

PERMIT ^{2-1-99 needs house com (km)}

P 511337

SEWAGE DISPOSAL SYSTEM

A 50619

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 1/5/99

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 4/19/99

~~XXXXXXX~~ 410-313-2640

INSPECTOR DJS

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Holly Hills LOT 11 ROAD 3342 Sang Road

PROPERTY OWNER Holly Hill, LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

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 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet down the right (261.58') lot line and 40 feet off that same lot line. Run trenches along contour towards 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 11/12/98 DJS

PLANS APPROVED BY Glen Savage/Craig Williams DATE 11-09-98

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.

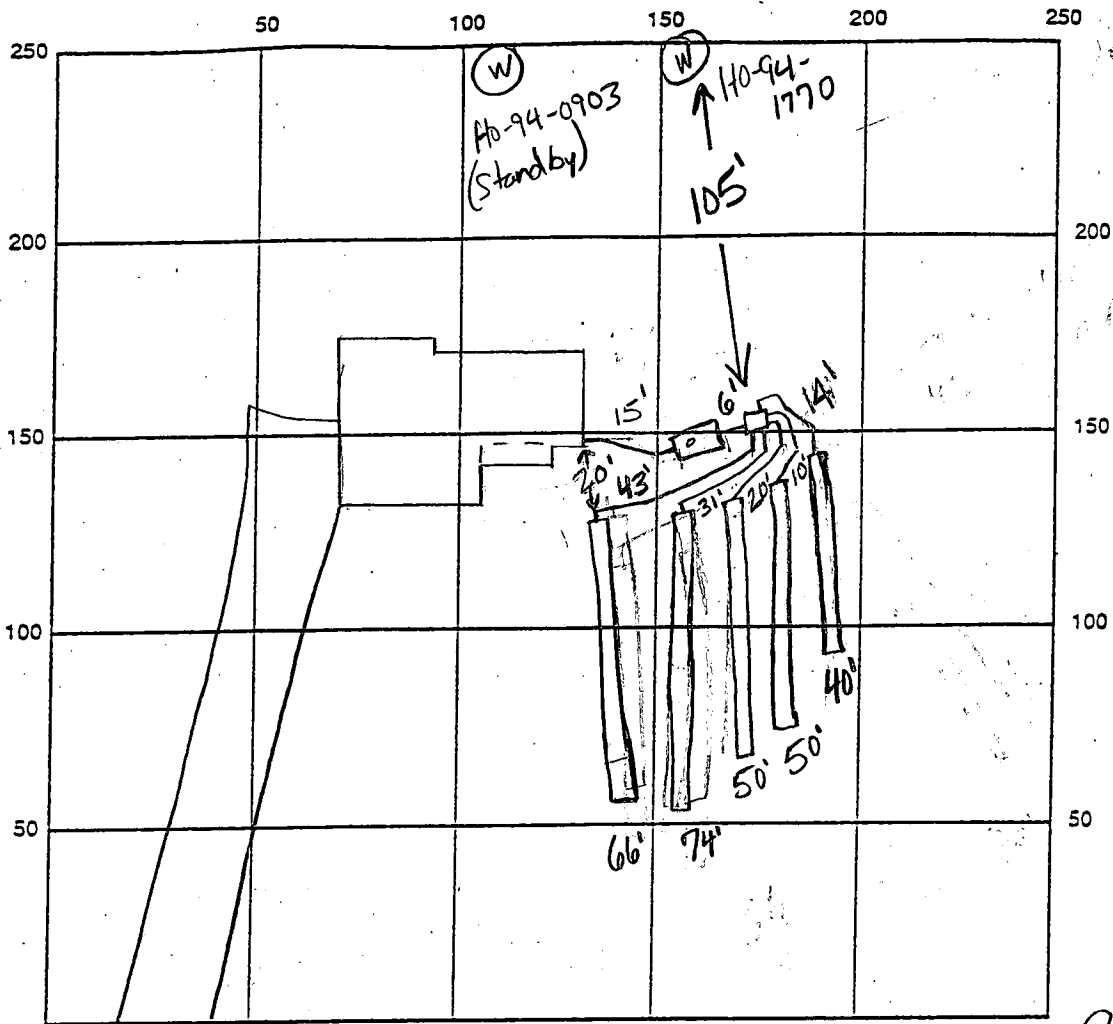
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 451-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50619

2/29/99
2:00
2/11/99
2:00-3:00
2-16-99
WPI anytime



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Sang Rd.

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank
 DISTRIBUTION BOX LEVEL OK, baffle in
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 1-29-99 needs house conn, needs lowest trench to be connected to distribution box, needs baffle in distribution box and pipes to be cemented, needs cleanout on tank, box changed slightly to remain out of 100' well radius, ok as installed. (KM)

2-1-99 needs house conn, pipes cemented into distribution box, has cleanout on tank, trench connected to distribution box, ok to cover (KM) 4/19/99 house conn OK. DJS

DATE SYSTEM APPROVED 4/9/99 INSPECTOR [Signature]

2/16/99 WPI-ok to cover, line sleeved out of house, P.A. 4" below grade, casing 1.5' above grade, has 2pc cap (KM)

APPLICATION

PERCOLATION TESTING

A 50619

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DATE 9-28-95

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 WAYNE NEWSOME Holly Hill, LLC

