11-16-88 4-23-88

HAS BEEN COMPLETED, MAY NEED MANHOLE

30233

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

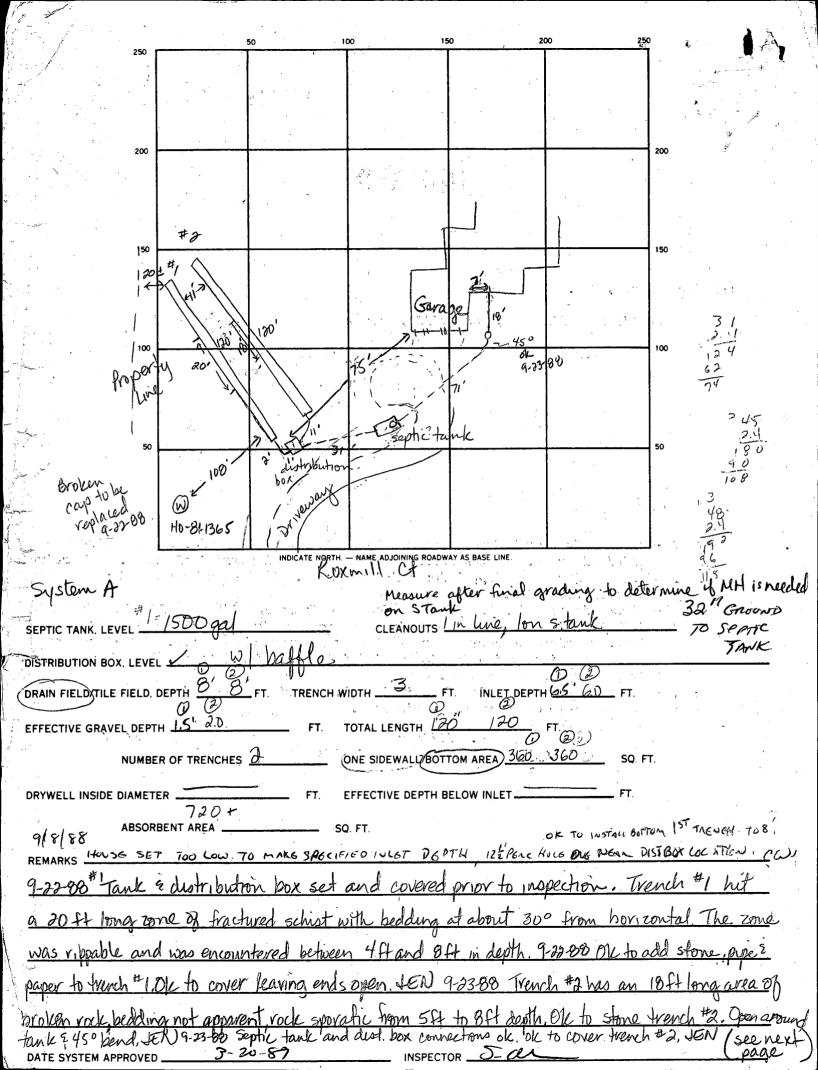
BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

