1/8/91
1:30 PM

PERMIT 04-346769

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47280
38379
A ~~REPAIR~~

DISTRICT 4th

INDEXED

DATE 7/8/91

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 9/11/91

INSPECTOR RH

Paul Friedman IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 12617 Washington Ave., Rockville, Maryland 20847 PHONE ____

SUBDIVISION Glenwood Springs LOT 31 ROAD 2846 Shadow Roll Court

PROPERTY OWNER Mr. & Mrs. Matthew M. Dillon

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

190 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 253

REPAIR - New home under construction; to adjust septic system location due to change in plumbed elevation.

Trenches 190 SQ ft per bedroom Trench to be 3 FT wide
Inlet 4 FT below original grade Effective Depth
at 4 ft below original grad 2 FT stone below distribution Pipe
Location Place the box 150 FT From the existing well

PLANS APROVED BY Craig Williams cm DATE 7/8/91

and 25 FT FROM THE GARAGE RUN THE
COVER NO WORK UNTIL INSPECTED AND APPROVED TRENCHES TOWARD THE BACK

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.

REVISED LOCATION AFTER RETEST

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

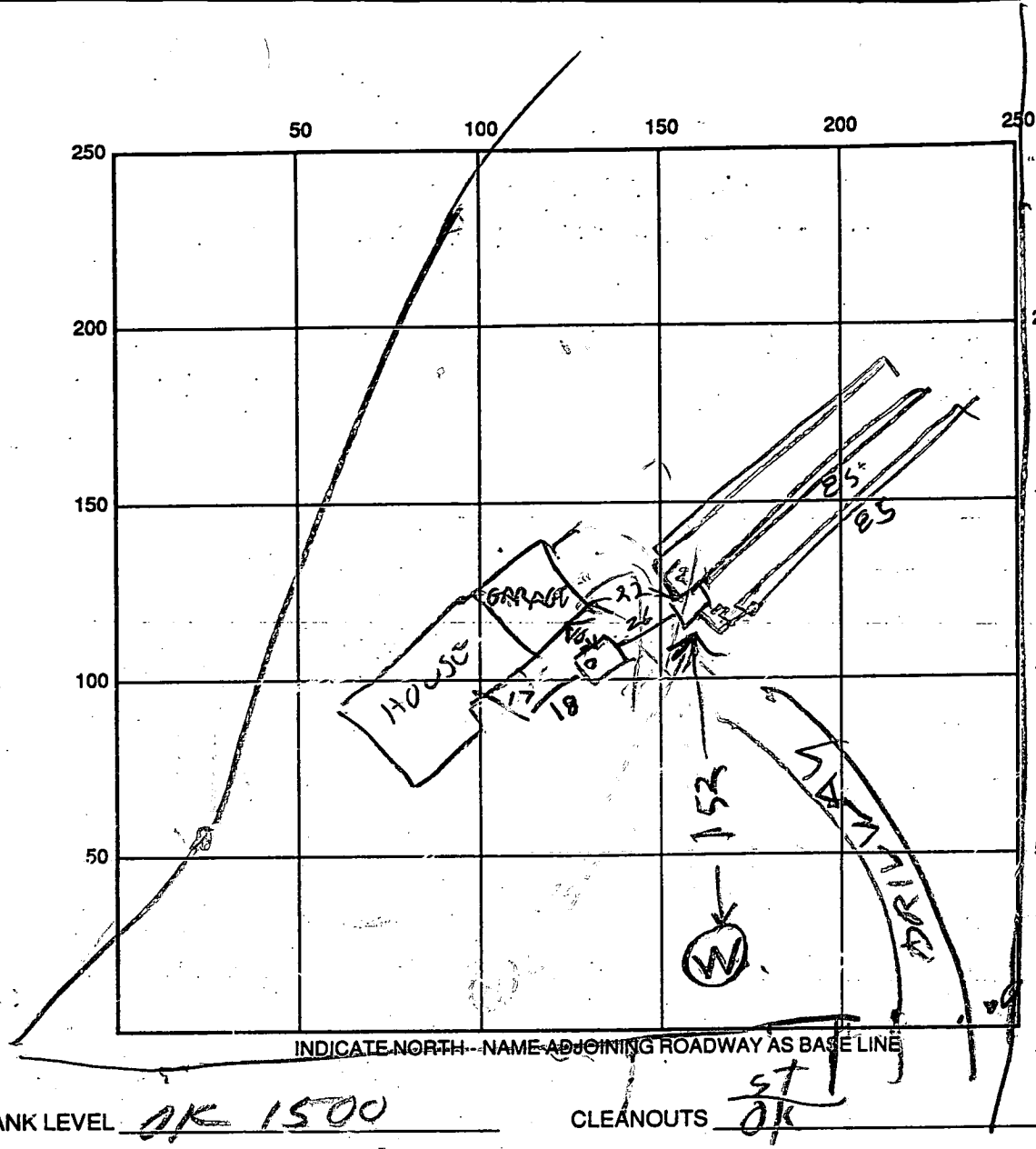
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 38379