ADDRESS P.O. BOX 39, COLUMBIA, MD 21045 PHONE (410) 792-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. 4 ^{ORIGINAL} NEW LOT # 11

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 175' OF FRONTAGE ON BURNWOODS ROAD - 21 LOT (17 NEWSED'S) SUBDIVISION EXTENSION OF (SANG ROAD)

TAX MAP 14 PARCEL # 92 (3342) SIZE OF LOT LOT 8; 40,093 SQ FT TYPE BLDG. _____
BLDG. PERMIT SIGNED AND RETURNED 11-9-95 Serial # 270119862 SFD - 9/28/95
(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. Stephanie Demchik
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

APPROVED BY _____ FOR _____ DATE _____

OLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

50679-F
COUNTY #

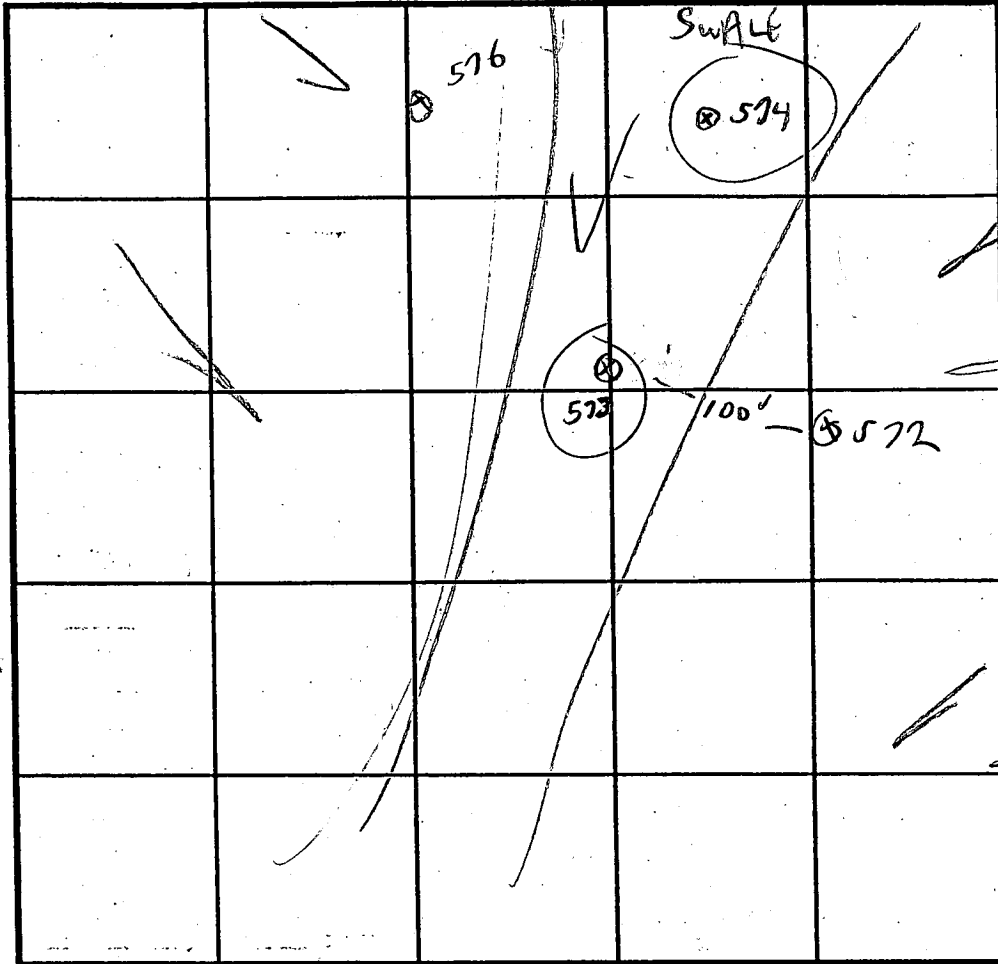
PROP LINE

SOIL PROFILE
574

TOP SOIL
1' LIGHT BROWN SILTY CLAY LOAM
2' LIGHT TAN MICACEOUS SILT LOAM
116"

SOIL PROFILE
573

TOP SOIL
2' BROWN SILTY CLAY LOAM
4' LIGHT BROWN + PINK MICACEOUS SILT LOAM
12"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28/95	OK TO 12 573	4'	11:29	11:43	11:44	11:49	5 MIN
	"	1'	11:33	11:34	11:34	11:37	3 MIN
	OK TO 116 574	3' 6"	1:43	1:45	1:45	1:50	5 MIN

REMARKS LOT 11 SYSTEM DESIGN SHOULD AVOID SWALE

TYPE OF SOIL

TESTED BY GLEN SAUCE

ALSO PRESENT WILL HORTON & ELPER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

