

7/23/91 LATE

03-315371

PERMIT

File

7/23/91 LATE
O P.C.O.

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47298

A 38146

DISTRICT 3rd

DATE 7/15/91

DATE SYSTEM APPROVED 7/24/91

INSPECTOR C.B.A.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

William H. Smith, Jr. Septic, Water and Pump Systems IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330 Forest Hill, Maryland 21050 PHONE 301-879-7641

SUBDIVISION Meadowood LOT 47 ROAD 1226 Wild Rose Court

PROPERTY OWNER Dorian S. Martin

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Start the first trench 270 feet off the cul d'sac and 150 feet off the right lot line from Wild Rose Court. Run trenches on contour toward the left.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/18/91 R.H.

PLANS APPROVED BY Sid Abel cm DATE 07/17/89

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

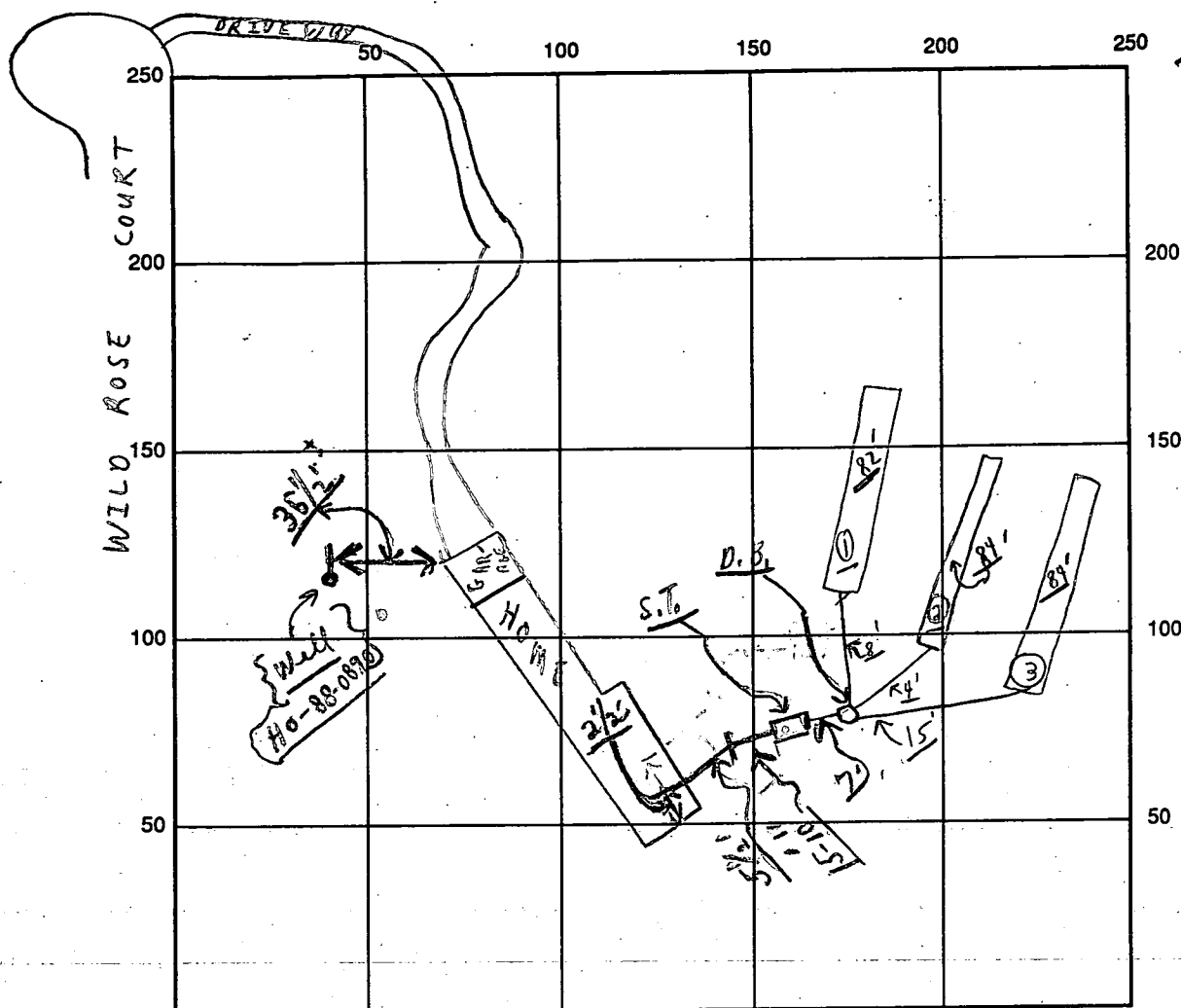
PERMIT VOID AFTER TWO YEARS

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**

A 38146



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK (Baffle is in)
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 250 FT. }
