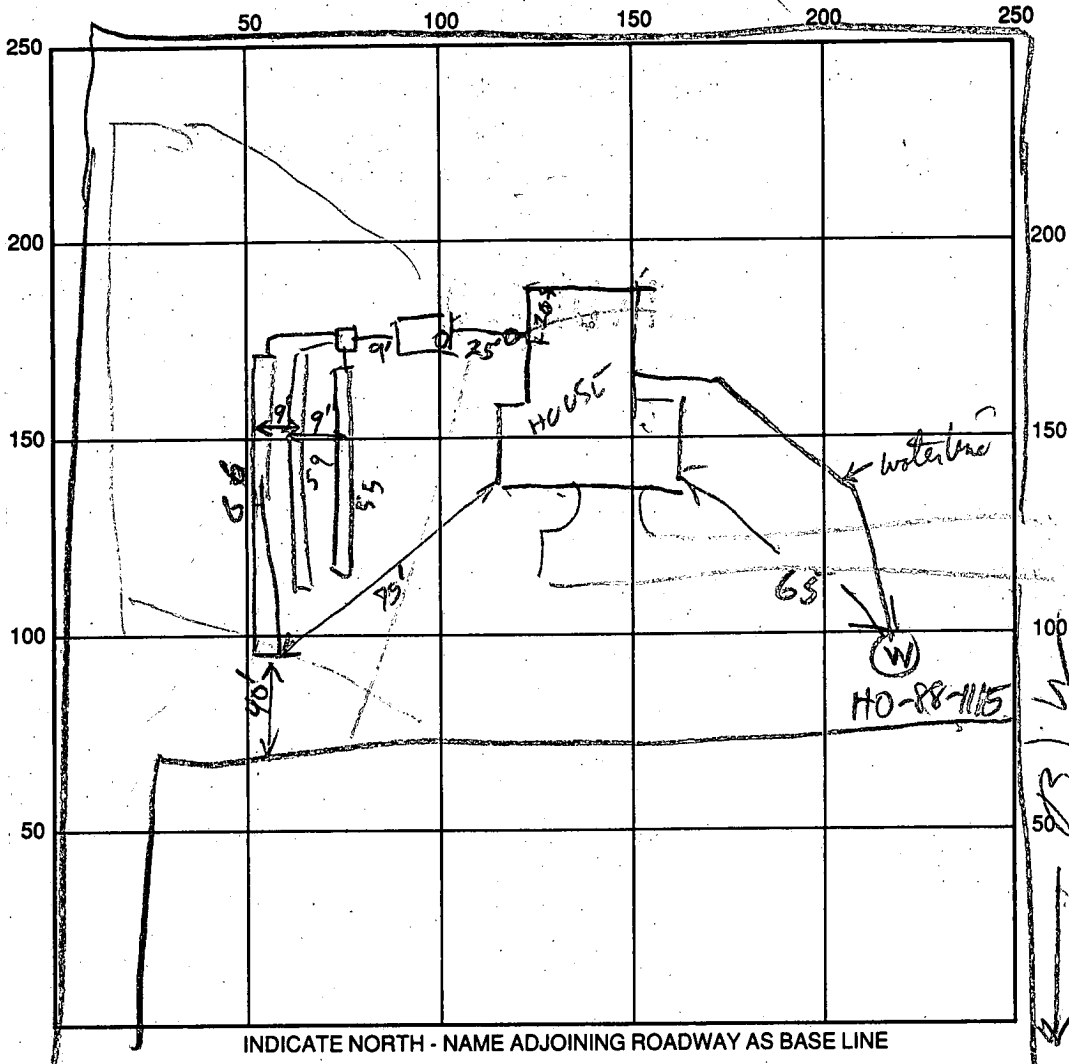
PERMIT VOID AFTER TWO YEARS

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**

A 31077



SEPTIC TANK LEVEL 1250 CLEANOUTS ✓ ST end of house outlet
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 55 | 59 | 66 2 3 6 180 LF
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 165 | 177 | 198 SQ. FT. 540
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 540 SQ. FT.

