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Wre.o.

Repair

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

IMDEXED

ELLICOTT CITY

DISTRICT_5th

DATE 6/5/78

Donald Parlette	IS PERMITTED TO INSTALLALTER_X
ADDRESS 6575 Route 32, Clarksville, Md. 21	029 PHONE 286-2140
SUBDIVISIONR	OAD 12768 Route 216 LOT
PROPERTY OWNER Mr. Carl W. Goxnell, Sr.	
ADDRESS 12768 Route 216, Highland, Md. 2077	7 Phone: 596-3509
specifications 3 bedrooms	
SEPTIC TANK CAPACITYGALLONS	
DRAIN FIELD DEPTH FEET, BOTTOM A	REA SQ. FT.
DEEP TRENCH DEPTH FEET, BOTTOM A	and the second of the second o
SEEPAGE PITSABSORBENT SIDE-WALL AREA	
INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIN	
EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRA	
LOCATE DISPOSAL AREAFT. FROML	OT LINE AND FT. FROM LOT LINE AS SEEN WHEN
FACING LOT FROM	•
REPAIR - Call for an appointment when gro	ound is opened up and Sanitarian will
recommend repair system.	Water at 10' 15 know so
of tomatoes Mahemum	{2'-6'} 2/45 in some 90' of these
depth	due to situation
PLANS APPROVED BY Palmer F. Wine	DATE 6/5/78
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT	IS DESDONSIBLE FOR THE SUCCESSIVE OPERATION OF ANY OVERT
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GR	
	AVEL IN THENCH.
IOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.	· · · · · · · · · · · · · · · · · · ·

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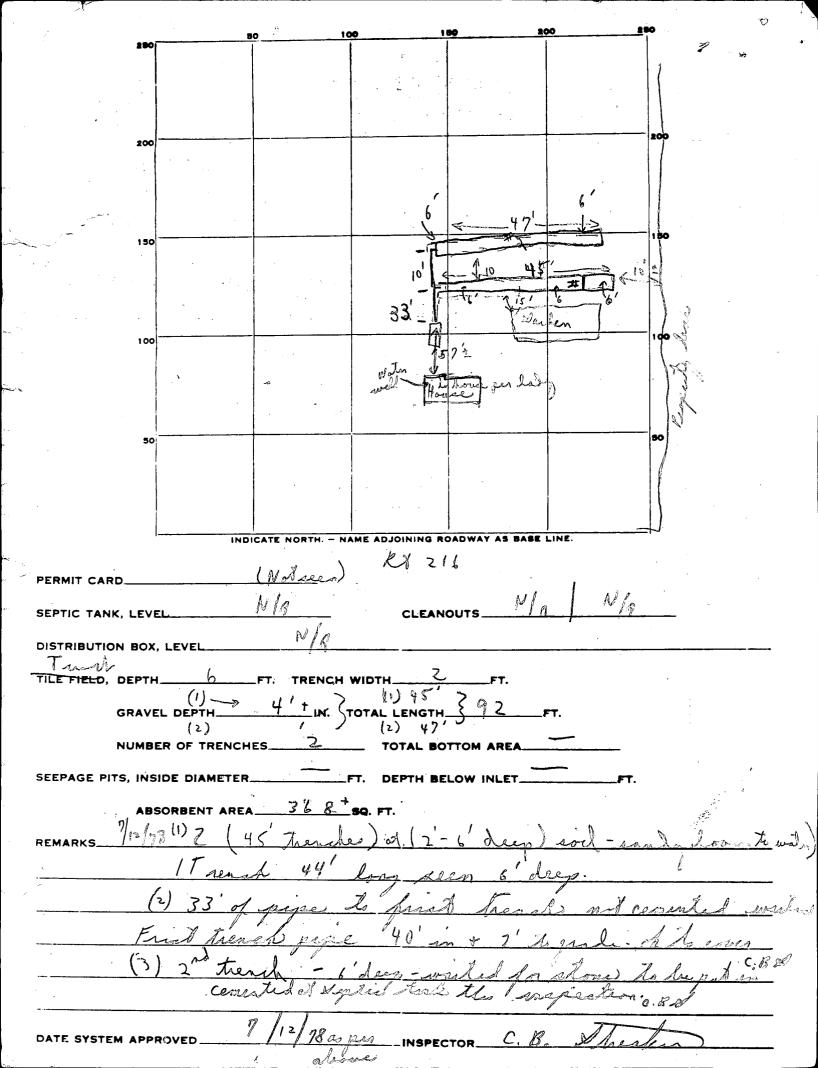
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

COTTA ACCEPTED.



9/9/02 any time

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

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

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

Company Name:

Address:

Telephone #:

Address:

Address.		
 		