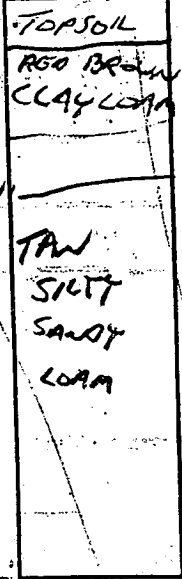
INLET DEPTH

MAXIMUM BOTTOM DEPTH

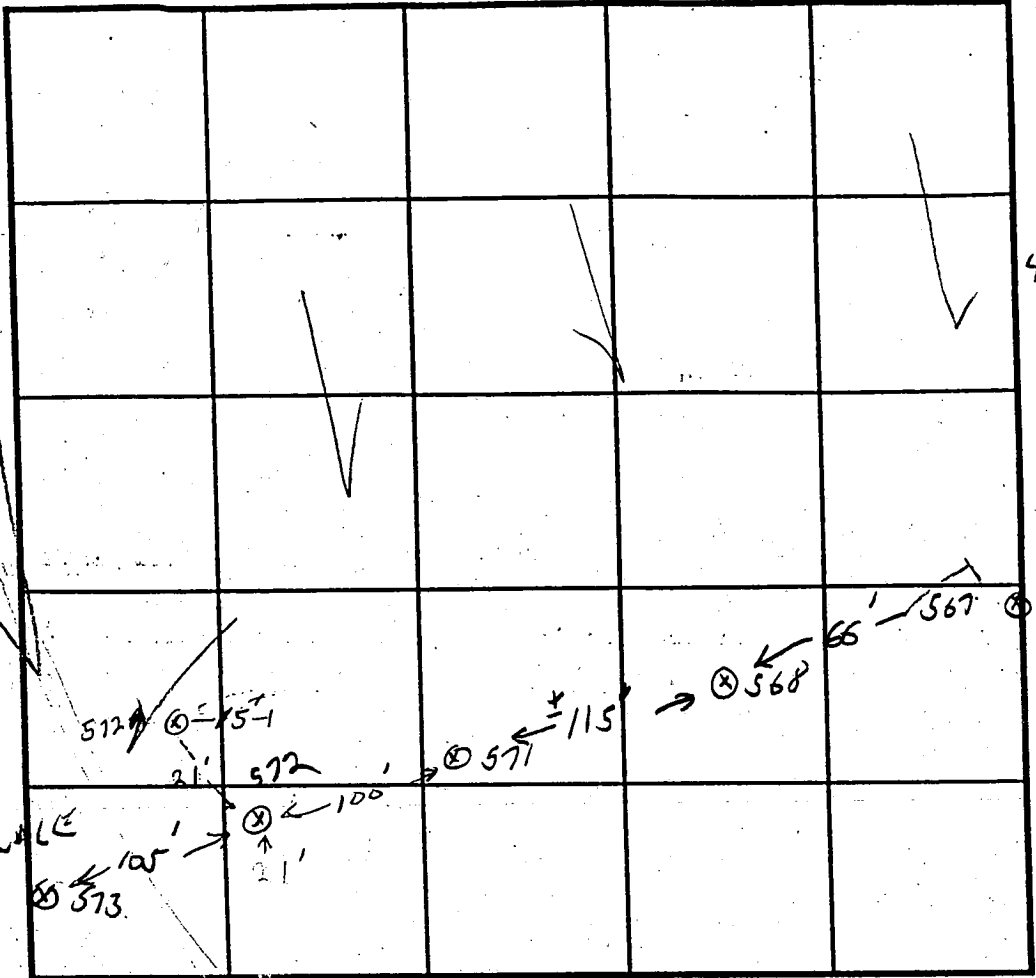
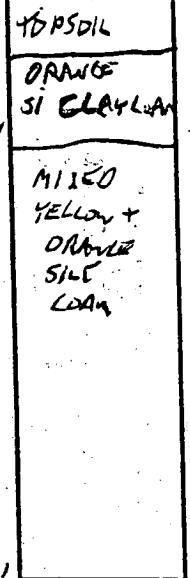
SO FT/DEEPOOM