REMARKS: 6/10/92 AM TRENCH #1 & #2 DUG & TRENCH #3
PARTLY DUG 6/10/92 PM TRENCH #1 & #2 FINISHED OK TO
COVER. ADD STONE TO TRENCH #3 RIT
OK to Care System - House Connection OK - RPP 6/11/92

DATE SYSTEM APPROVED 6/11/92 INSPECTOR RPP

A 31077

SUBDIVISION: _____

LOT NUMBER: 1A

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>

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.

SPECIAL FOOTING & FOUNDATION TRENCHES INSPECTION OR SYSTEM BEFORE BUILDING PERMIT
180 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 7 feet below original grade.
 Effective area begins at 3 feet below original grade.
4 feet of stone below distribution pipe.

45 LINEAR FT / BEDROOM
 180 LINEAR FT
 PER 4 BEDROOMS

- 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: 3/31/92 - PLACE THE DISTRIBUTION BOX 70 FT FROM THE FRONT LOTLINE & 135 FT FROM THE RIGHT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM HOWARD LODGE RD. RUN THE TRENCHES TOWARD THE LEFT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM HOWARD LODGE RD. KEEP THE 1ST TRENCH NO LONGER THEN 60 FT TO KEEP WITHIN THE SEWAGE DISPOSAL EASEMENT, MAINTAIN 100 FT DISTANCE FROM WELL TO SBP T/C SYSTEM RH

DRY WELL OR DRY WELL AND TRENCH

~~175~~ sq. ft./bedroom

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

Minimum Total square feet

Inlet 3 feet below original grade.

Bottom maximum depth 3 feet below original grade.

Effective area begins at 8 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.

OR
TRENCHES

REVISED

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 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 absorbant sidewall area by 22%.

LOCATION: PLACE THE DRY WELL OR START THE TRENCH AT PERC HOLE (4)

AND RUN THE TRENCH TOWARD PERC HOLE (3). PERC HOLE (4) IS LOCATED

135 FT FROM THE FRONT LOT LINE AND 35 FT FROM THE LEFT LOT LINE AS

SEEN WHEN FACING THE LOT FROM THE MAIN RIGHT OF WAY. PERC HOLE (3)

IS LOCATED 110 FT FROM THE FRONT LOT LINE & 100 FT FROM THE RIGHT

LOT LINE AS SEEN WHEN FACING THE LOT FROM THE MAIN

RIGHT OF WAY. USE AT LEAST 2 TRENCHES SPALED 10 FT APART

& A DISTRIBUTION BOX

11/29/87 RH

REVISED & UPDATED 3/31/92 RIF SEE OTHER SHEETS

PRELIMINARY

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, MARYLAND 21043
TELEPHONE: 992-2330

A 31077

P _____

DISTRICT

3rd

DATE

12/12/80

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 J. Weisensel
or Richard Zahn Pat Lendrim - 442-2416
ADDRESS 38 Bloomsbury Ave., Balto., Md. 21228 PHONE 744-5800

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1-B

ROAD AND DESCRIPTION Howard Lodge 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/ Patrick J. Lendrim for Donald J. Weisensel