(Must circle one) Licensed Plumber License # and name of individual respo	Licensed Well Driller onsible for the field installation	Licensed Well Pump Installer
Name (Print):		License#
*A licensed individual must perform	the actual installation. App	rentices must be under the direct
supervision of a licensed journeyman	ı or master plumber, pump it	istaller or well driller. Licenses may be
subjected to field verification.		
Name of Property Owner: Subdivision:	Teleph	
Site Address: 12768 Rt 21	Lot #:	Well Tag # : HO -94 - 3495
5.10 Fiduciss. 12 16 6 161 21		
Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make:	Make:	Two piece watertight cap:
Model #:	Model#:	Screened, vented well cap:
Pump Capacity GPM	Depth: (36" min)	
Well Yield: GPM	NSF approved:	Conduit min 18" B.G.:
Depth of well encountered at time of p	ump installation: (feet)	
If pump capacity exceeds well yield, a	low water cut off switch is requ	uired by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are re	equired - Must circle one	
Safety rope, if used, attached to insid	le of well casing with eve bolt	
Piping to house	House Connection	
Type:		bed soil at wall penetration:
PSI: (160 psi min)	Approximate length of sl	
Depth of supply line: (36" min)	Sleeve caulked and seale	
The water supply line is required to	he at least ten feet from the se	eptic tank, pump chamber, sewage piping,
distribution box, drainfields, and sev	vage reserve area. If this can	anot be accomplished, contact this office for
approval prior to installation.	<u></u>	
		-
Signature of company representative re	esponsible for installation	date
For Health Dep	artment Use Only - Not to be	completed by Installer
-1-1		0101.0
Date Insp. Requested: $9/9/02$	Date hisp. At	pproved: 919/10-2
Inspection Data: Pitless adapter and w	ater supply line at least 36" bel	low grade
Two piece cap instal	led and attached to casing secur	rely
Elec. conduit extend	s at least 18" below grade/attac	hed to cap properly
Safety rope installed	inside of well casing	
	ched properly and casing 8" abo	ove finished grade
Water supply line sle	eved adequately at house conn	
Adequate grout obse	rved below pitless adapter	
	and the second s	•

WELL LAS DESCRIPTION UNDER PLANS TO STATE SUPERVISION OF THE PLANS TO STAT	c 1 14247 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
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MAIN Nominal diameter of Total depth	Sand 0 47	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket				
MAIN Nominal diameter of Total depth	Coray Mica Rock 47 260 V	48 TOP 52 54 BOTTOM, 58	43				
MINN Nominal diameter Code (Code (Co		J 200 9 (8)	BEFORE PUMPING				
Depth Dept		/ insert \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
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COLINTY		TELESCOPE LOG					

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B 1 6793 SEQUENCE NO. STATE OF	MARYLAND STATE PERMIT NUMBER
(MOE USE ONLY) APPLICATION FOR PL	ERMIT TO DRILL WELL HO -94 -3495
w517438 pleas	se type 70 fill in this form completely 79
Date Received (APA)	B 3 LOCATION OF WELL
8 MM DD YY 13 OWNER INFORMATION	8 COUNTY 21
Elder Robert	DIA
15 Last Name Owner First Name 34	23 SUBDIVISION 42
12768 K+ 216 36 Street or RFD 55	SECTION A4 46 LOT A8 50
Silver of Art	Headond
57 (Town 70 State 72 Zip 76	52 NEAREST TOWN 71
DRILLÉR INFORMATION	MILES FROM TOWN (enter 0 if in town)
Driller's Name 76 License No. 81	73 76 77 78 B 4
Joseph L. Mayne well Drilling	1 2 DIRECTION OF WELL FROM 12768 R-1-2/6
Firm Name	TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30
55/2 Ridge Rd Mt hing my 21771	ON WHICH SIDE OF ROAD ON WHICH SIDE OF ROAD
Address 8/27/02	(CIRCLE APPROPRIATE BOX)
Signature Date	W TOWN E 34 37 SOUTH
B 2 WELL INFORMATION APPROX. PUMPING RATE	B DISTANCE FROM ROAD
(GAL: PER MIN.) 8 12	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20	8-9 8-9 TAX MAP: 40 BLK: 5 PARCEL 80
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	
IRRIGATION FOR FARMING (LIVESTOCK WATERING & AGRICULTURAL	Howard (3) P28150 COUNTY NAME COUNTY NAME
IRRIGATION	/ STATE INSERT S
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	DATE ISSUED
P PUBLIC WATER SUPPLY WELL	27 02 () 8/27/05 43 MM DD YY 48 / CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING	NORTH LACO COS EAST SII
G GEO-THERMAL	GRID 50 55 GHID 57 63
$\mathcal{L}_{\mathcal{A}}$	SHOW MAJOR FEATURES OF
APPROXIMATE DEPTH OF WELL 24 28	BOX & LOCATE WELL WITH AN X
APPROXIMATE DIAMETER OF WELL 4 NEAREST	SOURCES OF DRILLING WATER
	2.
METHOD OF DRILLING (circle one)	3.
BORED (or Augered) 30 AttR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER
37 CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE
other	200 (31)
REPLACEMENT OR DEEPENED WELLS	E 873 871 000 000 000
(CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL	N 480 490
THIS WELL WILL REPLACE A WELL THAT WILL BE	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
39 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY. FOR POLICY ON STANDBY WELLS.	
D THIS WELL WILL DEEPEN AN EXISTING WELL.	E
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	N N
7 7000	A Highland
Not to be filled in by driller (MDECOR COUNTY USE ONLY)	X X
APPROP. REMMIT NUMBER	
0 S PERMIT No. HO-94-3495	★
70 71 72 73 74 75 76 77 78 79	12 24
SPECIAL CONDITIONS' NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	4m € /

42202

SITE INSPECTION SHEET

OWNER: Robert Elder		PHONE #: 301-854-3669		
ADDRESS: 12768 Route 216		CONTRACTOR	: <u>Mayne</u> H0-94	<u>(301)829 216</u> 1-3495
CHIDDIVICION.	LOT:	WELL TAG #: COUNTY #:	<u> </u>	1-3117
PROPOSAL: Out of Wa		COONTT #.		
	60' well dest	\mathcal{K}		<u> </u>
1	1	DIAGRAM		
	. ,	·		
	Perking Area	proposed well loc.	tank c/o	
	Rt 216		(No Sca	le)
COMMENTS: Repl W Will be required		D wair drived	~	•
DATE: 8/27/02	INSPEC	CTOR: Goldy.	· · · · · · · · · · · · · · · · · · ·	