

LAYOUT 9/28/04 11AM INSP 4 \_\_\_\_\_  
INSP 2 10/1/04 INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 9/13/2004

P 520882

APPROVAL DATE: 10/1/04

# PERMIT

A 31173

TAX ID # 05-408636  
INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Whitworth Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 12680 Clarksville Pike PHONE NUMBER: 410-531-5033

SUBDIVISION: Chapel Chase LOT NUMBER: 23

ADDRESS: 12737 Chapel Chase Drive PROPERTY OWNER: Allen Homes, Inc.  
~~Chapel Chase, Inc.~~

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	

PLANS APPROVED: Kevin J. Bell DATE: 7/16/04

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

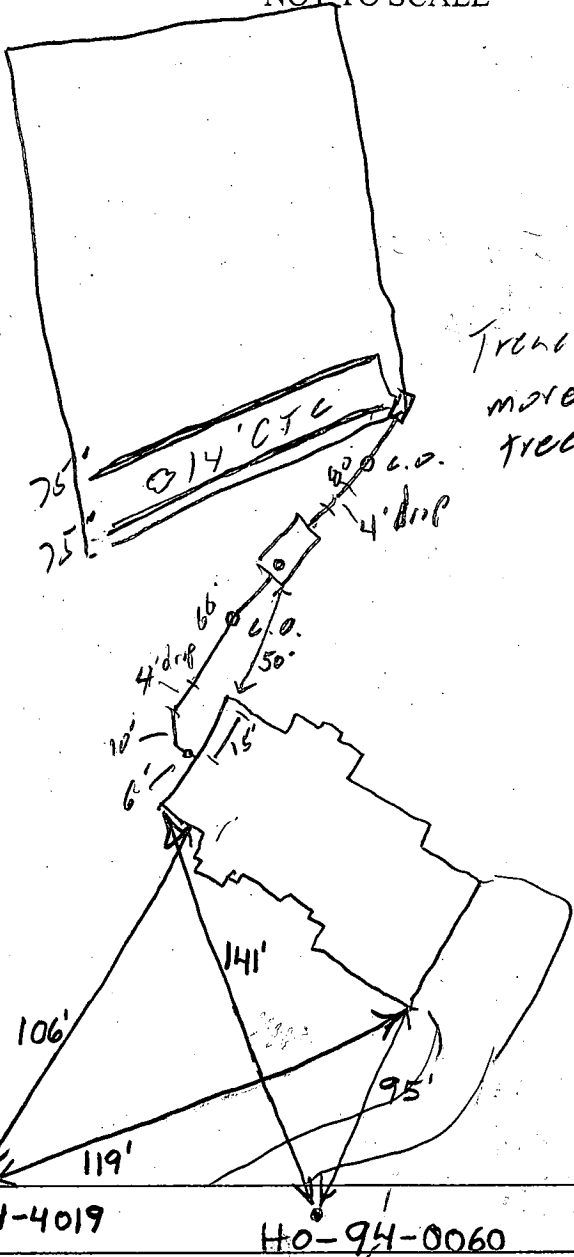
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**BUILDING PERMIT SIGNED AND RETURNED**  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

10-2004 BOB 150812 - LP TANK

A31173

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150
ABSORPTION AREA		450 <del>sq</del>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
2 Comp	CAPACITY 1500 GAL
	SEAM LOC TOP
	TANK LID DEPTH 6'-1
	BAFFLES <input checked="" type="checkbox"/>
	BAFFLE FILTER <input type="checkbox"/>
	MANHOLE LOC <input type="checkbox"/>
	6" PORT LOC Front
	WATERTIGHT TEST <input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
	CAPACITY _____ GAL
	SEAM LOC _____
	TANK LID DEPTH _____
	BAFFLES <input checked="" type="checkbox"/>
	BAFFLE FILTER <input type="checkbox"/>
	MANHOLE LOC _____
	6" PORT LOC _____
	WATERTIGHT TEST <input type="checkbox"/>

