

9/26/88

File

04-346815

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42719

A 38384

DISTRICT 4th

DATE 10/6/88

DATE SYSTEM APPROVED 9/26/88

INSPECTOR C. 80

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Glenwood Springs ROAD 2814 Shadow Roll Ct LOT 36

PROPERTY OWNER Stephen Serio

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front corner, place the 1st trench 130 feet down the right (480.19') lot line and 110 feet off the right line as seen when facing property from Shadow Roll Court. Run trenches along contour towards the right (480.19') line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. dx/cw

PLANS APPROVED BY Bert Nixon DATE 10/20/87

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

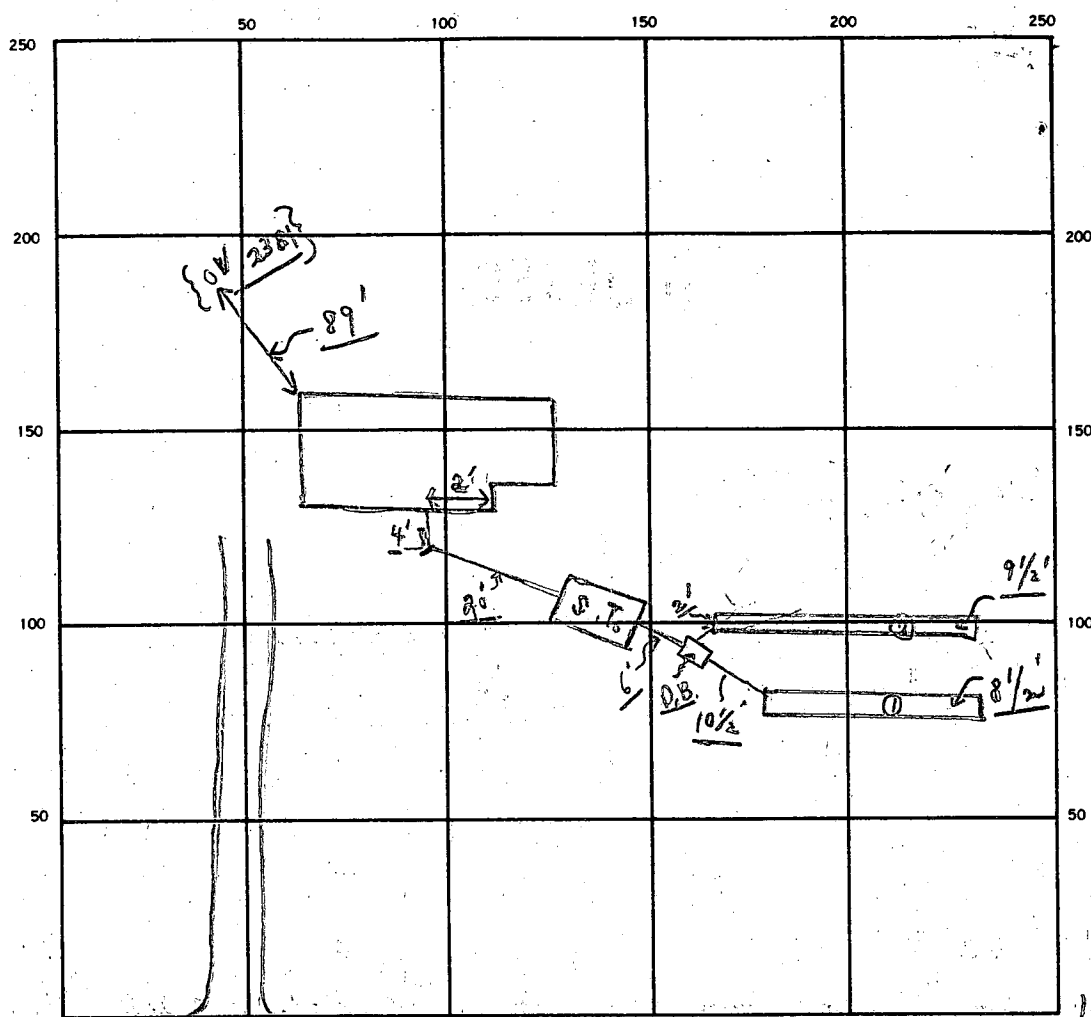
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
38384



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

SHADOW ROLL COURT

SEPTIC TANK. LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX. LEVEL OK { Baffles in. }

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 93 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM-AREA 732 SQ. FT.

