12/11/98 12/11/98
C.O. pm 2:30pm

PERMIT 04-346734

P 511089

SEWAGE DISPOSAL SYSTEM

A 38376

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE 11/5/98

INDEXED

DATE SYSTEM APPROVED 12/11/98

INSPECTOR KM

C & C Utility Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 7398 Gaither Road Sykesville, MD 21784 PHONE (410) 549-4987

SUBDIVISION Glenwood Springs LOT 28 ROAD 2827 Shadow Roll Court

PROPERTY OWNER Michael C. Preece

ADDRESS ____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 240 feet down the right (678.34') lot line and 115 feet off the right line as seen when facing property from Shadow Roll Court. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. DK 7/29/98 DCS

PLANS APROVED BY Bert Nixon/Kim Maiste REVISED ____ DATE 7/23/98

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

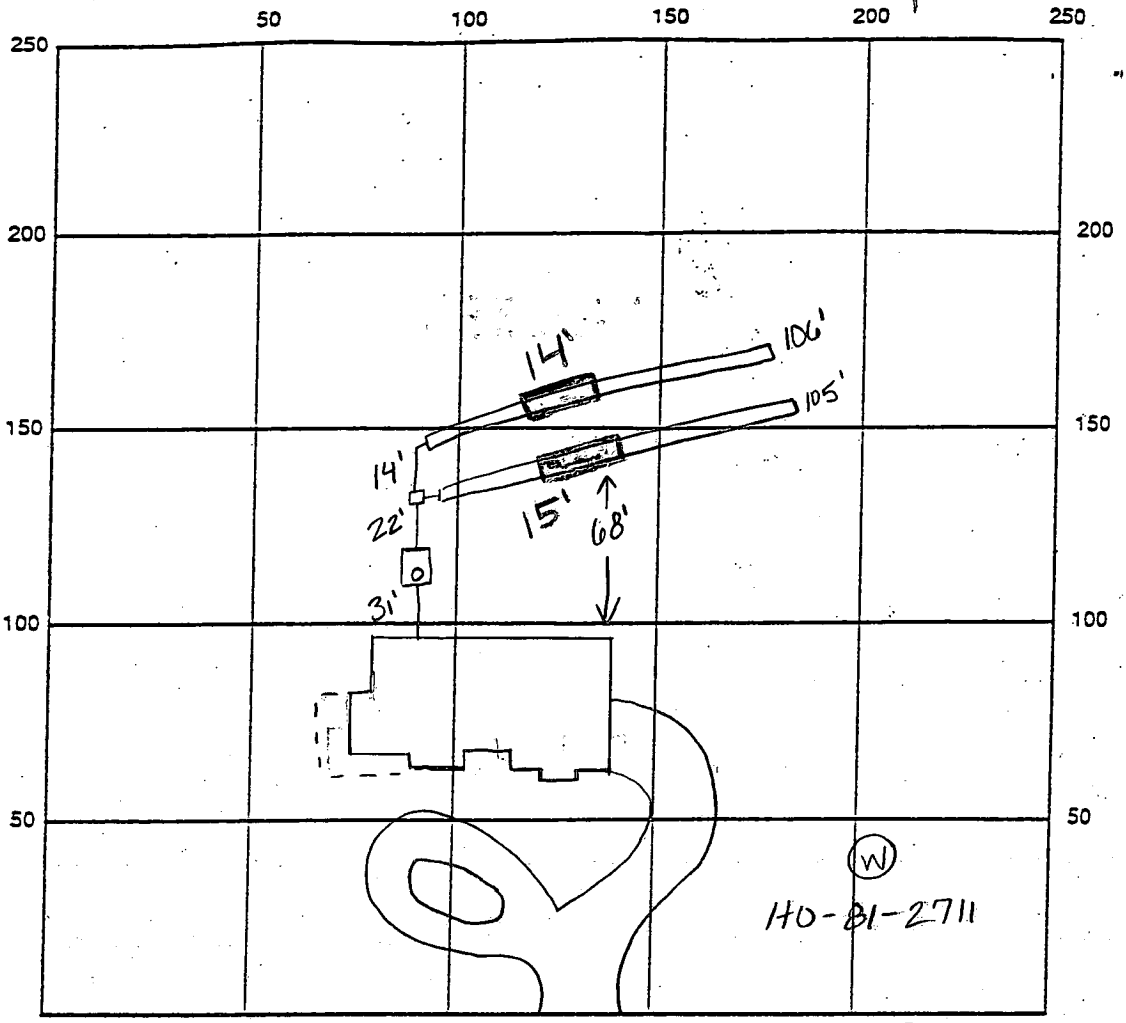
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(5-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 38376

* Solid pipe installed in shaded blue area due to rock outcrop encountered in trench. KM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok, 1000 gallons CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL ok, has baffle

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1 × 105 / 1 × 106 FT. → 211' - 29' solid pipe = 182'