Trenches separated more to get around trees

HO-94-4019

HO-94-0060

ROAD

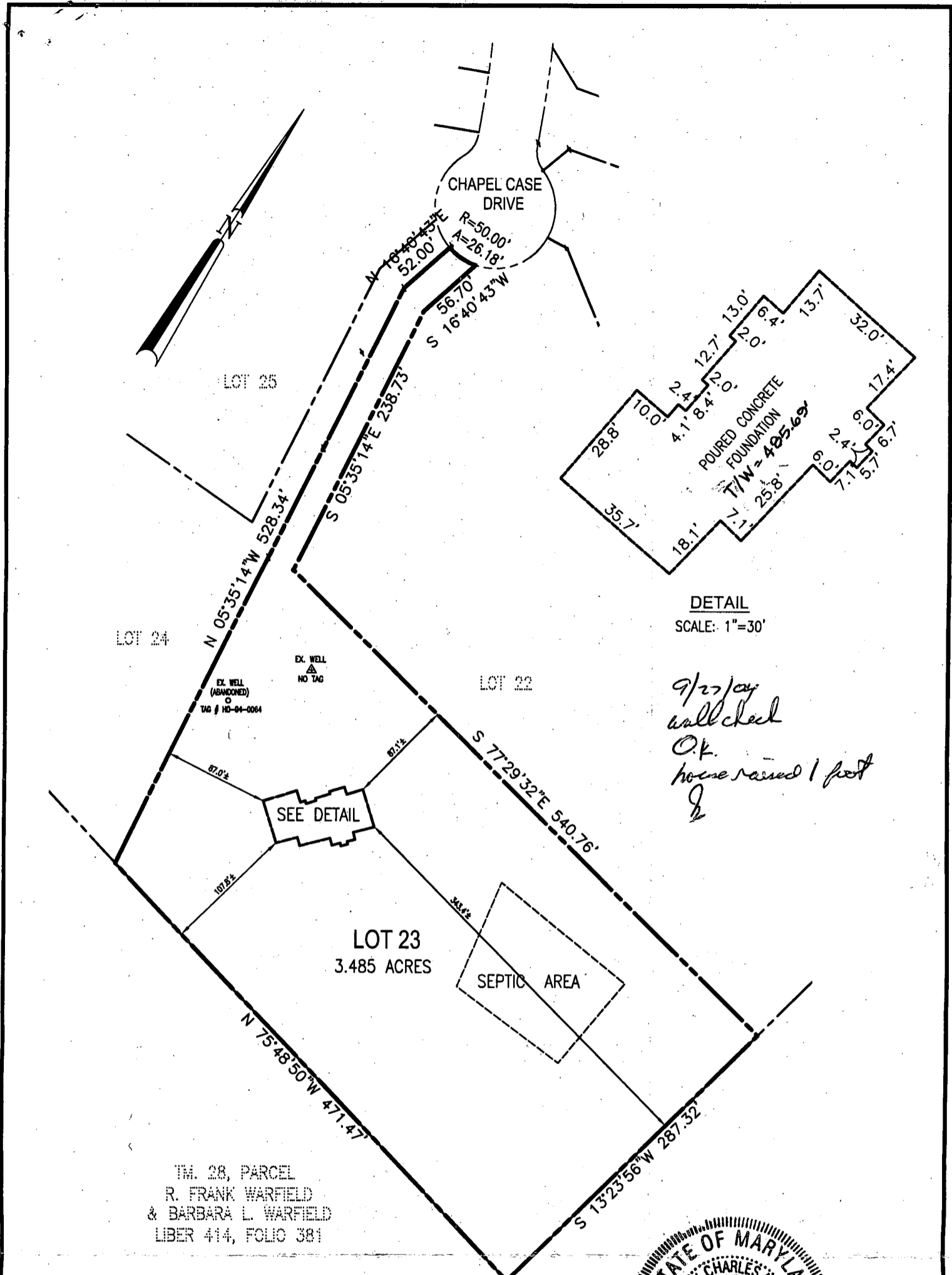
PRE-CONSTRUCTION 9/28/04 - SRA stated, contours appear accurate. Install (2) 75' trenches per Bar 58

INSTALLATION 10/1/04 - Complete system installed. OK to cover all work (se)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 10/1/04



DETAIL  
SCALE: 1"=30'

*9/22/04  
wall check  
OK.  
house raised 1 foot  
J*

TM. 28, PARCEL  
R. FRANK WARFIELD  
& BARBARA L. WARFIELD  
LIBER 414, FOLIO 381

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE,  
INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE  
LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS  
EXCEPT AS SHOWN.

*Mark C. Martin* 9/22/04  
DATE

MARK C. MARTIN,  
PROFESSIONAL LAND SURVEYOR #10884



REV.: SHOW NEW WELL LOCATION 9/22/04  
REV.: SHOW WELL LOCATION & TAG #.

SCALE 1"=100'	DATE 8/26/04	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410.461.7666 / FAX:410.461.8961	WALL CHECK DRAWING LOT 23 CHAPEL CHASE WOODS  TAX MAP 28, PARCEL 305 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.ABBOTT	CHECKED BY J.MEEKS		
PLAT NUMBER 9774	JOB NUMBER 2017074		

R. FRANK WARFIELD  
BARBARA L. WARFIELD  
L 414 F 381

CHAPEL CHASE WOODS  
LOT 24

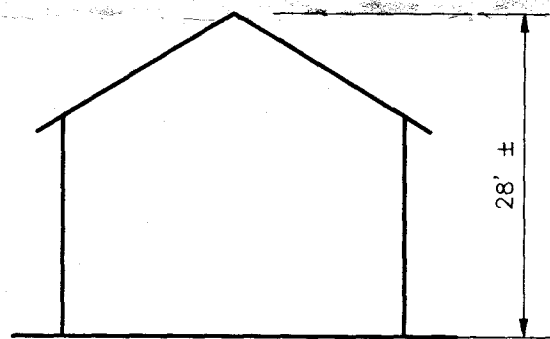
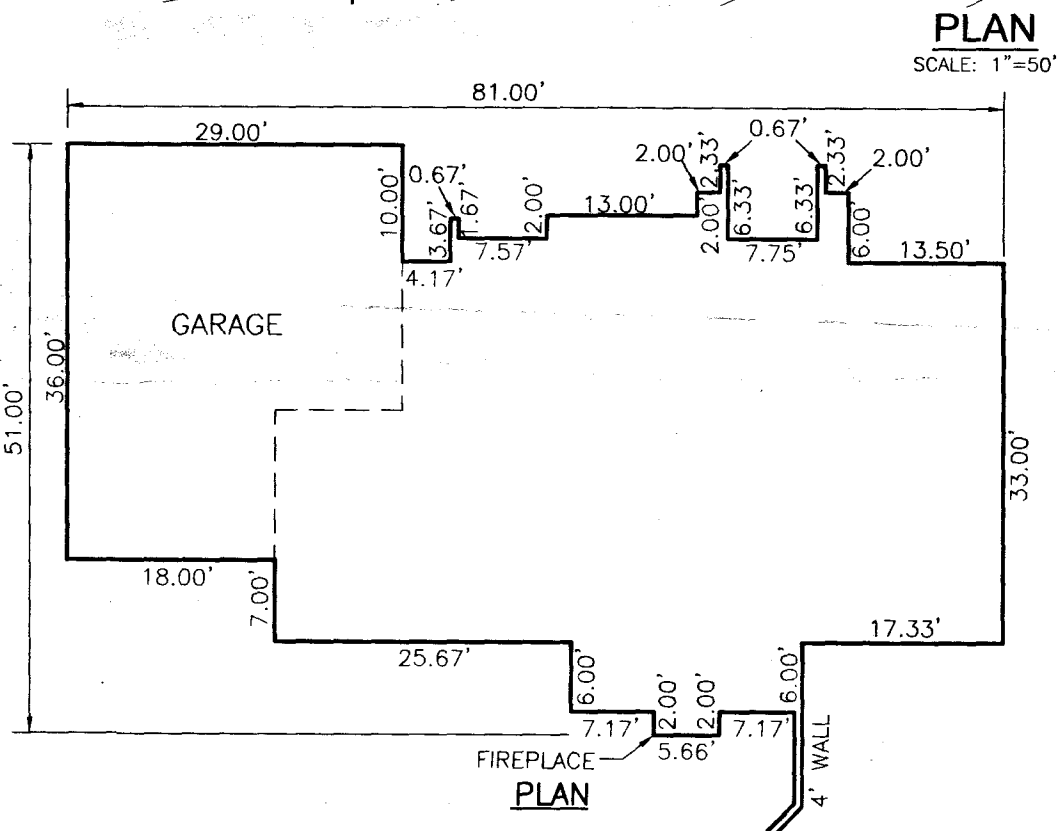
CHAPEL CHASE WOODS  
LOT 22

