

5/11/99  
3-3-30

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-322416

P 511501

A 50617-U

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DISTRICT \_\_\_\_\_

DATE 5/5/99

DATE SYSTEM APPROVED 5/11/99

INSPECTOR DKS

INDEXED

SK Backhoe & Septic Service

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 1220 FSK Highway, Keymar, Maryland 21757

PHONE 301-898-0955

SUBDIVISION Woodford's Grant

LOT 46

ROAD 11357 Barley Field Way

PROPERTY OWNER Trinity Builders

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet below original distribution pipe.

LOCATION - Begin trenches 130 feet up the left (380.59') lot line and 10 feet off that same lot line as seen when facing the lot from Barley Field Way. Run trenches on contour toward the right lot line.

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

PLANS APPROVED BY Kim Maiste/Amy McMillen

DATE 2-19-99

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

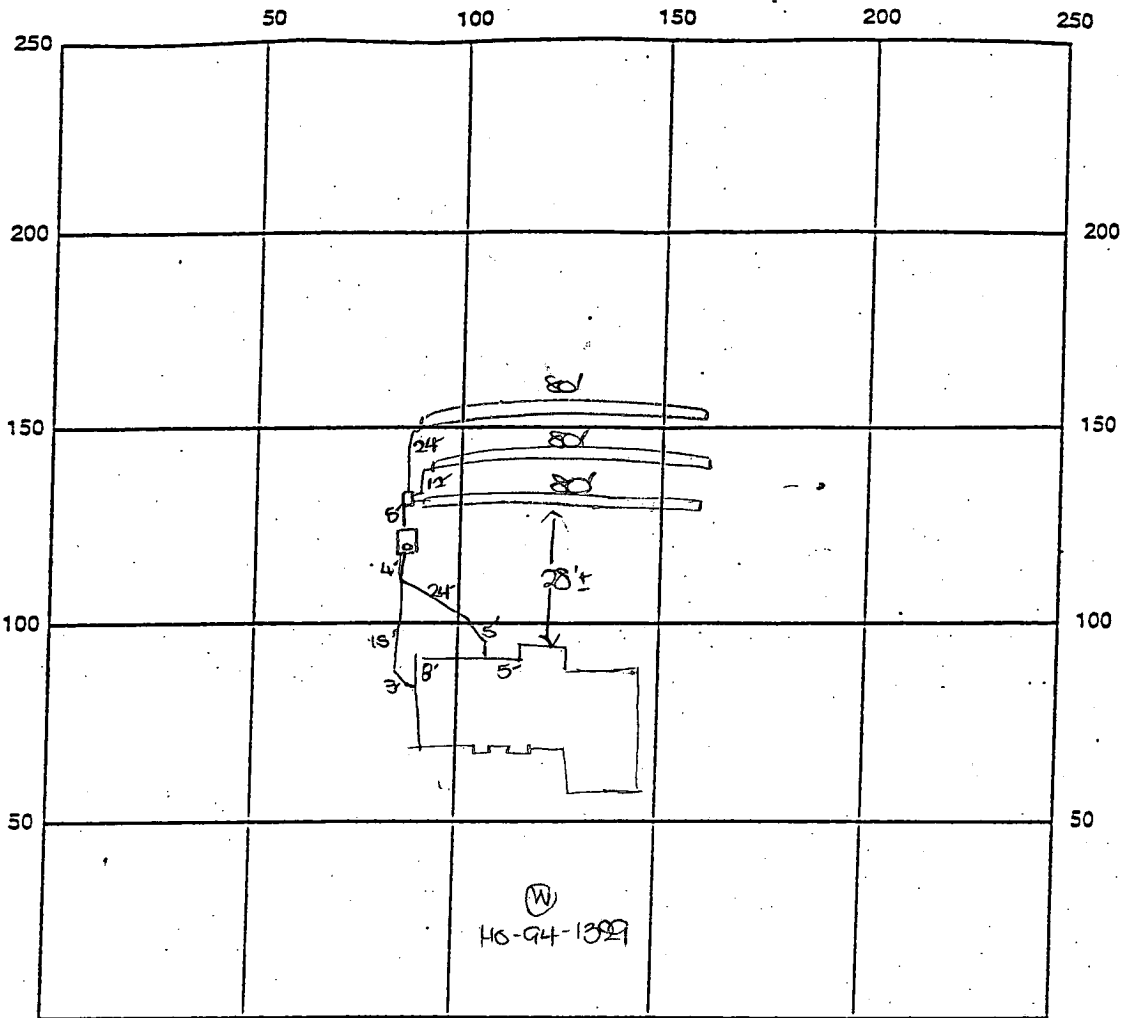
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

50617-U



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Barley Field Way

SEPTIC TANK LEVEL ex- 1250 gal CLEANOUTS one outside

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 24 = 72 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 5/11/99 FINAL INSPECTION - OK TO COVER ALL WORK. DKS

5/11/99 WPI - well line, p.c.a. 3.5' below grade, well casing 1.5' above grade, 2 piece cap installed, PVC conduit pipe OK to cover

DATE SYSTEM APPROVED 5/11/99 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 50617-W

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc. Trinity Builders

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. ~~18~~ ~~20~~ 19

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

(11357 BARLEY FIELD WAY)

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home - 4 Bed  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 3-19-99

Sheet # B0116254

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.

