

9/21/95
2:30

9/21/95 Needs house connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-315762

P 50878

A 50517

DISTRICT 3rd

DATE 9-15-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 10/3/95

INSPECTOR DKS

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558-R Obrecht Road, Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION Coventry Meadows LOT 1 ROAD 1410 Coventry Meadows Drive

PROPERTY OWNER Mr. and Mrs. John Adolphsen

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

Contractor

NUMBER OF BEDROOMS 4

MAY CHOOSE TO USE INFILTRATOR SYSTEM RATHER THAN CONVENTIONAL TRENCHES.

210 SQUARE FEET PER BEDROOM

(CW)

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 75 feet or less from the front lot line and 190 feet from the left lot line. Run trenches along contour toward right lot line. Okay to install 2 trenches at 140 feet each to maximize use of available septic area.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 5/31/95 DKS

PLANS APPROVED BY C. Williams DATE 05/01/95

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

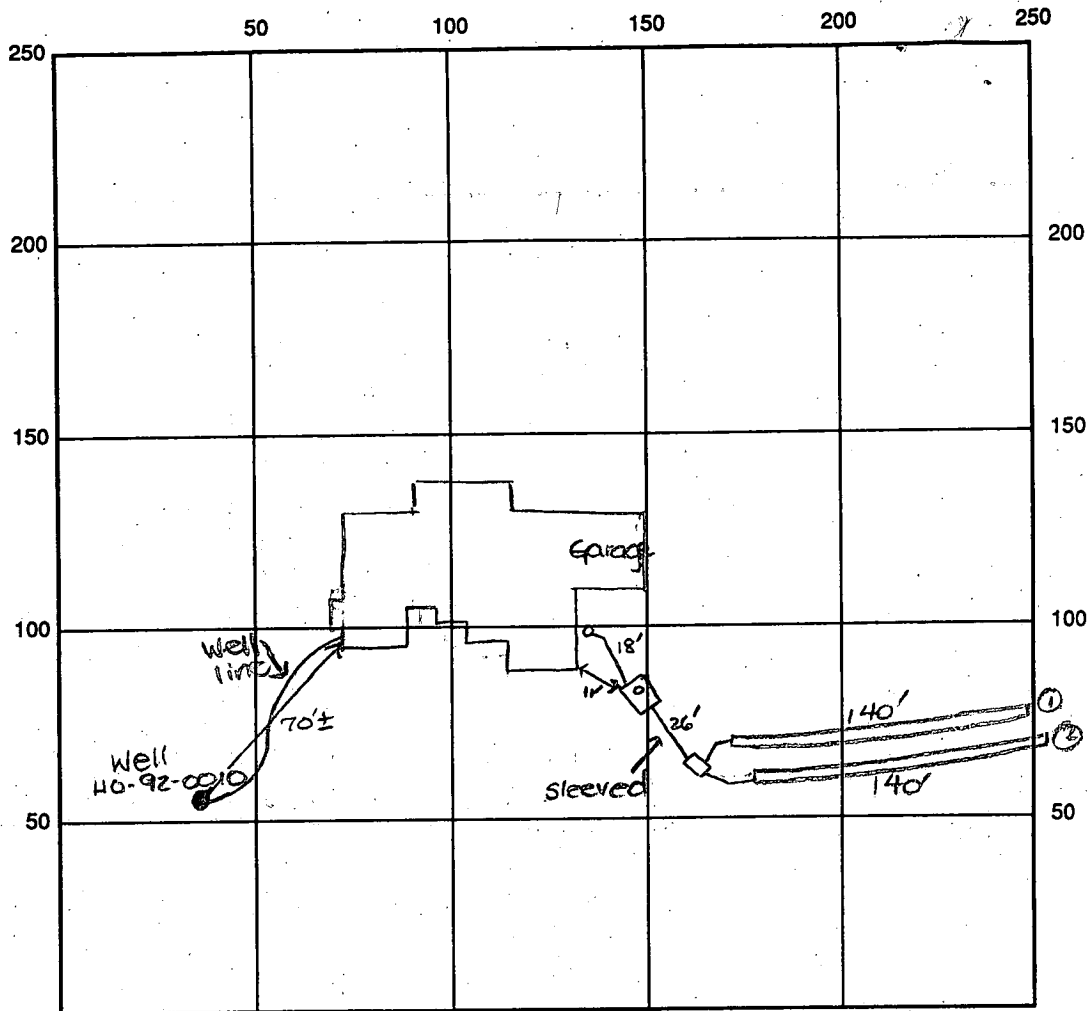
PERMIT VOID AFTER TWO YEARS

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 50517



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Coventry Meadows Drive

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1 FT. TOTAL LENGTH 140 FT. → 280'

NUMBER OF TRENCHES 2 / BOTTOM AREA 740 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 740 SQ. FT.

REMARKS: 9/21/95 OK to cover all septic work except 2' at house.

*Needs house connection. DKS

10/3/95 Final - OK to cover all work. House connection made. DKS

DATE SYSTEM APPROVED 10/3/95

INSPECTOR

BONNA K JOE

2/21/95
1/30

APPLICATION

PERCOLATION TESTING

A 50517

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 12/5/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John W. Adolphsen, Jr.

ADDRESS 935 Barracuda Cove Ct., Annapolis, MD 21401 PHONE (410) 757-5970

AGENT OR PROSPECTIVE BUYER N/A 765-8619

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Coventry Meadows LOT NO. +

ROAD AND DESCRIPTION 1410 Coventry Meadows Dr., Sykesville

TAX MAP 9 PARCEL # 336 plat: 9258

SIZE OF LOT 3 acres TYPE BLDG. single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 5/1/95
Serial # 59076-SFO
4Bm

BLDG. PERMIT SIGNED
AND RETURNED
Serial # 59076-
single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

John W. Adolphsen Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Coventry Meadows Lot 1

