

5/2/86  
AM please

approved  
5/2/86  
C. W. [unclear]

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P. 36847  
A 29527

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
~~461-9933~~  
461-9933

INDEXED

03-308081

ELLICOTT CITY

DISTRICT 3rd

DATE 4/25/86

William H. Smith, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Sandy Hill Estates ROAD 2409 Woodstream Court LOT 9

PROPERTY OWNER Kenneth Mowery

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3.5 feet below original grade. 5.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 245 feet from the front (55.37') lot line and 115 feet from the right (596.64') lot line as seen when facing the lot from woodstream Court. Run trenches on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CL

PLANS APPROVED BY S. Abel DATE 2/21/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

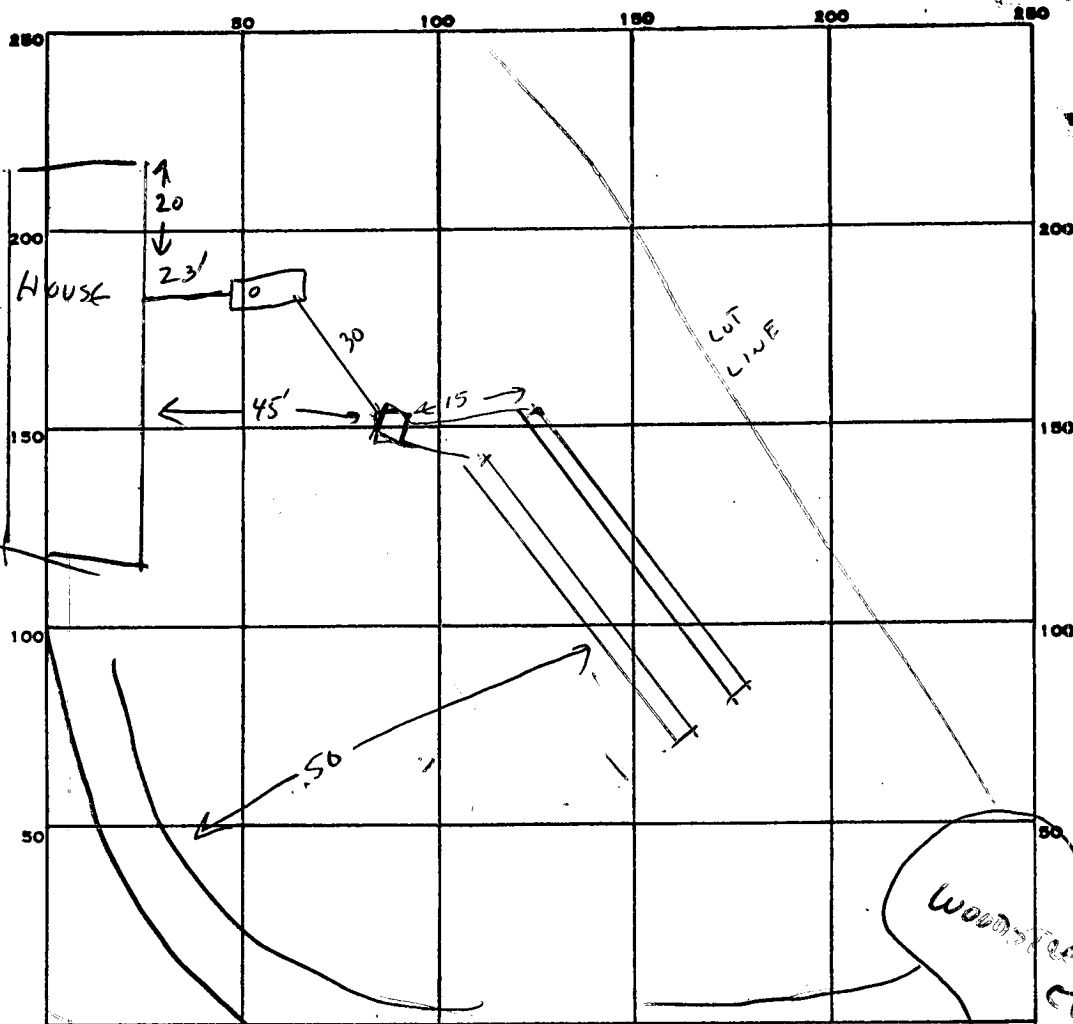
\*CALL 892-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29527

SAND HILL RD

250' TO WELL



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.  
DRIVEWAY

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH  $8\frac{1}{2}$  FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 130 FT.