DRYWELL-INSIDE-DIAMETER 4' FT. EFFECTIVE DEPTH BELOW INLET 5' FT.

ABSORBENT AREA 732 SQ. FT.

REMARKS 9/26/88 @ End of Trenches - open - only. ; OK to cover all work. Files.
C.B.S.

DATE SYSTEM APPROVED 9/26/88 INSPECTOR C. B. Stecker

APPLICATION

PERCOLATION TESTING

A 38384
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

*1/28/88
perc OK'd pending
approved plat
@*

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 Stephen Serio

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

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

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Thirty Six

ROAD AND DESCRIPTION Hobbs Road 2014 Shadow Roll Ct. *Permit 4/29/87*

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 B. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Allen FOR Deep trenches DATE 6-23-88

REJECTED BY _____ FOR _____ DATE _____

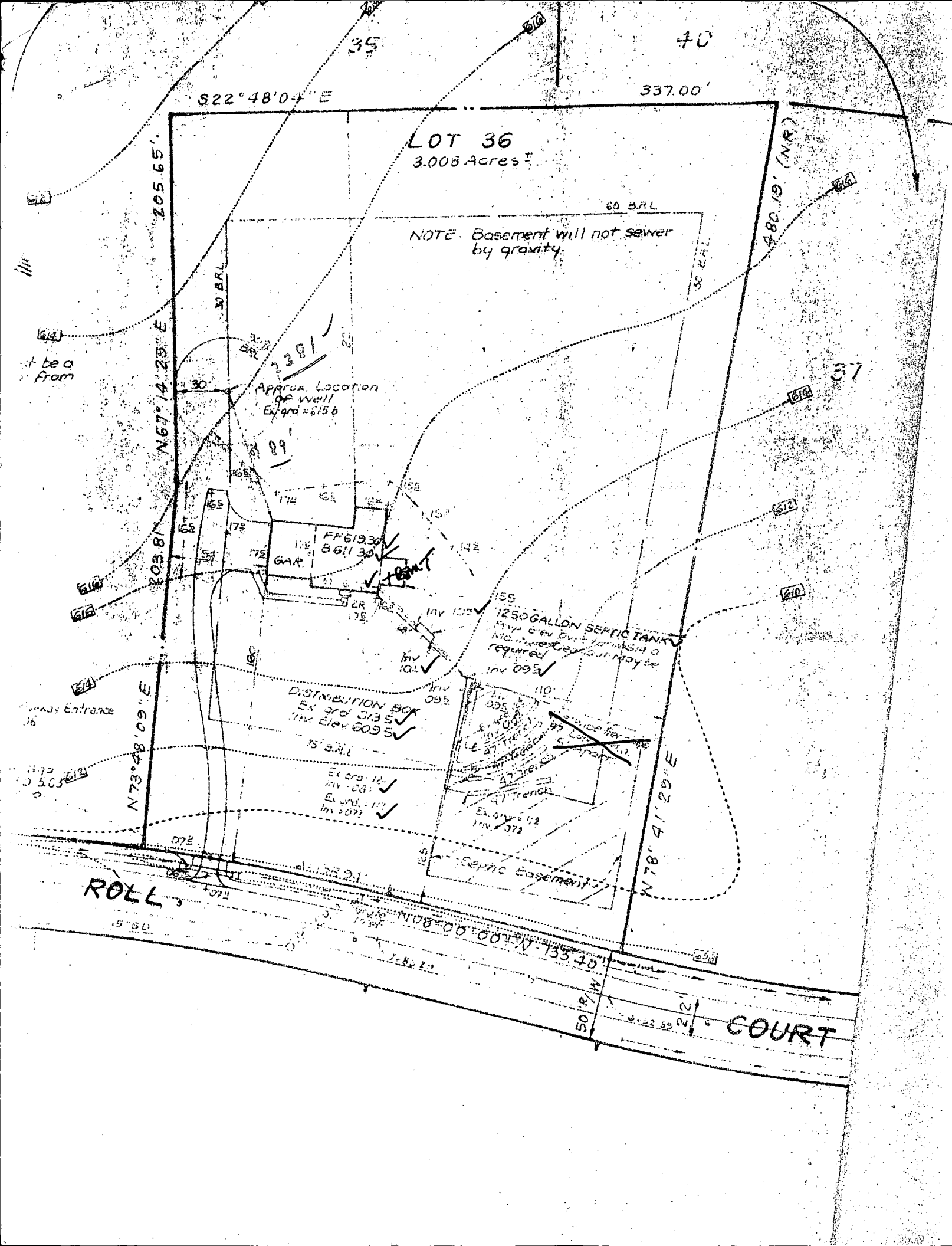
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified field locations