A50517

COUNTY #

SOIL PROFILE

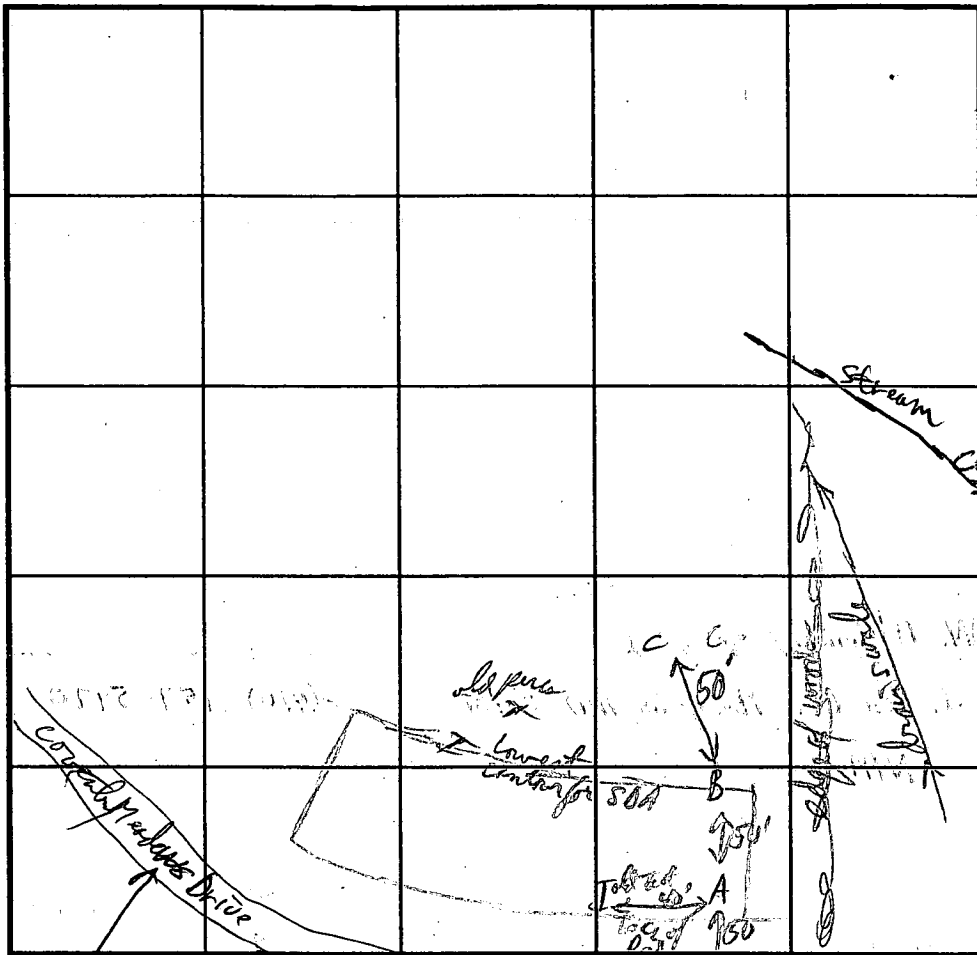
0' **A**
 Red-yellowed
 FSL-CL
 2 1/2' **12'**
 Yel Brn
 -yel brn
 Micaceous
 C2-1d
 Block PVC
 12' water seepage
 at bottom

B

Yel Brn
 h L-SCL
 2 1/2' **12'**
 Micro colored
 pale yel Brn,
 white, Bl Brn,
 etc
 Micaceous
 S Micaceous
 8-9" water
 seepage
 & leakage
 water table
 rising
 12'

C

Dark Brn loam
 Top soil
 6" **14'**
 yellowed yellow
 FSL-CL
 2-2 1/2'
 grey (100%?)
 silt (wt)
 occasional
 nodules
 6'
 Sandy Brn
 & light grey
 mix
 14' water seepage
 at bottom



SOIL PROFILE

0' **12'**

Coventry INDICATES NORTH NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/21/95	A	4'	1:43:20	1:48:40	1:48:40	1:59:20	9 min OK Shallow
		12'	Water Seepage at 9 1/2 - 10'		Center at Bottom		
	B	3'	2:00:00	2:06:00	2:06	2:13:00	7 min OK to 8' only
		5 1/2'	1:25:30	12		1:37:00	6 min
		12'	Water Seepage at 8' - 9' & leakage at 7'				
Glenville Soil	C	V14	Not Filled Too Close to Stream				Fail
			Slight seepage at bottom and casing & seepage at 4 1/2 ft				

REMARKS: Shallow only low side trenches 4 ft max depth only
 TYPE OF SOIL: Glenville, Gently
 TESTED BY: R. Whitley ALSO PRESENT: Justin John Addison
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 8 min TRENCH WIDTH: 3
 INLET DEPTH: 2' MAXIMUM BOTTOM DEPTH: 4' SQ. FT./BEDROOM: 210

December 5, 1994
935 Barracuda Cove Ct.
Annapolis, MD 21401

Dear Mr. Pinkley;

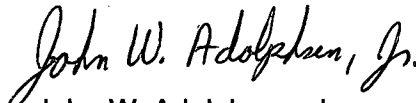
I met with you last week to gain advice on how to proceed with a request to move a septic field on my lot which is currently undeveloped. I want to thank you for your time and the advice you provided me.

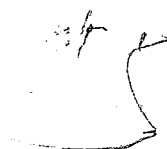
I am requesting permission to move the septic field on my lot by some 30 feet. The identification information for the lot is as follows: address – 1410 Coventry Meadows Dr., Sykesville; subdivision – Coventry Meadows; lot number – 1; parcel – 336; and plat – 9258. As you requested, I am enclosing the following information.

- Reason for Request. To increase the area within which to place a future house while avoiding the encroaching upon the 20 foot house-to-septic-field buffer and crossing the building restriction line.
- Drawings. Attachment I is a plat of the lot which shows the footprint of the house, the desired location of the septic field, the septic tank, the distribution box, and four lengths of 70 foot-long trenches. Attachment II is a plat of the lot which shows the current location of the septic field.
- Application. Attachment III is the completed application.

As I understood our conversation, this should complete the information you need (as least for the time being). If there are any problems or questions, please do not hesitate to call me. My work phone is (410) 765-8619, and my home phone is (410) 757-5970 (please don't be shy about leaving a message – I *will* get back to you). Thanks again for your help.

Respectfully;


John W. Adolphsen, Jr.