INDICATE NORTH -- NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1500 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ~~85 85 85~~ TOTAL 252

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 756 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9/10/91 TANK OK LOCATION BOX OK
9/10/91 TRENCH #1 & #2 OK DIG TRENCH #3
9/11/91 - TRENCH #3 FINISHED

DATE SYSTEM APPROVED 9/11/91 INSPECTOR Raymond Hodges

APPLICATION

A 38379

PERCOLATION TESTING

P _____

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

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 Mr. + Mrs. Matthew M. Dillon

ADDRESS _____ PHONE Fax # also (call first) 570-4400

PROSPECTIVE BUYER Ronald Carter

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

PROPERTY LOCATION: GLENWOOD SPRINGS

SUBDIVISION ~~Hakes Property~~ LOT NO. Thirty ONE

ROAD AND DESCRIPTION Hobbs Road (2846 Shadow Rollen Dillon ok 2/2/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES TYPE BLDG. SFD
(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 2/3/87 Perc Satisfactory - hold for subdivision plat. S. Abel

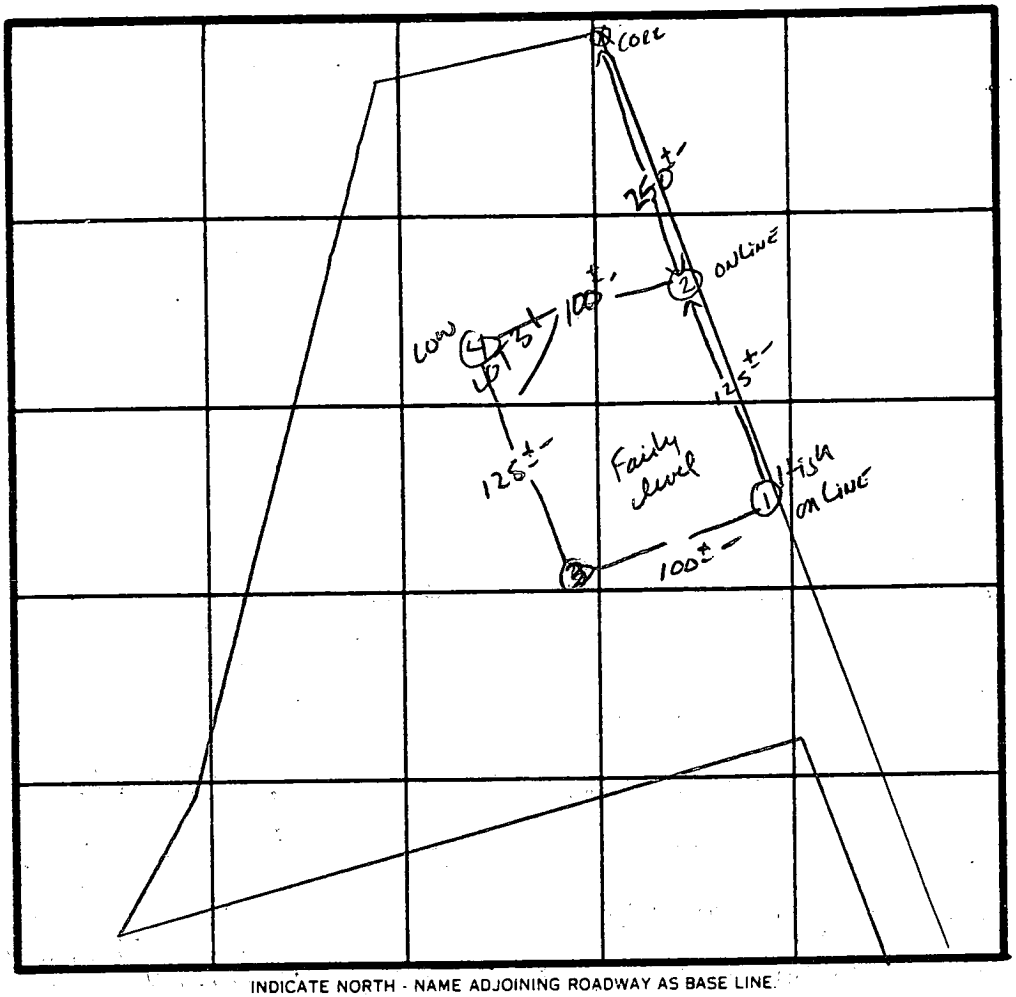
BLDG. PERMIT SIGNED AND RETURNED 4/16/91
Lucal # 57357
SFD