LOT 23  
3.49 AC

Approved Septic System Plan  
Howard County Health Department

*Frank Bell*  
Signature

Date  
FRANK J. DEFRANCIS  
L 1170 E 176



HOUSE TYPE  
NOT TO SCALE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY SOIL CONSERVATION DISTRICT.

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

*John R. Robertson*  
SOIL CONSERVATION DISTRICT  
DATE 6/3/04

*Jim Meyer*  
U.S. SOIL CONSERVATION DISTRICT  
DATE 6/3/04

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: DELUXE PLUMBING Telephone #: 410-549-2118  
Address: 219 SILVER RUN VALLEY RD.  
WESTMINSTER, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID W. WISNIEWSKI SR. License# 5494

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: ROY CASALIO Telephone #: \_\_\_\_\_  
Subdivision: CHAPIN CHASE Lot #: 23 Well Tag #: HO-94-4019  
Site Address: 12737 CHAPIN CHASE DR.  
CLARKSVILLE, MD 21029

Submersible Pump Data

Make: GOULD  
Model #: CP 25  
Pump Capacity 5 GPM  
Well Yield: 3 1/2 GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model #: 1 1/4 x 80 C  
Depth: 42" (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 600 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house

Type: CELL FLEX  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: \_\_\_\_\_ date: 1-18-05

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/20/05 BB  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

Well 0060 to Be Used as a  
Standby - Water and Electric Lines  
Hooked to it But No Pump Installed - sleeved Under Driveway

C1 3971

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A31173

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/18/04

Depth of Well 600

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4019

OWNER: Allan Homes, STREET OR RFD: 12737 Chapel Chase Dr, TOWN: CLARKSVILLE, SUBDIVISION: Chapel Chase, SECTION: , LOT: 23

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown shale, Brown mica, Gray mica, Brown mica, Gray mica, Sand stone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 25, NO. OF POUNDS 2500, GALLONS OF WATER 150, DEPTH OF GROUT SEAL 66 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 80.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD: screen type or open hole (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 7 gal. per min., METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL 50 ft. before, 600 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 2 ft.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

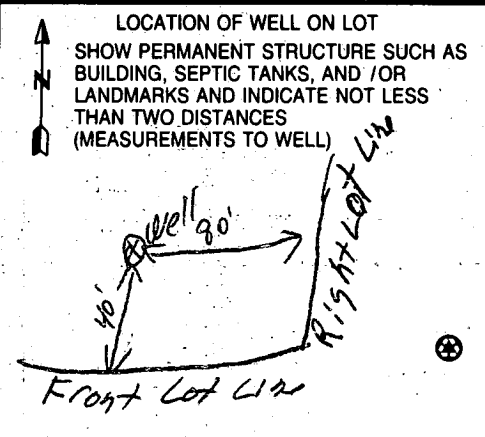
DEPTH (nearest ft.) 78, 600, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56-60.

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"...

DRILLERS LIC. NO.: MWD 040, DRILLERS SIGNATURE: George F. Harstading, LIC. NO.: JS D 038, SIGNATURE: Bruce Thompson.

MDE USE ONLY: GRAVEL PACK, WAS FLOWING WELL, INSERT IN BOX 68: 3:01, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9639

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

520866 please type

STATE PERMIT NUMBER

HO-94-4019

fill in this form completely

Date Received (APA)

OWNER INFORMATION

9848

8 MM DD YY 13

Allan Homes

15 Last Name Owner First Name 34

10260 Old Columbia Pike

36 Street or RFD 55

Columbia, Md 21046

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 9/3/04

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

B 3

Howard

LOCATION OF WELL

8 COUNTY 21

Chapel Chase

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

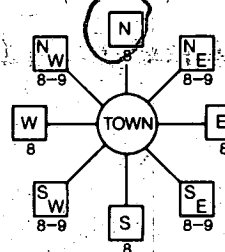
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12737 Chapel Chase Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 300 Ft.