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/10/98 met contractor at site, rock was hit in middle area of 1st trench. Solid pipe will be used through rock portion of trench and trench will be extended to make up lost area (KM)

12/11/98 ok to cover all work (KM)

WPT - ok to cover well line P.A. 3.5' below grade, casing 8" above grade, line sleeved out of house, contractor will put on 2pc cap and electrical conduit (KM)

DATE SYSTEM APPROVED 12/11/98 INSPECTOR Kimberly Maisto

APPLICATION

A 38376

PERCOLATION TESTING

P _____

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

1/28/87 perc ok'd pending approved plat

DISTRICT _____

DATE 10-14-86

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 Michael C. Preece

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md 21043 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Twenty Eight Relisted 4/29/87

ROAD AND DESCRIPTION ~~Hobbs Road~~ 2827 Shadow Roll Court

BLDG. PERMIT SIGNED AND RETURNED 7-23-87 Issued # B01173863

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES TYPE BLDG. SFD + 3 Bsmt
(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. Ronald D. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

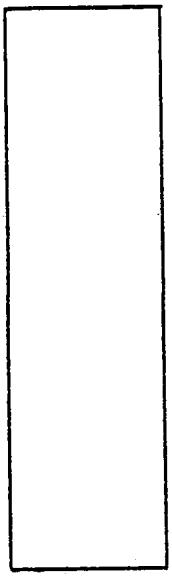
HOLD PENDING FURTHER TESTS _____ DATE _____

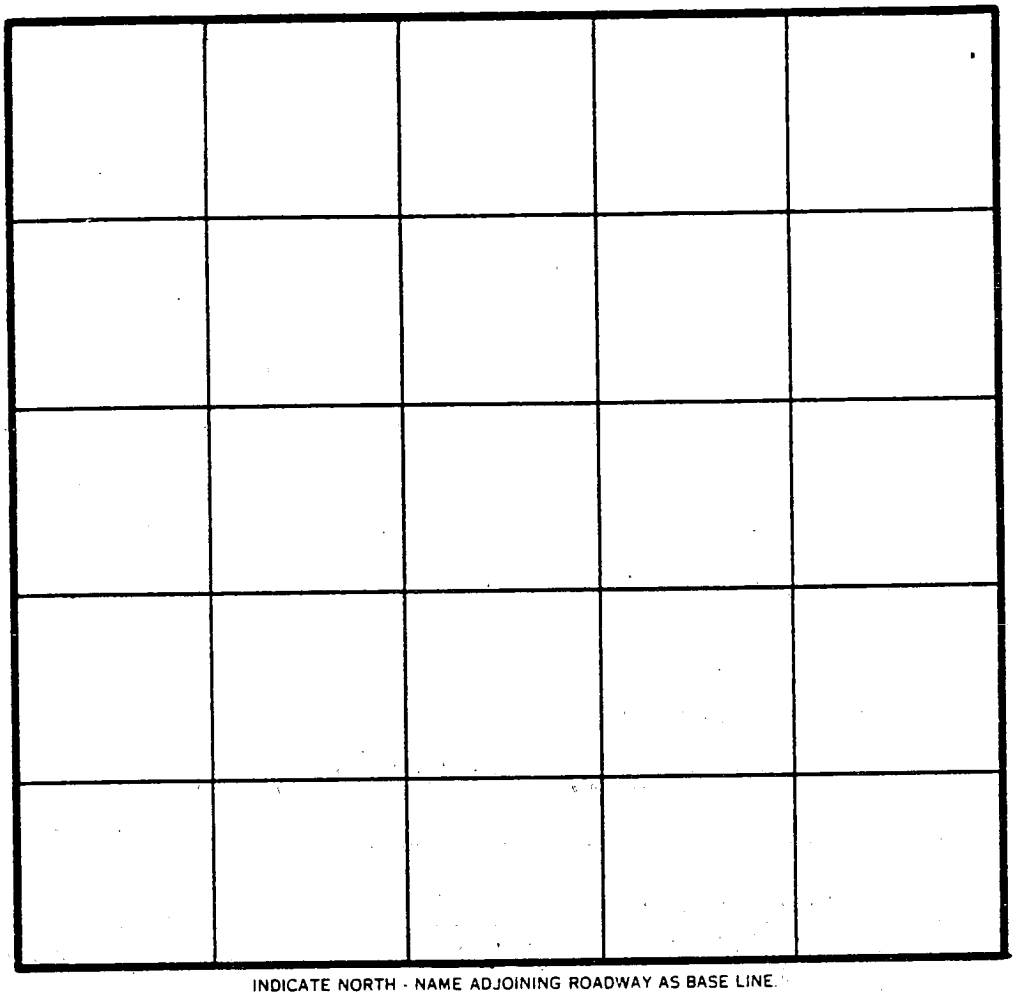
REASONS FOR REJECTION OR (HOLDING) for field located holes & sub-plat

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 _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 28