56619-G, H
COUNTY #

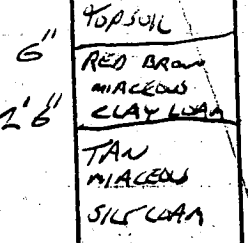
SOIL PROFILE 571



SOIL PROFILE 568



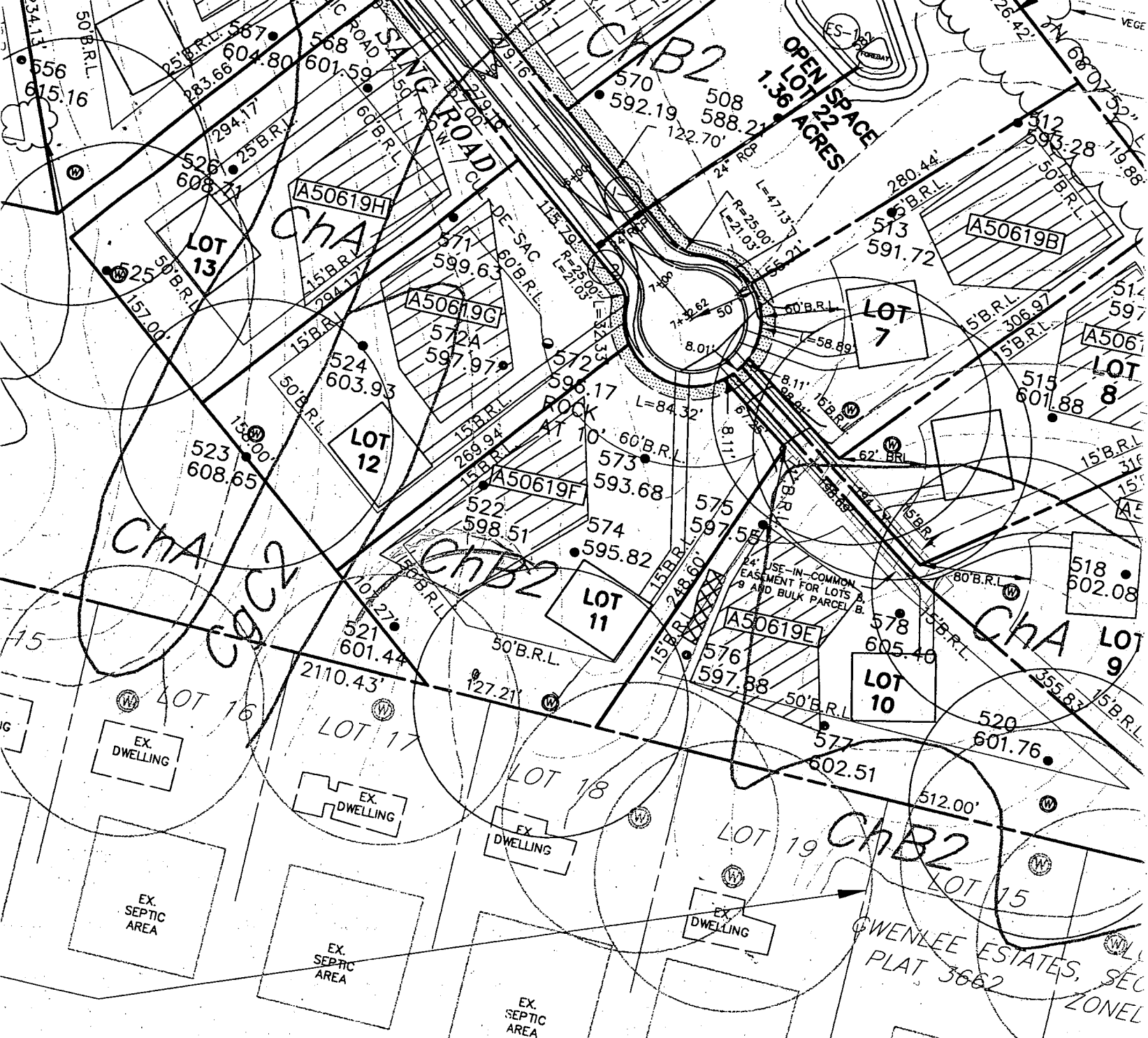
572



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28/95	568 OK TO 11	4'	10:49	10:51	10:51	10:56	5 MIN
		8'	10:49	10:51	10:51	10:53	2 MIN
	571 OK TO 11	4'	11:08	11:09	11:09	11:11	2 MIN
LOT G		8'	11:08	11:11	11:11	11:15	4 MIN
	572 OK TO 10	4'	11:22	11:24	11:24	11:27	3 MIN
		6'6"	11:21	11:23	11:23	11:27	4 MIN
	572A OK TO 11						

REMARKS LOT 12
 TYPE OF SOIL _____
 TESTED BY GLEN SAVAGE ALSO PRESENT WILL ADJACENT TRACT
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



HEALTH DEPARTMENT NOTES


THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT. ALL WELLS TO BE DRILLED AND APPROVED (BY SUBMITTAL OF A COMPLETION REPORT TO THE HEALTH DEPARTMENT) PRIOR TO RECORD PLAT APPROVAL. DESIGNATED OPEN SPACE (LOTS/PARCELS) ARE NOT CURRENTLY ELIGIBLE FOR RESIDENTIAL CONSTRUCTION. ANY CHANGE IN STATUS WOULD REQUIRE COMPLIANCE WITH STATE OF MARYLAND SUBDIVISION REGULATIONS FOR BUILDING LOTS. ALL SEWERAGE EASEMENTS LOCATED WITHIN 50 FEET OF THE PROPOSED ROADWAY MUST BE STAKED OUT PRIOR TO SITE GRADING. CR... HOWARD COUNTY HEALTH DEPARTMENT APPLICATION FOR... ICA...

*Holly Hills
Signed PER CER*

NOTES: - THE PURPOSE OF THIS PLAT IS TO REVISE THE CONFIGURATION SEPTIC RESERVE AREA TO ALLOW FOR A NEW WELL THAT WAS DRILLED ON 10/19/98