TAX MAP: 28 BLK: 17 PARCEL: 305

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 31173 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 9/3/04 CO SIGNATURE EXP. DATE 9/3/05
NORTH GRID: 508 0 0 0 EAST GRID: 813 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY (circled) 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 CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (circled)
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. HO-94-4019

SPECIAL CONDITIONS

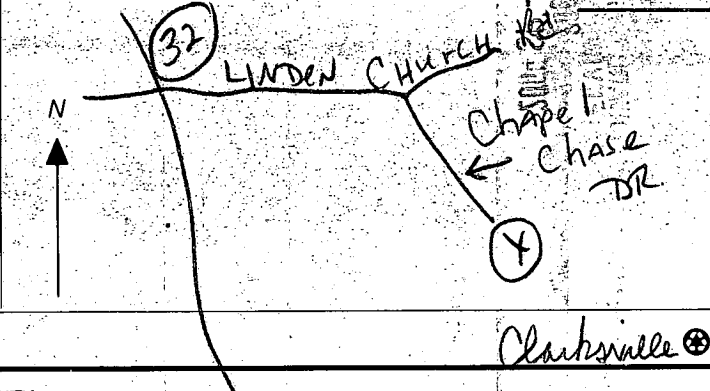
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX-NUMBER FROM THE MAP HERE
810 X 13
500 X 8

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 C 3



105  
102

CHAPEL CHASE WOODS  
LOT 24

S05°35'14"E

528.34'

EXISTING WELL

TEMPORARY MOUNTAIN BERM

CLEAN WATER EARTH DIKE A

20  
44  
FUTURE POOL

FF = 485.00  
BF = 475.00  
MCE = 472.50  
INV = 468.93

1500 GAL.  
SEPTIC TANK  
TOP = 470.00  
IN = 468.50  
OUT = 468.20

APPROVED L.O.D.

AREA OF EXPANDED L.O.D.

LOT 23  
3.49 AC

C.O.  
IN = 468.10  
OUT = 462.10

C.O.  
IN = 461.34  
OUT = 455.00

c/o  
INV = 454.0

DIST. BOX  
TOP = 457.00  
IN = 453.00  
OUT = 452.90

EXISTING SEPTIC AREA

N75°48'15"W

N77°29'32"W

540.76'

30' BRL

30' BRL

342'

109'

900'

38' BRL

125' BRL

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448

446

444

442

440

Met  
post

New  
Site  
Dr

Handwritten notes and arrows

C1 8305

SEQUENCE NO. (DENV USE ONLY)

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# 31173

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0060

OWNER SILVAY STEVE last name CHASEL CHASE first name TOWN DAYTON SUBDIVISION CHASEL CHASE SECTION LOT 23

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries like Top Soil, Brown Shale, Brown Mica, Sand Stone, Gray Mica, Brown Mica, Gray Mica, Brown Mica, Gray Mica, Opening, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 75 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 57 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole ST BR HO insert appropriate code below STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

C2

DEPTH (nearest ft.) 1 40 65 300 21 2 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to

C3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 56 WHEN PUMPING 121 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: 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 below 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 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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA





**B 1** 05925 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  
 70 fill in this form completely 79  
 H0-94-0060

**OWNER INFORMATION**  
 Date Received (APA) 040794  
 15 Last Name: SILVIOY, 13 Owner: STEVE, 34 First Name  
 36 Street or RFD: 6406 DARWIN RD, 55  
 57 Town: LAUREL, 70 State 72: MD, Zip 76: 20707

**B 3 LOCATION OF WELL**  
 1 2 HOWARD COUNTY 21  
 23 SUBDIVISION: CHAPEL CHASE 42  
 SECTION 44: [ ] 46: [ ] LOT 48: 23 50:  
 52 NEAREST TOWN: DAYTON 71  
 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name: George F. Easterday 40  
 L. Franklin Easterday, Inc. 77 License No. 80  
 Firm Name: Brown Church Rd., MT. Airy, Md. 21771  
 Address: George F. Easterday April 5, 94  
 Signature: [ ] Date: [ ]

**B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 TOWN  
 N, NE, E, SE, S, SW, W, NW  
 (SE is circled)  
 NEAR WHAT ROAD: Chapel Chase Dr. 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH, WEST, SOUTH, EAST  
 34 100 37 DISTANCE FROM ROAD  
 ENTER FT or MI FT 38 39

**B 2 WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
 14 20

**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)

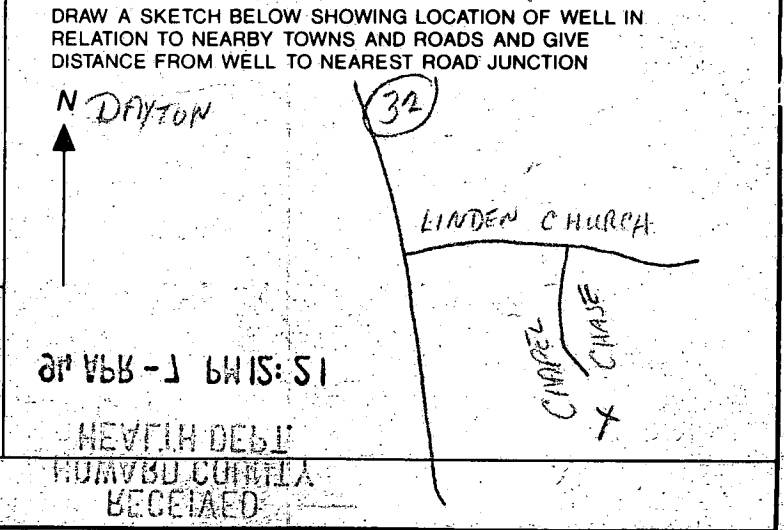
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD COUNTY NAME COUNTY NO. A# 31173  
 STATE SIGNATURE DATE ISSUED 9/1/94 Charles Brown Church 9/1/95  
 NORTH GRID 507000 EAST GRID 0813000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER 1 well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 800 13  
 N 500 7  
 000 000  
 Note: prot 5/19/94 8:30 location - unable to reach 14 bags 5/19/94