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 750 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 750 SQ. FT.

REMARKS: Partial 7/23/91 Late P.M. - OK TO COVER FROM HOUSE TO DIST. BOX;
- ONLY; C.B.S. ["HOLD FOR A CALL"] 7/24/91 FINAL - OK TO COVER -
ALL WORK.

7/23 Late W.P.I - OK TO COVER WATER LINE AND PITLESS ADAPTER.
 DATE SYSTEM APPROVED 7/24/91 INSPECTOR Charles, Ryan, [Signature] C.B.

APPLICATION

PERCOLATION TESTING

A 38/46

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/86

11/8/87

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 Springhill Associates *DORIAN S. MARTIN*
c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100 *253-5328*

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 38 *Lot 47 Sec 2 Phase 2 on Prelim*

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland (1226 Wild Rose Court)

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3⁺ Acres TYPE BLDG. Single Family
(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.

Mike Sedg
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 2 good holes; 2 bad DATE _____

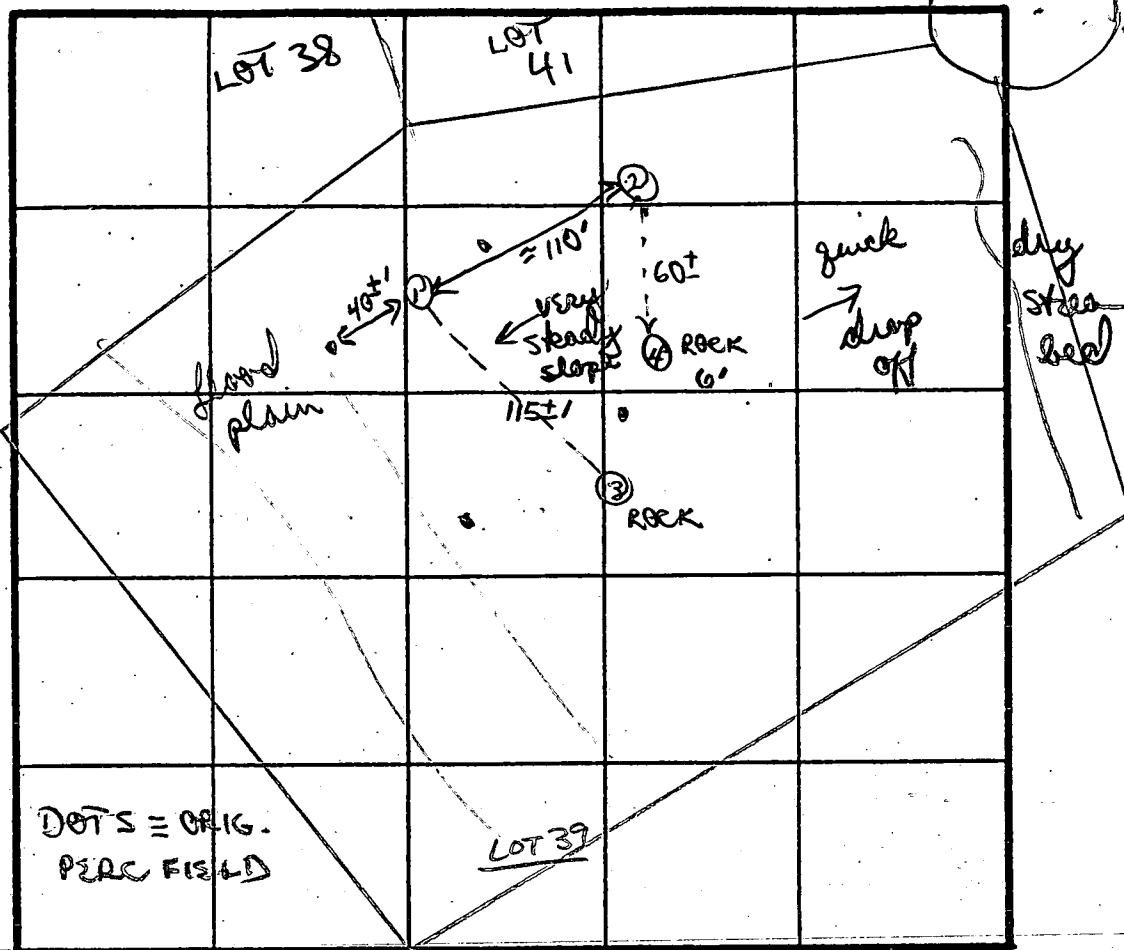
REASONS FOR REJECTION OR HOLDING 11/28/86 perc satisfactory. hold for subdivision plat. S. Dr