ROAD AND DESCRIPTION _____

_____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

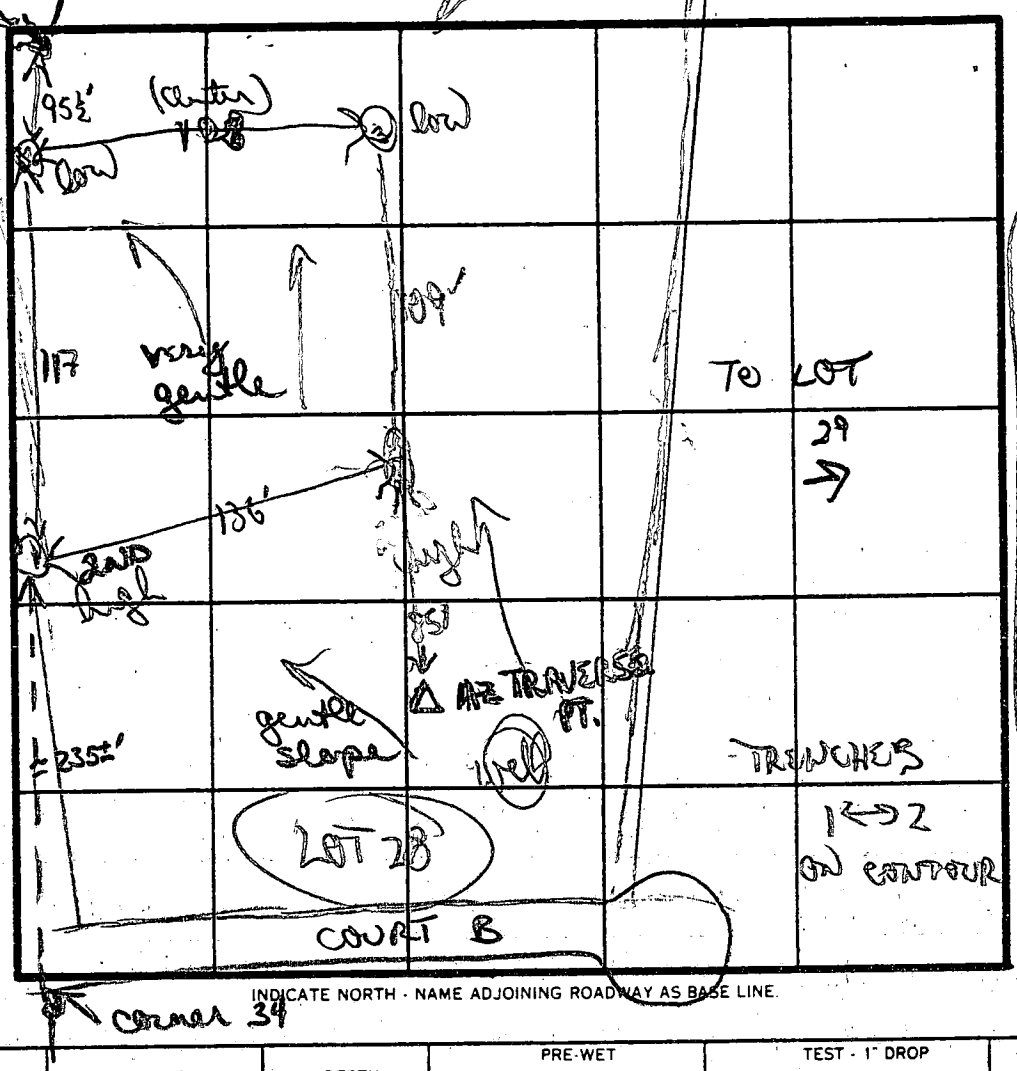
_____

_____

THIS IS NOT A PERMIT

LOT EXTENDS BACK

42 17
58 34
" " 23



(2) SOIL PROFILE

0'
brown/orange clay 3'
to clay loam 4'
to orange/tan silty rock loam
12' D

(1)
brown/orange clay loam 2½'
to tan/brown silty rock loam
11½ D

(3)
brown chunky gritty clay coarse loam 5½'
to purple/brown powdery silty loam
11' D

(4)
orange/brown clay loam 3'
to brown/orange silty loam w/ scattered small rock frags
11½ D