M. L. K.  
(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

A50617-W  
COUNTY #

SOIL PROFILE  
0' 1044 1041

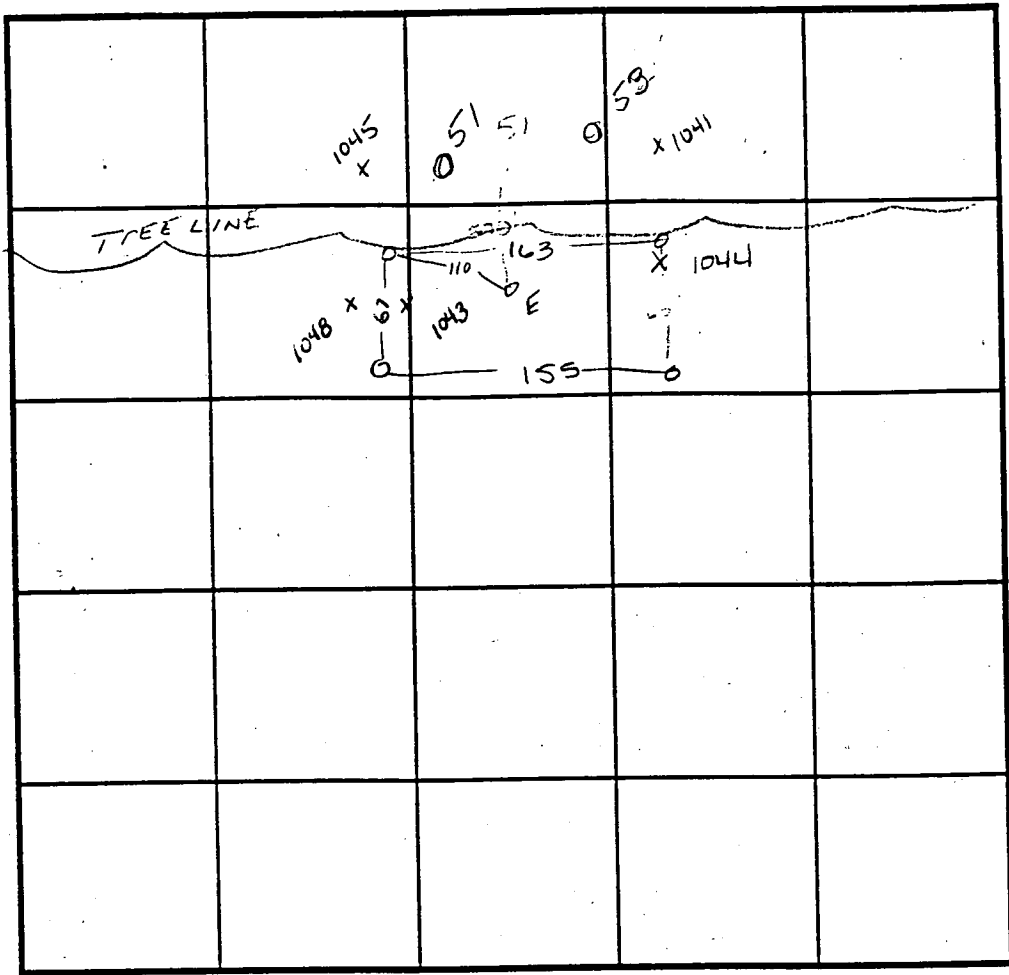
no distinct clay layer  
tan grey  
brn mica  
SL  
10% Saprolite  
very decayed  
OK

12' E 1048

brn grey  
brn mica  
SL  
25% shale  
fraggs  
OK

12' 1045

very gravelly  
SCL  
20%  
2-3" rock  
fraggs  
w/ SL  
mica  
lgt tan  
surrounding



SOIL PROFILE  
0' 53.50

no distinct clay layer  
dark brown  
Saltn  
20%  
micaceous  
Shale

10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-30-94	1044	3' v12	9:34	9:34 <sup>45</sup>	9:34 <sup>45</sup>	9:36	1 1/4 min
	1044	repour	9:36 <sup>15</sup>	9:38	9:38	9:40 <sup>15</sup>	2 1/4 min
	1041	Visual	to 12'				OK
	E	Visual	to 11'				OK
	1048	6' v12	9:08 <sup>30</sup>	9:09 <sup>15</sup>	9:09 <sup>15</sup>	9:10 <sup>45</sup>	1 1/2 min
	1048	3' v12	9:09 <sup>15</sup>	9:10	9:10	9:10 <sup>30</sup>	30 sec
	1048	repour	9:11	9:11 <sup>45</sup>	9:11 <sup>45</sup>	9:12 <sup>45</sup>	1 min
	1045	2.5' v10	8:59 <sup>15</sup>	9:00 <sup>30</sup>	9:00 <sup>30</sup>	9:05 <sup>30</sup>	5 min
7-17-95	51	4' v10	10:54 <sup>15</sup>	10:45 <sup>45</sup>	10:45 <sup>45</sup>	10:57	2 1/4 min
	53	4' v11.5	11:03 <sup>15</sup>	11:04 <sup>30</sup>	11:04 <sup>30</sup>	11:06	1 1/2 min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Olan Ketterma

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft<sup>2</sup>

# APPLICATION

PERCOLATION TESTING

A 50617-88

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc.