**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) 41 [ ] 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE CV WRITE INITIALS IN BOX PERMIT No. H0-94-0060  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
May 11, 1994

Mr. Stephen Silvoy  
6406 Darwin Road  
Laurel, Maryland 20707

RE: Percolation Test Approval  
Chapel Chase Subdivision - Lot 23  
Chapel Chase Drive

Dear Mr. Silvoy:

This is to confirm that the above referenced property passed the standard percolation test on March 13, 1981 and is considered a buildable lot. Prior to issuance of a building permit for this lot an approvable well must be drilled; then an acceptable building site and elevation plan must be reviewed by this department.

If you have any additional questions regarding this matter, please contact this department at 313-2640.

Respectfully,

Craig Williams, Director  
Water and Sewerage Program

CW:jr

Enclosures

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31173  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th Elec. Dist

DATE 2-17-81

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 Ms. Corraine D. Hebb/c/o Edward Kasemeyer

ADDRESS 9051 Baltimore National Pike PHONE (301) 465-7474  
Ellicott City, Maryland 21043

PROPERTY LOCATION

SUBDIVISION Chapel Chase

LOT NO. A-8

ROAD AND DESCRIPTION Linden Church Road Off of Maryland Route 32

SIZE OF LOT 3.02 Acres TYPE BLDG Single-Family Detached