INLET 4'
MAX D 6'
X = 4 MIN

180 ft/BD

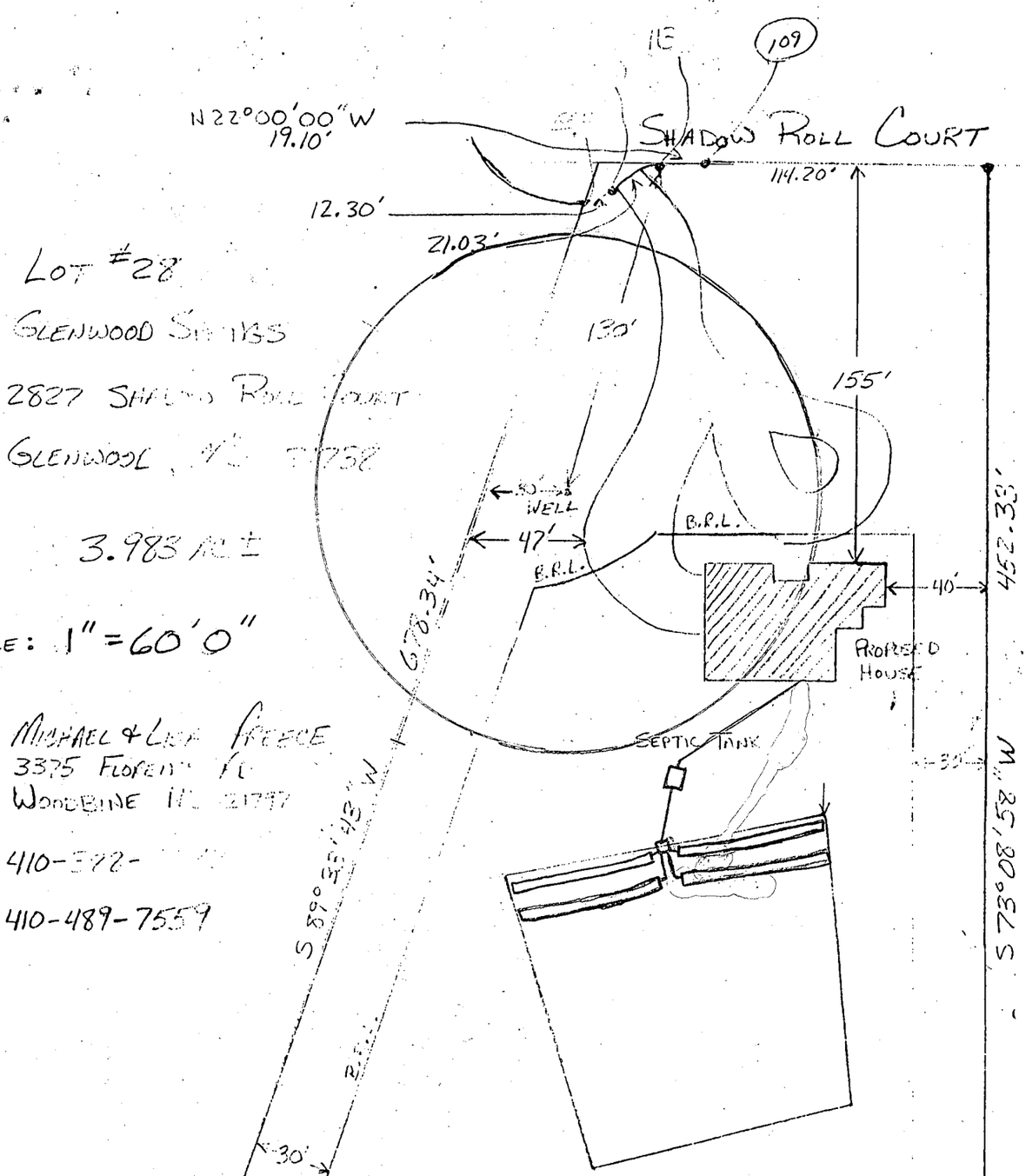
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/87	(3)	4½ S	2⁴³	2⁴⁵	2⁴⁵	2⁵⁰	5 MIN
		7½ M	2⁴³	2⁴⁵	2⁴⁵	2⁴⁸	3 MIN
		11' D	bottom (see profile)				
	(4)	4' S	2¹⁹	2²¹	2²¹	2²⁴	3 MIN
		11½' D	bottom (see profile)				
common holes	(3)	4' S	2²⁷	2³¹	2³¹	2³⁵	7 MIN
		8' M	2²⁷	2³¹	2³¹	2³⁶	5 MIN
		12' D	bottom (see profile)				
	(4)	4½ S	3⁰²	3⁰³	3⁰³	3⁰⁵	2 MIN
		11½ D	bottom (see profile)				

REMARKS common holes 1+2 w/ lot 27

TYPE OF SOIL orange/brown clay/clay loam 3-4'; orange/tan brown silty rock loams

TESTED BY B Nolan ALSO PRESENT Phil Cliff Kathy

EH 12-1079



LOT #28
GLENWOOD SPRINGS
2827 SHADOW ROLL COURT
GLENWOOD, MD 21738

3.983 AC ±

SCALE: 1" = 60'0"

MICHAEL & LISA FREECE
3375 FLORENCE RD
WOODBINE MD 21797

410-442-
410-489-7559

BASEMENT ELEV.: 595
1ST FLOOR ELEV: 601.5
INVERT OUT OF HOUSE: 594.5
INVERT INTO SEPTIC: 593.0
INVERT OUT OF SEPTIC: 592.7
INVERT INTO DIST. BOX: 590.0
INVERT INTO TRENCHS: 590.0
EXISTING GRADE AT SEPTIC: 594
EXIST. GRADE AT DIST. BOX: 594
EXIST. GRADE AT TRENCHS: 594
ELEV. OF WELL AT GRADE: 604