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

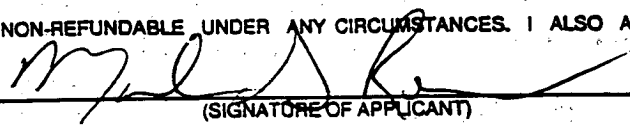
SUBDIVISION Powell Property LOT NO. 18

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home  
(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 \_\_\_\_\_ 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

COUNTY #

SOIL PROFILE

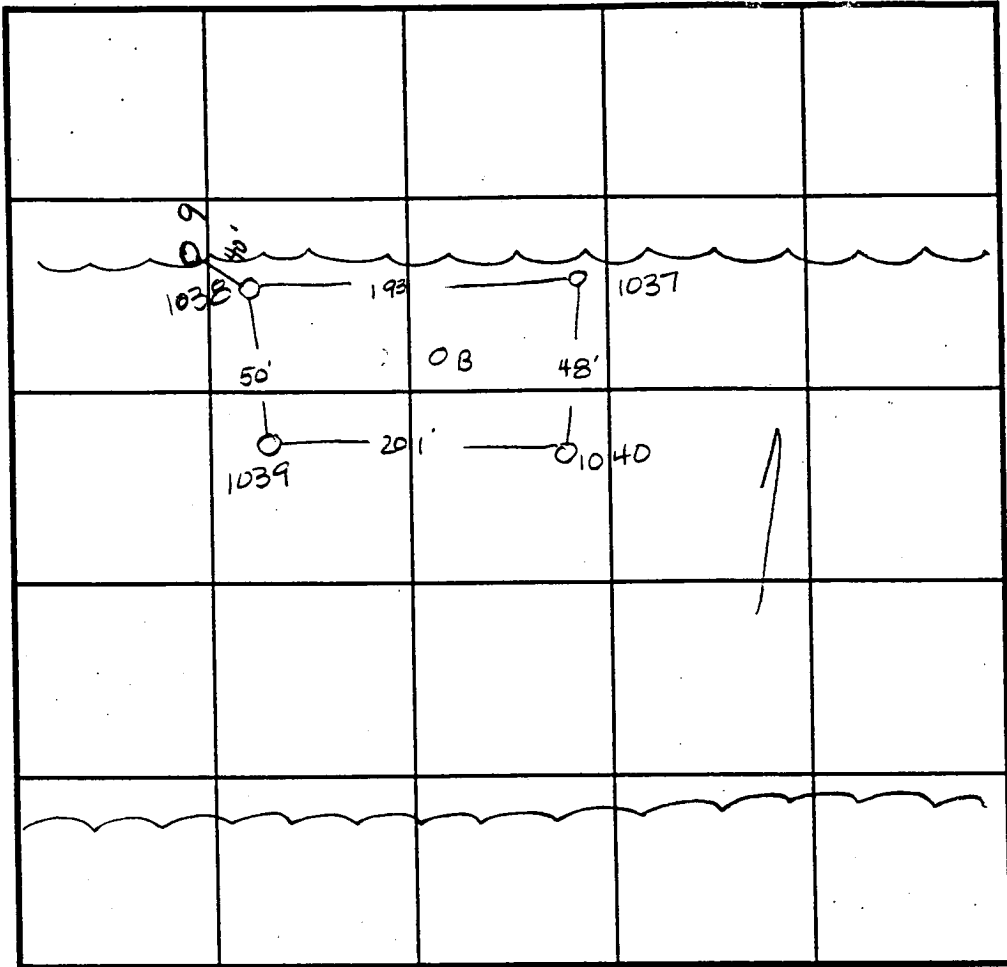
0' 1037 1039

1040  
B

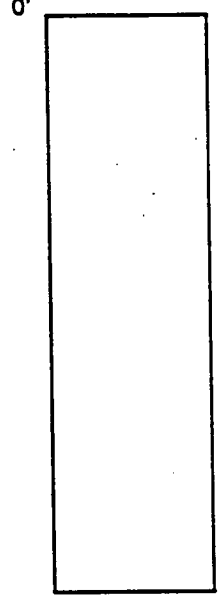
brn  
CSL

2' lgt  
tan  
Salm  
y grey  
mica  
Shale  
Saprolite

11'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1038

brn  
CSL  
mica

2' greyish  
brn  
Salm  
from  
parent  
rock  
mica  
Shale  
Saprolite

9' hard  
bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-22-94	1037	3' VII'	1:33 <sup>15</sup>	1:33 <sup>50</sup>	1:33 <sup>50</sup>	1:34 <sup>35</sup>	1min
	1037	repour	1:35 <sup>15</sup>	1:36 <sup>30</sup>	1:36 <sup>30</sup>	1:38	1/2min
	1040	Visual	to 11				OK
	B	Visual	to 12'				OK
	1039	6.5' XII'	1:43 <sup>15</sup>	1:43 <sup>45</sup>	1:43 <sup>45</sup>	1:44 <sup>20</sup>	30sec
	1039	repour	1:44 <sup>45</sup>	1:45 <sup>30</sup>	1:45 <sup>30</sup>	1:46 <sup>45</sup>	1/4min
	1039	3.5' XII'	1:47	1:49 <sup>15</sup>	1:49 <sup>15</sup>	1:55	5 3/4min
	1038	2' IX'	1:50	1:50 <sup>20</sup>	1:50 <sup>20</sup>	1:50 <sup>40</sup>	20sec
	1038	repour	1:51	1:51 <sup>30</sup>	1:51 <sup>30</sup>	1:52	30sec
	1038	repour	1:52 <sup>30</sup>	1:53	1:53	1:54	1min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Ketherman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3' SQ. FT./BEDROOM 180ft<sup>2</sup>

COUNTY #

SOIL PROFILE

9  
no distinct  
clay  
layer  
dark  
brn  
Salm  
micaceous  
20%  
Saprolite

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	
5-10-95	9	3' VII	1:47 <sup>30</sup>	1:48 <sup>45</sup>	1:48 <sup>45</sup>	1:49 <sup>30</sup>	15 sec
	9	repour	1:49 <sup>30</sup>	1:50 <sup>45</sup>	1:50 <sup>45</sup>	1:52 <sup>30</sup>	13 1/4 min
	9	repour	1:52 <sup>45</sup>	1:54 <sup>15</sup>	1:54 <sup>15</sup>	1:56 <sup>15</sup>	2 min

REMARKS TESTS 9 HAD 12x12" TEST PITS NEED SHOW WERE 25% SLOPE BEG.