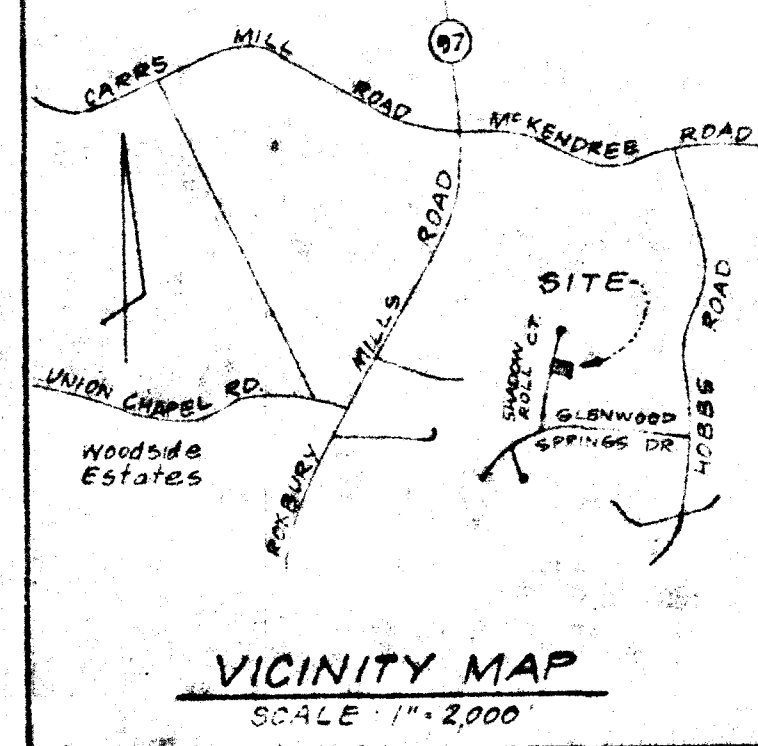
BLDG. PERMIT SIGNED
AND RETURNED 6-23-88

BP 19912 SA

THIS IS NOT A PERMIT



GLENWOOD SPRINGS
SECTION ONE AREA ONE
PLAT 7685



BLDG. PERMIT SIGNED
AND RETURNED 6/23/88
BP #412
SM

NOTE Well must be a
minimum of 30' from
the house

NOTE Basement will not sewer
by gravity.

LEGEND:

1. Contour Interval 2 Ft
2. Existing Contour
3. Proposed Contour
4. Direction of Drainage
5. Spot Elevation
6. Private Sewage Easement