BLDG. PERMIT SIGNED

AND RETURNED 4/14/91
Serial # 37229-SFD
4 Bedroom

THIS IS NOT A PERMIT

<p> $\frac{1}{2}$ </p>



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO HENRYTON Rd.

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A 381465

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/86

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 39

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family
(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.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Prelim Plan : perc, shape
in question. no bad holes

Shown

SOIL PROFILE

①
brown clay
to orange
red clay
4'
mixture of
brown
silty clay
w/ 10-15%
fragments
↓
9 1/2'

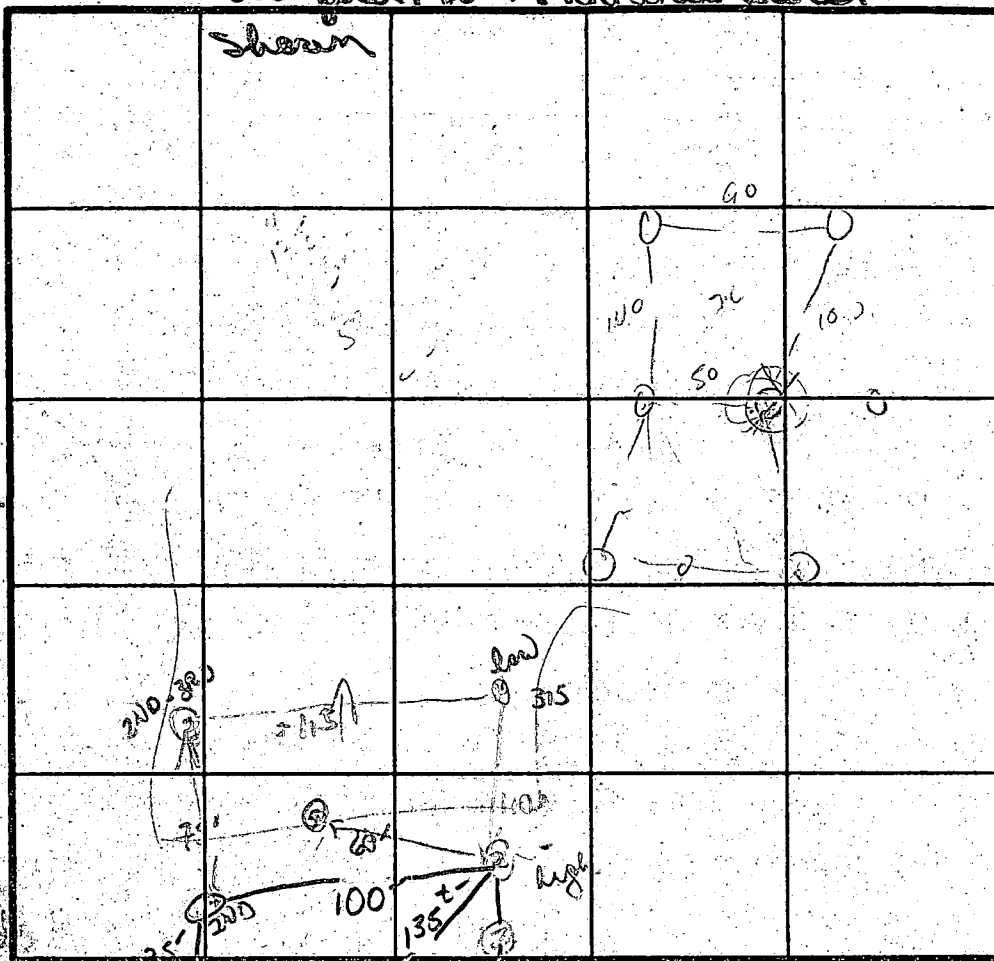
④
tan/brown
silty clay
2 1/2'