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

Approved Septic System Plan  
 Howard County Health Department

Total linear feet of trench required 240 feet

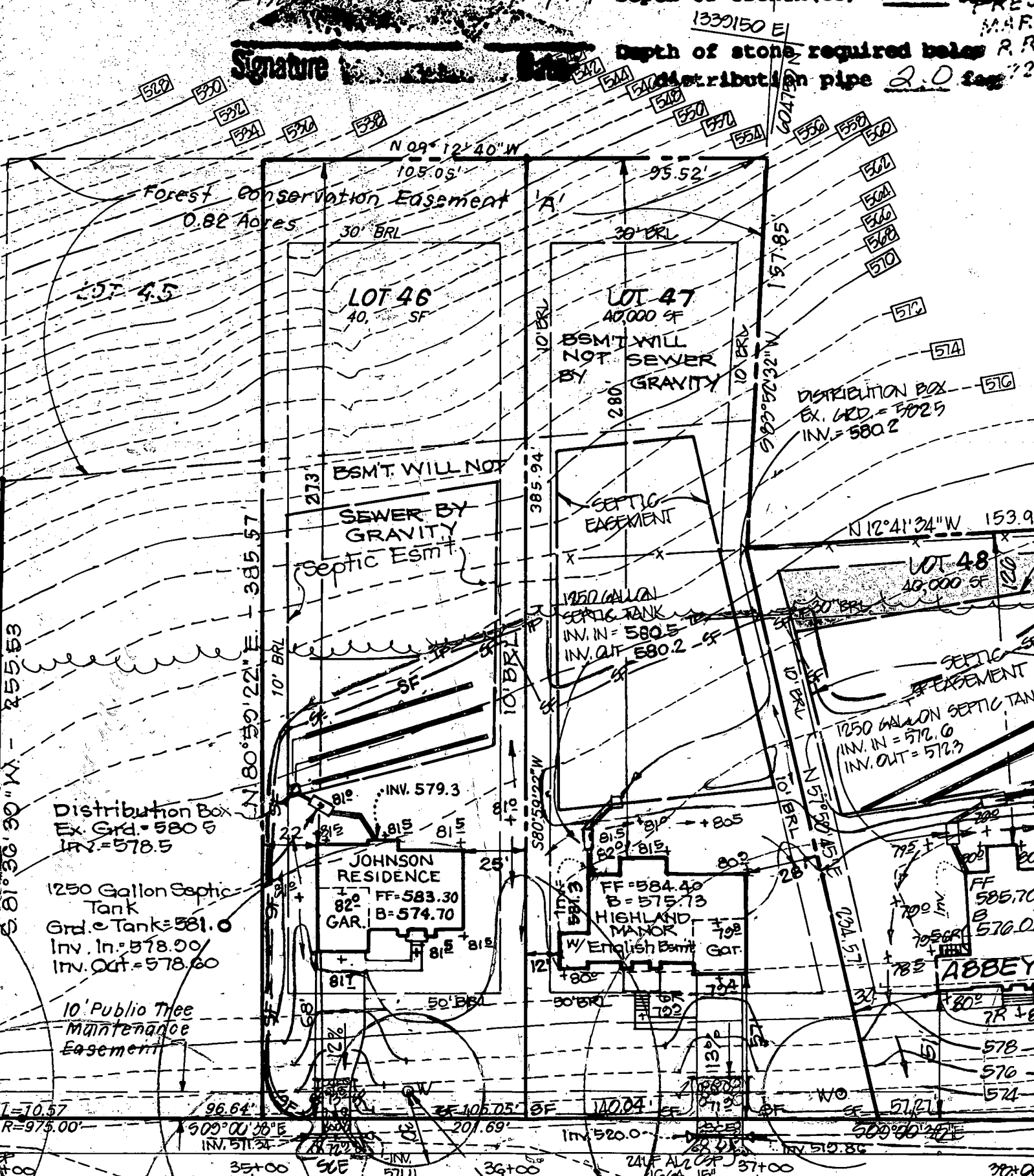
Width of trench(es) 3.0 feet

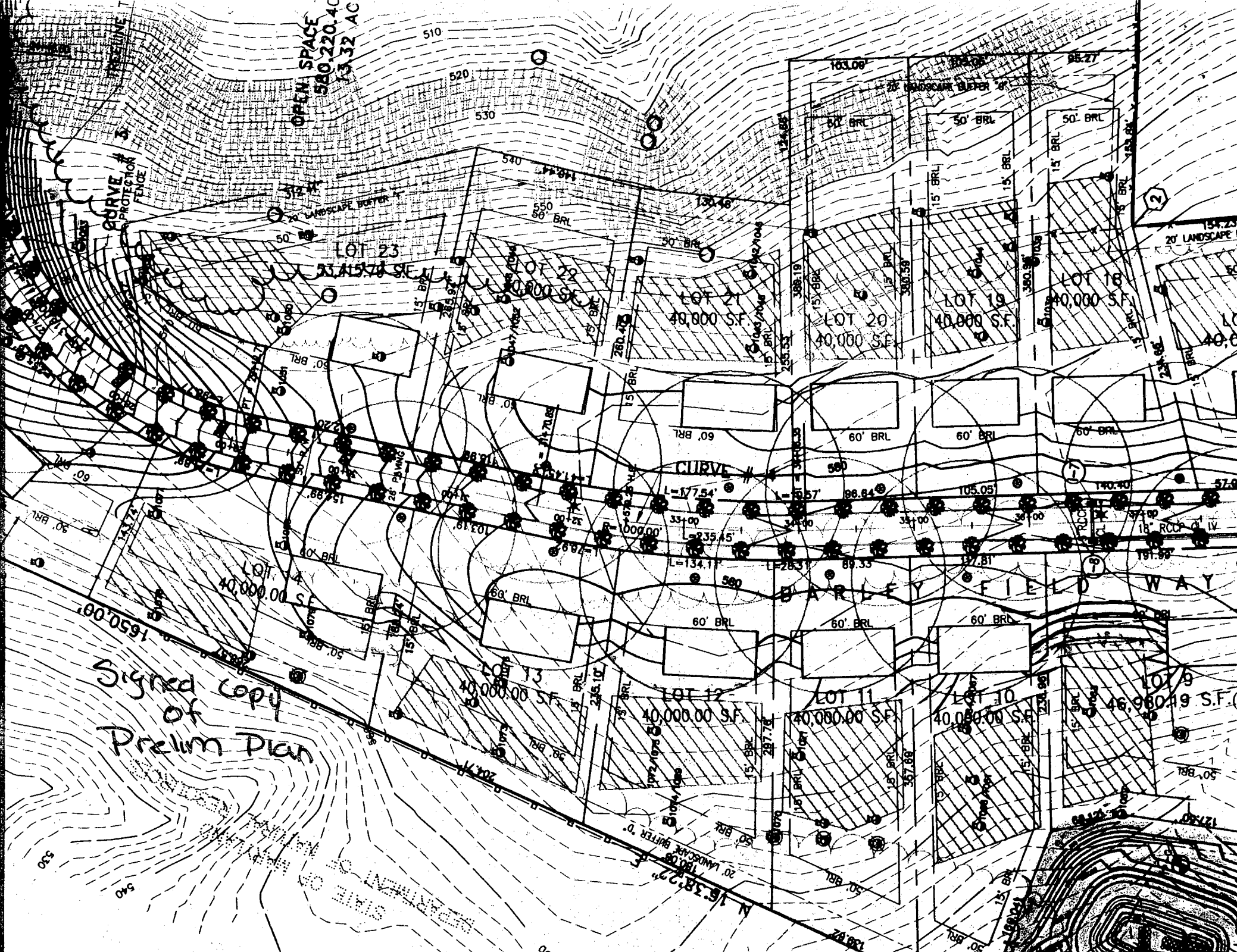
Depth of trench(es) 4.0 feet

Depth of stone required below distribution pipe 2.0 feet

PRESERVATION PARCEL  
 243,753 SF

Signature: *Amel M. M. M. 2/19/99*





OPEN SPACE  
580,220.40 AC  
13.32 AC

LOT 23  
40,000 SF

LOT 22  
40,000 SF

LOT 21  
40,000 SF

LOT 20  
40,000 SF

LOT 19  
40,000 SF

LOT 18  
40,000 SF

LOT 14  
40,000 SF

LOT 13  
40,000 SF

LOT 12  