THIS IS NOT A PERMIT

(1) (3)

SOIL PROFILE

0'	A1-3
6'1	Yellow Red Silt Loam 9-12% Clay <10% Frags
4-4.5'	Yellow Red Silty Sand Loam 15-20% Frags
	Yellow BL in #3+4 +2
13.5'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

$\bar{X}$ = 7 min

INLET 4'

MAX D 6'

187 Ø/BD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/3/87	1 S	4.5'	11:01	11:05	11:05	11:15	10 min
	1 M	8'	10:58	11:00	11:00	11:05	5 min
	1 V	13.5	Uniform soil below		4.5'		
	2 V	12.5'	Uniform soil below		4.5'		
	3 S	5'	11:04	11:06	11:06	11:14	8 min
	V	12.5'	Same as #1 w/		Yellow Brown C Clay		
	4 S	4.5'	11:10	11:12	11:12	11:17	5 min
	V	13'	Uniform soil below		4'		

REMARKS: Holes Diff. Than Plat (make shallow also to rock frags

TYPE OF SOIL: Manor

TESTED BY: S. Abel

ALSO PRESENT: Phil M. Cissil

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 38379

P 47280

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

DISTRICT _____

DATE 7/8/91

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 M Dillon

ADDRESS 2946 S Shadow Rock Ct PHONE 5703400

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenwood Springs LOT NO. 31

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 _____

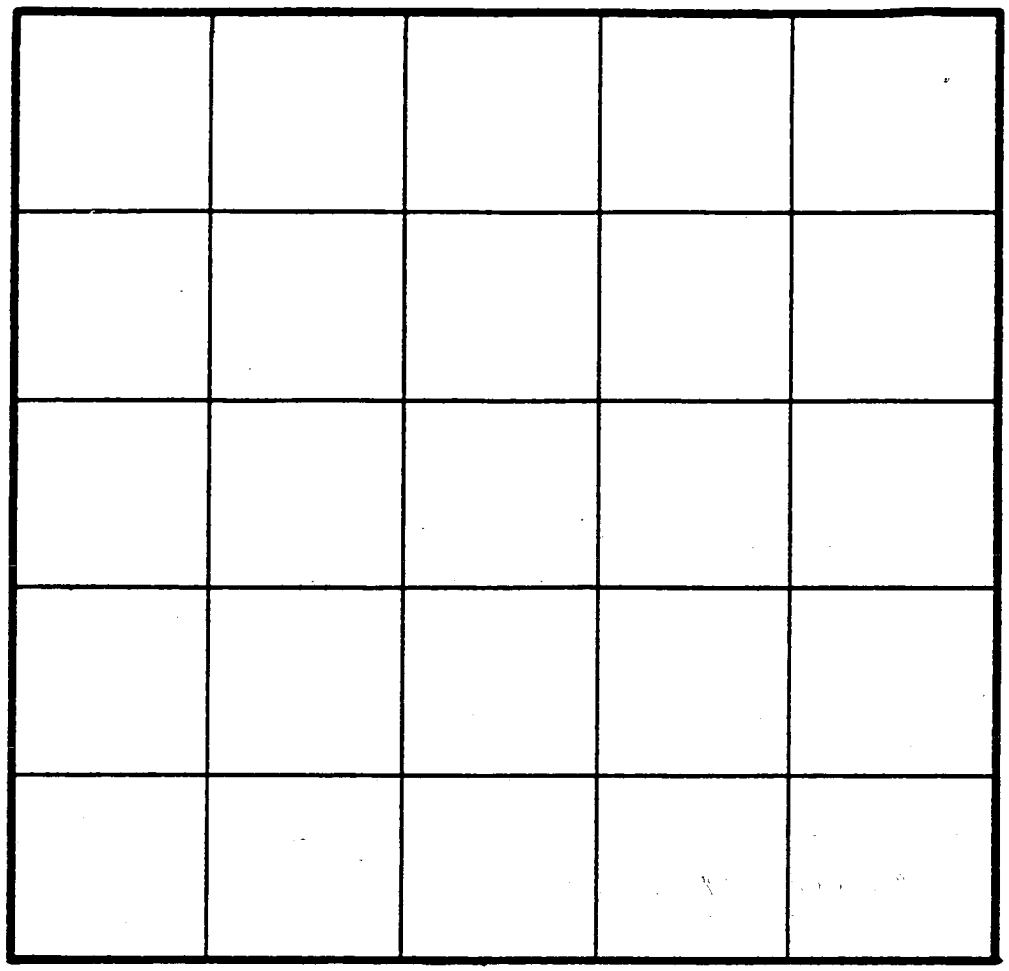
REASONS FOR REJECTION OR HOLDING 9/10/91 Retest O/K Change location only a little

HD-216

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 _____

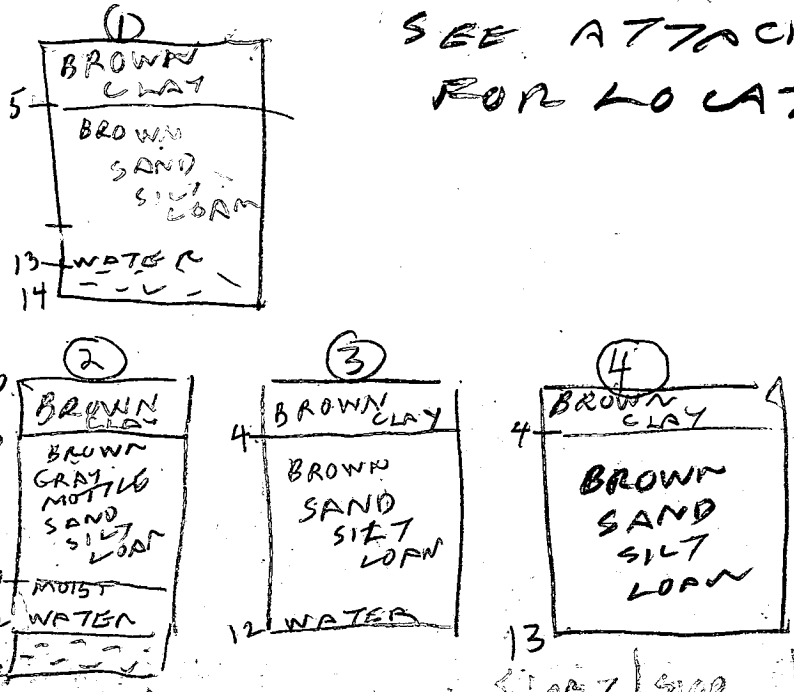
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