NUMBER OF TRENCHES 2 (65+65) TOTAL BOTTOM AREA 650

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 650 SQ. FT.

REMARKS

DATE SYSTEM APPROVED

5/2/80

INSPECTOR

Craig Williams

SUBDIVISION: SANDY HILL ESTATESLOT NUMBER: 10DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES\_\_\_\_\_ 158 sq. ft./bedroomTrench to be 2 wide.Inlet 3.5 feet below original grade.Bottom maximum depth 18 1/2 feet below original grade.Effective area begins at 3.5 feet below original grade.5.0 feet of stone below distribution pipe.*min. 130 linear feet**@ garbage disposal min. 160'*

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE The distribution box 248 FT FROM THE FRONT (55.37') LOT  
LINE AND 115 FT FROM THE RIGHT (596.64') LOT LINE AS SEEN  
WHEN FACING THE LOT FROM WOOD STREAM CE. RUN TRENCHES ON  
CONTOUR TOWARD THE LEFT LOT LINE. 2-21-86 S. Abel

B.P. 68898

# APPLICATION

10

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

*Septic Tank - Bedroom - 1000 gal*  
*4 " 125 gal*

A 29527

A ~~28667~~

P

DISTRICT

3rd

DATE

8/9/78

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

~~Sandy Hill Properties~~ *Kenneth Mowery*

ADDRESS

PHONE

Mrs. Trager - 992-7100

PROPERTY LOCATION:

SUBDIVISION

Sandy Hill Estates

LOT NO.

*New LOT 10*

ROAD AND DESCRIPTION

~~Sand Hill Road~~ *2409 Woodstream Ct.*

SIZE OF LOT

3 acres

TYPE BLDG.

3 or 4 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.

SIGNATURE OF APPLICANT

/s/ Rose Trager

APPROVED BY

*G. Keller*

FOR

*Drainage TRENCH*

DATE

*27 Oct 78*

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

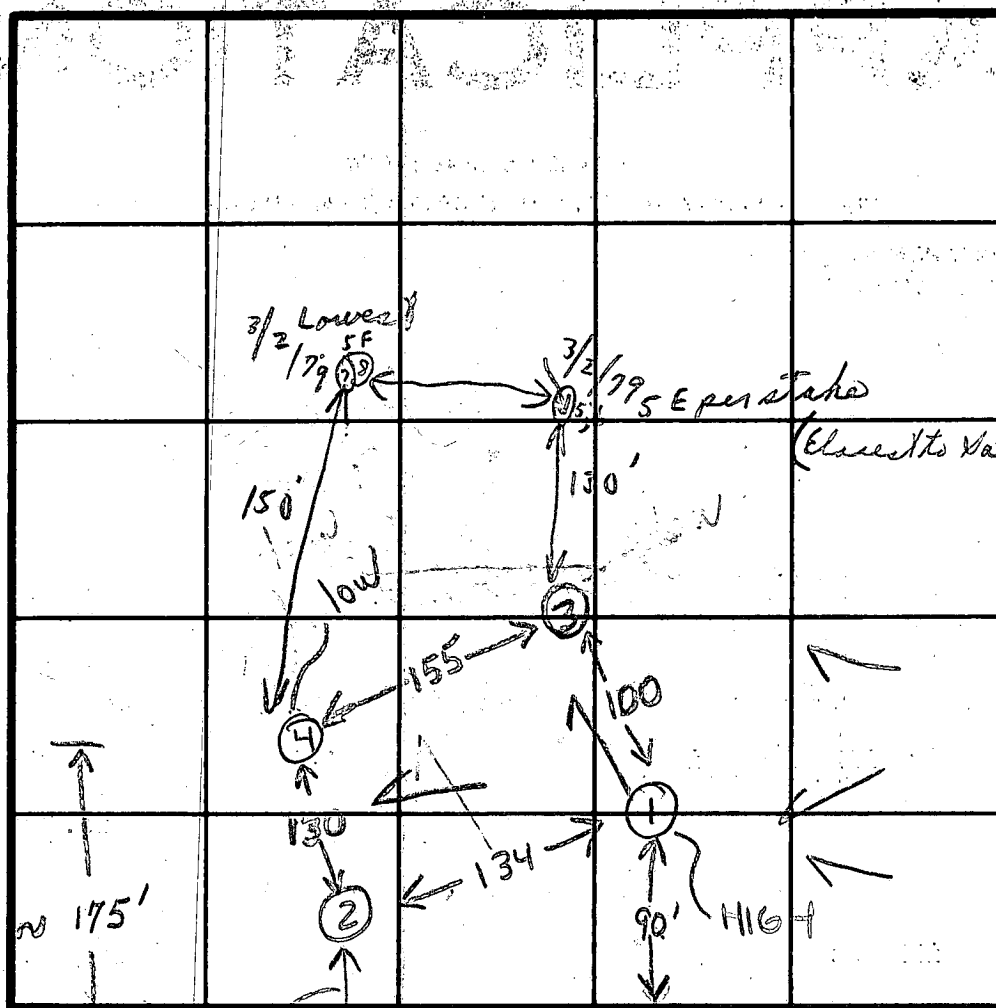
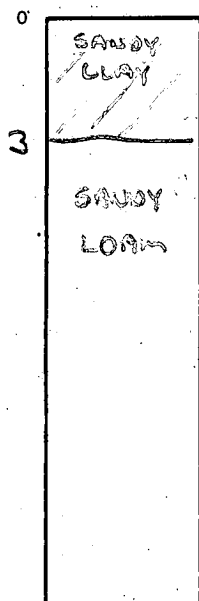
*B.P. # 68898*