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,	· ·
Collins Company, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS 2024 Millers Mill Road, Cooksville	, <u>Maryland</u> PHONE 795-8618
SUBDIVISION ROAD ROAD	4075 Roxmill Ct LOT 8
	ames Wilson 730-2018
ADDRESS	Use for basement;
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY E	BY 50% AND ABSORPTION AREA BY 22% 800 GALLOW TANK
GARBAGE GRINDER? YES NO _X	TOO STATE OF THE S
SEPTIC TANK CAPACITY GALLONS NUMBER	OF BEDROOMS 4 45 NOW ELGNATION PERMITS 8/24/88 CW
TRENCHES - 180 sq. ft. per bedroom. Tren	ch to be 3 feet wide. Inlet 32 feet below
original grade. Bottom maximum	m depth 5 feet below original grade. Effective
	riginal grade. 1½ feet of stone below
distribution pipe.	
	t from the front lot line and 135 feet from the
	ing the property from Roxmill Court. Run
trenches along contour toward	left-rear portion of property. ***Contractor
to request inspection at time to be strictly appeared to.	of initial excavation. Trench location and dep
	n length. Provide 6" -8" diameter cleanout and
can to grade or above on septi	c tank. 9K/(W
- OK TO NOJUST GOTFO M DEPTH TO 8'- PLANS APPROVED BY C. William	
- LANS AFFROYED BY	9-22-88 6.0-8.0. Ft; 2.0 ft stone, 3 ft wide
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESP	ONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SW	EEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES)	O BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTE	R PLACING GRAVEL IN TRENCHIES).
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TR	ENCH TO EXCEED 100 FEET IN LENGTH.
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDU	LE 40 PVC OR ABS.
PERMIT VOID AFTER TWO YEARS.	
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE T	BE 6 INCHES IN DIAMETER. CAST IRON. CONCRETE OR TERRA COTTA OR PVC OR ABS O GRADE REQUIRED.
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.	

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



11-15-88 01-15-88 11/16[88 An 11-16-88 DO NOT FINAL UNTIL FINAL GRADING HAS BEEN COMPLETED AT SEPTIL TANK

PERMITA

A. MAY NEED MANHOLEP 42435

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 DATE 8-24-88 3-20-89

DATE SYSTEM APPROVED -

PECTOR SCU-

Collin Company 15 PI	ERMITTED TO INSTALLALTER
ADDRESS 2024 Millers Mill Road Cooksville, Mi	D PHONE 795-8618
SUBDIVISION ROXDURY ESTATES ROAD 4075 ROXN	ill Cf LOT 8
PROPERTY OWNER James Wilson 730	0-2018
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPT	TION AREA BY 22%.
GARBAGE GRINDER? YES NO _X	
SEPTIC TANK CAPACITY 600 GALLONS NUMBER OF BEDROOMS 4	
Trench: 80 ft long, 3 ft wide, inlet 3.5	f1, bottom 8.0 ft. for
basement as per attached plan. cw	
	V- 3
PLANS APPROVED BY	DATE

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.

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 TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

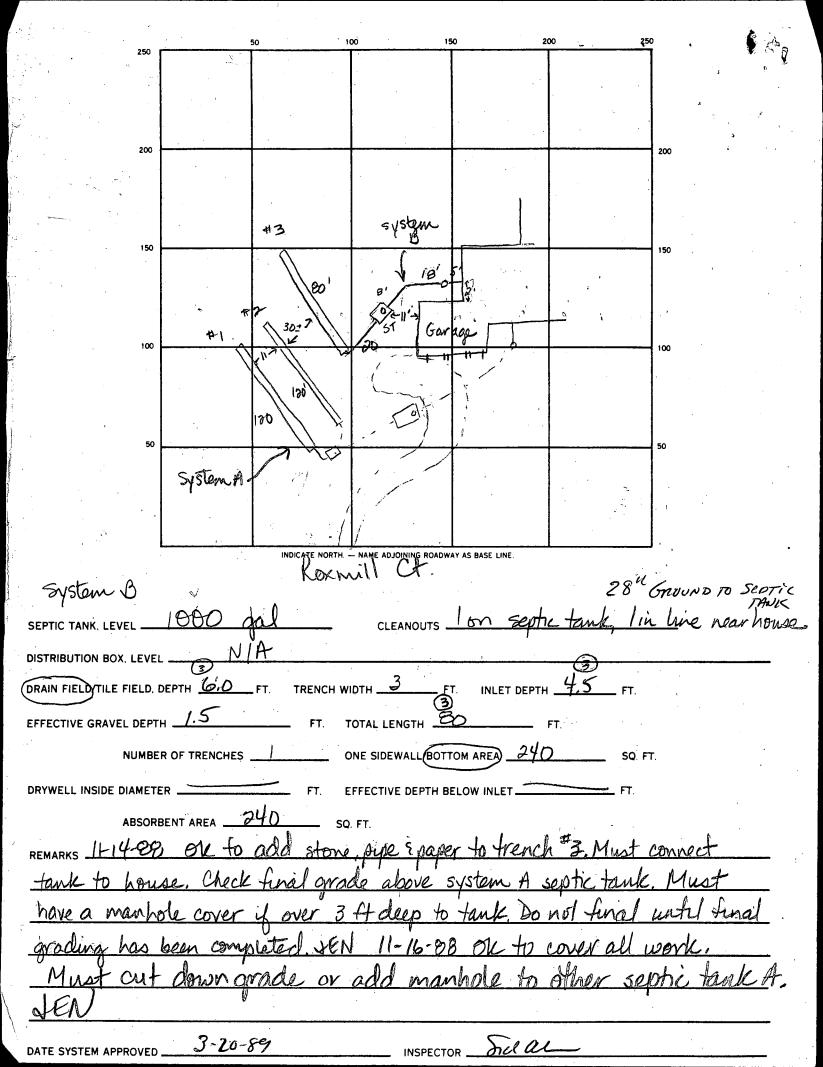
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