P 47085
A 383.79

GLENWOOD SPRINGS LOT 31 REPAIR PERC

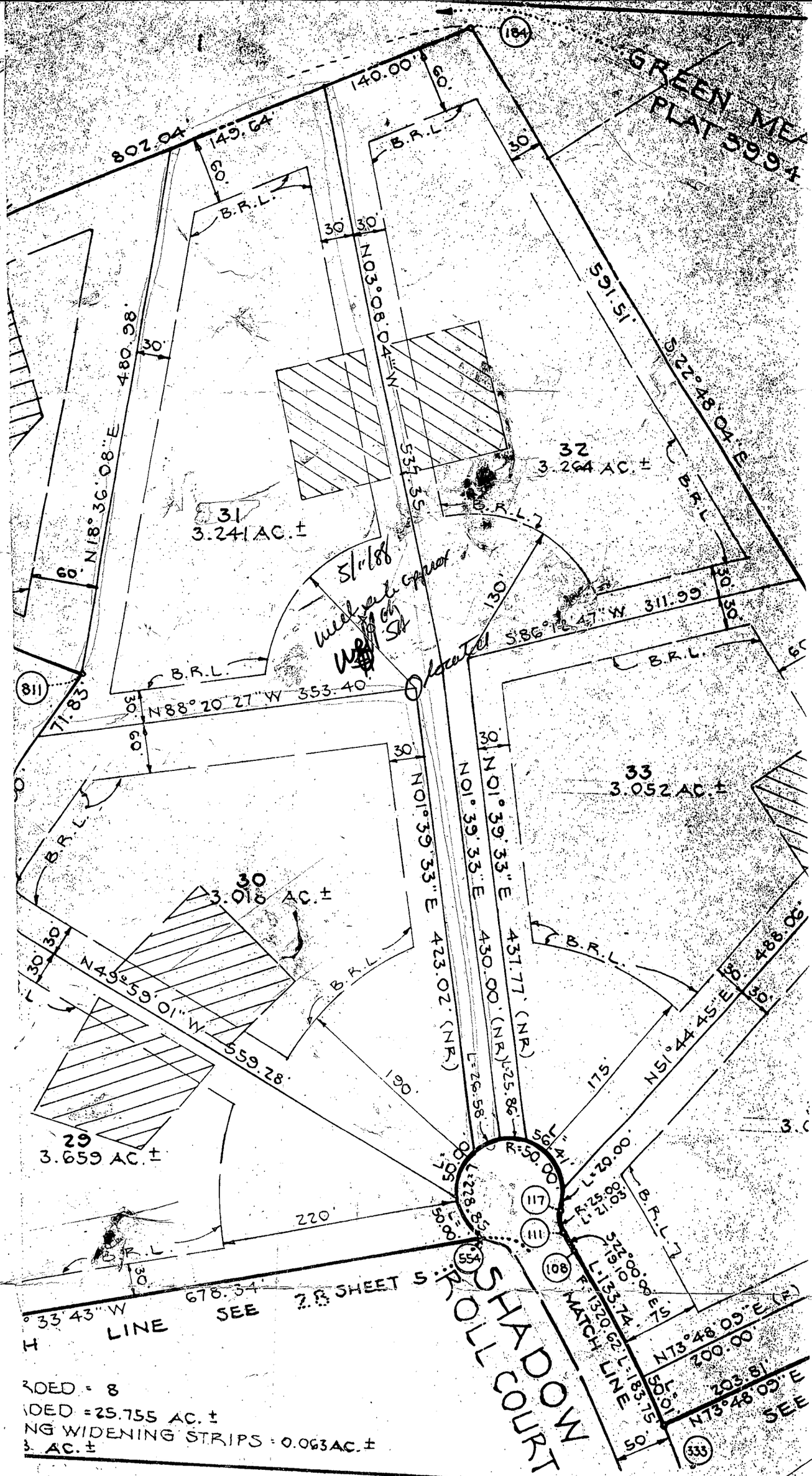
SEE ATTACHED DRAWING FOR LOCATION OF PERC HOLES



			START	STOP	START	STOP	TIME	
7/9/91	1S	5	103	128	128	216	48	FAIL
7/9/91	1V	14	WET SEASON FAIL					
	2V	13	WATER 12FT MOIST 11			FAIL	MOTTLES OIL & WATER	
	3S	5	228	235	235	258	23	
	3V	12	OK SHALLOW WET SEASON RECOMMENDED					
	4S	5	335	337	337	347	10	
	4V	13	OK					