40,000 SF

LOT 11  
40,000 SF

LOT 10  
40,000 SF

LOT 9  
46,980.19 SF

Signed Copy  
Prelim Plan

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENT & CONSERVATION

BARLEY FIELD WAY

CURVE #

CURVE # 3  
PROTECTOR FENCE

15' BRL

15' BRL

15' BRL

15' BRL

15' BRL

15' BRL

15' BRL

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970

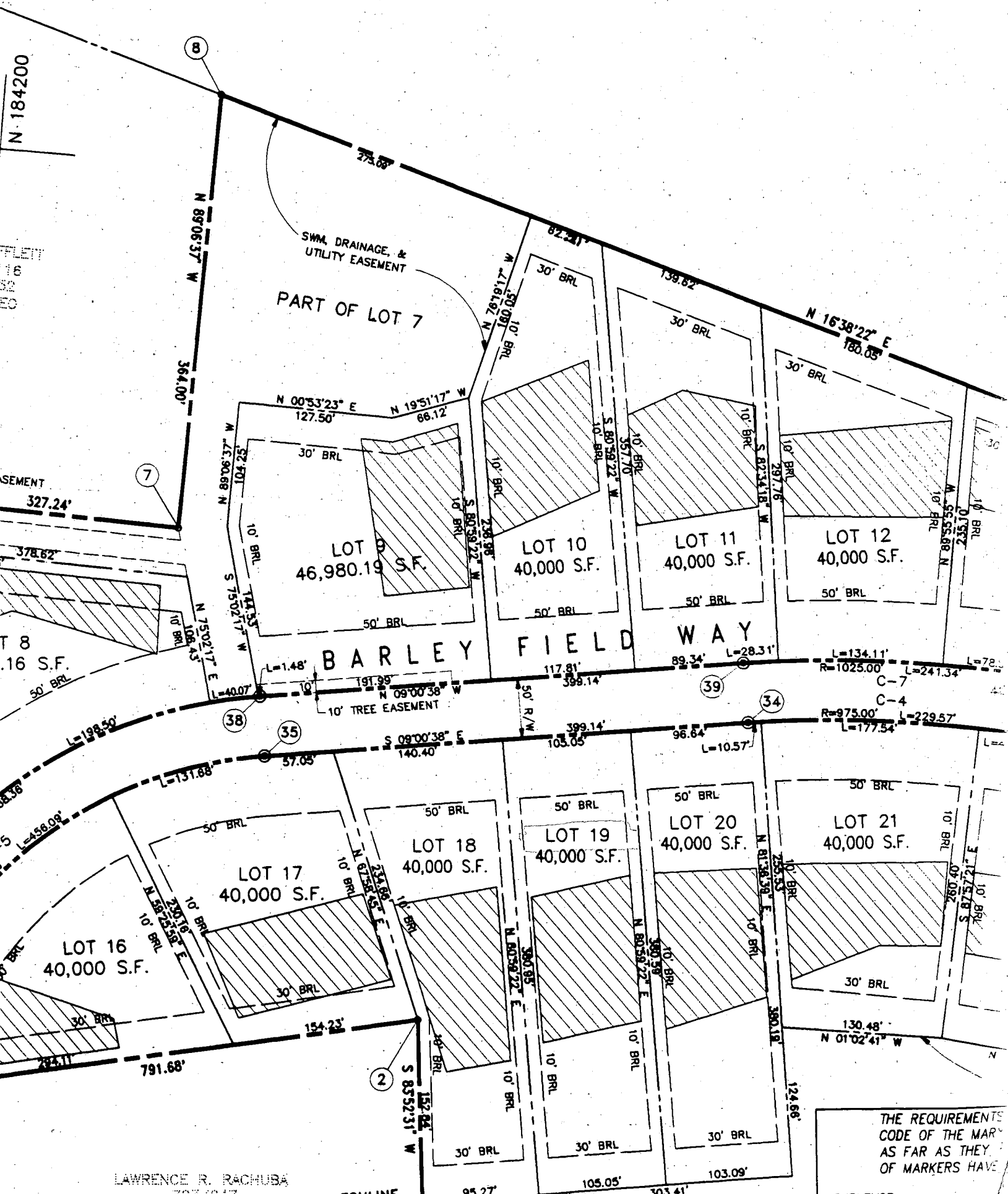
980

990

1000

1010

EASEMENT(S), UPON COMPLETION OF THE FOREST CONSERVATION INSTALLATION AND THE DEVELOPER'S SURETY POSTED WITH ACCEPT THE EASEMENTS AND RECORD THE RECORDS OF HOWARD COUNTY."



LAWRENCE R. RACHUBA  
7/23/24

MATCHLINE

THE REQUIREMENTS OF THE MARYLAND SURVEYING CODE AS FAR AS THEY RELATE TO THE PLACEMENT OF MARKERS HAVE BEEN COMPLIED WITH BY THE SURVEYOR.

F-97-144

WETLAND # 2

8

PRESERVATION PARCEL 'C'

38,931 sq.ft.  
0.89 Acres

PART OF LOT 7  
TO BE DEDICATED TO HOWARD CO.  
DEPT. OF RECREATION AND PARKS

J.E. SHIFFLETT  
263/116  
P. 152  
RR DEO

S 89°06'38" E  
454.50'

N 89°06'37" W  
364.00'

N01°12'11"E  
327.24'

LOT 38  
41,231 sq.ft.

LOT 39  
140,043 sq.ft.

LOT 40  
40,006 sq.ft.

LOT 41  
40,004 sq.ft.

LOT 37  
40,086 sq.ft.

LOT 36  
41,096 sq.ft.

LOT 51  
40,000 sq.ft.

LOT 50  
40,434 sq.ft.

LOT 49  
40,524 sq.ft.

LOT 52  
40,000 sq.ft.

LOT 48  
40,514 sq.ft.