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 PVC 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 APROVAL ON THIS PERMIT



Roxbury

١	302	3	3	
---	-----	---	---	--

 ${\color{red} {\tt SUBDIVIS}\, {\tt ION:}}$

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
•	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	·
5 bedroom	1500 gallon	
Inlet feet	below original grade.	
	feet below or	
Effective area begins	at feet belo	w original grade.
and leave a to exceed l	5-foot earth buffer bet	nt area, run the trench on level ground ween dry well and trench. No trench is ench inlet to be same as dry well, with bution pipe.
	TRENCHES	
		sq. ft./bedroom
Trench to be 3	wide.	<u></u>
,	below original grade.	
	feet below or	iginal grade.
Effective area begins	at 32 feet belo	w original grade.
feet of sto	one below distribution p	ipe.
(2) If more (3) Trenches (4) Call for (5) Provide tank and (6) If a ga and incre	to be installed on leve inspection of trench be 6" - 8" diameter clean drywell. rbage disposal is use ease absorbent sidewall	distribution box is required. l ground. fore gravel is installed. out and cap to grade or above on septic d, increase septic tank capacity by 50% area by 22%.
LOCATION: PLA	CE DISTALBUTION	BOX 175' From
THE FRONT LOT	LINE AND 135	From THE LOTT LOT LINE,
		BATY FROM ROXMILL ET.
		LO CEET-REAL PORTION OF PROPERTY
	R6U1569	7/6/88 Curélia
& CONTRACTOR TO		N AT TIME OF INITIAL EXCAUATION,
		BE STRICTLY ADMENDS TO.
1D-191 RUMP 345761	Y WOULD BE REQUIR	60 IF GRAVITY SERVICE CANNOT
BE ATTAINS	0. SCHEDULG 4A	PIER REDUCED UNDER ALL PAUGO ANGI