APPLICATION

Retest
1-26-90
10:00am

PERCOLATION TESTING

A 41584
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

1-29-90
Request field elevation
check of well site.
Confirm well is higher
than septic easement JEN

DISTRICT _____
DATE 4-12-88

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 Dickey Family

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Coventry Meadows LOT NO. 1 sec 1

ROAD AND DESCRIPTION Route 32

TAX MAP 9 PARCEL # 71

SIZE OF LOT 3 ac TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR SHALLOW TRENCHES DATE 3/2/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-29-90 Reperced hole 1A was unsatisfactory
Area to be reperced uphill to establish new SDA. JEN

HD-216

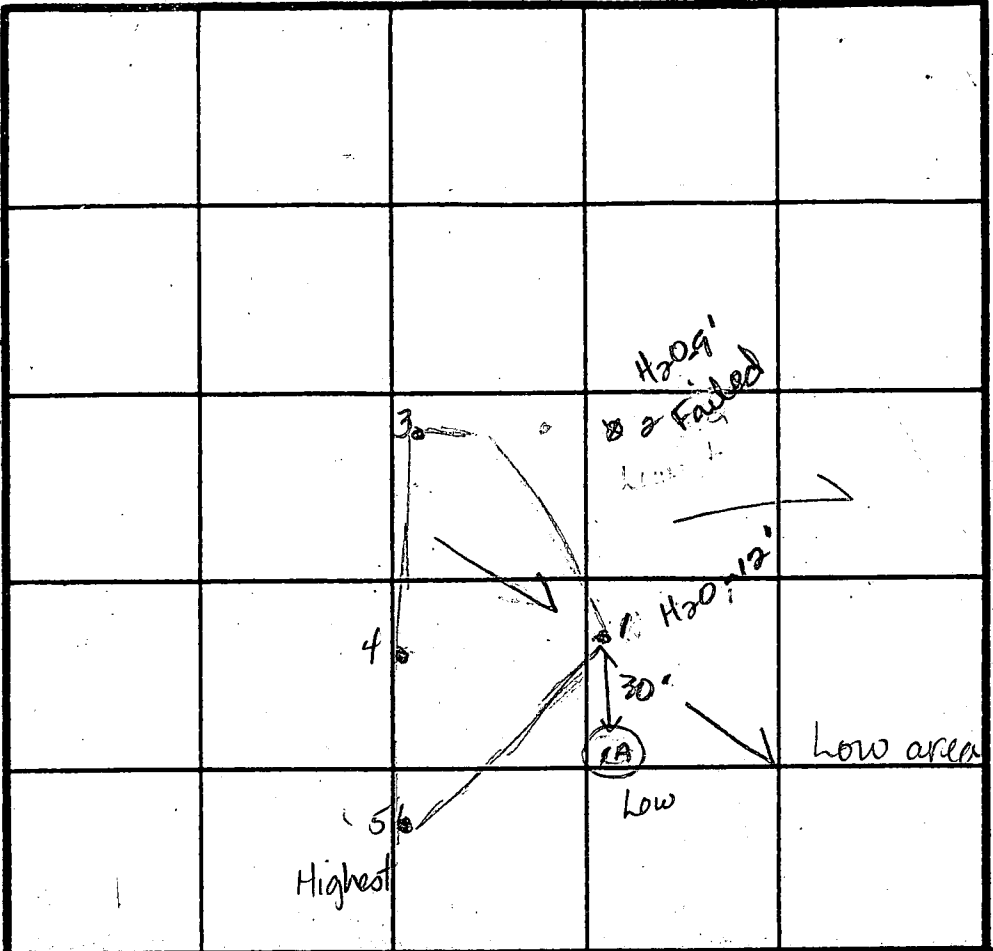
THIS IS NOT A PERMIT

A 41584

(1A)
SOIL PROFILE

0-5 Yellow br
si cl lm
5-12.5 br mica
sa si lm
water
at 7.5ft
12.5 Bottom

Road A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt-32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-29-90	1A	12.5 ✓	water	at 7.5 ft			no

REMARKS Reperced hole 1A unsatisfactory. Must reperc SDA uphill. 1A, 1 and 2 about same elevation.

TESTED BY J. Nadeau / C. Williams ALSO PRESENT O. Ketterman Jr

APPLICATION

Retest
June 6, 1988
9:30 AM

PERCOLATION TESTING

Wed - 4/14/88 -

Retest

A 41584

P _____

DISTRICT 3rd

DATE 4-12-88

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

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 The Dickey Family c/o Walter Johnson

ADDRESS 250 West Pratt Street PHONE 385-9227
Baltimore, Maryland 21201 727-8400

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Coventry meadows LOT NO. 1 Final lot 1, sec 1