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 Edward Kasemeyer

APPROVED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

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

## THIS IS NOT A PERMIT

New #A-6

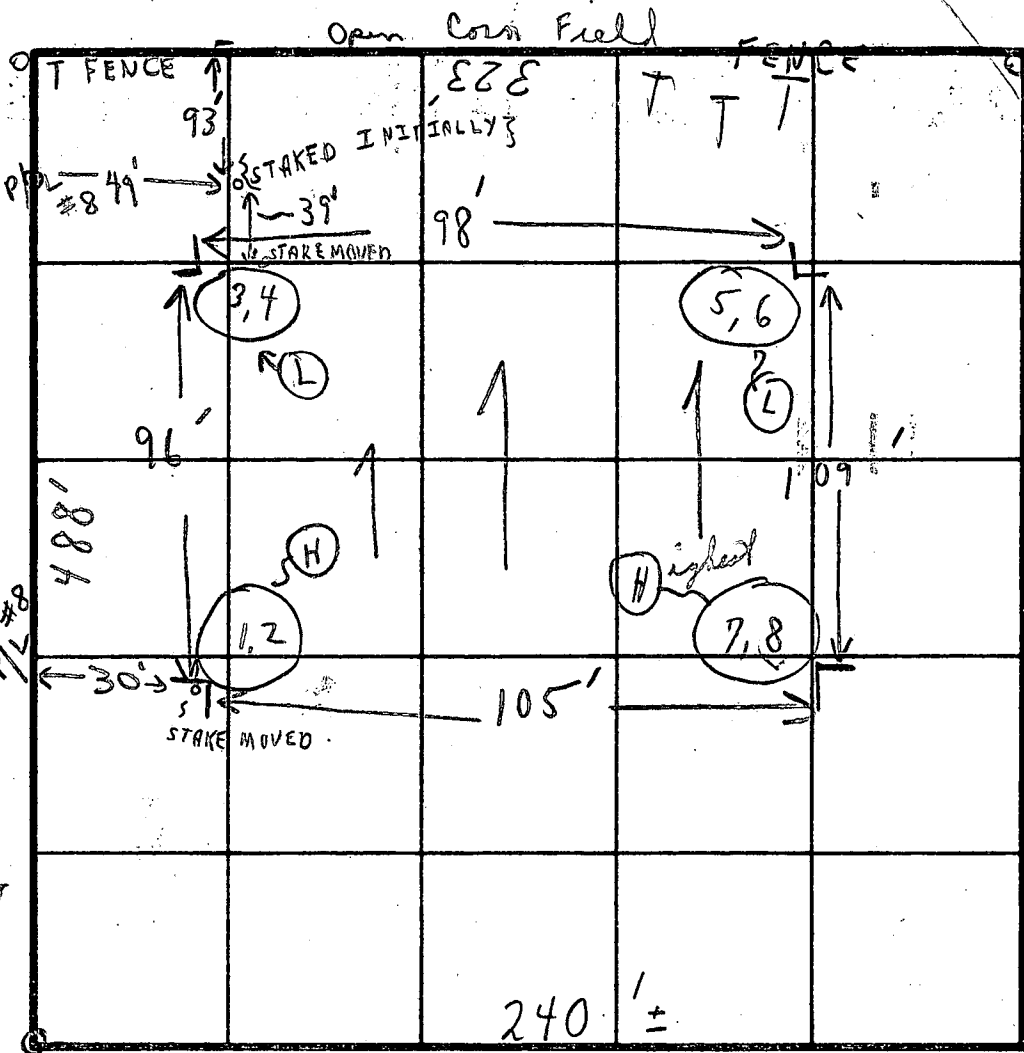
~~A-8~~

SOIL PROFILE

SEE EACH HOLE BELOW



FIELD SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED ROAD

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
				START	STOP	START	STOP	
1' - 4' CLAY	3/13/2	① 1	4'	2:14	2:16	2:16	2:19	3m
4' - 14' LOAM		2)	14'	: 40 AM		4' - 14'		
1' - 3 1/2' CLAY		3	3 1/2'	1:32	1:34	1:34	1:37	3m
3 1/2' LOAM TO 14' MICA		④ 4	14'	SIMILAR PROFILE		FROM MICA LOAM		3 1/2' - 14'
1' - 5' CLAY MICA LOAM, 5' - 14'		5 A	5'	1:52	1:59	1:59	2:28	29m
		⑥ 6	14'	{ : LOAM : 6' - 14' MICA LIGHT DIRTY }				
1' - 4 1/2' CLAY		⑦ 7	4 1/2'	2:32	2:34	2:34	2:36	2m
4 1/2' - 14' LOAM		8	14'	: 4 1/2' - 14' MICA LOAM				10 min
		(5B	NOT NECESSARY					ended 4'

REMARKS LOT - WOODED HOLD { (1) FOR CERTIFIED HOLES }  
 { (2) DISCUSSION }  
 { (3) PERC'S STAKED DICER }  
 TYPE OF SOIL \_\_\_\_\_

TESTED BY C.B. A ALSO PRESENT { J.A.D }

# APPLICATION

SEWAGE DISPOSAL TESTING

A 31173

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 Elec. Dist.

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

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

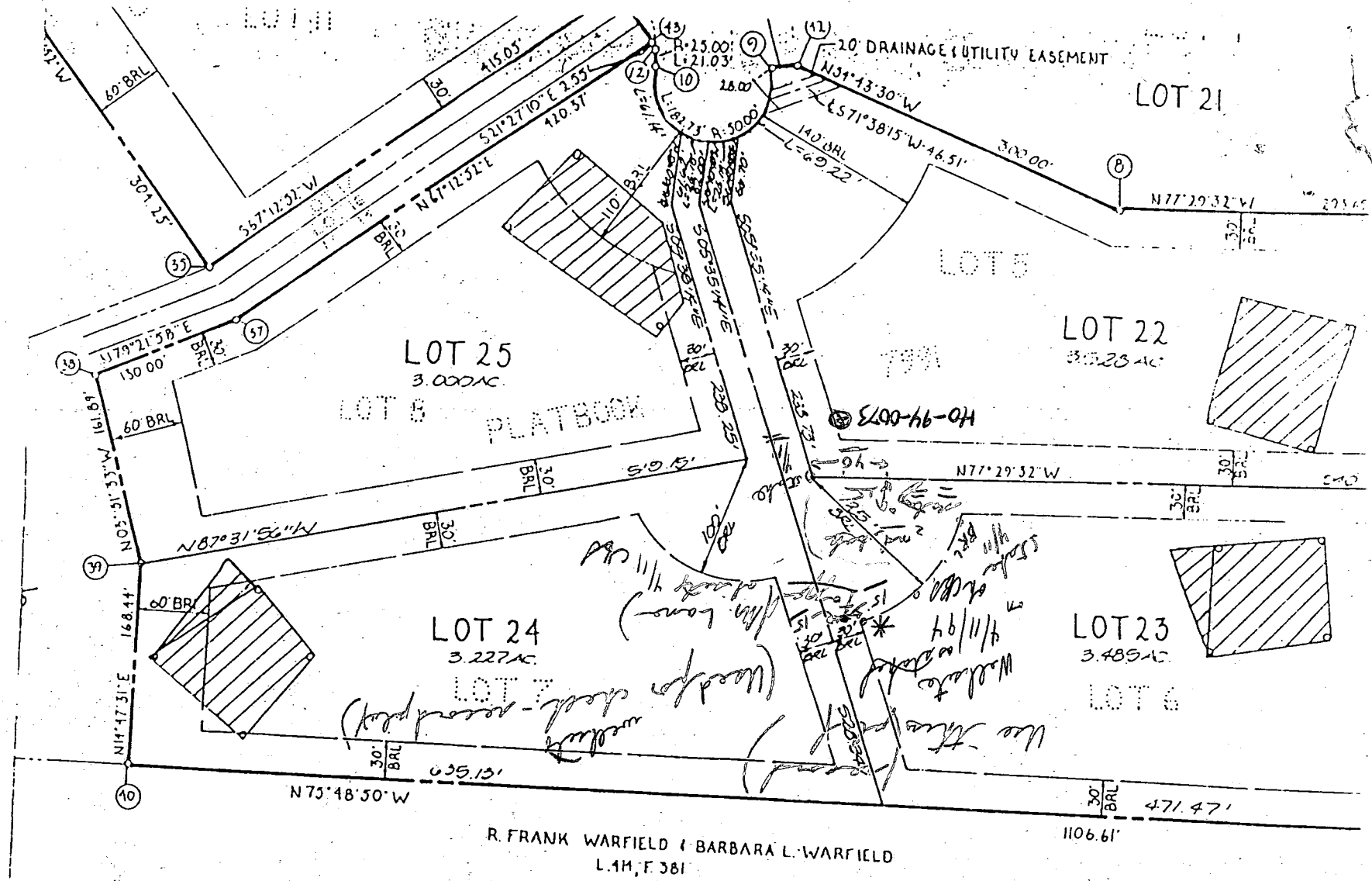
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