- THIS PLAT IS SECOND TO ORIGINAL

- DASHED LINE DESIGNATES PERK AREA AS SHOWN ON ORIGINAL SIGNED PERK PLAT

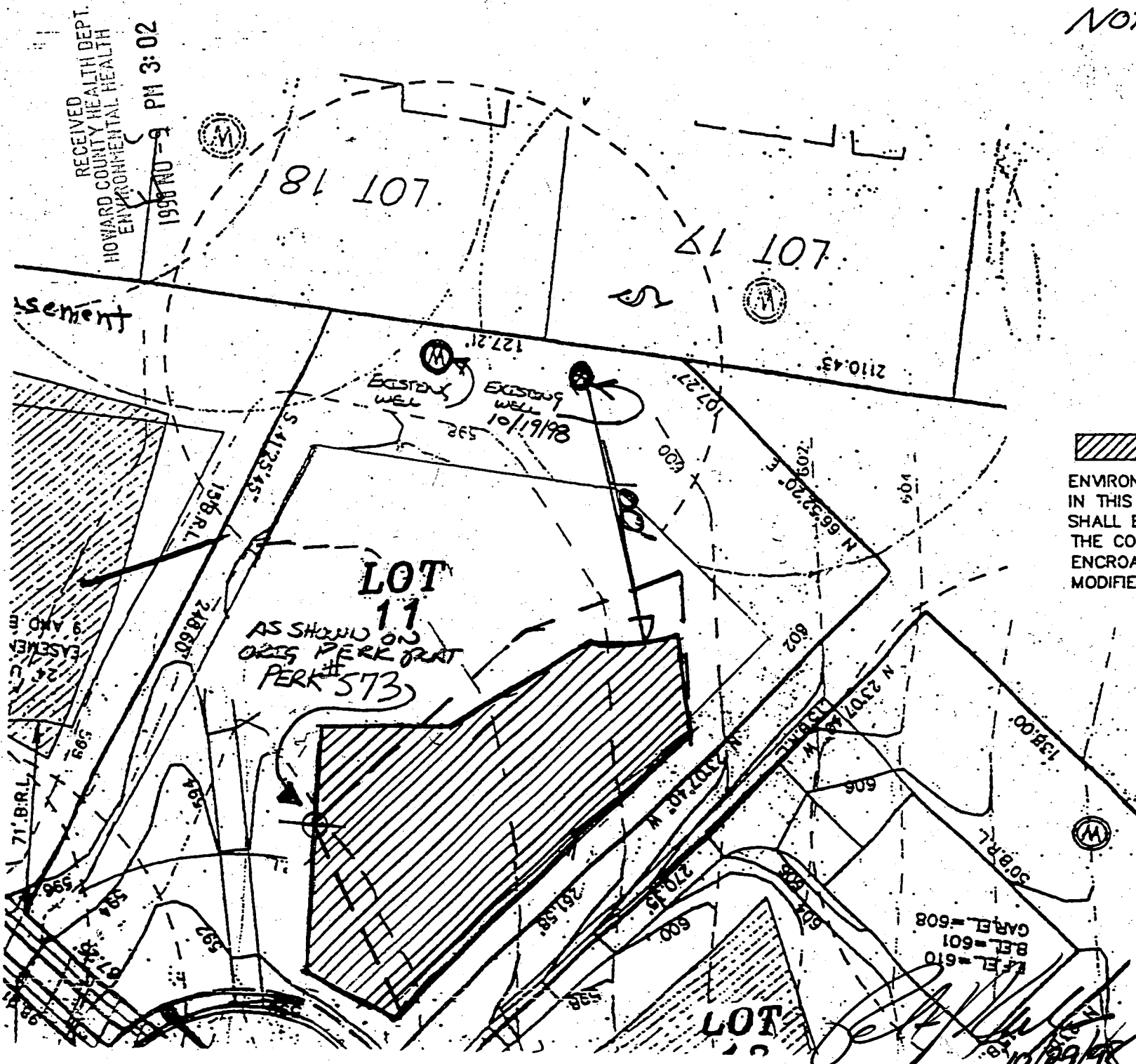
 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ.FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd 11/9/98
 COUNTY HEALTH OFFICER DATE