ROAD AND DESCRIPTION Coventry meadows Drive, off Rt. 32

TAX MAP 9 PARCEL # 71

SIZE OF LOT 3 acres TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

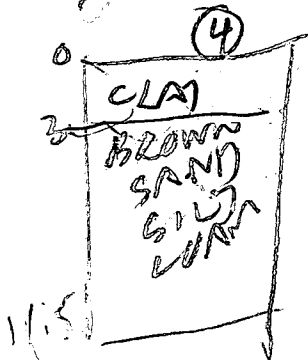
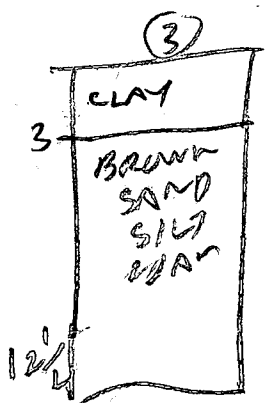
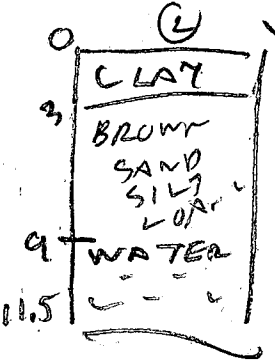
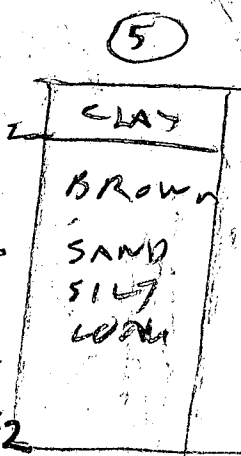
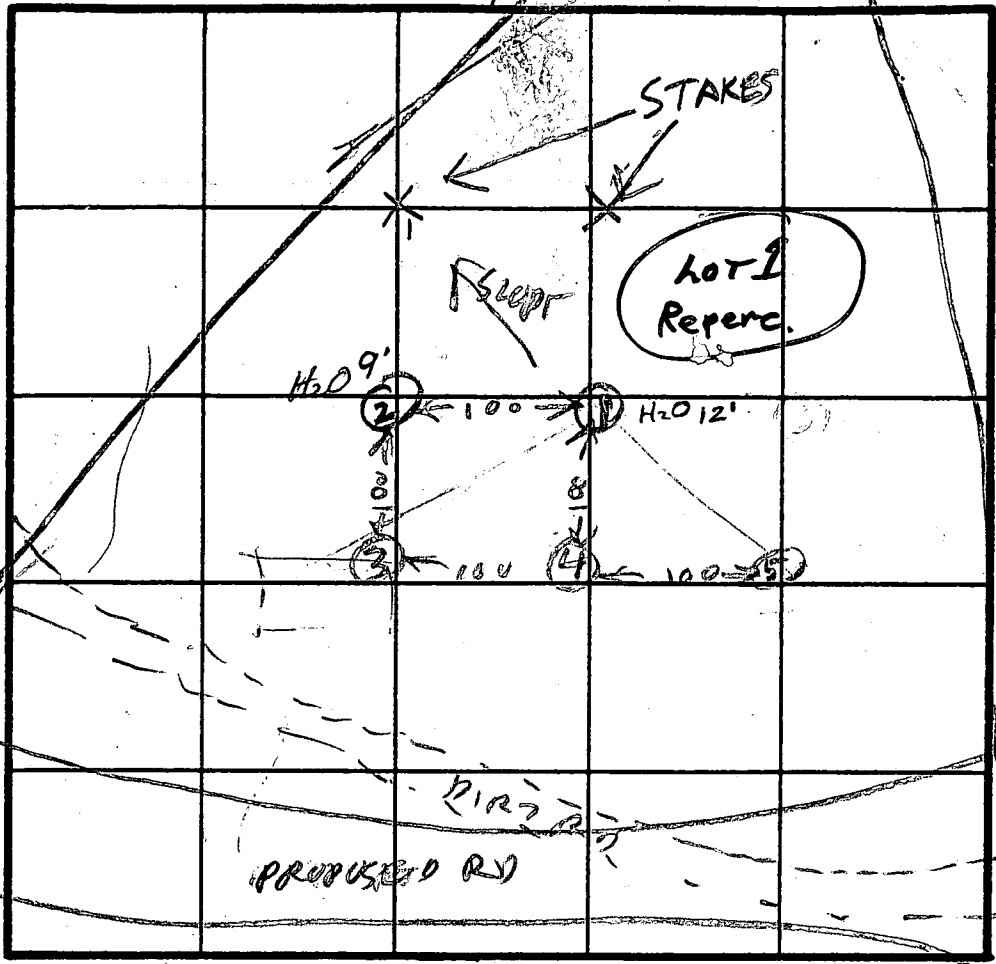
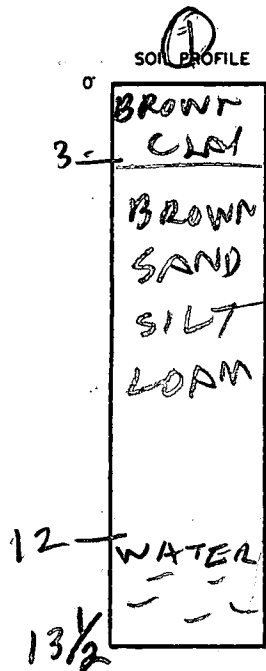
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/18/88 - RETEST OK BUT PERC
REPORT PLAT NEEDED R/H 6/18/88 Shallow Syst
only. Sabu

HD-216

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/6/08	1S	4.5	327	331	331	339	8
	1V	13.5	WATER		12 FT		
	② 2S	4	344	345	345	346	1
	② 2V	14.5	WATER		9 FT		
	3S	4	349	353	353	406	13
	3V	12.5	OK				
	4S	4	415	417	417	420	3
	4V	11.5	OK				
6/6/08	5S	3.5	423	425	425	428	3
	5V	12	OK				

Holes
③ ④ ⑤ = HIGH
① ② = LOW
X Perc
5 min
180 #/GA
INLET
2.5
BOTTOM
4.5

7/10 hr OT Today Run Test differently

REMARKS: Hole ① ② Plus per surveyor
TYPE OF SOIL: Holes 3 4 5 clay Different from surveyor
TESTED BY: B Hodges
ALSO PRESENT: Bob Katterman, Miller

Pril.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 33192

P _____

DISTRICT 3rd

DATE 10/4/83

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 WILLIAM M. HAWILE

ADDRESS 7148 LASTING LIGHT WAY COLUMBIA, MD. 21045 PHONE 465-7777 BENDER ASSOC.

PROPERTY LOCATION: COVENTRY MEADOWS
SUBDIVISION HAWKES LANDING LOT NO. 1

ROAD AND DESCRIPTION MD. RTE. 32 (WEST SIDE) 4400' ± NORTH OF OLD FREDERICK RD. TO BEGINNING OF SITE

SIZE OF LOT 3 ACRES TYPE BLDG. 3/4
(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.

John J. Barbard (agent)
SIGNATURE OF APPLICANT

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

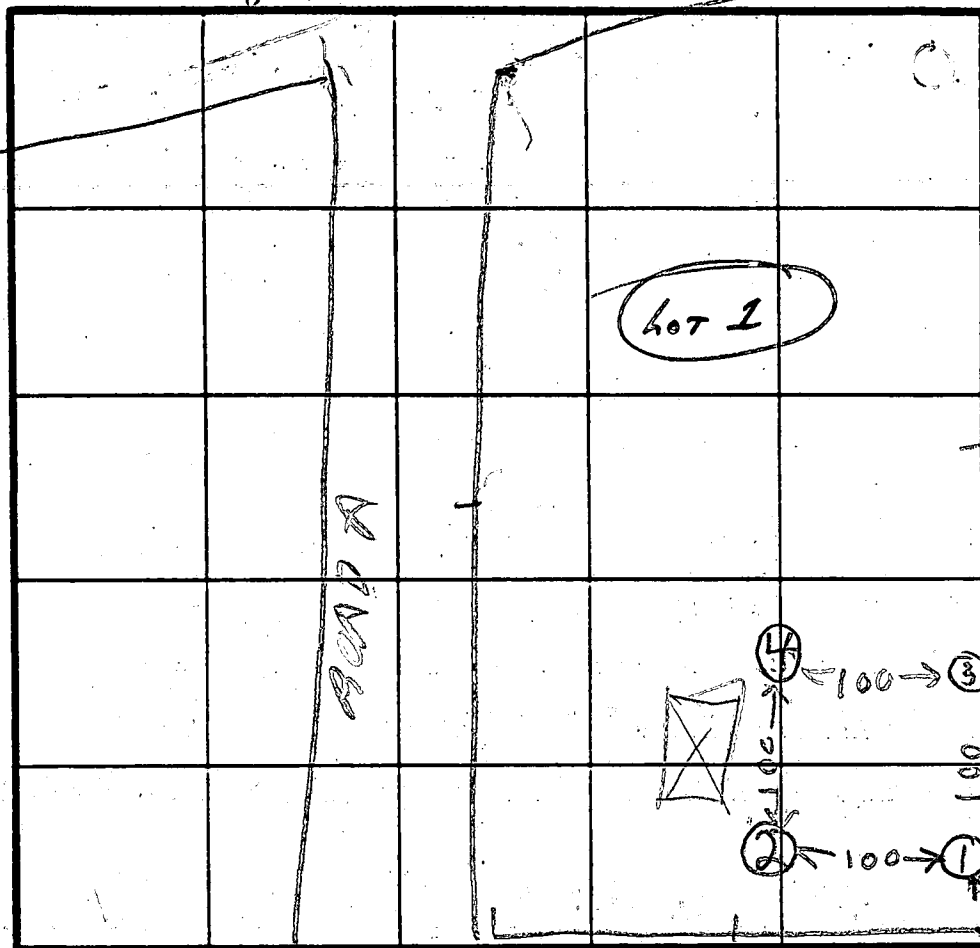
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ROUTE 32