23  
LOT NO. 2-8  
PROPOSED #6  
AS OF 4/16/81  
LETTER





201005-1 WRS-1  
 12/10/10

### OWNER'S STATEMENT

WE CHAPEL CHASE JOINT VENTURE, INC. A MARYLAND CORPORATION BY JOHN A. BOLNDER, AUTHORIZED AGENT AND WILLIAM R. HOPKIN SECRETARY and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the DEPT. of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns, 1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services, in and under all roads and street rights-of-way and the specific easement areas shown hereon, 2) the right to require dedication for public use, and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities and open space where applicable, and floodplains, storm drainage facilities and open space where applicable, 3) the right to require dedication of waterway and drainage easements for the specific purpose of their construction, repair and maintenance, and 4) that no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

### SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a RESUBDIVISION of the lands conveyed by CATHERINE A. STEVENS KEELAN, SUBSTITUTED TRUSTEES TO CHAPEL CHASE JOINT VENTURE, INC. by deed dated July 24, 1981 and recorded in the Land Records of Howard County, Maryland in Lot at Folio 372, an-21A RESUBDIVISION OF CHAPEL CHASE LOT 13 OPEN SPACE LOT 14, A RESUBDIVISION OF PARCEL A RECORDED IN THE AFORESAID LAND RECORDS IN PLATBOOK 7990 & 7991 AND ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED

William G. Hester, Surveyor

# FILE INQUIRY FORM

Property Address: 12737 Chapel Chase Drive

9/2/04 - Call from Easterdays, said they had done a yield test on HB-94-0064 and during the well caved in, they tried to sleeve it to no avail. Well rig is on site & looking for someone to come out today.

Met Mr. Easterday & builder, they selected new well site, builder said driveway is moved uphill & won't be an issue. took measure & noted on plot plan. OK to drill, fax well permit & send original & \$160 check in the mail (50)

PLOT PLAN  
**CHAPEL CHASE**

LOT 23

TAX MAP 28  
 5TH ELECTION DISTRICT

PARCEL 305  
 HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET  
 ELLICOTT CITY, MARYLAND 21043  
 TEL: 410.461.7666 FAX: 410.461.8961



DESIGN BY:     JT  
 DRAWN BY:     JT  
 CHECKED BY:     RHV  
 DATE:     MAY 25, 2004  
 SCALE:     1"=50'  
 W.O. NO.:     201/0/4

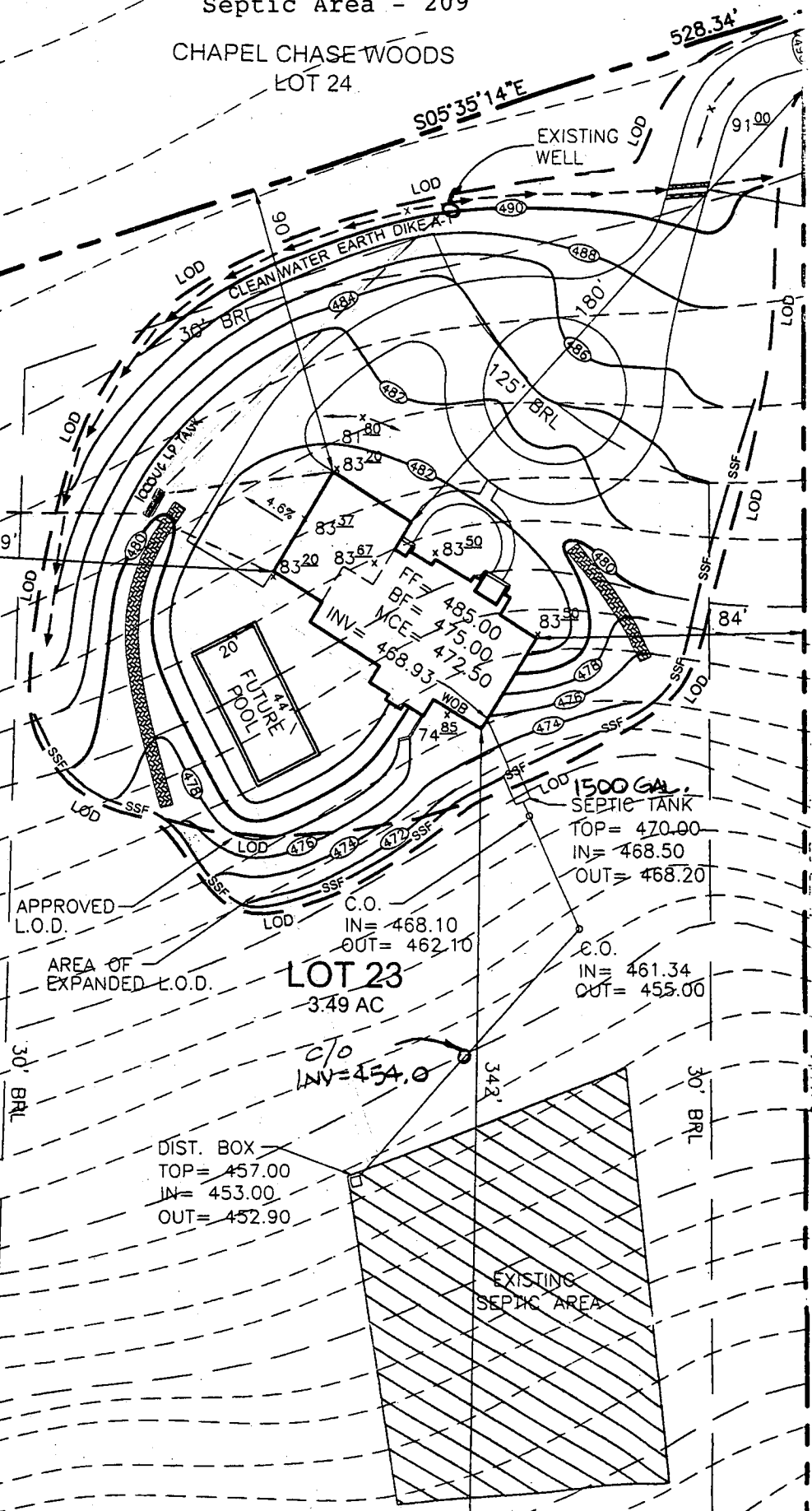
1 SHEET OF 1

Distance from tank to:  
 Closest Property Line - 67'  
 Well - 115'  
 Front Corner of House - 53'  
 Rear Corner of House - 40'  
 Septic Tank - 113'  
 Septic Area - 209'