PERK CERTIFICATION PLAT
 RECORD PLAT
 LOT 11 HOLLY HILLS #12602 2-11-96
 1"=50' 10/29/98

THIS PLAT WAS PREPARED BY PAUL F. MUELLER, BUILDER AND CERTIFY'S THAT ALL MEASUREMENTS ARE TRUE AND CORRECT FOR THIS LOT

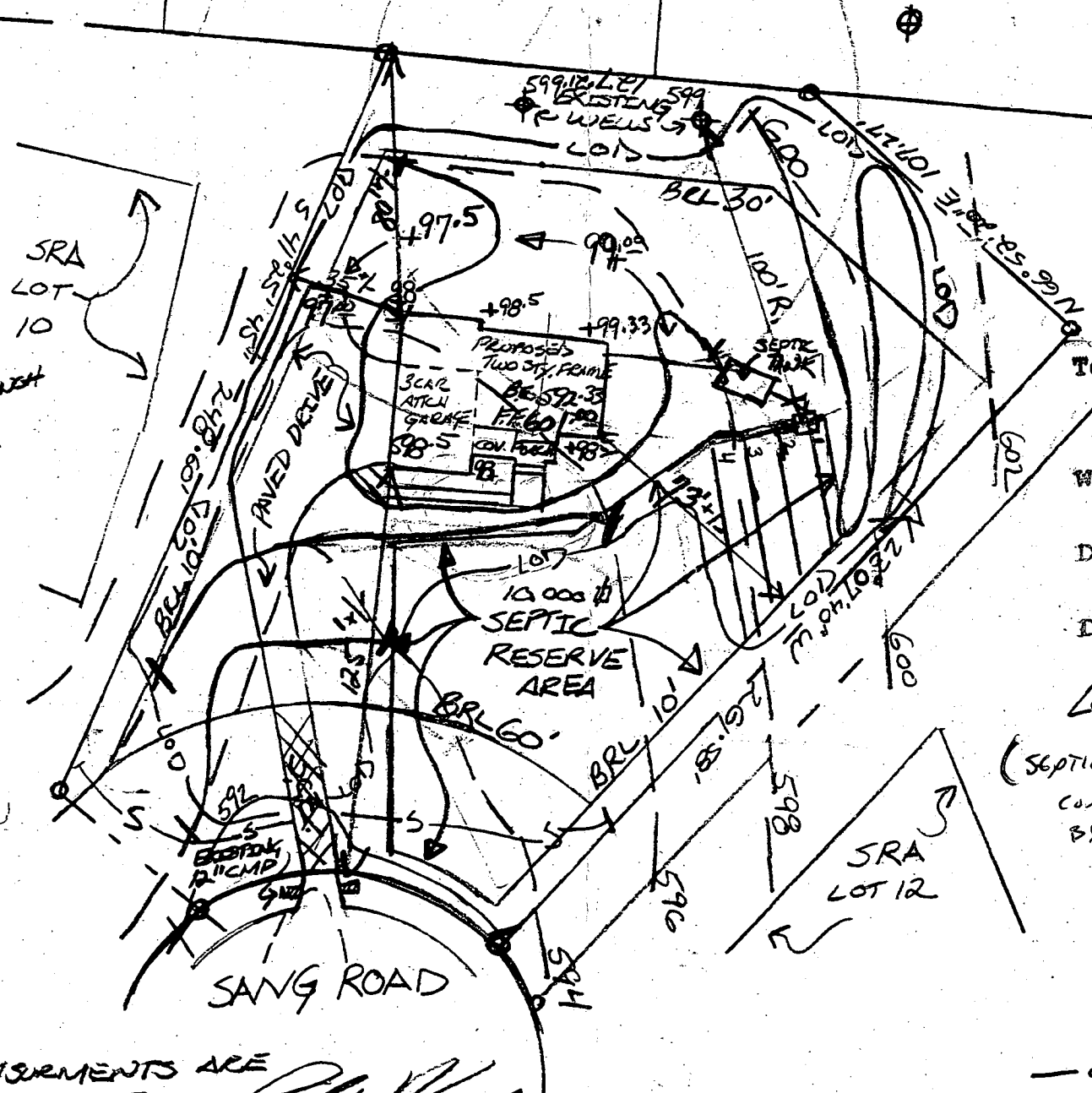


Approved Septic System Plan
 Howard County Health Department
 B00114862

[Signature]
 Signature _____ Date 11/4/98

SEPTIC INFO
 INV AT HOUSE 97.83
 INV AT IN TANK 97.5
 GRADE AT TANK 98
 INV. OUT TANK 97.2
 INV. DIST BOX 96.7
 GRADE AT DIST 99.5
 INV OUT DIST BOX 96.5
 INV TRENCH # GRADE LENGTH
 1, 96.5 99.5 40'
 2, 95.5 98.5 50'
 3, 95 98 60'
 4, 94.5 97.5 75'

225 LF TRENCH
 LOT 10



Total linear feet of trench required 240 feet
 Width of trenches 3 feet
 Depth of trenches 5 feet
 Depth of stone required below distribution pipe 2 feet

LOT 12
 (SEPTIC AREA ADJUSTED TO THIS CONFIGURATION ON SEPARATE DOCUMENT BY BUILDING PERMIT PLAT LOT 11 HOLY HILLS SCALE - 1" = 50'-0" 10/26/98)

I CERTIFY THAT ALL MEASUREMENTS ARE TRUE AND CORRECT FOR THIS LOT
[Signature]
 BOULDER

- LOD - = LIMITS OF DISTURBANCE
 - SF - = SILT FENCE
 # SC# = STONE CONSTRUCTION ENTRANCE

B 1 4786 SEQUENCE NO. (MDE USE ONLY)
9-23-98

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1770
fill in this form completely

OWNER INFORMATION
Date Received (APA) 9-23-98
18 MM DD YY 13
MUELLER HOME'S
15 Last Name Owner First Name 34
12800 Frederick Rd. Suite 201
36 Street or RFD 55
West Friendship MD. 21754
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Holly Hills
23 SUBDIVISION 42
SECTION 44 46 LOT 11 48 50
GLENNWOOD
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M 1
73 76 77 78

DRILLER INFORMATION
Ralph E. MAYNE MSD 117
Driller's Name 76 License No. 81
Ralph MAYNE well DRILLING
Firm Name
17024 Hardy Rd. Mt Airy MD 20881
Address
Ralph E. Mayne 9-17-98
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
SANG RD.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
W E
WEST EAST
SOUTH
34 250 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP 14 BLK: PARCEL 92

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 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 A-50619F
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 9 30 98 9 30 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 800 000
50 55 57 63