Lot 1

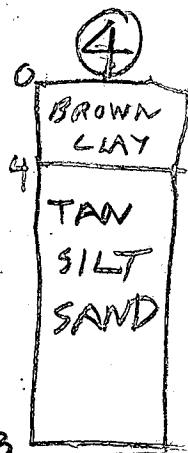
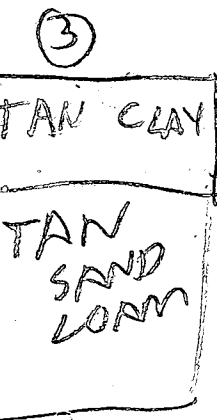
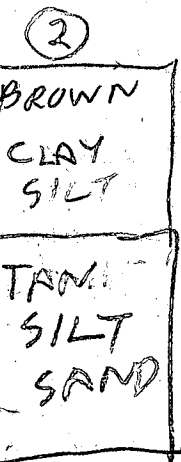
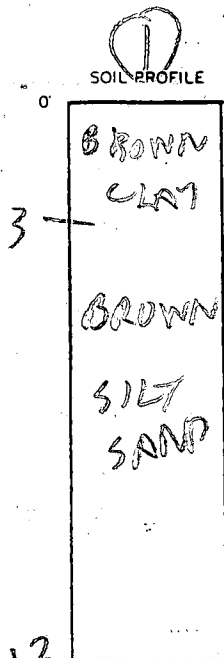


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATION
 ④ = HIGHEST
 ③ = NEXT HIGHEST
 ① = LOWEST
 ② = NEXT LOWEST
 Pay Well at ④

25F7

← Stake Lot 18 Lot 2



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/18/83	1S	4	1055	1058	1058	1103	5
10/18/83	1V	9	1055	1057	1057	1103	5
10/18/83	1V	13	LOOKS		OK		
10/18/83	2S	5	1110	1117	1117	1128	11
	2V	13	LOOKS		OK		
	3V	13	LOOKS		OK		
	4S	4 1/2	1134	1135	1135	1137	2
10/18/83	4V	13	LOOKS		OK		

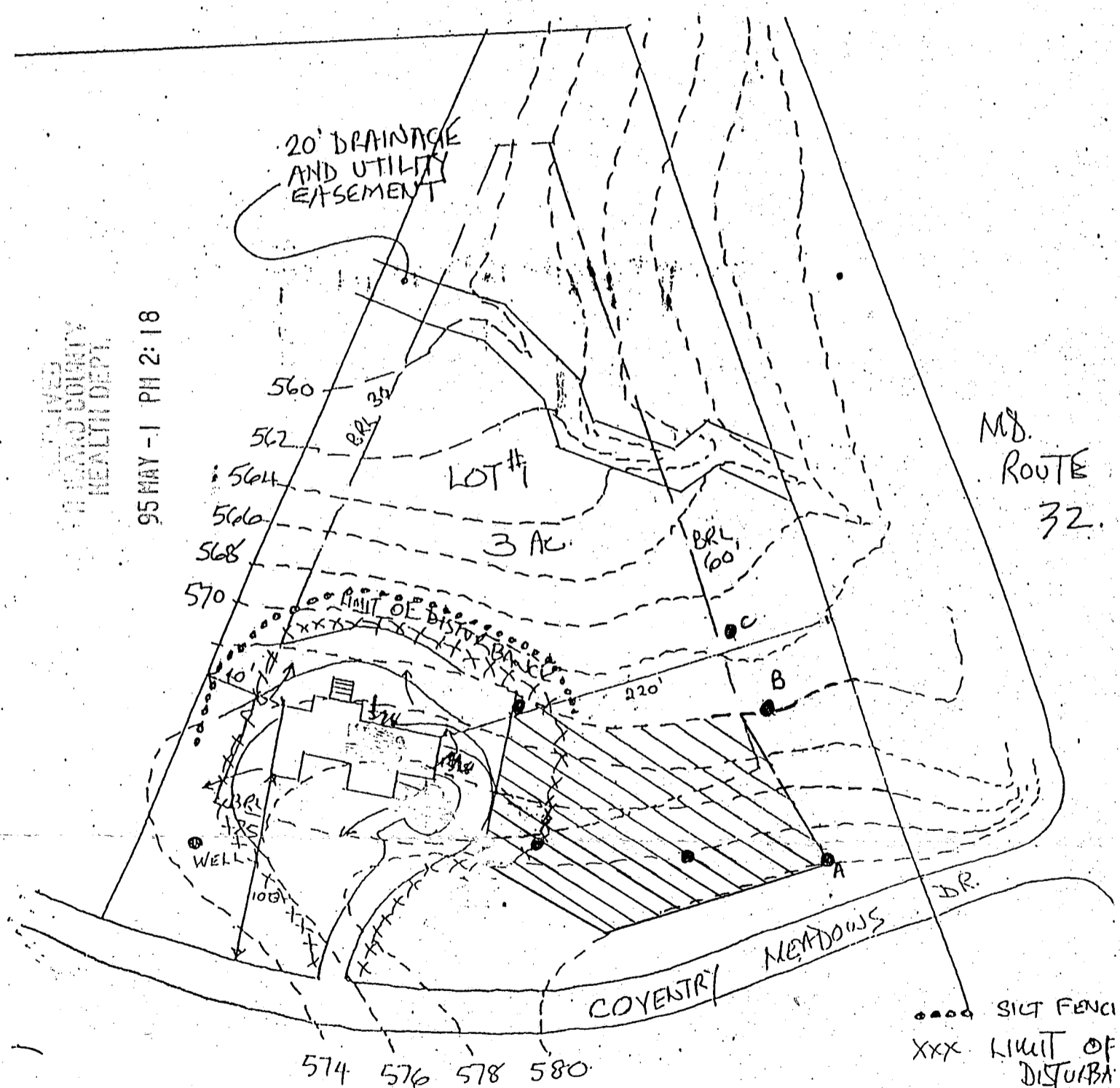
REMARKS PERC HOLE DRUG PER PLAT LOCATION

TYPE OF SOIL Scale 1 inch = 100 ft

TESTED BY R. H. MCGEE

ALSO PRESENT JACIL F. YOUL & JOHN

- ① THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SF AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA SHALL BE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT 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 PRIVATE SEWAGE EASEMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- ② THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- ③ ALL WELLS AND SEPTIC AREAS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.
- ④ THE PURPOSE OF THIS PLAT IS TO REVISE THE RECORDED SEWERAGE DISPOSAL AGREEMENT.