APPLICATION

9.4	STATE OF MARYLA	IND - DEPA	RTMENT OF	HEALTH AND N	IENIAL HYGIEN	IE.	P
HOWARD COUNTY HEA			All the state of				Electric March
P.O. BOX 476 ELLICOTT, MAR TELEPHONE: 992-2330	YLAND 21043			- 12(1,	De-C DIS	TRICT	4th. 17, 1
1			A			DATÉ	9/28/79
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	•.				DATE	96 . an.
			+ + +	4	195		IN STATE
	9.99 m			,		÷	
: THE COUNTY HEALTH OFFICE	ER .		· .				
ELLICOTT CITY MARYLAND	CCCCARV TEST IN ORDE	D TO CONSTR	UCT (OB BECON	STRUCT) A SEWAG	E DISPOSAL SYSTE		
I. HEREBY, APPLY FÖR THE N	J. Garrett R		OCT TOR RECOIN	STRUCTI A SEWAG	E DISPOSAL STSTE		. •
OPERTY OWNER							
ADDRESS	Roxbury Mill	s Rd.,	Glenwood,	Md. 21738	PHONE	89-44	81
OPERTY LOCATION:	Roxbury		· · · · · · · · · · · · · · · · · · ·		LOT NO	لے سید	
BUIVISION	Route 97		e e e e e e e e e e e e e e e e e e e	<u>ा इस्क्रिया</u> १			
DAD AND DESCRIPTION							
· · · · · · · · · · · · · · · · · · ·	· · · ·	<u> </u>			-		
ZE OF LOT	3.00 Acres	111:	170.8	TYP	E BLDG.	or 4	Bedrooms
THE SYSTEM INSTAL	LED UNDER THIS A	PPLICATIO	N IS ACCEP	ABLE ONLY U	NTIL PUBLIC F	ACILITII	S BECOME AVAILA
FULLY UNDERSTAN	D THE FEE CONNEC	TED WITH	THE FILING C	FTHIS PERCT	EST APPLICATÍ	ON IS N	ON-REFUNDABLE UN
NY CIRCUMSTANCES	31 32 B	35 18 °	3:21	12/2		7 1 1 1 1 1 1 1 1 1	
SNATURE OF APPLICANT	E. Smariga	/s/		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	,
PROVED BY	and the second s	,	FOR			DATE	
JECTED BY	:		FOR		· · · · · · · · · · · · · · · · · · ·	_ DATE	
DLD PENDING FURTHER TESTS	·	•.			· · · · · · · · · · · · · · · · · · ·	DATE	
ASONS FOR REJECTION OR HOLD					* *.		
ASONS FOR REJECTION OR HOLD	ING						

THIS IS NOT A PERMIT

SANDY CLAY SANDY LOAM

1. Y .	945 A. J. C. L.	3. 5. 25 th 18 th 2 Long	·通识维加。 2.620	1944 N. A. B. A.	No.	
		Made Design				
		LOW H	JLE	FELLE	n doğ	
	128 m	9 7	*~	ta samplis. Late		.
45-8,	<u>-45</u>	105	* 1			494
		105	× 94'			
0	<u>43'-</u>	-}O←-105	, *			7.5
1 107	161	HIGH HOLE	¥			707
7		(§)		grit & Court of the November		
ින : *:		on a short				
	۷,	(•		
	280'	SPLIT	RAILC	T. (PROPO	SED)	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

<u> </u>	<u> </u>		PRE-	WET	TEST -	1" DROP		1
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME	1
1/15/19	15 1D	3'h 12'h	3:09 3:11	3:11	3: <i>11</i> 3: 17	3:13	7	
	2.5	42	3:10 3:11	3:13	3:13	3:18	3 26	
, 3 ret	2D	12/2 SIMILAR		3:22 Sold, l	11 TH WE	ATHERE	D. ROC	K
	45 4D	12/2	3:27	3:32 3:31	3:32 3:31	3: 39 3: 35	4	
				, , , ,				9MIN. AVG.
			v					
					, 			