grey silty
clay w/ 5-15%
weathered
fragments

hard 6'

X Perc
3 min

180 #/BR



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/8/84	(315) ①	4' 5"	308	314	314	321	7 min
		9 1/2'	hard bottom (see profile)				
	(316) ②	2 1/2'	255	256	256	257	1 min
		7' M	259	300	300	301	1 min
		12' D	bottom (see profile)				
	③	hard rock	1 1/2' D				
	④	hard rock	6' D				
11/13/87	6 ⑤	8' solid bottom	w/ structure ver tickle at				3-4'
	7 S	3'	1:47	1:48:30	1:48:30	1:50	1.5 min
		13'	uniform soil below 2"				
	8 S	3'	1:55	1:56	1:56	1:57	1 min
		12'	uniform soil below 3"				

INLET
3'
BOTTOM
5'

REMARKS

Initially perc shifted 40' uphill to get out of low
area. Perc area adjusted. NO HOUSE OR WELL
SITE. MUST PROVIDE BEFORE APPROVAL

TYPE OF SOIL

S. Abel

ALSO PRESENT

TESTED BY

B 1 9163 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0890 <small>fill in this form completely</small>
Date Received (APA) 061389 OWNER INFORMATION SPRING HILL ASSOC. 1423 RT 32 W FRIENDSHIP MD 21794 Town State Zip		B 3 LOCATION OF WELL HOWARD MEADOWOOD SYKESVILLE 47 MILES FROM TOWN (enter 0 if in town) 4 MI
DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brpwo Church Rd., Mt. Airy, Md. 21771 Signature: <i>George F. Easterday</i> Date: 6/8/89		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) WILD ROSE CT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 200 FT
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A-38146 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 071789 CO SIGNATURE <i>Sidney Albal</i> NORTH GRID 546000 EAST GRID 682000 EXP. DATE 7/16/90
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 WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 5406
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		HEALTH DEPARTMENT RECEIVED JUNE 15 2 15 PM '89 HEALTH DEPARTMENT RECEIVED JUNE 15 2 15 PM '89 RT 99
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0890 SPECIAL CONDITIONS		COUNTY

C1 1025 SEQUENCE NO. (DENV USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY
NUMBER A-38146

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER SPRINGHILL ASSOCIATES
STREET OR RFD last name: Gold Rose Ct first name: TOWN: SYKEVILLE
SUBDIVISION FAIRFORDWOOD SECTION 2 Phase 2 LOT 47

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP Soil	0	2	
Red Clay	2	6	
Shale	6	16	
Brown Mica	16	38	
Gray Mica	38	42	
Tan Sand stone	42	43	
Gray Mica	43	80	
Brown Stone	80	82	
Gray Mica	82	91	
Mica + Flint	91	105	
Gray Mica	105	500	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT C BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 28 ft.
48 TOP 52 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST A 43
60 61 63 64 65 70

OTHER CASING (if used)
diameter inch depth (feet) from to

screen type or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL OT
PLASTIC HOLE
OTHER

C2

DEPTH (nearest ft.)
1 40 40 500
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

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

METHOD USED TO MEASURE PUMPING RATE Burt

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36

WHEN PUMPING 174

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 USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE
- below 2 (nearest foot)

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)

Drive 300' 200' Crowsfoot Rd

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 WELL

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

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Page _____ of _____
Date _____