APPROVED BY Raymond Hodges FOR Trench or Dry Well DATE 11/29/83

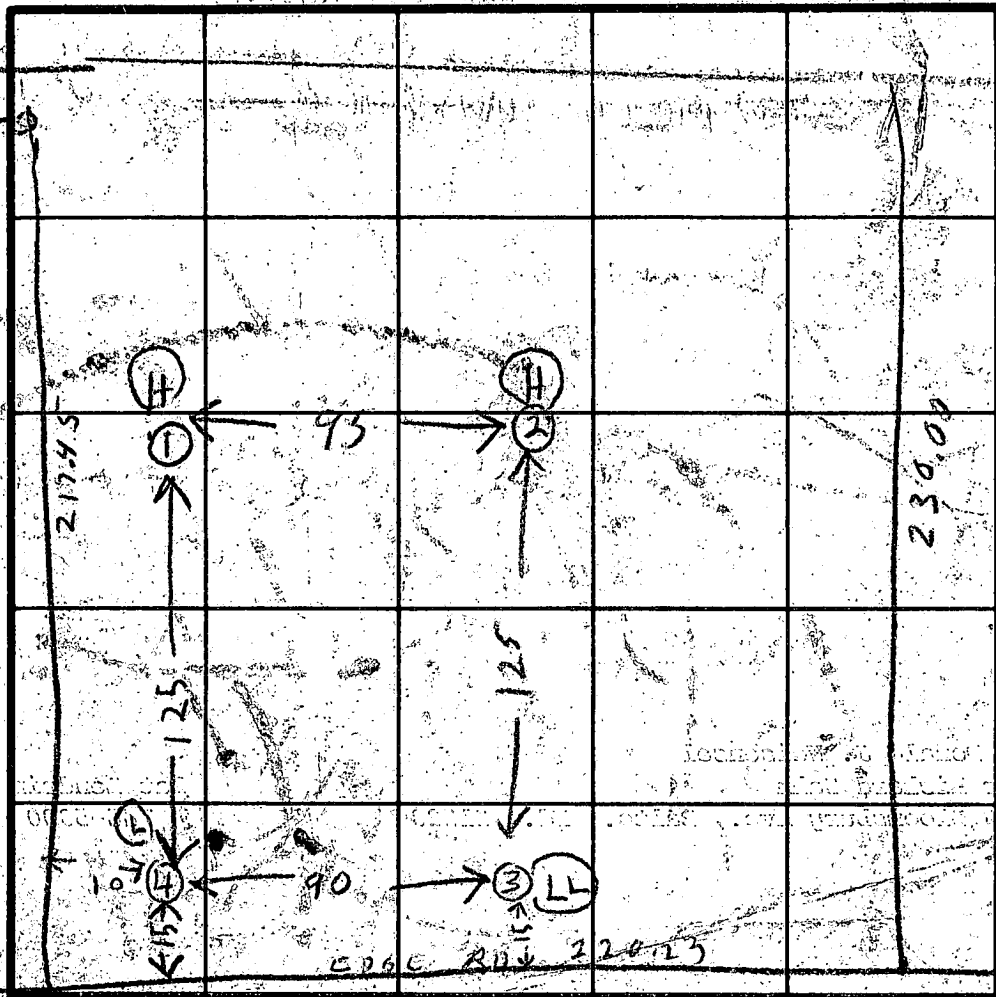
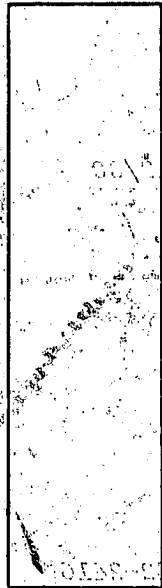
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/31/81 PERC OK HOLD FOR CERTIFIED HOUSE R/H
11/10/81 RS SAID DRAINFIELD NOT OVER 6 FT

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← TO HOWLAND RD R/W

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/21/81	1D	8	121	125	125	131	6
	1S	5	121	123	123	127	4
	2D	8	125	127	127	133	5
	2S	3	126	133	133	136	3
	3S	3 1/2	138	149	148	157	9
	3D	7 1/2	139	141	141	145	4
	4S	5	149	150	150	156	6
3/31/81	4D	7 1/4	207	210	210	214	4
	1V	12 1/2	TOP	3 FT	SANDY	DRY	
	3V	12 1/2	TOP	3 FT	CLAYISH		
			BOT	9 1/2 FT	SANDY	DRY	