# THIS IS NOT A PERMIT



5⑩

## SOIL PROFILE



54

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SANDHILL ROAD

E

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/26/78	15	3 1/2	1019	1020	1020	1023	3
	10	12 1/2	1018	1020	1020	1028	8
	2-VISUAL	12 1/2	SIMILAR	material			
	35	3 1/2	1031	1035	1035	1040	5
	30	11 1/2	1033	1035	1035	1038	3
	45	4	1045	1046	1046	1047	1
	40	12	1044	1047	1047	1051	4
	5	4'	12:08	12:09	12:09	12:11	1 1/2 min
	SE per stake 6	11 1/2'	12:07	12:10	12:10	12:13	3 min
	7	4 1/2'	1:10	1:12	1:12	1:14	2 min
	SF per stake 8	12'	1:10	1:12	1:12	1:16	4 min

Avg time = 4

min 3 1/2

max. - 10 1/2

\* 5 3/2/79

c. B&amp;B

Tests

per

stake

dot saw

covered

sandy loam

REMARKS

Tests by stakes - heavy woods

Caught up on hole

at 1:17

TYPE OF SOIL

TESTED BY

GLK

ALSO PRESENT

R Traxer &amp; Sirk

*Permit  
Retest*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29527

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 2/26/79

*Retest*

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 Sandy Hill Properties

ADDRESS \_\_\_\_\_ PHONE Mrs. Trager - 992-7100

PROPERTY LOCATION:

SUBDIVISION Sandy Hill Estates LOT NO. 5 New Lot 10

ROAD AND DESCRIPTION off Sand Hill Road - will be combining some lots together to make new lot.

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Rose Trager for Cosmopolitan, Inc.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_


REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

SOIL PROFILE

0' 

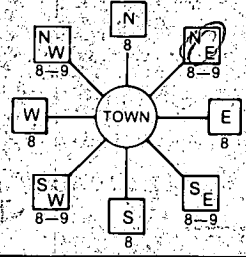
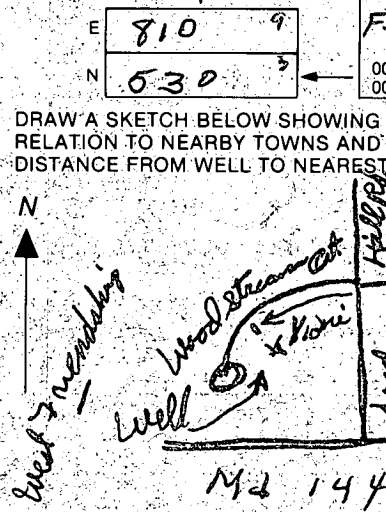