HANDED TO
 HANDED COUNTY
 HEALTH DEPT.

95 MAY -1 PM 2:18

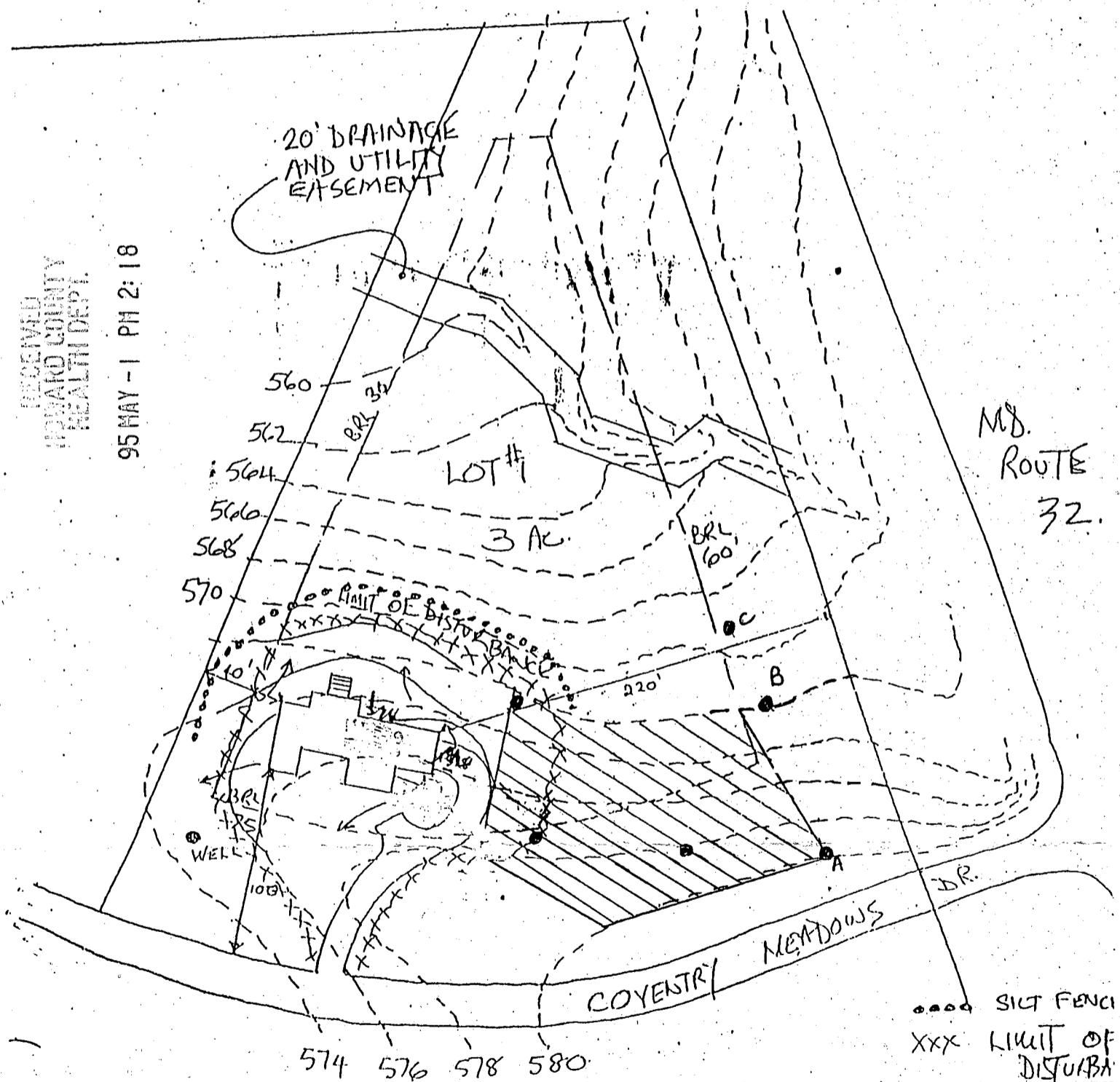
MD.
 ROUTE
 32.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPT.

James Bolan 5-2-95
 COUNTY HEALTH OFFICER DATE

ADOLPHSEN RESIDENCE		
COVENTRY MEADOWS DR		
21784		
DRAWN BY S.D.	SCALE 1:80	MATERIAL
CHK'D	DATE 11/13/95	DRAWING NO. JAVIES NEW B28004
TRACED	APP'D	

- ① THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SF AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA SHALL BE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT 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 PRIVATE SEWAGE EASEMENT. REORDINATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
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- ③ ALL WELLS AND SEPTIC AREAS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.
- ④ THE PURPOSE OF THIS PLAT IS TO REVISE THE RECORDED SEWERAGE DISPOSAL EASEMENT.



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOUNSD COUNTY HEALTH DEPT.