Tested by R. Dodger

Avery McCoy Backhoe
Mr. Dillard Owner



3DED = 8

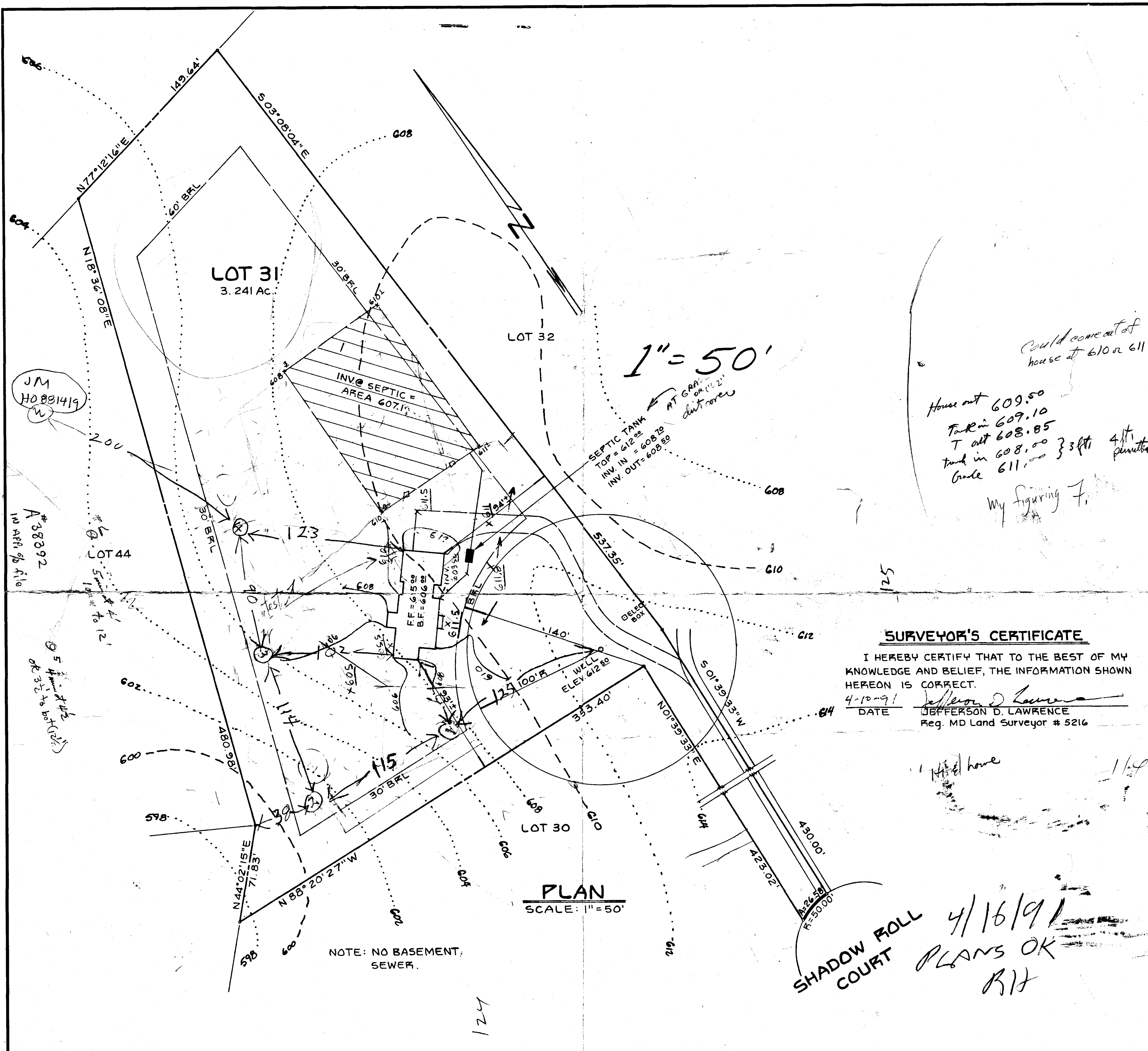
DED = 25.755 AC.±

NG WIDENING STRIPS = 0.063 AC.±

3. AC.±

OWNER'S CERTIFICATE:

WE, GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SHOWN HEREON IS CORRECT.