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

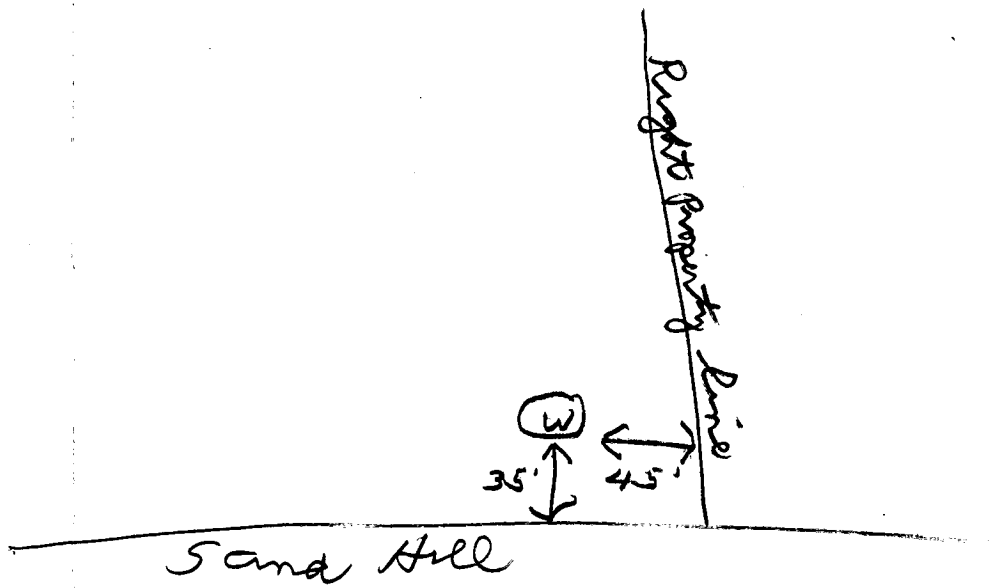
REMARKS \_\_\_\_\_

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

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

B 1 <b>3090</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>HO-81-0587</b> <small>fill in this form completely</small>
Date Received <b>8/3/84 9:30 AM</b> OWNER INFORMATION Last-Name <b>NUSSBAUM</b> Owner First Name <b>MICHAEL</b> Street or RFD <b>12 OVERHILL RD</b> Town <b>CATONSVILLE</b> State <b>MD</b> Zip <b>21228</b>		LOCATION OF WELL COUNTY <b>HOWARD</b> SUBDIVISION <b>SANDY HILL ESTATES</b> SECTION <b>10</b> LOT <b>10</b> NEAREST TOWN <b>WEST FRIENDSHIP</b> MILES FROM TOWN (enter 0 if in town) <b>1 3/4</b> M I	
DRILLER INFORMATION Driller's Name <b>Joseph L. Wayne</b> License No. <b>238</b> Firm Name <b>Joseph L. Wayne</b> Address <b>1513 Ridge Rd. Mt. Airy, Md</b> Signature <b>Joseph L. Wayne</b> Date <b>6/1/84</b>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD <b>Wood Stream Court</b> DISTANCE FROM ROAD <b>330</b> FT ENTER FT or MI <b>FT</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <b>HOWARD</b> COUNTY NO. <b>A29527</b> OEP SIGNATURE <b>Howard</b> STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED <b>06/28/84</b> CO SIGNATURE <b>Frank Heimerl</b> EXP. DATE <b>12/12/84</b> NORTH GRID <b>535000</b> EAST GRID <b>0819000</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 WELL See back for good well - see plat for dry holes WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE <b>FS</b> WRITE INITIALS IN BOX PERMIT NO. <b>HO-81-0587</b>			
SPECIAL CONDITIONS			

Woodstream Co.