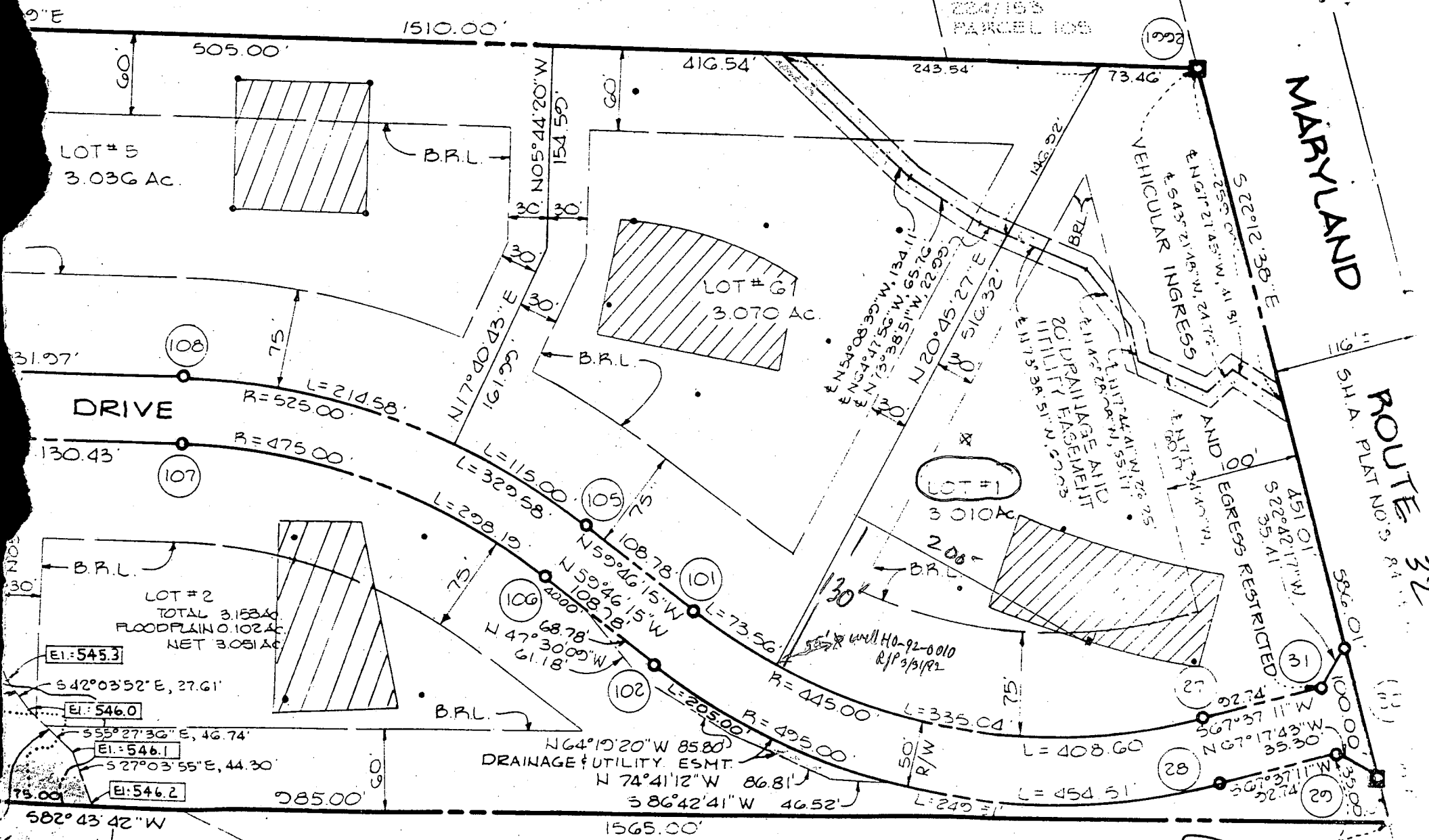
ADOLPHSEN RESIDENCE
COVENTRY MEADOWS DR
21784

J. J. [Signature]
COUNTY HEALTH OFFICER DATE 5-2-95

DRAWN BY S.S.	SCALE 1:80	MATERIAL
CHK'D	DATE 4/13/95	DRAWING NO. JAVIES [Signature] B28004
TRACED	APP'D	

108	545,950.76	8
133	545,826.31	8
1992	546,285.76	8

OSCAR R. &
ELLA M.
STREAKER
284/155
PARCEL 108



MARYLAND
ROUTE 32
SHA. PLAT NOS. 84...

STANLEY R. & NELLIE L. LIBBY
460/351, PARCEL 108

Copy of Final

VEHICULAR INGRESS AND EGRESS RESTRICTED

500.00E
545.500N

10/3/95
A.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision Coventry Meadows Lot # 1 Well Tag # _____

Site Address 410 Coventry Meadows Dr.

Pump

Motor

Pitless Adapter

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

1. Make _____
2. Model # _____
3. Depth _____

2. Make _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No _____

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

Piping

Well data

1. Capacity _____
2. Pressure relief valve? _____

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

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

10/3/95
P.A. 4' below grade OK to cover work DKS

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: _____

Date: _____

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

C1 5146 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 41584**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **03 30 92**

Depth of Well **27**
 (TO NEAREST FOOT)

OK MR 3/31/92
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-72-0010

OWNER: **Adolphsen John**
 last name first name
 STREET OR RFD: **Coventry Meadows Dr** TOWN: **W. Friendship**
 SUBDIVISION: **COVENTRY MEADOWS** SECTION: [] LOT: []

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	
Overburden	0	2'	
Soft Brown	2'	77'	
Gray Rock	77'	270'	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF ROUNDS **18**
 GALLONS OF WATER [] [] [] []
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE: **S7** Nominal diameter top (main) casing (nearest inch): **06** Total depth of main casing (nearest foot): **270**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 20	270
2	[] []	[] []
3	[] []	[] []

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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.

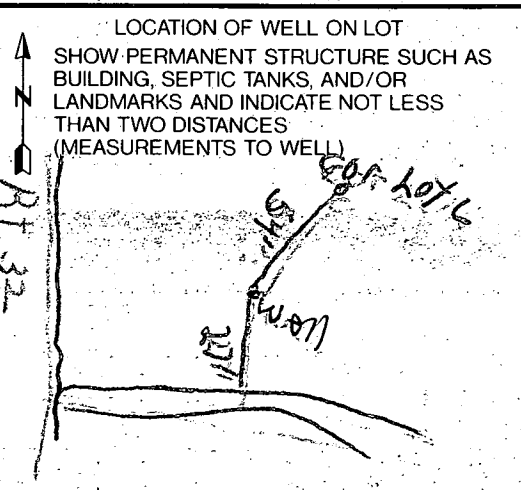
DRILLERS IDENT. NO. **487**
Jerry Brown
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
James M. Kohler

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **3**
 METHOD USED TO MEASURE PUMPING RATE: **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **20**
 WHEN PUMPING **151**
 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 } LAND SURFACE
- below } **0** (nearest foot)



Building Address: 1710 Gorsey Meadows Dr
Sykesville 21784

Property Owner's Name: John Adolphson
 Address: (Same)
 City: _____ State: _____ Zip Code: _____

Suite/Apt #: 6050 SDP/WP/Petition #: _____
 Census Tract: _____ Subdivision: Country Meadows

Section: _____ Area: _____ Lot: 1
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: 5 C11 Lot size: _____

Home Phone: 442-0176 Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone: 442-0176 Fax: _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Basement: _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		State Certified Modular _____ Manufactured Home _____	