REMARKS HOLES 244 BOTH APROX. SAME ELEVATION

TYPE OF SOIL

ALSO PRESENT KETTER

† **1**11

APPLICATION

SEWA	GF	DISPO	SAL	TESTING

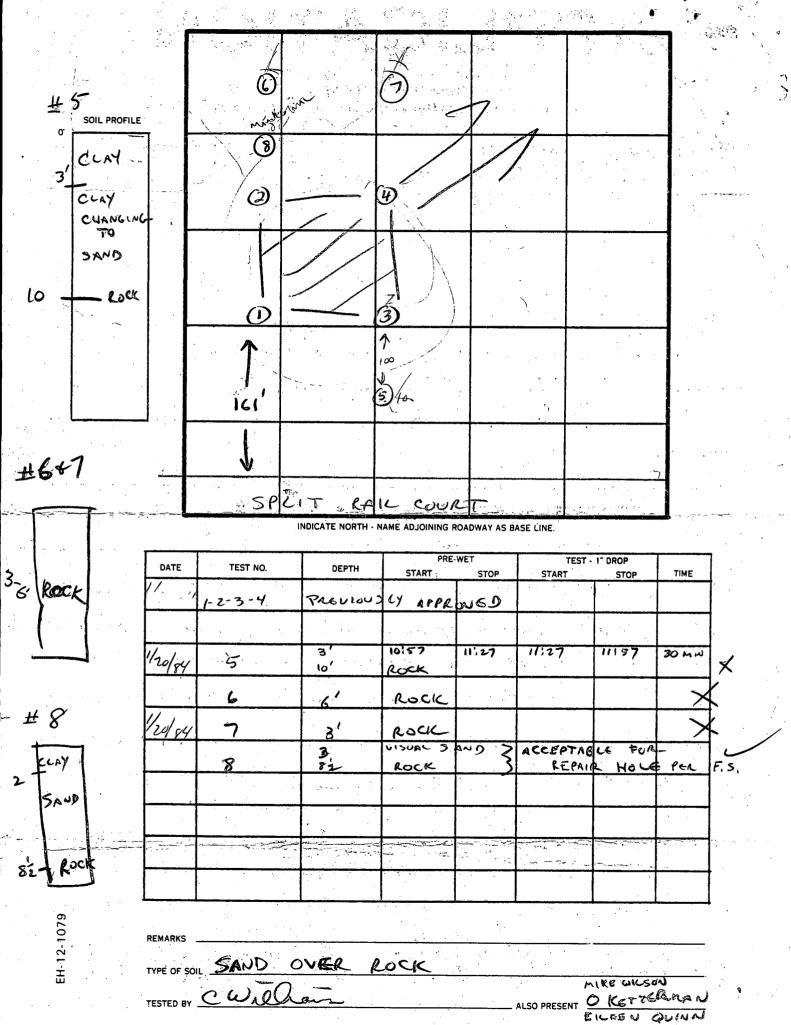
A	 	
Р	 	

HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES**

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TO: THE COUNTY HE				
I, HEREBY, APPLY	IARYLAND FOR THE NECESSARY TEST IN ORDER TO	CONSTRUCT (OR RECONST	RUCT) A SEWAGE DISPOSAL SYS	TEM.
PROPERTY OWNER	Roxbury Limited Part	!		
	c/o Fitzgerald & Mat	an Realty, Inc	PHONE	1-831-6800
ADDRESS	- 241 W. Patrick St.,	Frederick, Md.	de e de suite de la constant de la c	Part Service
PROPERTY LOCATION:		1		
SUBDIVISION	Roxbury		LOT NO.	8 Roxmill Ct.
	•			
ROAD AND DESCRIPTION	Roxmill Ct., Asphal	t	The second secon	
	X-eq.			·
SIZE OF LOT	3t acres		TYPE BLDG.	(NUMBER OF BEDROOMS)
				•
THE SYSTEM INSTAL	LED UNDER THIS APPLICATION IS AC	CEPTABLE ONLY UNTIL	PUBLIC FACILITIES BECOME	AVAILABLE I FULLY UNDERSTAND TH
			TO A DUE LINDED ANY CIDO	UNICTANICES LAUSO ACRES TO COMP
FEE CONNECTED WI	TH THE FILING OF THIS PERC TEST A	PPLICATION IS NON-REP	UNDABLE UNDER ANY CIRC	UMSTANCES. TALSO AGREE TO COMPI
WITH ALL M.O.S.H.A.	REQUIREMENTS IN TESTING THIS	LOT. James	Colonature of AP	30
			(SIGNATURE OF AP	PLICANT)
APPROVED BY		FOR		DATE
REJECTED BY		FOR		DATE
HOLD PENDING FURTHE	R TESTS			DATE
REASONS FOR REJECTION	ON OR HOLDING	<u> </u>	- I	
		** **		