# WELL DATA

EX. GR. 558.2

FIN. GR. 558.2

# SEPTIC SYSTEM DATA

INV. OF SEWER FROM

HOUSE = 553.6

# SEPTIC TANK DATA

EX. GR. 556.0

FIN. GR. 556.0

INV. IN 553.5

INV. OUT 553.25

# DISTRIBUTION BOX

EX. GR. 556.0

FIN. GR. 556.0

INV. IN 551.20

INV. OUT 551.10

# TRENCH INFORMATION

EX. GR. @ 555-4' = INV. @ 551.0

2 TRENCHES TO LF EA. PLACE

1' OF STONE UNDER PIPE.

TRENCHES TO FOLLOW CONTOUR

# GRADING STUDY

LOT 10

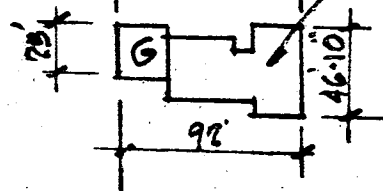
SANDY HILL EST.

3RD. DISTR. HO. CO. MD

MAY 21, 1984 1" = 100'

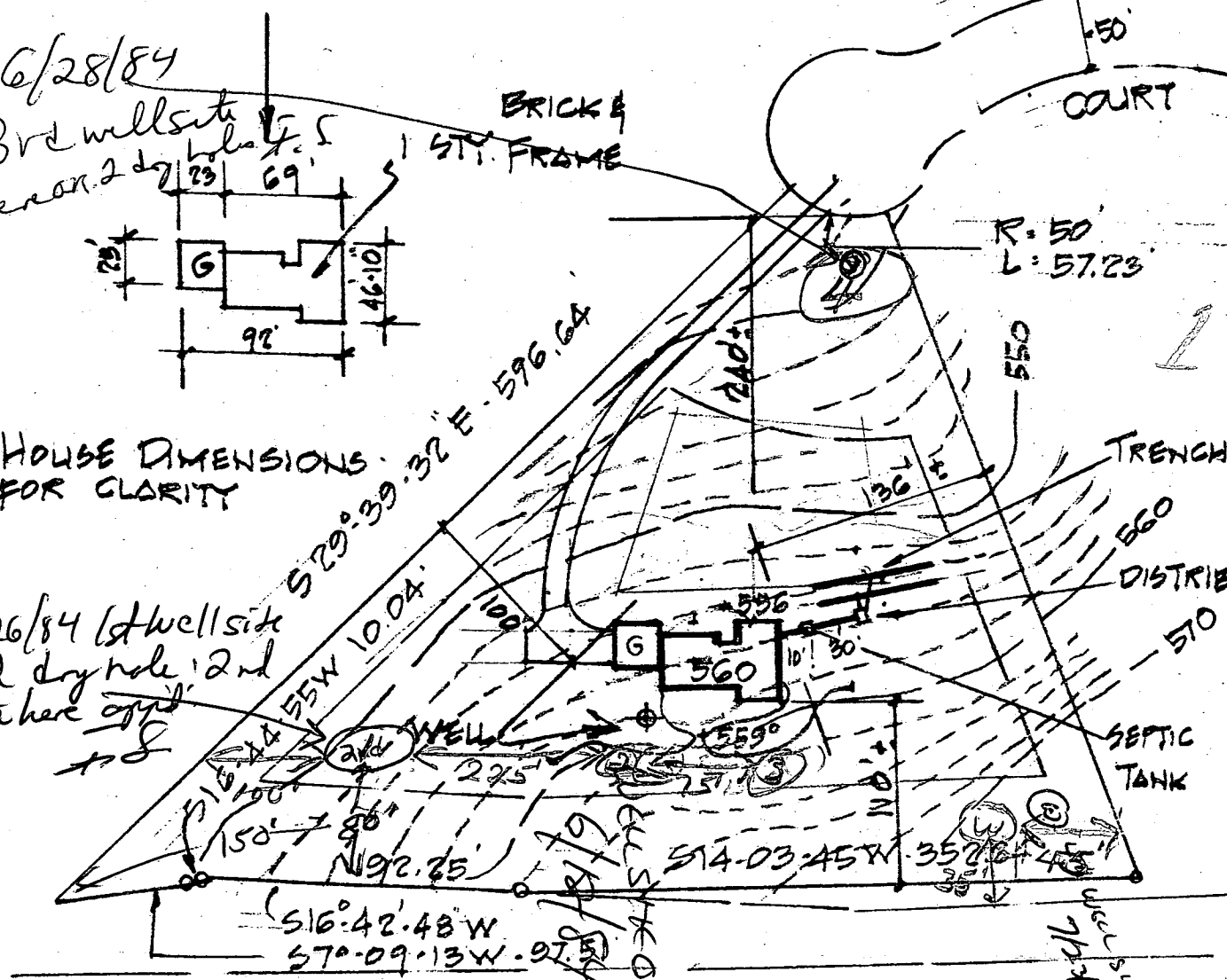
6/28/84

3rd well site  
here on 2nd 23' 69'