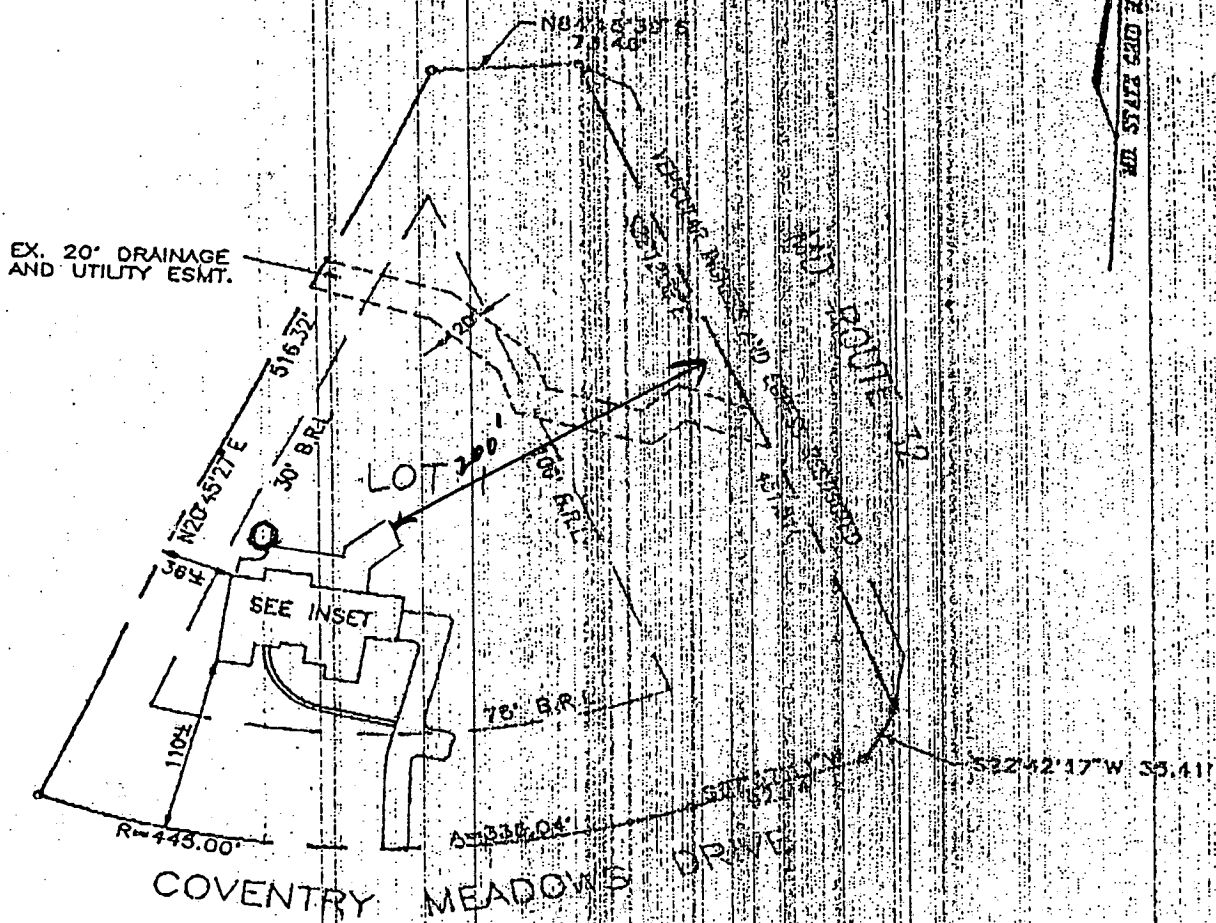
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Cary H Lyon Print Name: Cary H Lyon
 Title/Company: Head Hunter / Deeked Out Date: 9/7/02

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

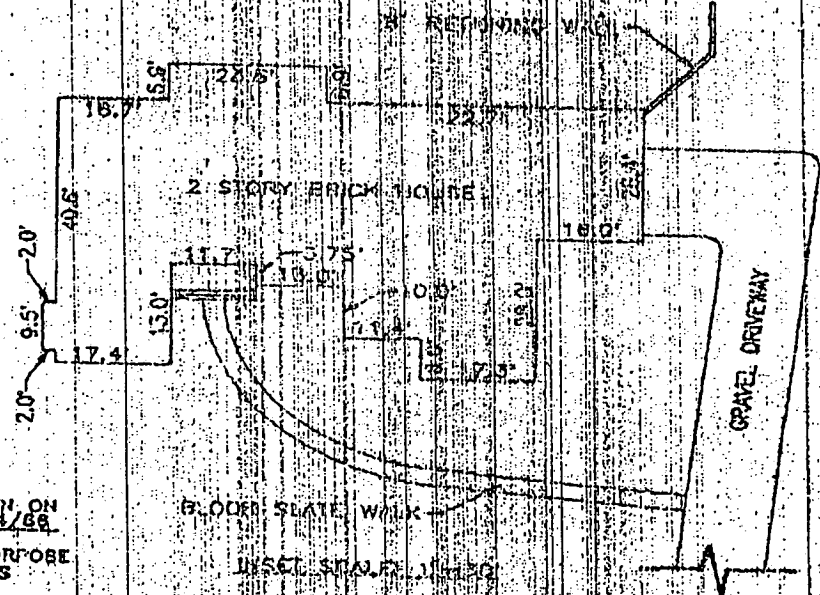
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	1683
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>9/7/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>9/10/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1256</u>
			Accepted by _____	Validation # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



9/10
 *Drawing not to scale
 per septic permit
 deck location should
 not adversely impact
 existing
 well
 or
 septic

SCALE 1"=100'



FLOOD CERTIFICATION

SUBJECT PROPERTY IS SHOWN IN ZONE "C" AS SHOWN ON COMMUNITY PANEL 240044008B EFFECTIVE DATE 12/4/88. THIS PLAN IS NOT INTENDED TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES OR POINTS AND WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT

RECORD REFERENCES	
LIBER/FOLIO	
PLAT BOOK	
PLAT NO./FOLIO	9285
SCALE	AS SHOWN
DATE	11-13-95

LOCATION SURVEY
 OF
 LOT 1, SECTION 1
 COVENTRY MEADOWS
 DRIVE
 HOWARD COUNTY
 MARYLAND

MAAS YODL ASSOCIATES, INC.
 CONSULTING ENGINEERS-SURVEYORS-PLANNERS
 5101 PARKWAY #100 BELLEFONTAINE, MD 21043
 TEL (410) 485-3888 FAX (410) 485-3888

NEVER GUARANTEE THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND BECOME PART OF MY KNOWLEDGE AND BELIEF UNLESS I AM EMPLOYED AS AN ENGINEER OR SURVEYOR EXCEPT AS SHOWN.