Approved Septic System Plan
Howard County Health Department

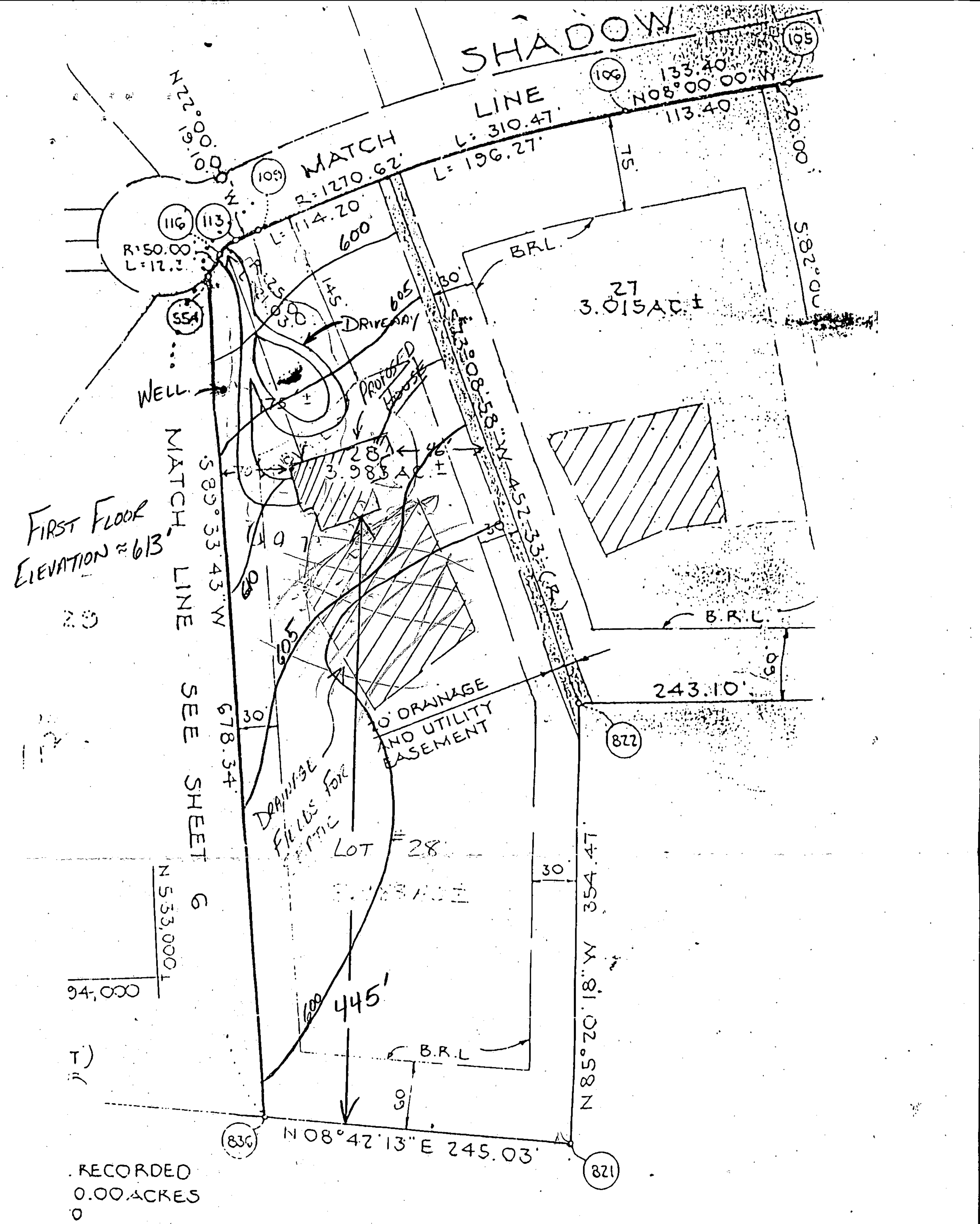
Kimberly Maisto 7.28.97
Signature Date

Total linear feet of trench required 180 **feet**

Width of trench(es) 3 **feet**

Depth of trench(es) 5 **feet**

Depth of stone required below distribution pipe 2 **feet**



RIVATE SEWERAGE
HEALTH DEPART

DATE
PLANNING AND

DATE
EMS, AND PUBLIC
OF PUBLIC WORKS

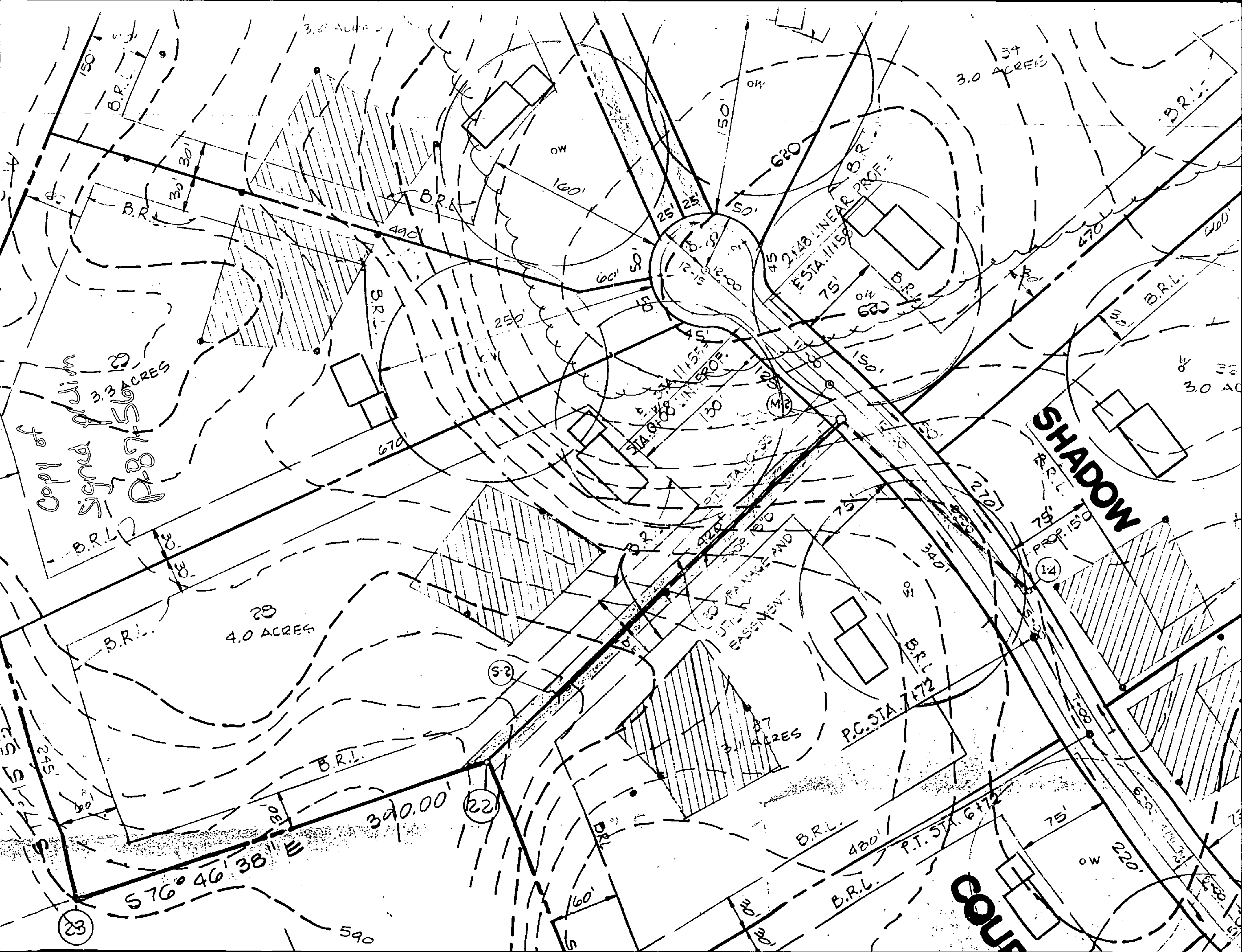
DATE

OWNER'S CERTIFICATE

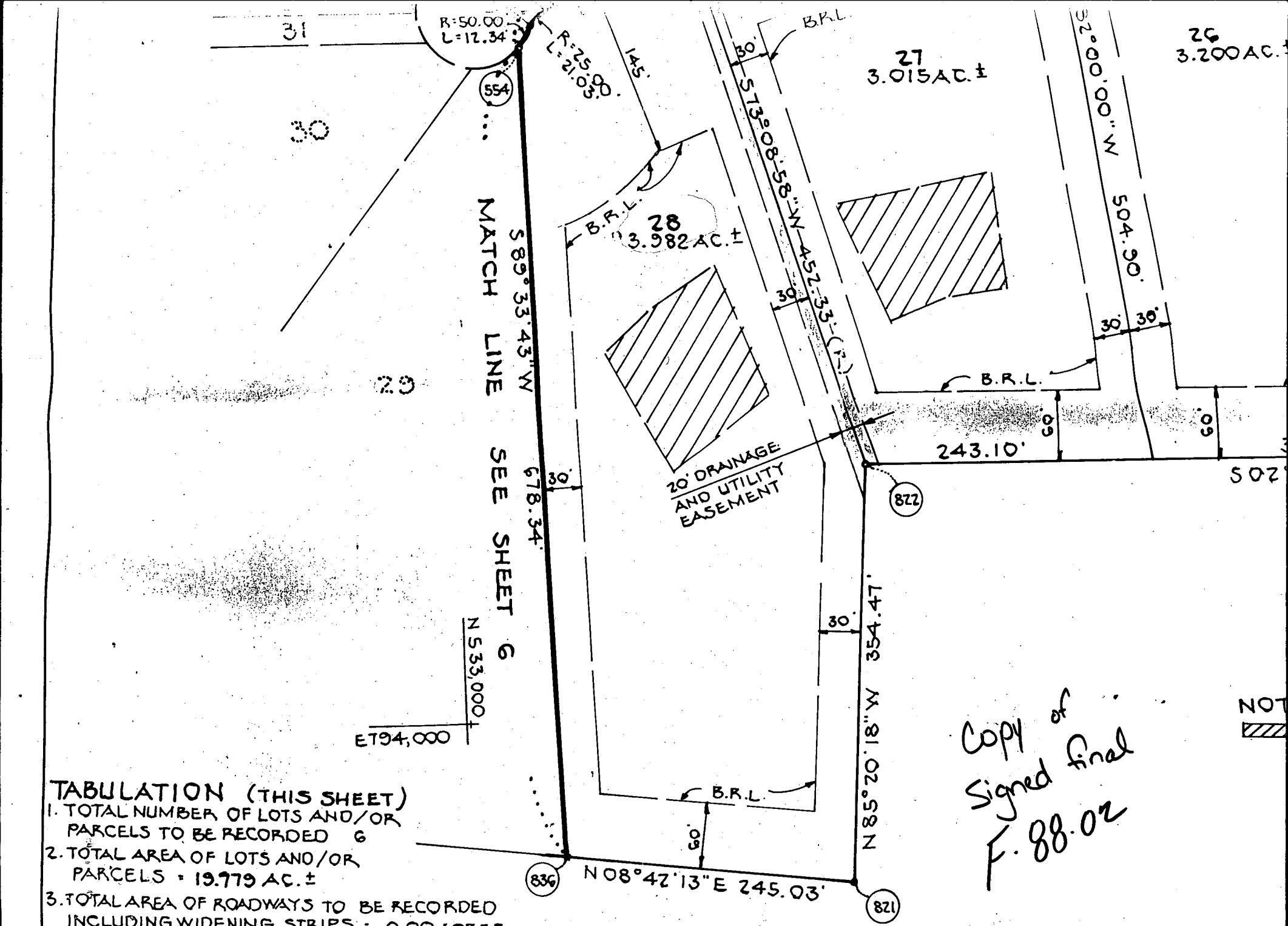
WE, GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND G
OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON,
OF SUBDIVISION, AND IN CONSIDERATION OF THE APPRO
THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE
RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, M
AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND
DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES
UNDER ALL ROAD OR STREET RIGHTS-OF-WAY AND [illegible]
SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION
OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND O