HOUSE DIMENSIONS  
FOR CLARITY

6/26/84 1st well site  
had dry hole, 2nd  
site here ~~open~~



SANDY HILL RD

MICHAEL NUSSBAUM

12 Overhill Rd.

Catonsville, Md 21228



Review H 9699

Review H 9699

Page: 2 of 2  
Date: August 3, 1984

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0587  
Location of property (road) Woodstream Court  
Subdivision Sandy Hill Estates Lot 10 Block      Plat      Sec.       
Well Driller Joseph Mayne Owner Michael Nussbaum

Depth of well 265'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 30'

∴ High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 GPM  
Total time 30 min to reach pumping water level 114 ft. below M.P.

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

[illegible]

C1 3289 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A29527

DATE Received

8 13

DATE WELL COMPLETED

080384

Depth of Well

22 265 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HP-81-0587

OWNER NUSSBAUM MICHAEL  
last name first name  
STREET OR RFD WOOD STREAM CT TOWN WEST FRIENDSHIP  
SUBDIVISION SANDY HILL ESTATES SECTION LOT 10

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed) FEET FROM TO Check  
if water  
bearing

Brown Shale 0 39

Diagenetic rock 39 265 ✓

DRY wells.

1. 380'

2. 300'

3. 365'

4. 300'

Filled in with cement  
& drilling materials

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  
WELLI 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  
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION  
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST  
OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below  
CASING RECORD  
ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)

S 7 6 4.3

OTHER CASING (if used)  
diameter depth (feet)  
inch from toscreen type SCREEN RECORD  
or open hole  
insert  
appropriate  
code  
below  
ST BR HO  
STEEL BRASS OPEN  
HOLE  
PL OT  
PLASTIC OTHERC2  
DEPTH (nearest ft.)  
1 40 41 265  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST  
INCH)GRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) WQ  
70 72 74 75 76TELESCOPE LOG  
CASING INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO  
MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 114

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

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS  
EXCEPT HOME USETYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX - SEE ABOVE:CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 31 35

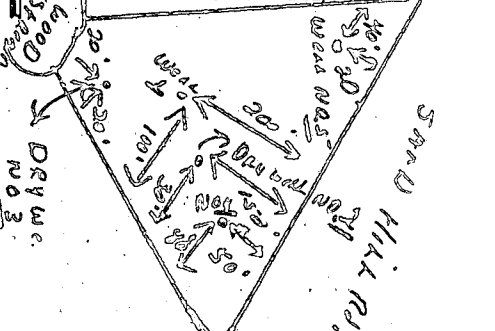
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

LAND SURFACE (nearest foot) 2

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND/OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

Page 1 of 1  
Date 8/3/84

Well Permit No. HO - 81-0587  
Location of property (road) Woodstream Ct.  
Subdivision Sandy Hill East. Lot 10 Block        Plat        Sec.         
Well Driller Joseph Mayne Owner Michael Neustrom  
Depth of well 265'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 30'

Time pump started 7:30 Pumping rate 12  
Total time 30 min. to reach pumping water level 114 ft. below M.P.

[illegible]

# APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation X  
Replacement \_\_\_\_\_

Receipt # 36848  
Date 4/25/86

Name of Installer William H. Smith, Jr.

Telephone 879-7641

License number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Kenneth Mowery Telephone \_\_\_\_\_  
Subdivision Sandy Hill Estates Lot # 9 Well tag # HO-81-0587  
Site Address 2409 Woodstream Court

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

PRESSURE TANK w/ RELIEF VALVE X.  
PITLESS & SUPPLY LINE INSTALLED 3 1/2' BELOW GRADE 3/2/86 CAR

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.