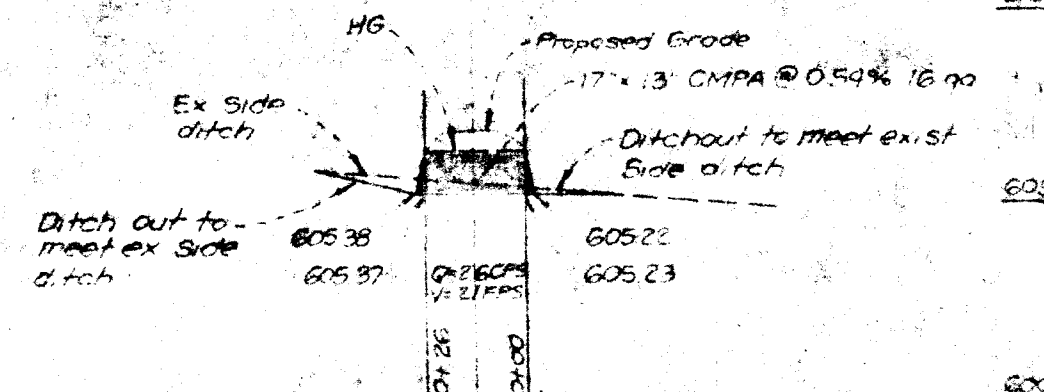
6-27-88
elevation of
ditch

Refer to Residential Driveway Entrance
Detail - H.C. Std. R-6.06

17" x 13" 26 LF CMPA 16.99
Provide H.C. Std. SD 5.63
End Section each end

Provide H.C. Std. SD 5.63
End Section each end

Provide 9" Min. Cover
over culvert



NOTE Existing contours taken from plans prepared
by Fisher, Collins, and Carter, Inc. F 88-03