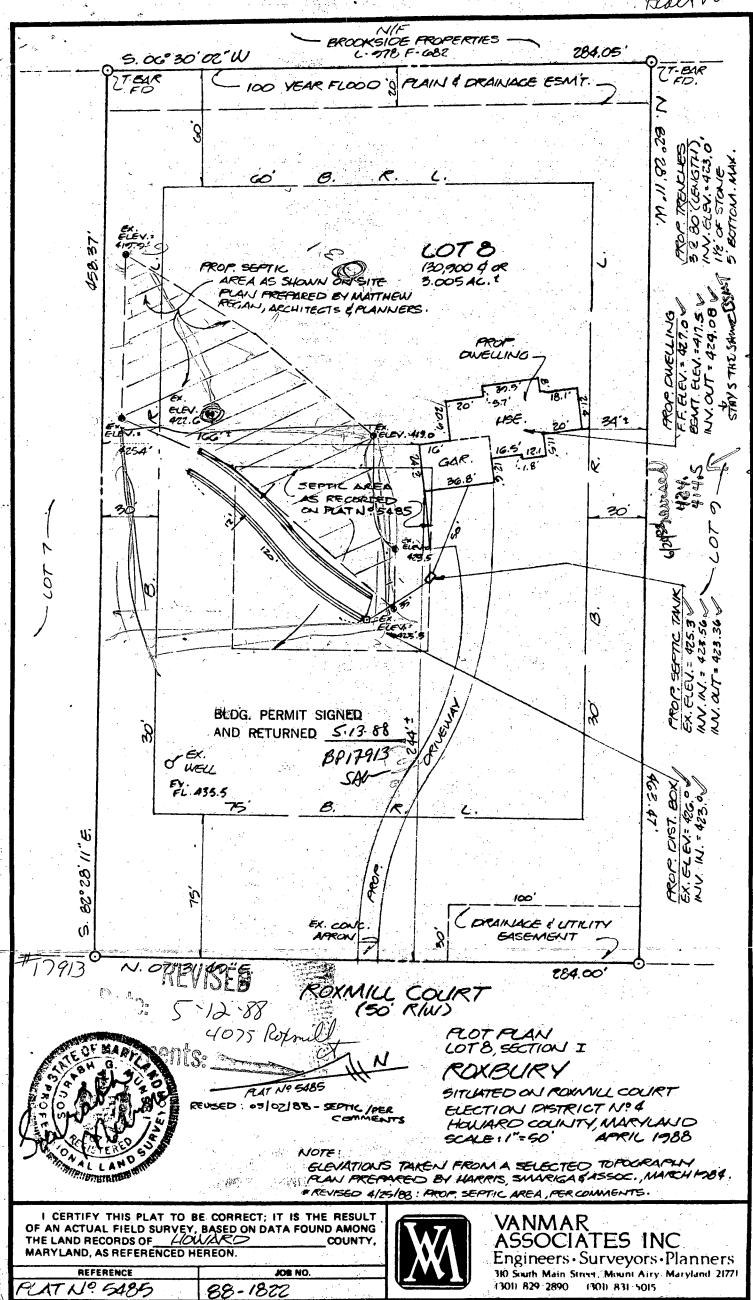
THIS IS NOT A PERMIT



Halth

Trans.