4-10-91 — DATE

JEFFERSON D. LAWRENCE
Reg. MD Land Surveyor # 5216

OWNER	DEVELOPMENT CONSULTANTS GROUP, INC.	SITE PLAN	DATE	SHEET
[redacted] 21309 RIDGE CROFT DR. BROOKVILLE, MD. 20833 301 - 774 - 0016	17904 GEORGIA AVENUE S.102 OLNEY MARYLAND, 20832 (301) 924-4570	LOT 31 SECTION 1, AREA 1 **GLENWOOD SPRINGS** 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	APRIL, 1991 DRAWN E.M. CHECKED J.D.L. SCALE 1" = 50'	1 of 1 PROJECT No. 21-857

149.64'

N77°12'16"E

S03°08'04"E

606

608

604

60' BRL

N18°36'08"E

LOT 31
3.241 Ac.

30' BRL

LOT 32

Z

608

607.3

604.5

609.4

INV 605.4

610.2

610.0

610.5

94'±

SEPTIC TANK
TOP = 610.5
INV. IN = 607.3
INV. OUT = 607.18

F.F. = 611.44
B.F. = 607.94

INV 608.2

BRL

537.35'

610

LOT 44

30' BRL

140'

DELECT BOX

612

100'R

WELL
ELEV. 612.50

93'±

353.40'

N01°39'33"E

S01°39'33"W

614

602

600

480.98'

598

30' BRL

LOT 30

610

606

604

N44°02'15"E
71.83'

N88°20'27"W

602

600

598

606

604

430.00'

423.02'

R=26.58'
R=50.00'

SHADOW ROLL COURT

NOTE: NO BASEMENT SEWER.

PLAN
SCALE: 1" = 50'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SHOWN HEREON IS CORRECT.

4-10-91
DATE

JEFFERSON D. LAWRENCE
Reg. MD Land Surveyor # 5216

OWNER:
MATT & JULIE DILLON
21309 RIDGE CROFT DR.
BROOKVILLE, MD. 20833
301 - 774 - 0016

DEVELOPMENT CONSULTANTS GROUP, INC.
17904 GEORGIA AVENUE S.102
OLNEY MARYLAND, 20832
(301) 924-4570

SITE PLAN
LOT 31
SECTION 1, AREA 1
GLENWOOD SPRINGS
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE	SHEET
APRIL, 1991	1
DRAWN E.M.	OF 1
CHECKED J.D.L.	
SCALE 1" = 50'	PROJECT No. 21-857

EMERGENCY/TEMP NO. IF ANY

B 1 5617 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: 110-81-2798

fill in this form completely

Date Received (APA): 042788

OWNER INFORMATION

Last Name / Owner / First Name: CARMAN ASSOCIATES

Street or RFD: PO BOX 122

Town / State / Zip: ELLICOTT CITY MD 21043

DRILLER INFORMATION

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

Firm Name: Joseph L. Mayne Well Drilling

Address: 5517 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 DEEPENDED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER: GAP

FORCE: 5 A WRITE INITIALS IN BOX — PERMIT No.: 110-81-2798

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: GLENWOOD SPRINGS

SECTION: — LOT: 31

NEAREST TOWN: GLENWOOD

MILES FROM TOWN (enter 0 if in town): 0 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): (N) NORTH — circled

DISTANCE FROM ROAD: 450 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO.: A-38379

STATE SIGNATURE — INSERT S.

DATE ISSUED: 061388 — CO SIGNATURE: [signature] — EXP. DATE: 04/27/88

NORTH GRID: 532000 — EAST GRID: 079 4000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 84

N 529 83

7-6-88 9:30

63' casing (2' above)

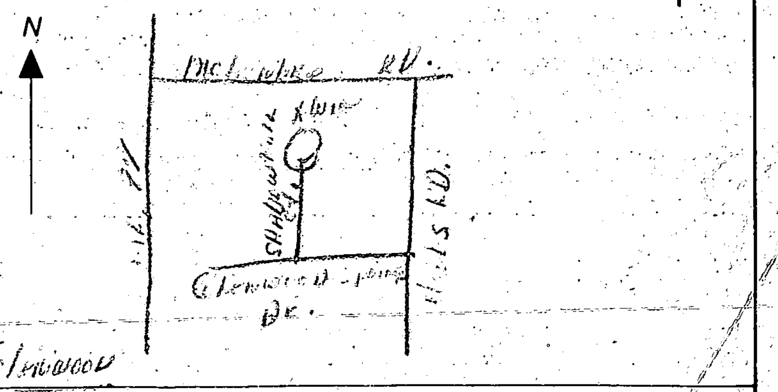
32' open

9 bags

location as per staked

H2O sample picked up

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



SPECIAL CONDITIONS

COUNTY

C1 9657 — SEQUENCE NO. (DENV 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-38379