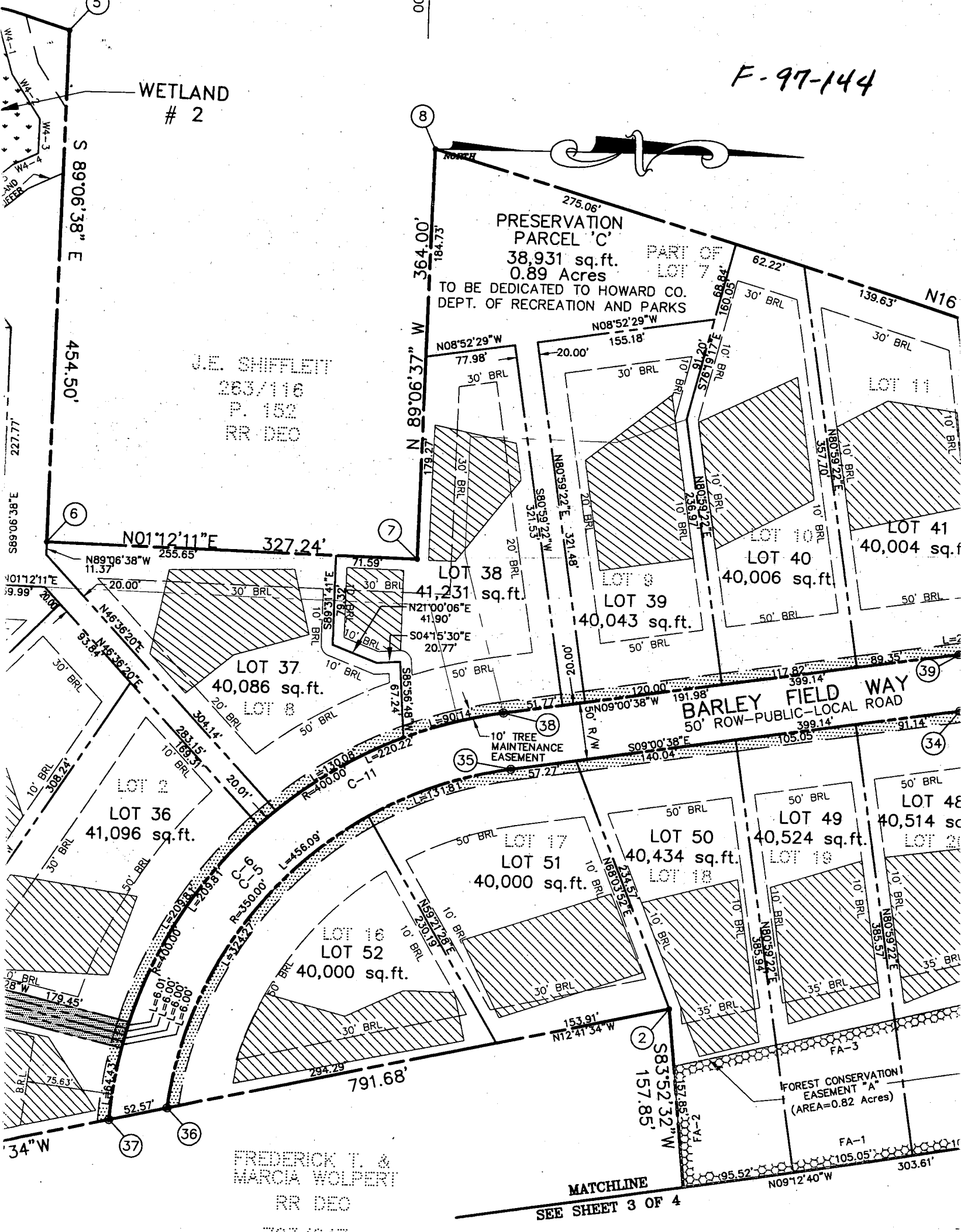
34"W

FREDERICK T. & MARCIA WOLPERT  
RR DEO

MATCHLINE  
SEE SHEET 3 OF 4

FOREST CONSERVATION EASEMENT 'A'  
(AREA=0.82 Acres)

BARLEY FIELD WAY  
50' ROW-PUBLIC-LOCAL ROAD





C1 09409

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A50617 U

ST/CO USE ONLY DATE RECEIVED 3-30-98

DATE WELL COMPLETED 03 28 98

Depth of Well 22 405 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1329

OWNER TBI Homes STREET OR RFD Barley Field Way TOWN Marriothsville Road SUBDIVISION Woodfords Grant SECTION LOT 46

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, SCREEN RECORD options (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. M SD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

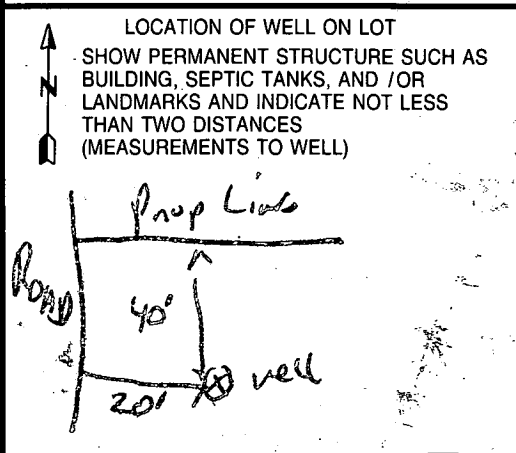
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns for casing sections and depth.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



<b>B 1</b>	<b>8763</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1329</b> <small>70 fill in this form completely 79</small>
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**Date Received (APA)**  
11/13/97

**OWNER INFORMATION**

**TBI HOMES INC.**  
15 Last Name                      Owner                      First Name                      34

**6212 Devon Dr.**  
36    Street or RFD    55

**COLUMBIA**                      **MD 21049**  
57    Town    70 State 72                      Zip                      76

**LOCATION OF WELL**

**HOWARD**  
8 COUNTY                      21

**WOODFORDS GRANT**  
23 SUBDIVISION                      42

SECTION **4**                      LOT **19**  
44                      46                      48                      50

**MANNINGSVILLE**  
52 NEAREST TOWN                      71

MILES FROM TOWN (enter 0 if in town) **1** **M**  
73                      76                      77                      78

**DRILLER INFORMATION**                      CIRCLE: **MSD** MGD/MWD

**Ralph MAYNE**                      **116**

Driller's Name                      77 License No. 80

**Ralph MAYNE Well Drilling**

Firm Name                      77 License No. 80

**4120 Brown Church Rd. Mt Airy**

Address

**Ralph Mayne**                      **Nov 11 1997**

Signature                      Date

**B 4**

**1** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**2** NEAR WHAT ROAD

**BARLEY FIELDS WAY**

11                      30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **20** 37                      38 39

DISTANCE FROM ROAD

ENTER FT. OR MI **47**

TAX MAP:                      BLK:                      PARCEL

**B 2**

**1** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**                      8                      12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**                      14                      20

**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)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard Co.**                      **A50617U**

COUNTY NAME                      COUNTY NO.