85) QZ/3



Z

B 1 A SEQUENCE NO. STATE	OF MARYLAND OEP PERMIT NUMBER
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	TO DRILL WELL MO-91-1365
*(THIS NUMBER IS TO BE PUNCHED please IN COLS. 3-6 ON ALL CARDS)	e print or type, fill in this form completely
Date Received 5/4/86 12:30 BA	$\begin{bmatrix} B \mid 3 \end{bmatrix}$ LOCATION OF WELL
ÓWŇĒR INFORMATION	MOWARD
W/ / SON K J A M & S 34	RG X B W RV
544/EMBYREND HERRHER	23 SUBDIVISION 42
36 Street or RFD 55	SECTION 44 46 LOT 48 50
57 Town 70State72 Zip 76	SZ NEAREST TOWN 71
DRILLER INFORMATION	MILES FROM TOWN (enter 0 if in town)
Orille's Name 77 License No. 80	73 /6 // /6
boards to magne WYAL DKILL ing	
5512 Ridge Rd. Just. Ceing, md 21	TOWN (CIRCLE BOX) NORTH
Address L. Marnes 2/17/86	N N ON WHICH SIDE OF BOAD
CSignature Date/	- (CIRCLE APPROPRIATE BOX) WEST SEAST
B 2 WELL INFORMATION	SOUTH SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	8 34 7 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	DISTANCE FROM ROAD 8-9 ENTER FT OF MI
USE FOR WATER (CIRCLE APPROPRIATE BOX)	38 39
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICULTURAL	HOWARD A-3345f
L' IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV	COUNTY NAME COUNTY NO. OEP STATE HEALTH
22 COTHER (REQUIRES APPROPRIATION PERMIT)	SIGNATURE INSERT S
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT	021386 BN you 08/28/86_
APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH S 0 0 0 0 EAST S C 0 0 0 0
APPROPRIATION PERMIT)	GHID 50 55 57 63
APPROXIMATE DEPTH OF WELL	SHOW MAJOR FEATURES OF BOX & LOCATE WELL
AFFROAIMATE DEFINOT WELL 24 28	WITH AN X SOURCES OF DRILLING WATER & comment
APPROXIMATE DIAMETER OF WELL	TOURISE OF BUILDING TOURS OF THE PERSON OF T
METHOD OF DRILLING (circle one)	2. / above zor.
BORED (or Augered) JETTED Jetted & DRIVE	N WRITE THE BOX NUMBER 35 Open
30. AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotar	· · · · · · · · · · · · · · · · · · ·
<u>CABLE</u> <u>REV</u> erse-ROTary <u>DRive-POIN</u>	E 7866
other	- \ \\ 550 \ \Q \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
REPLACEMENT OR DEEPENED WELLS	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE BOX)	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
THIS WELL WILL NOT REPEACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE	N Glanwofd
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED	
AS A STANDBY	A Chury R.
D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED	
(IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY)	O State
APPROP. PERMIT NUMBER GAP	
54 63	The Control of the Co
FORCE WRITE INITIALS PERMIT No.	
SPECIAL CONDITIONS	

LOCATION OK RELATIVE
TO ADJUSTED PEAC ANEA.

5/26/86 CURLLAN

H: 12311

MARK WUSON
ROXBURY 8

186 De duite PER SHAROHMENTAL HUTH. 174-8" N 82° 28' 11" W

Review	H	Q		a	Ş
Review	16	-/	(2)		ر

FIELD DATA SHEET

*		HOWARD COUNTY WELL	L YIELD TEST	
Well Permit No Secution of pro- subdivision Well Driller	HO - f/-/2 pperty (road)	865- Boshmill Cou Lot Marme Owne	F Block Plat	Sec
Depth of Distance	of measuring po	oint (M.P.) above gr	round 1	
Time pump Total tin		reach pumping water	Pumping rate 19 ft. 1 recorded every 15 minut	pelow M.P.
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	36	5000		12