DATE Received

DATE WELL COMPLETED 12/6/82

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1C-81-2198

OWNER CHAMIN ASSOCIATES

STREET OR RFD Sharon Doll Ct. (last name / first name) TOWN Glenwood

SUBDIVISION Glenwood Springs SECTION — LOT 31

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 Stone	0	57	
Clay Mica Hard	57	365	✓

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. 538

Donald F. Henry
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 **Y** (44) / no **N** (44)

TYPE OF GROUTING MATERIAL

CEMENT **CM** (45 46) BENTONITE CLAY **BC** (45 46)

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 32 (54 BOTTOM 58) 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 (60 61)	6 (63 64)	63 (66 70)

EACH CASING — OTHER CASING (if used)

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

C2 (1 2)

EACH SCREEN

	DEPTH (nearest ft.)		
1	40 (8 9)	43 (11 15)	345 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

/T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 75 76) OTHER DATA

C3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 25 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 (17 20)

WHEN PUMPING 93 (22 25)

TYPE OF PUMP USED (for test)

A air (27) **P** piston (27) **T** turbine (27)

C centrifugal (27) **R** rotary (27) **O** other (describe below) (27)

J jet (27) **S** submersible (27)

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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

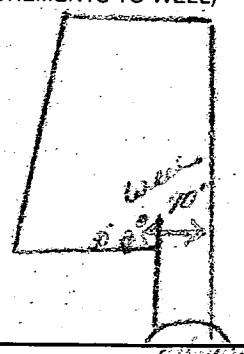
CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) / (−) below (49) LAND SURFACE

(nearest foot) (50 51)

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



COUNTY

Page ___ of ___
Date 7/6/88

Review OK 8/10/88
R12

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2798
Location of property (road) Shadow Roll Ct.
Subdivision Glenwood Springs Lot 31 Block — Plat — Sec. —
Well Driller Joseph MAYNE Owner ~~[illegible]~~ CARMAN Assoc.

Depth of well 365
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm.
Total time 15 min. to reach pumping water level 93 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)
8:00	93	3		20
8:15	93	8		7.5
8:30	93	8		7.5
8:45	93	8		7.5
9:00	93	8		7.5
9:15	93	8		7.5
9:30	93	8		7.5
9:45	93	8		7.5
10:00	93	8		7.5
10:15	93	8		7.5
10:30	93	8		7.5
10:45	92	8		7.5
11:00	92	8		7.5

HD-224

7/10/91 10:00

FEE WAIVED VARIOUS EXTENUATING CIRCUMSTANCES 10/10/91 CWilder

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 ✓ Receipt # _____
Replacement _____ Date _____

Name of Installer PAUL FRIEDMAN-Darco Plumbing, Inc. Telephone 977-6606 5

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner Matthew M. & Julia M. Dillon Telephone ~~266~~ (301) 774-0016 301-881-8660
Subdivision Glenwood Springs Lot # 31 Well Tag # HO-91-2798
Site Address 2846 Shadow Roll Ct.
Glenwood, MD 21738

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible ✓
2. Make JACUZZI
3. Model # 7B5410152
4. Capacity 10 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 3450
3. Voltage _____
   a. 110 _____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # PT800
3. Depth 4 Ft.

Tank
1. Capacity 42
2. Pressure relief valve? ✓

Piping
1. Type 1"
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 235

Well data
1. Depth 250 ft.
2. Yield 8 1/2 GPM
3. Static water level 70 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. Completed by Julie Dillon on 10/10/91

Signature of Applicant: _____

Date: 10/9/91

9/10/91 - OK TO COVER OUTSIDE WORK

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

PRESSURE TANK NOT INSTALLED LEFT NOTE TO CALL ABOUT PERMIT RH

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