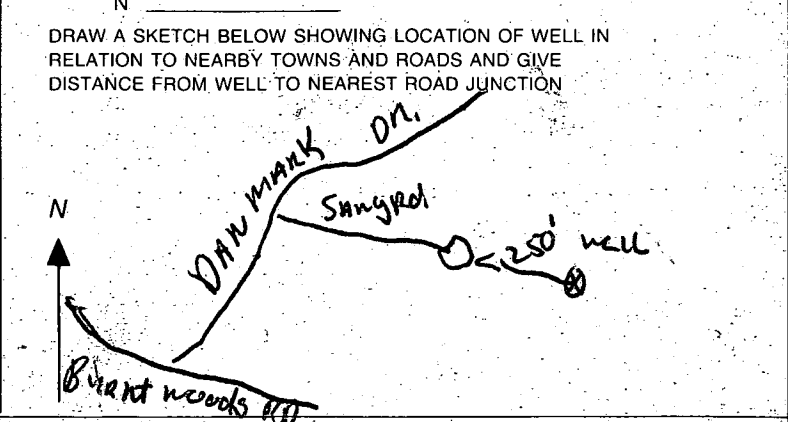
APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 64 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/19/98 10:00
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E. 800
N. 530
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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
 THIS WELL WILL DEEPEMED 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)
APPROX. PERMIT NUMBER 54 G.A.P. 63
PERMIT No. HO-94-1770
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOT 12

F.F. EL = 610
B. EL = 601
GAR. EL = 608

Pump Basement

24' U. EASEMENT
9 AND B

LOT 16

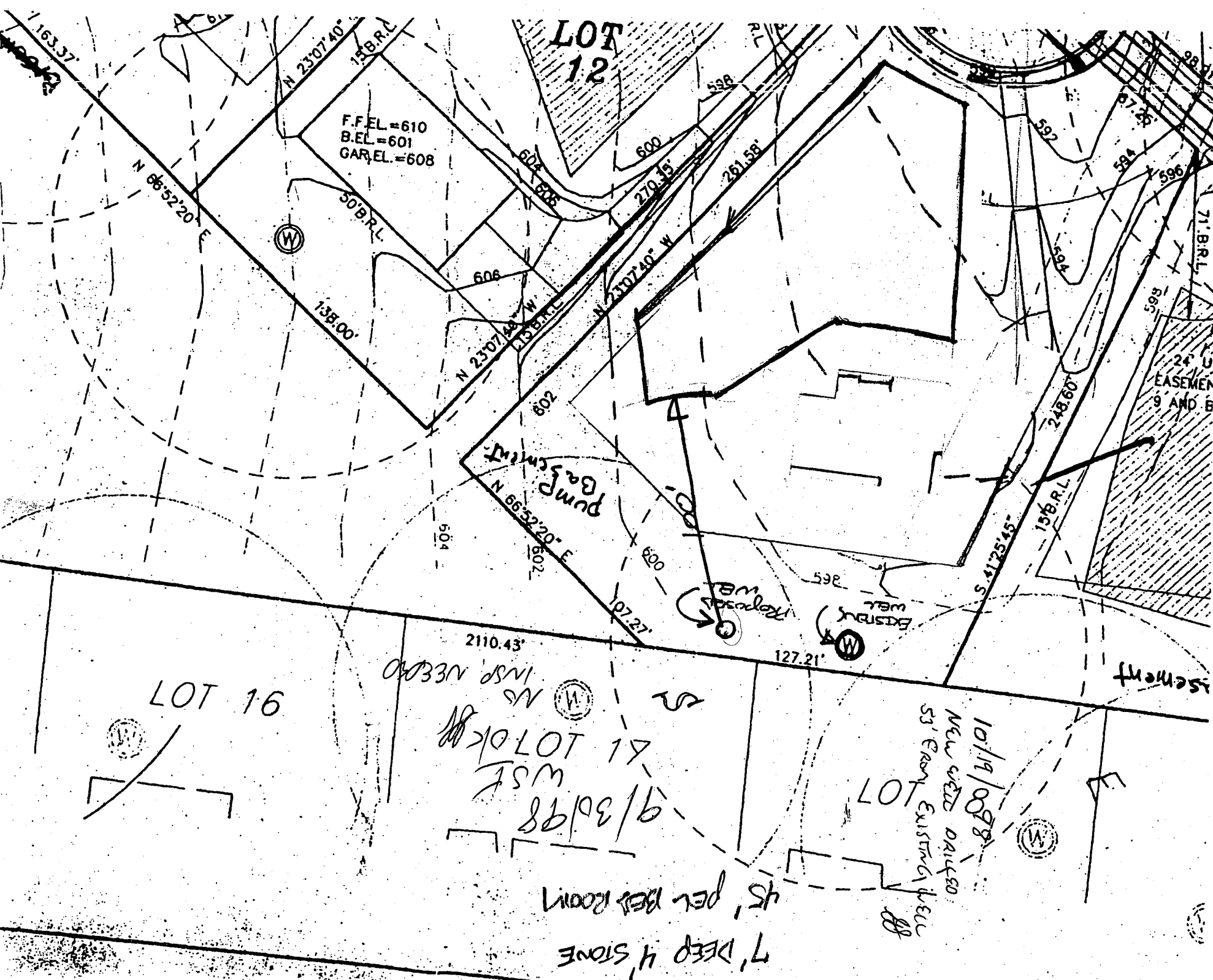
INSP. N30°E30°W

LOT 17
WSE
9/30/98

LOT 17

10/19/00
NEW WELL DRILLED
5' FROM EXISTING WELL

7' DEEP 4" STONE
45' PER BED ROOM



C1 1324

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER: A 50619 F

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

ST/CO/USE ONLY DATE Received

DATE WELL COMPLETED 09/10/96

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0903

OWNER: Williamsburg Builders last name first name TOWN: Halley Hills SECTION: LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand, Ceramic Rock.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (45), BENTONITE CLAY (BC), NO. OF BAGS (18), NO. OF POUNDS (1672).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (SH), Nominal diameter (6), Total depth (75).