APPLICABLE AND FOR GOOD AND OTHER VA[illegible]
THE RIGHT AND OPTION TO HOWARD COUNTY TO [illegible]
THE BEDS OF THE STREETS AND/OR ROADS AND [illegible]
FACILITIES AND OPEN SPACE WHERE APP[illegible]
DEDICATION OF WATERWAYS AND D[illegible]
OF THEIR CONSTRUCTION, REP[illegible]
OR SIMILAR STRUCTURE OF ANY [illegible]
EASEMENTS AND RIGHTS-OF-WAY. [illegible]
1987.

RONALD D. CARTER-GENERAL [illegible]

PHILLIP [illegible]



SHADOW
34
3.0 ACRES
29
3.3 ACRES
28
4.0 ACRES
27
3.1 ACRES
B.R.L.
OW
P.C. STA. 7+72
P.T. STA. 6+72
PROP. 15'D
STA. 0+00 LIN. PROF.
DRAINAGE AND UTILITY EASEMENT
S 76° 46' 38" E
340.00'
480'
670
620
590



Copy of Signed final F.88.02

TABULATION (THIS SHEET)

1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED 6
2. TOTAL AREA OF LOTS AND/OR PARCELS = 19.779 AC.±
3. TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS = 0.00 ACRES
4. TOTAL AREA OF SUBDIVISION TO BE RECORDED = 19.779 AC.±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE

OWNER'S CERTIFICATE:

C 1 7792 SEQUENCE NO. (OEP USE ONLY)
(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 38376

DATE Received

DATE WELL COMPLETED 05 03 88

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" WO-81-2711

OWNER CAMPANILE (last name) NICK (first name)

STREET OR RFD SHADOW ROCK COURT TOWN GLENWOOD

SUBDIVISION GLENWOOD SPRINGS SECTION LOT 28

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 FROM	FEET TO	Check if water bearing
SAND	0	35	
GRAY MICA Rock	35	305	✓

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

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 940

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 54 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	39

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	38	305
2			
3			

SLOT SIZE 1 ____ 2 .5 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ☐ 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37

WHEN PUMPING 205

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 (CIRCLE) (YES or NO) 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 / − below LAND SURFACE (nearest foot) 1

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 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.