drought time

REMARKS

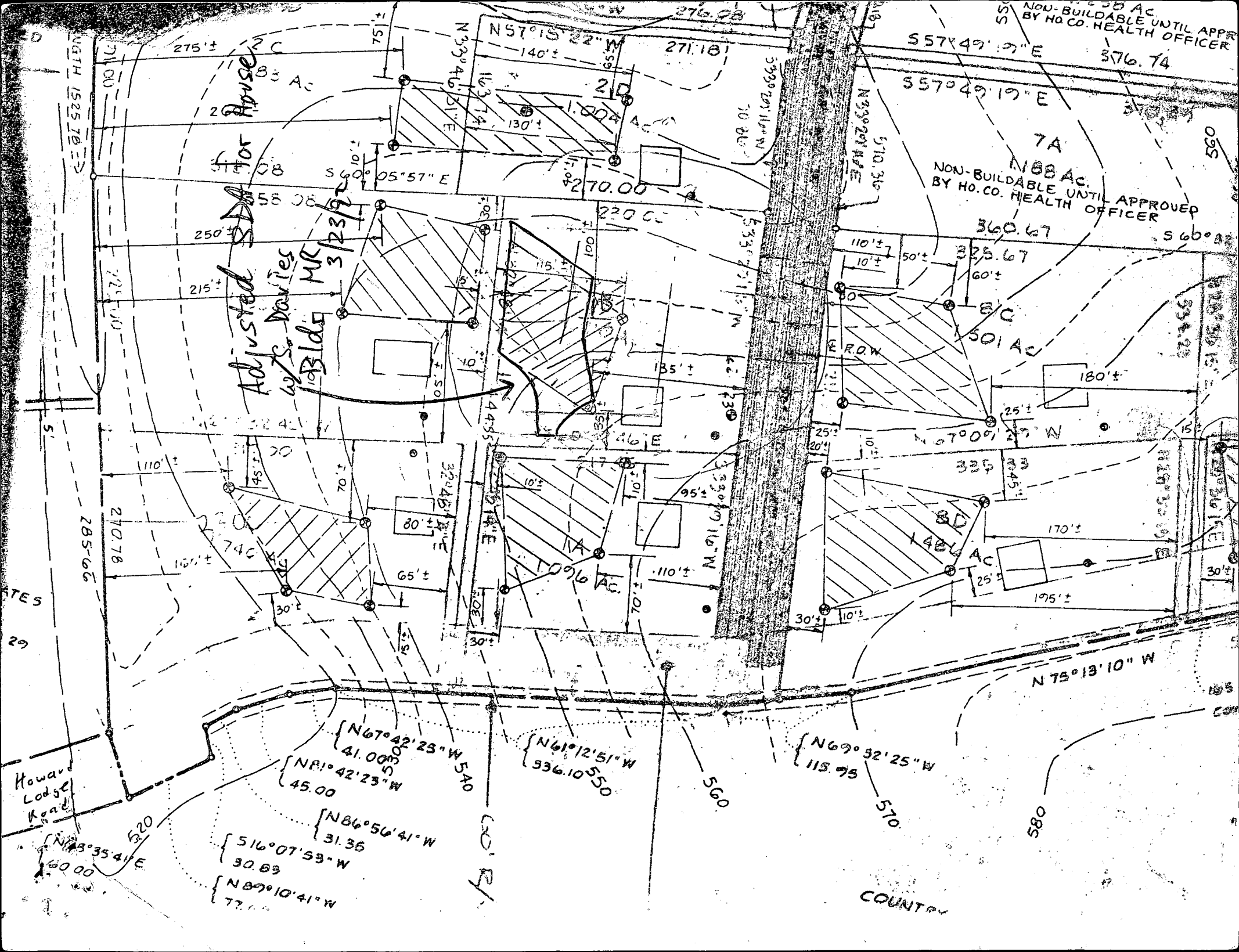
TYPE OF SOIL

TESTED BY

HODGE

ALSO PRESENT

PAT LINDRUM



Adjusted SDA for House
w/ S. Davies
10 Bldg MR
3/23/62

NON-BUILDABLE UNTIL APPROVED
BY HO. CO. HEALTH OFFICER

360.67

325.67

501 AC

1486 AC

{ N67°42'25" W 540
41.00
N81°42'23" W
45.00

{ N61°12'51" W
336.10550

{ N69°32'25" W
115.95

{ N86°56'41" W
31.35
516°07'53" W
30.89

{ N89°10'41" W
77.11

Howard Lodge Road
N43°35'41" E
160.00

COUNTRY

HOWARD COUNTY

APPLICATION

PERMIT APPLICATION

SERIAL NUMBER

11823
41823

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
12494 HOWARD LODGIE RD. D.C.
Cockeville 21223

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
SINGLE FAMILY HOME
O/A SIZE 61.6 x 36'
WITH BASEMENT

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
1-B	306			12		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
WEIKENSEL - PROP		R	9	3	6030	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	61.6	36	20

OWNER'S NAME AND ADDRESS
MR & MRS MITCHELL SCOTT
8228 LONDONDERRY CT.
HARREL MD 20707
PHONE NO. 440-2295

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

OCCUPANT'S NAME AND ADDRESS
AS ABOVE
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
D.R. BRISHER
11320 LITTLE PATUXENT PARKWAY
SUITE 400, COLUMBIA 21044
PHONE NO. 995-0015

FOOTINGS	FOUNDATION	S. WALLS
CONC	CONC	

CONTRACTOR'S NAME AND ADDRESS
DAVIES DEVELOPMENT
9051 BALT. NAT. PIKE
ELLICOTT CITY 21043
PHONE NO. 750-0007

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			TYPE OF HEAT AC
			ELEC.