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

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), slot size, diameter of screen.

PUMPING TEST form with fields: HOURS PUMPED (6), PUMPING RATE (204), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (31), WHEN PUMPING (285), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (N).

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

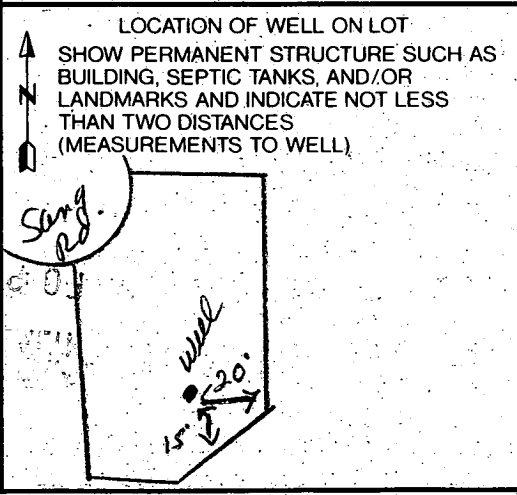
DRILLERS IDENT. NO. 24, DRILLERS SIGNATURE: Joseph L. Mayer

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

DEPTH (nearest ft.) table with handwritten entries: HO, 74, 325.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields: T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 3045 SEQUENCE NO. (MDE 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

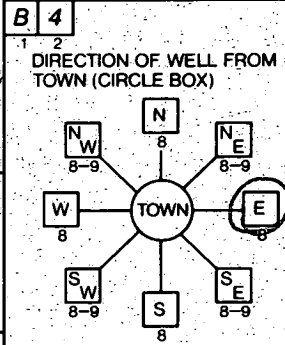
STATE PERMIT NUMBER
 70 10-94-0903 79
 fill in this form completely

Date Received (APA) 03/19/96

OWNER INFORMATION
 15 34 WILLIAMSBURG BUILDER
 36 55 8485 HARRERS FARM RD
 57 76 COLUMBIA MD 21044

B 3 LOCATION OF WELL
 1 2 HOWARD 21
 8 COUNTY
 23 SUBDIVISION HOLLY HILLS 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Glenwood 71
 MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Driller's Name Joseph R. Mayne 24
 77 License No. 80
 Firm Name Joseph R. Mayne Well Drilling
 Address 5512 Ridge Rd. Mt. Airy 29777
 Signature Joseph R. Mayne Date 3/19/96



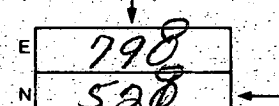
Sang Road 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 250 37
 DISTANCE FROM ROAD
 ENTER FT OR MI FT 38 39
 TAX MAP: 14 BLK: PARCEL 92

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD A-50619F
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 08/16/96
 43 48 CO SIGNATURE 57 63
 NORTH GRID 529000 EAST GRID 798000
 50 55 57 63

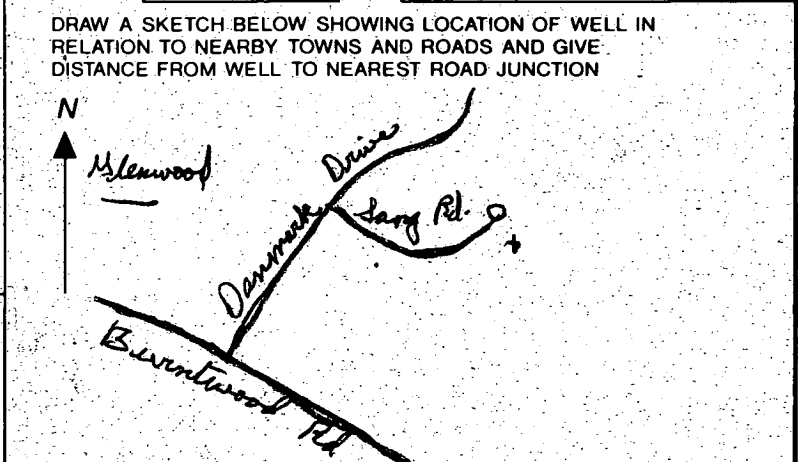
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 220 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 9/10/96 9:30 grout
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE


METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
 37 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
 THIS WELL WILL DEEPEAN 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 54 GAP 63
 FORCE CS WRITE INITIALS IN BOX PERMIT No. 10-94-0903
 67 68 70 71 72 73 74 75 76 77 78 79

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3825-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____

Date 2-16-99

Name of Installer Vantage Mech

Telephone 410-674-6654

License Number MPL 05563

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner _____

Telephone _____

Subdivision Holly Hills

Lot # 11

Well Tag # _____

Site Address _____

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible

2. Make JANUZZI

3. Model # _____

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes _____ No

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

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

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make CAMPBELL

2. Model # _____

3. Depth 42"

Tank

1. Capacity 42

2. Pressure relief valve?

Piping

1. Type Poly

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line _____

Well data

1. Depth 200' ft.

2. Yield 12 GPM

3. Static water level 85' ft.

3. Will water supply be disinfected by installer? NO

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: Walter B. Batts

9 11 r m m