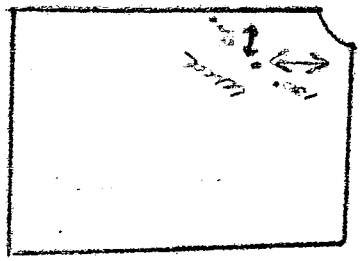
DRILLERS IDENT. NO. 339

David F. Wayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N



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

T (E.R.O.S.) WQ

70 ☐ TELESCOPE CASING

72 ☐ LOG INDICATOR

74 75 76 OTHER DATA

HEALTH

Page ___ of ___
Date 5/3/88

Review 8/10/88 BJ

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2761
Location of property (road) Shadow Rock Ct.
Subdivision Glenwood Farms Lot 28 Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayer Owner Nick Pompanil

Depth of well 305'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 Pumping rate 20 gpm.
Total time 30 min. to reach pumping water level 205' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:15	125'	3 sec.		20
12:30	205'	4 sec.		15
12:45	205'	20 sec.		3
1:00	205'	20		3
1:15	205'	20		3
1:30	205'	20		3
1:45	205'	20		3
2:00	205'	20		3
2:15	205'	20		3
2:30	205'	20		3
2:45	205'	20		3
3:00	205'	20		3
3:15	205'	20		3
3:30	205'	20		3
3:45	205'	20		3
4:00	205'	20		3
4:15	205'	20		3
4:30	205'	20		3
4:45	205'	20		3
5:00	205'	20		3
5:15	205'	20		3
5:30	205'	20		3
5:45	205'	20		3
6:00	205'	20		3
6:15	205'	20		3
6:30	205'	20		3

EMERGENCY/TEMP NO. IF ANY

B	1	5623	SEQUENCE NO. (DP 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: HO-81-2711

fill in this form completely

Date Received (APA): 042788

OWNER INFORMATION

Last Name: CAMPANILE First Name: NICK

Street or RFD: 3375 FLORENCE RD.

Town: WOODBINE State: MD Zip: 21797

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne License No: 238

Firm Name: Joseph L. Mayne Well Drilling

Address: 5512 Ridge RD. Mt. Airy 21771

Signature: Joseph L. Mayne Date: 4/26/88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary (circled) | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: BW WRITE INITIALS IN BOX PERMIT No. HO-81-2711

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: GLENWOOD SPRINGS

SECTION: LOT: 29

NEAREST TOWN: Glenwood

MILES FROM TOWN (enter 0 if in town): ½ MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): E (circled)

NEAR WHAT ROAD: Shadow Roll Ct.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): W (WEST) circled

DISTANCE FROM ROAD: 130 ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: A38376

STATE SIGNATURE INSERT S

DATE ISSUED: 050388 CO SIGNATURE: R Nixon EXP. DATE: 11/03/88

NORTH GRID: 532000 EAST GRID: 079500

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

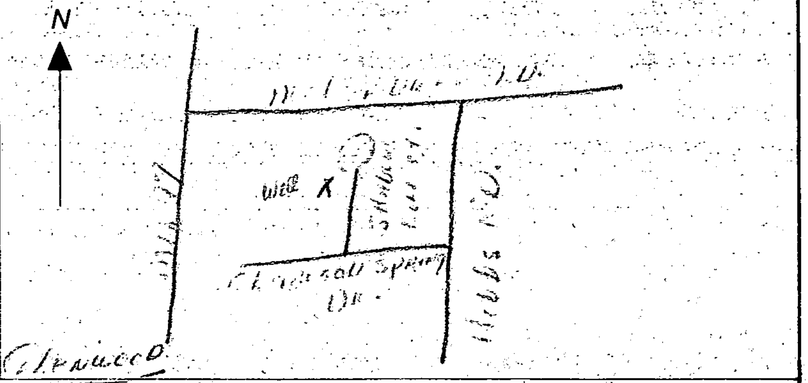
5/3/88 location as per stakes
39' pipe (1)
34' open hole
10 bags cement
000 000 H2O sample taken

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 5
N 531 2

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~461-8088~~
410-313-2640
Fax 410-313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Charles W. Small Inc Telephone 301-926-7464

License Number 1890
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Michael Preese Telephone 410-388-6382
Subdivision Glenwood Shores Lot # 28 Well Tag # HO-81-2711
Site Address 2827 Shadow Rock Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi
3. Model # J75J712P52
4. Capacity 5 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 Mastinson
2. Model # B10X
3. Depth 42"

Tank
1. Capacity 82 gall Bladder Type
2. Pressure relief valve? yes

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42"

Well data
1. Depth 305 ft.
2. Yield 5 GPM
3. Static water level 37 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: Charles W. Small Jr.

Date: 9/24/99

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

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