I have carefully examined and read the application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not, and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application, and that no work will be covered up until such inspections have been completed with.

EXISTING USE
VACANT LOT
PROPOSED USE
SINGLE FAMILY

SIGNATURE
3/26/92
DATE

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$140,000	195146	

FOR OFFICE USE ONLY

W/S CODE
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
DISTANCE IN FEET FROM SIDE STREET R/W LINE
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
CONDITIONS (IF ANY)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/7/92	B. Hodge
FIRE PROTECTION		
STORM WATER MGMT.		

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
to begin construction before a permit placard has been issued and displayed on the job is a violation of the law
Use and occupancy permit must be applied for two weeks before it will be issued

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.
LP-69 Revised

APPROVED
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

B 1 **8617** 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
40-81-1115
 fill in this form completely

Date Received **7/15/85**
 OWNER INFORMATION
WATTS Owner **STEPHEN** First Name
5890SELFORD RD. Street or RFD
BALTIMORE Town **MORRIS** State **27** Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
DONALD WEISENBERG PROP
 SECTION **1B** LOT **1B**
SHACKS CORNER NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Joseph H. Wayne Driller's Name **238** License No.
Joseph H. Wayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21111 Address
Joseph H. Wayne Signature **7/15/85** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Howard Lodge Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **220** FT
 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 **A31077** COUNTY NO.
 OEP SIGNATURE **Chris Williams** STATE HEALTH INSERT S
 DATE ISSUED **1/23/86**
 CO SIGNATURE **Chris Williams** EXP. DATE
 NORTH GRID **548000** EAST GRID **0815000**