STATE SIGNATURE                      INSERT S                      41

DATE ISSUED **11/18/97**                      **A McMillen**                      **11/18/98**

43                      48 CO SIGNATURE                      55                      57                      63                      83

NORTH GRID **546000**                      EAST GRID **0828000**

APPROXIMATE DEPTH OF WELL **150** FEET  
24                      28

APPROXIMATE DIAMETER OF WELL **6"**                      NEAREST 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)**

**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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** 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 (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ **GAP** \_\_\_\_\_  
54                      63

FORCE **AM** WRITE INITIALS IN BOX                      PERMIT No. **HO-94-1329**  
67 68                      70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**828**

**5150046**

000  
000

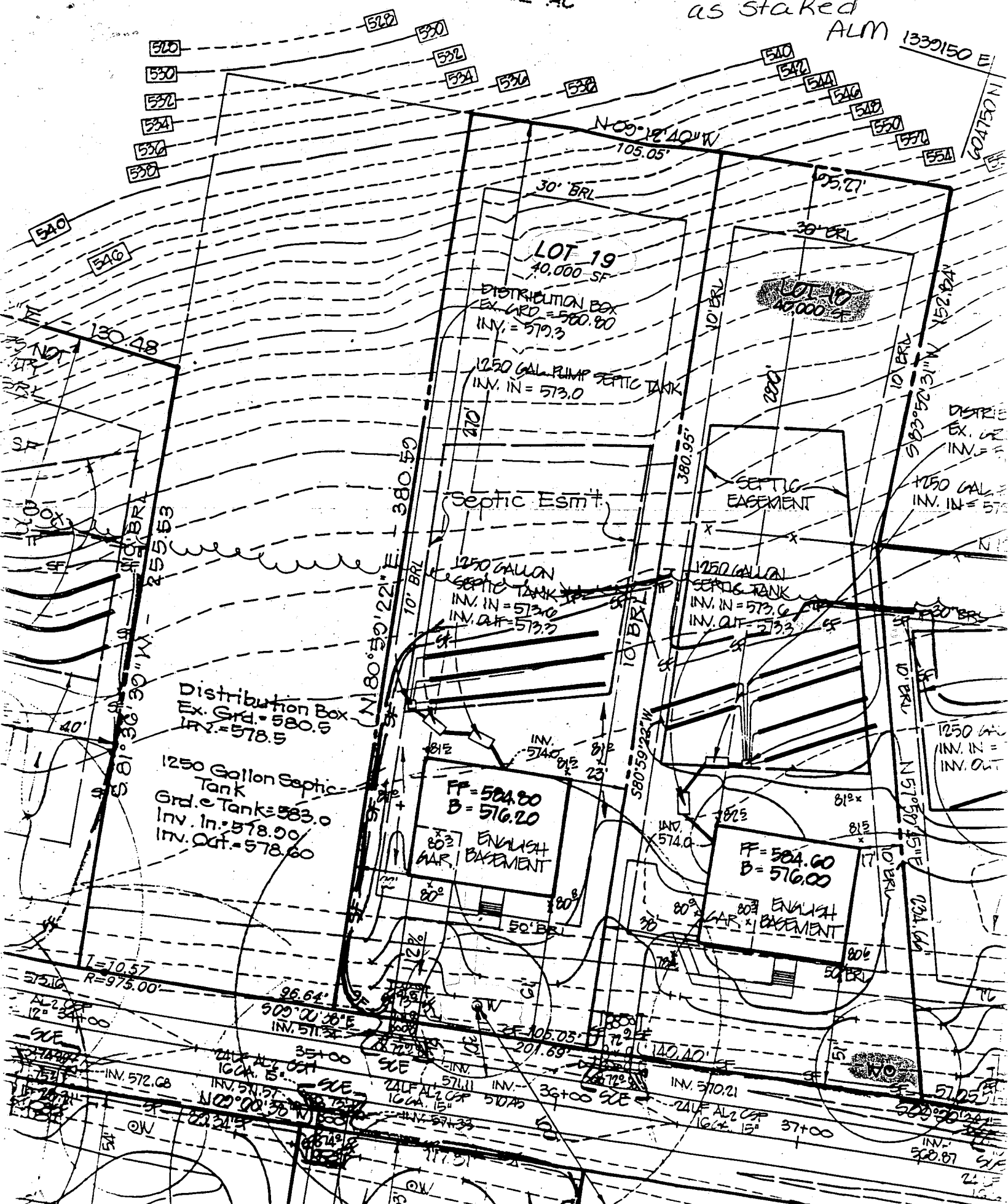
3-24-98 9-9:30

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

SPACE LOT 25  
580,220.40 SF  
13.32 AC

11/18/97  
Well site OK  
as staked

ALM 1339150 E  
604750 N



HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-B Ellicott Mills Drive  
 Ellicott City, MD 21043  
 410-8933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt # \_\_\_\_\_  
 Date \_\_\_\_\_

Name of Installer

S.K. Plumbing & Heating Inc.

Telephone 410-775-0562

License Number 12285

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Trinity Homes

Telephone 410-393-8722

Subdivision

Ellicott Mills Grant

Lot # 46

Well Tag # \_\_\_\_\_

Site Address

11357 Barley Fieldway

Pump

1. Type

- a. Deep well jet \_\_\_\_\_
- b. Shallow well jet \_\_\_\_\_
- c. Submersible

Motor

- 1. Horsepower 1/2
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make Norvon
- 2. Model # \_\_\_\_\_
- 3. Depth 42

2. Make Jacuzzi

3. Model # 1845218-5-2

4. Capacity 5 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 Slave

Tank

- 1. Capacity Well-X-troll 30Z
- 2. Pressure relief valve? two install

Piping

- 1. Type P.E.
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42

Well data

- 1. Depth 410 ft.
- 2. Yield 1 GPM
- 3. Static water level 98 ft.
- 4. Will water supply be disinfected by installer? Yes

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: 6-7-99

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