6hr
4-13-90
9:00

Review OK 6/14/90CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0890 ✓
Location of property (road) Wild Rose Ct
Subdivision MEADOWOOD Lot 47 Block _____ Plat _____ Sec. 2 Phase 2
Well Driller G E ASKDAY Owner SPRINGHILL ASSOCIATES

Depth of well 500
Distance of measuring point (M.P.) above ground 1 FT.
Static water level (S.W.L.) below M.P. 36 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 10 GPM
Total time 1 HR. to reach pumping water level 174 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{5}{1}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	174'	14 SEC	390 FT.	4.28 GPM
11:15	174'	14 SEC	390 FT.	4.28 GPM
11:30	174'	14 SEC		4.28 GPM
11:45	174'	14 SEC		4.28 GPM
12:00	174'	14 SEC		4.28 GPM
12:15	174'	14 SEC		4.28 GPM
12:30	174'	14 SEC		4.28 GPM
12:45	174'	14 SEC		4.28 GPM
1:00	174'	14 SEC		4.28 GPM
1:15	174'	14 SEC		4.28 GPM
1:30	174'	14 SEC		4.28 GPM
1:45	174'	15 SEC		4 GPM
2:00	174'	15 SEC		4 GPM
2:15	174'	15 SEC		4 GPM
2:30	174'	15 SEC		4 GPM
2:45	174'	15 SEC		4 GPM
3:00	174'	15 SEC		4 GPM
3:15	174'	15 SEC		4 GPM
3:30	174'	15 SEC		4 GPM
3:45	174'	15 SEC		4 GPM
4:00	174'	15 SEC		4 GPM
4:15	174'	15 SEC		4 GPM
4:30	174'	15 SEC		4 GPM
4:45	174'	15 SEC		4 GPM
HD-224 5:00	174'	15 SEC		4 GPM

7/23/91 LATE

7/23/91
P.M.
OK.
C.B.

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

New Installation X
Replacement

Receipt # 47299
Date 7/15/91

Name of Installer Wm. H. Smith Jr.

Telephone 879-7641

License Number PT58

Certified Well Pump Installer X Well Driller Registered Plumber

Name of Property Owner Donna St Martin

Telephone

Subdivision MEADOWOOD Lot # 47 Well Tag # 40-88-0890

Site Address 1226 Wild Rose Ct

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
2. Make
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

Motor

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

Pitless Adapter

1. Make
2. Model #
3. Depth

Tank

1. Capacity
2. Pressure relief valve?

Piping

1. Type
2. Size
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data

1. Depth 500 ft.
2. Yield 4 GPM
3. Static water level 36 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: William H. Smith Jr.