APPROXIMATE DEPTH OF WELL **200** FEET

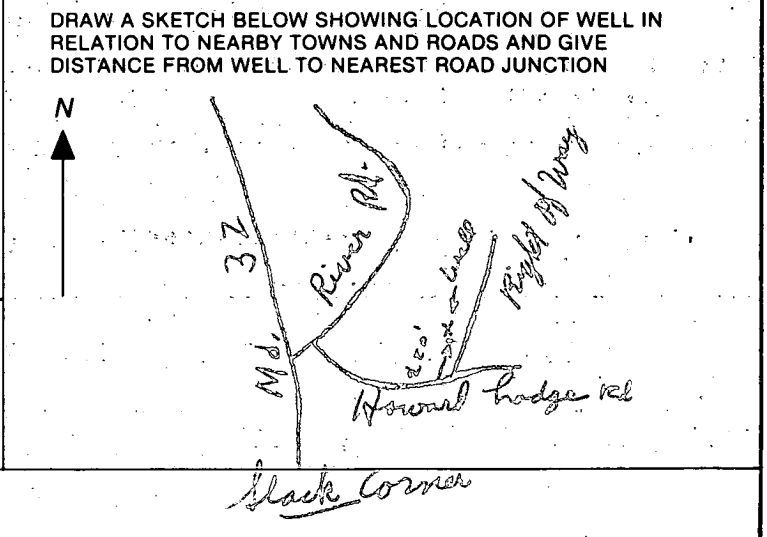
APPROXIMATE DIAMETER OF WELL **6** INCH

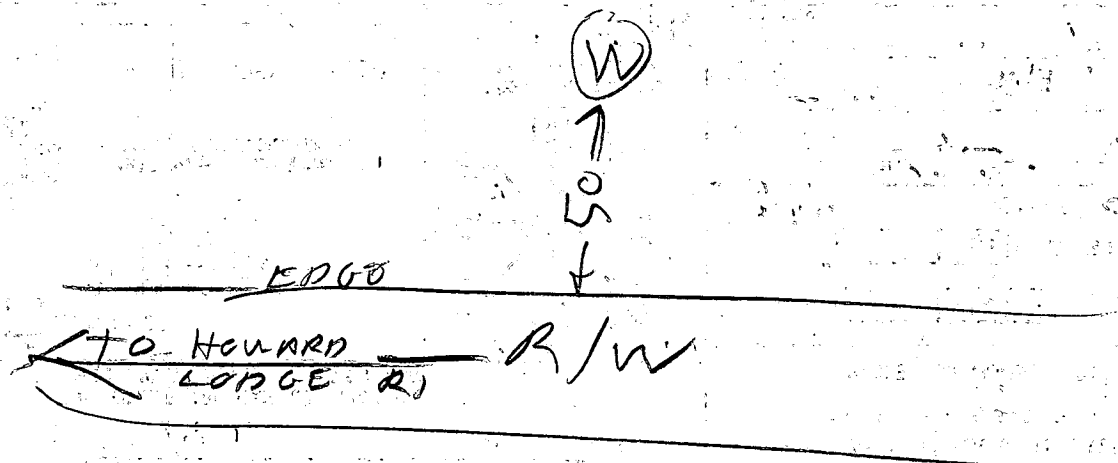
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 **CW** WRITE INITIALS IN BOX PERMIT NO. **40-81-1115**

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**
 N **540**





LO
2/15/05 10:21 AM

- ① Arrive late well already grouted
- ② 54 ft casing
- ③ 40 ft open hole per grout
- ④ 13 Bags
- ⑤ Location OK

Raymond W. Blye

C1 **2370** 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 31077**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **08/15/85** Depth of Well **185** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1115**

OWNER **WATTS STEPHEN** last name first name
 STREET OR RFD **HOWARD LODGE RD** TOWN **SLACKS CORNER**
 SUBDIVISION **WEISENSEL PROPERTY** SECTION LOT **18**

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	
Brown Shale	0	48	
Blue Rock	48	185 ✓	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 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** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing, of main casing
 TYPE (nearest inch) (nearest foot)
ST **6** **54**
 60 61 63 64 66 67 70

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

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

C2

DEPTH (nearest ft.)

1	8	9	11	15	17	185	21
2	23	24	26	30	32		36
3	38	39	41	45	47		51

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **76**
 WHEN PUMPING **43**
 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: **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 (nearest foot) **7**
(-) below } 49 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

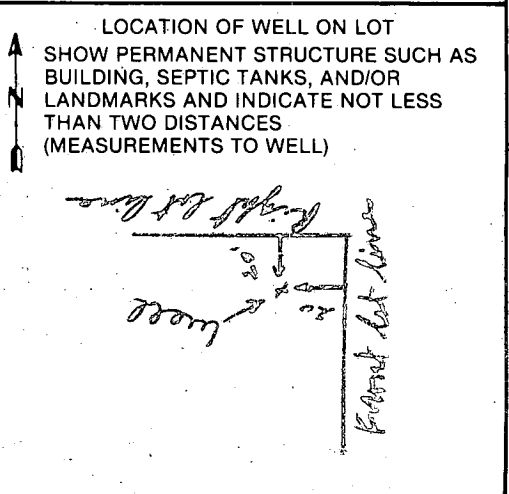
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE **Joseph A. Macgovern**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK [] [] [] [] from to
 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



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 # 48224
Date 6-11-92

Name of Installer C MAYES R+H

Telephone 923 0510

License Number 3276

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MRYMRS SCOTT MITCHELL Telephone _____
Subdivision HOWARD LODGE Lot # 1B Well Tag # HO-81-1115
Site Address 12494 HOWARD LODGE DR.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make MYERS
- Model # 35F52-8
- Capacity 8 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make MERRILL
- Model # MB 200
- Depth 44"

Tank

- Capacity 40 GAL
- Pressure relief valve? YES

Piping

- Type _____
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth 183 ft.
- Yield 8 GPM
- Static water level 150 ft.
- Will water supply be disinfected by installer? NO

Pitless adapter - RP 6/11/92
& water line - OK to lower

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: Charles Mayes

Date: 6-11-92

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