C 1 00423 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	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)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 33457		
DATE Received DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13 15 0786 8 15 15 20	12 1 4 5 26 (TO NEAREST FOOT)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
OWNER WILSON	SAMES first name			
STREET OR RFD last name XMILL	TOWN _	<u> </u>		
SUBDIVISION ROX BURY	SECTION	LOT X		
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)		
DESCRIPTION (Use FEET Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min. 1/2		
additional sheets if needed) FROM TO bearing	NO. OF BAGSNO. OF POUNDS	to nearest gal.)		
BROWN SHALE 0 35	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE		
	from 8 11. 119 3 5 1 1 1t.	WATER LEVEL (distance from land surface)		
GRAY MICA ROCK 35 145 0	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING V 2 5		
CRAY MICA ROCK	casing types insert CORD	WHEN PUMPING 36		
	insert STEEL CONCRETE	TYPE OF PUMP USED (for test)		
	code below PLASTIC OTHER	A air P piston T turbine		
	MAIN Nominal diameter Total depth	C centrifugal R rotary O(describe		
	CASING top (main) casing of main casing TYPE (nearest inch)	27 27 below)		
	S 7 63 64 66 70	jet (S) submersible		
.	E OTHER CASING (if used)			
	A diameter depth (feet) C inch from to	PUMP INSTALLED		
	C C	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)		
	- Z G C C C C C C C C C C C C C C C C C C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS		
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED		
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:		
	(appropriate code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER		
	C[2]	PUMP COLUMN LENGTH		
	DEPTH (nearest ft.)	(nearest ft.)		
	$\begin{bmatrix} E \\ C \end{bmatrix} \begin{bmatrix} 1 \\ 8 \\ 9 \end{bmatrix} \begin{bmatrix} 1 \\ 11 \end{bmatrix} \begin{bmatrix} 1 \\ 15 \end{bmatrix} \begin{bmatrix} 1 \\ 17 \end{bmatrix} \begin{bmatrix} 2 \\ 17 \end{bmatrix}$	CASING HEIGHT (circle appropriate box and enter casing height)		
	H ₂	LAND SURFACE (nearest		
CIRCLE APPROPRIATE LETTER	C 23 24 26 30 32 36 R S S S S S S S S S S S S S S S S S S	49 50 51 7001)		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS		
P TEST WELL CONVERTED TO PRODUCTION WELL	OF SCREEN (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	4/2		
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	2 () E		
DRILLERS, DENT. NO. 238	F IN BOX 68 68	7 3		
Joseph & Manne	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	C		
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	4		
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	· Committee and committee and an action of the committee and action of the committee a		
responsible for sitework if different from permittee)	CASING INDICATOR	•		

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81- 1365 Location of property (road) Roymill Cf.				.*
Subdivision Rophures	Lot 8 ABlock	Plat	Sec.	
Well Driller Arabl Maine	Owner James	Welson	<u> </u>	-
Depth of well	ove ground /		,	
I. High rate pumping reservoir drawdown				;
Time pump started (100 7730) Total time / 6 to reach pumping	Pumping rate water level 36	/ <u>/</u> ft. below	M.P.	*
TT - Manager and the state of t				9

II. Recovery pump test data - observations to be recorded every 15 minutes

	Termen		Tecorded every 13 mind		
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW	
minute in-	below M.P.	time to fill \$	(if used)	(gallons per	
tervals	<u> </u>	gallon bucket		minute)	
8:15	36	5 sec,		12	
<i>§</i> :30		5		/2	
8:45	36	5		12	
900	36	5		12	
G:1K	36	5		12	
9.30	36	5		12	
9.45	16	5		12	
1000	36	5		11	
10:15	36	5		15	
10:30	36	.5		12	
10:45	36	5		12.	
11:00	36	5~		12	
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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
and the second of the second o
1/36/9
New Installation Receipt # 4/38/9
Replacement Date 3/20/FG
Name of Installer BE// MEChanical Cont. Telephone 301-535.308
License Number 179
Certified Well Pump Installer Well Driller Registered Plumber
the second secon
Name of Property Owner AMES Wilson Telephone
Subdivision Rox Bull Lot # 8 Well Tag # HO-81 - 1365
Subdivision Rox Bu RV Lot # 8 Well Tag # HO-81 - 1365 Site Address 4075 Rox mill et Quo KES Wille
Pump Motor Pitless Adapter
1. Type 1. Hörsepower // 1. Make //COVEN
a. Deep well jet 2. RPM 3450 2 Model #
b. Shallow well jet 3. Voltage 230 3. Depth c. Submersible 4 a. 110
2. Make Frank lin leke b 220
3. Model # <u>280/05490</u>
4. CapacityGPM
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
the state of the s
Tank Piping Well data
1. Capacity 4 2 AAA 1. Type 1 Lacket 1. Depth ft.
2. Pressure relief 2. Size 2. Yield GPM
valve? // 3. NSF and/or BOCA / 3. Static water
Code approved level ft.
4. Depth of supply 4. Will water supply
line $\frac{42''}{}$ be disinfected by
installer?
The state of the state of the Heriand County Woolth
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).

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		Signatu	ure jõf	Applic	ant:	TUL	Lace	<u>(</u>	mobile	Q87.
		***		D	ato.	2-3	7-	89		

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