Date: 7/15/91

P.M. 7/23 ✓ CARD

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

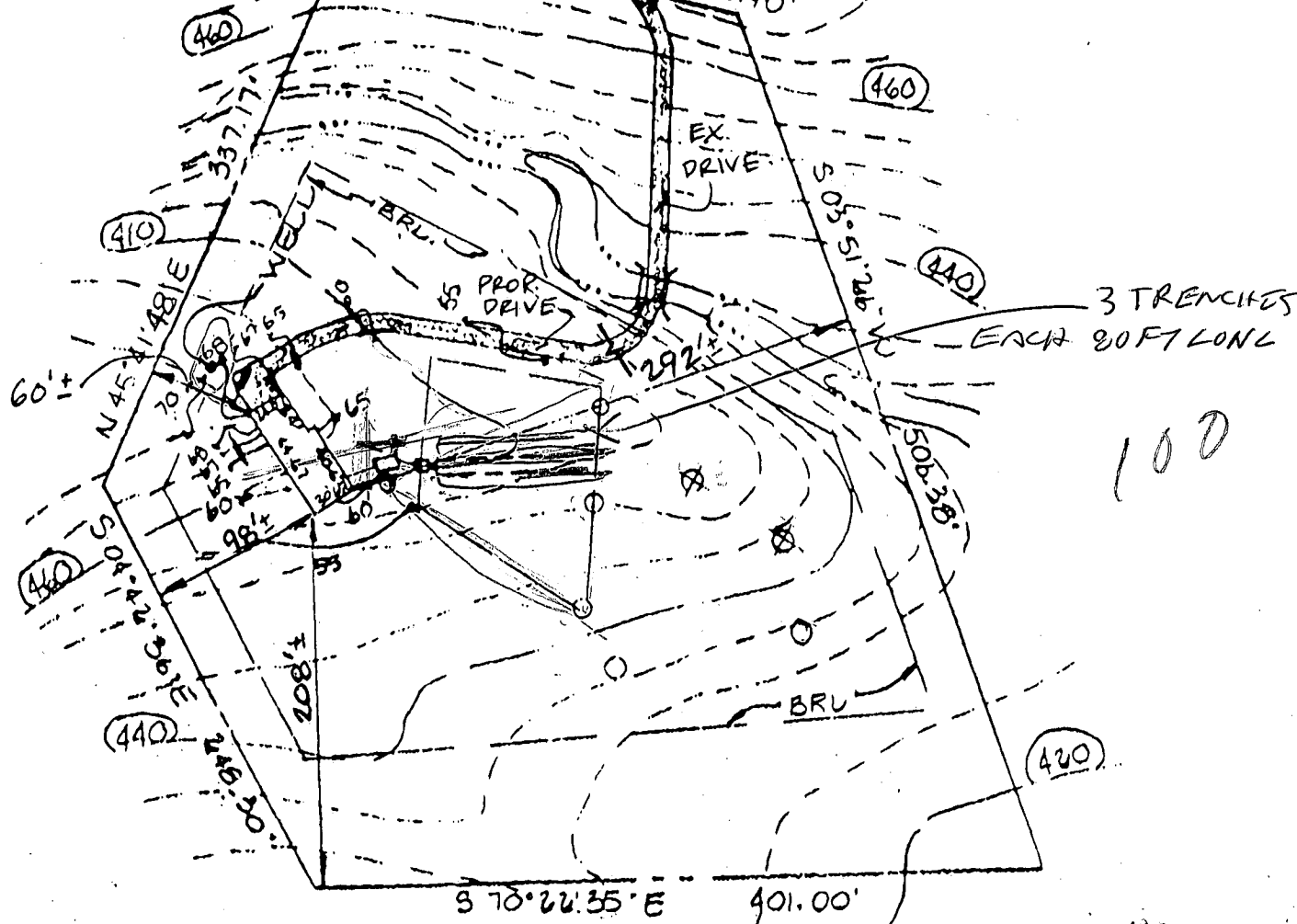
7/23 Note - seen at casing & house wall. C.B.

WILD ROSE COURT

R=50.00'
L=48.54'

R=100.00'
L=34.82'

S 53°39'17"E 146.40'

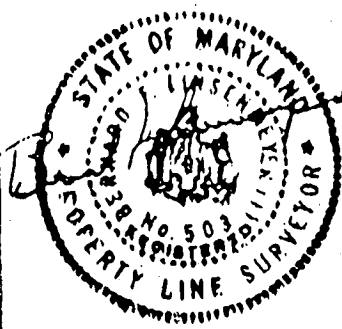


PROP. ELEVATIONS - SEPTIC
INV. OUT - DWLG. : 457.2
INV. IN - TANK : 456.2
INV. OUT - TANK : 456.2
INV. IN - DIST. BOX : 456.2
INV. OUT - DIST. BOX : 456.2
INV. IN - TRENCHES : 456.2

NOTES:
FF. ELEV.: 468.2
L.L. ELEV.: 459.2
GAR. ELEV.:
HIGH: 468.2
LOW: 467.2
DISTURBED AREA: 17,000 sq ft

4BR
240 FT
LONG
TRENCHES
TOTAL

REVISOR PLANS
O/K AFTER PHONE
CALL
4/16/91
RH



GRADE PLAN
LOT 47, SECTION TWO
"MEADOWOOD"
3RD ELECTION DISTRICT
HOWARD COUNTY, MD.

Azimuth Consultants

120 Cockeysville Road Suite 105
Hunt Valley, MD 21031

Scale: 1"=100'

Date: 12-22-89