CHAPEL CHASE WOODS  
 LOT 24

*B00150812*  
*10/20/04*  
*Proposed LP tank location OK*  
*(KJB)*

R. FRANK WARFIELD  
 BARBARA L. WARFIELD  
 L.414 F.381



APPROVED  
 L.O.D.

AREA OF  
 EXPANDED L.O.D.

**LOT 23**  
 3.49 AC

*c/o*  
 INV = 454.0

DIST. BOX  
 TOP = 457.00  
 IN = 453.00  
 OUT = 452.90

1500 GAL.  
 SEPTIC TANK  
 TOP = 470.00  
 IN = 468.50  
 OUT = 468.20

EXISTING  
 SEPTIC AREA

Grading Plans - C3-15

Grading Permit - 8228

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-3488 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3880	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <span style="font-size: 24px; font-family: cursive;">B00148835</span>
--	-------------------------------------	--

Building Address <u>12737 Chapel Chase Dr.</u> <u>Clarksville, MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>60501</u> Subdivision <u>Chapel Chase</u> Section _____ Area _____ Lot <u>23</u> Tax Map <u>28</u> Parcel <u>305</u> Grid <u>17</u> Zoning <u>R1X2D</u> Map Coordinates <u>14C3</u> Lot size <u>3.49 acres</u>	Property Owner's Name <u>Allan Harris Inc.</u> Address <u>P.O. Box 1058</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone <u>410-21-1414</u> Work Phone <u>301-596-2826</u> Applicant's Name & Mailing Address, (if other than stated hereon):  Phone _____ Fax <u>410-346-8691</u>
---	---

Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>180,000</u> Description of Work <u>Custom SFD (3) Car Garage,</u> <u>(2) story, (4) F.B., (1) 1/2 Bath, (5) B.R.,</u> <u>(2) F.P., Finished Basement (Rec Rm, Media</u> <u>Occupant or Tenant <u>RM, BATH, Bed Room</u></u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>Allan Harris Inc.</u> Contact Person <u>Allan Waschak</u> Address <u>P.O. Box 1058</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> License No. <u>60</u> Phone <u>410-381-1414</u> Fax <u>410-381-1211</u> Engineer or Architect Company <u>Jackson Design Group</u> Contact Person <u>Jack Jackson</u> Address <u>2508 Churchill Downs Rd.</u> City <u>Carthersburg</u> State <u>MD</u> Zip Code <u>20882</u> Phone <u>301-519-7485</u> Fax <u>301-519-0613</u>
---	---

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL																
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THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF OBSERVING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: Allan Waschak  
 Title/Company: President - Allan Harris Date: 6/15/2004

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

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Side: _____																																																																							
Side St.: _____																																																																							
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																						
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																						
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																						
Lot Coverage for New/Town Zone _____																																																																							
SDP/Red-line approval date _____																																																																							
PROPERTY ID#	<u>50883</u>																																																																						
Filing fee \$	<u>100</u>																																																																						
Permit fee \$	_____																																																																						
Excise tax \$	_____																																																																						
Add'l per. fee \$	_____																																																																						
TOTAL FEES \$	_____																																																																						
Sub-total paid \$	_____																																																																						
Balance due \$	_____																																																																						
Check #	<u>95</u>																																																																						
Validation #	<u>7-270</u>																																																																						
Accepted by	<u>[Signature]</u>																																																																						



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 20, 2005

Allan Homes, Inc.  
P.O. Box 1058  
Columbia, MD 21044

**SENT VIA FACSIMILE 410-381-1211**

RE: 12737 Chapel Chase Drive  
Clarksville, MD 21029  
BP #: B00148885  
Well Permit # HO-94-4019

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/01/2004. Final approval of the well line connection to the dwelling was approved on 01/20/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

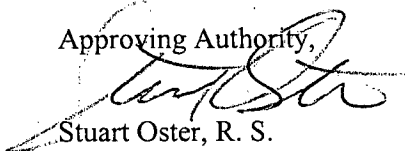
#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4019. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 01/05/2005 & 01/17/2005  
Date of Well Completion: 09/08/2004

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: DELUXE PLUMBING Telephone #: 410-549-2118  
Address: 719 SILVER RAINWAY RD  
WRESTMINTON, MD 21288

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): DAVID J. WISNIEWSKI License# 5494

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: RAY CASANO Telephone #: \_\_\_\_\_  
Subdivision: CHAPEL CHASE Lot #: 23 Well Tag #: HO 94-0060  
Site Address: 1233 CHAPEL CHASE DR.  
CLARKSVILLE, MD. 21029

Submersible Pump Data

Make: NO  
Model #: PUMP  
Pump Capacity: \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: HOWARD  
Model #: PT 500  
Depth: 42" (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: CPII PER  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10"  
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation  
1-18-05 date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_