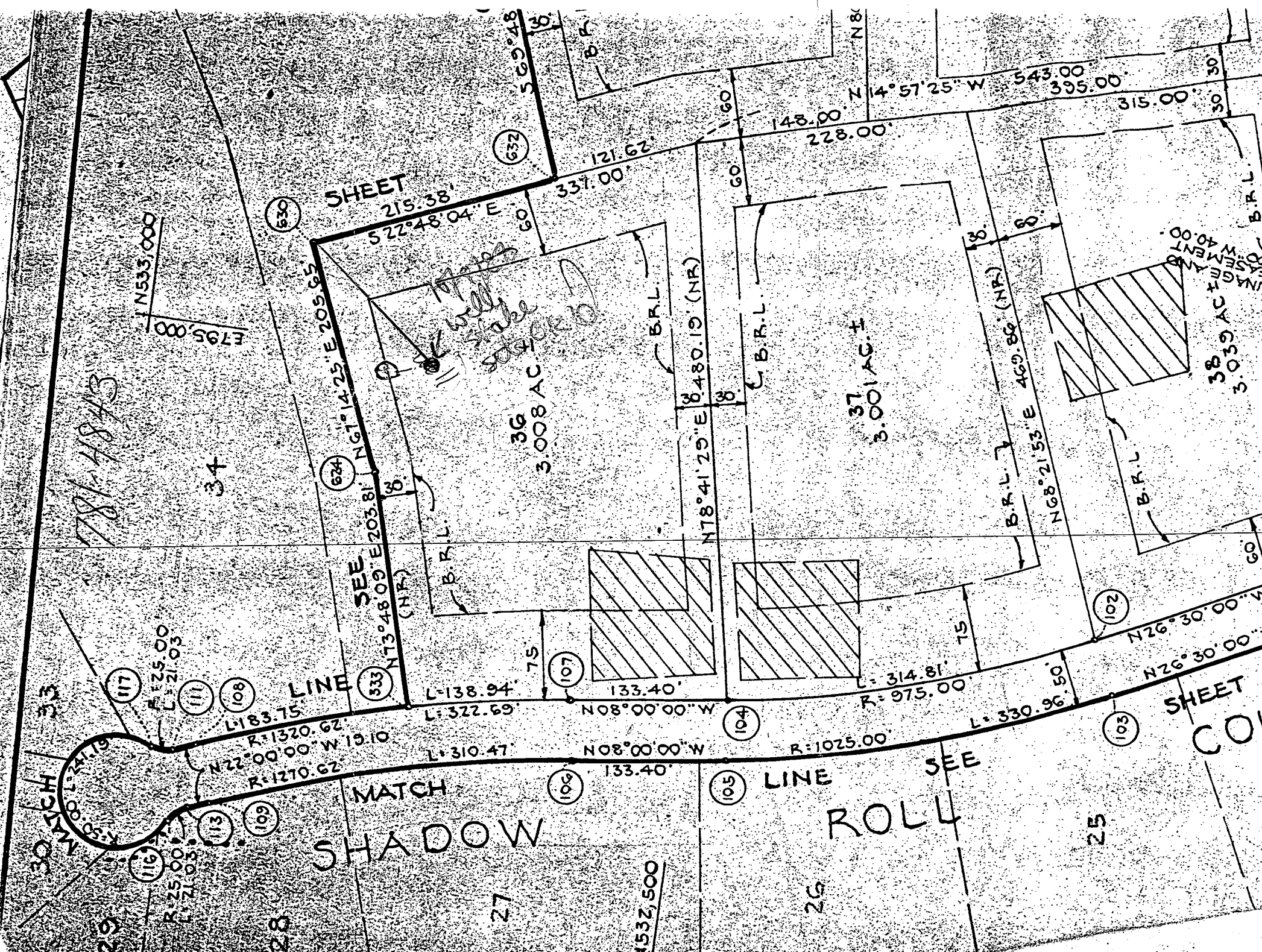


CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7145 MINSTREL WAY • COLUMBIA, MD 21045 • (301) 381-7200 - BALTO • (301) 621-8100 - WASH

| | | |
|---------------------|---|---------------------|
| DESIGNED CMS | SITE DEVELOPMENT PLAN LOT 36 GLENWOOD SPRINGS SECTION ONE AREA ONE 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND | SCALE 1"=50' |
| DRAWN VLM BAL | | DRAWING 1 OF 1 |
| CHECKED CMS | | JOB NO. 88-081 |
| DATE June 1988 | FOR: R.D. CONTRACTORS 9048 Furrow Avenue Ellicott City, Maryland 21043 | FILE NO. 88-081- |



SHEET

630

215.38'
522°48'04" E

632

337.00'

121.62'

148.00'

228.00'

N 14° 57' 25" W

543.00'

395.00'

315.00'

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SEE

N 73° 48' 09" E 203.81'

(N.R.)

B.R.L.

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3.008 AC

B.R.L.

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N 78° 41' 29" E 6480.19' (N.R.)

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N 68° 21' 53" E 469.82' (N.R.)

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MATCH

SHADOW

27

LINE

ROLL

26

SEE

25

SHEET

COL

| | | | |
|---|--------------------------------|---|---|
| B 1 <div style="font-size: 24pt; font-weight: bold; margin: 5px;">9345</div> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small> | SEQUENCE NO. (OEP USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | OEP PERMIT NUMBER 2381 <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">40-81-2381</div> <small>fill in this form completely</small> |
| Date Received <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">092987</div> | | B 3 LOCATION OF WELL | |
| OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">SPERIO</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">W. STEPHEN</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">16 REVERE CT.</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">SYKESTOWN</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">MD 21784</div> | | <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">GLENWOOD SPRINGS</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">SECTION 36</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">GLENWOOD</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">5</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">M</div> | |
| DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">Joseph L. Mayne</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">Joseph L. Mayne Well Drilling</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">5512 Ridge Rd. Mt. Airy 21221</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">Joseph L. Mayne</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">9/28/87</div> | | B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">500</div> | | NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">SHADOW ROCK CT.</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">300</div> DISTANCE FROM ROAD ENTER FT or MI <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">F</div> | |
| 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) | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">A 38384</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">10/28/87</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">532000</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">0794000</div> | |
| APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">200</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">6</div> INCH | | 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 <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">7904</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">5302</div> | |
| METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____ | | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 checked="" 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) <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">41</div> | |
| Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">GAP</div> FORCE <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">B2</div> INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 18pt;">40-81-2281</div> | | 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 | | | |

| | | | | | | |
|---|------|--------------------------------|---|-------------------------------|--|---------|
| C1 | 1985 | SEQUENCE NO. (OEP USE ONLY) | 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. | |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | | COUNTY NUMBER | A 38384 |
| DATE Received | | DATE WELL COMPLETED | | PERMIT NO. | | |
| 8 13 | | 15 20 | | FROM "PERMIT TO DRILL WELL" | | |
| | | 103087 | | 110-81-2381 | | |
| | | 22 26 | | 28 29 30 31 32 33 34 35 36 37 | | |
| | | (TO NEAREST FOOT) | | | | |

| | | | |
|---------------|-------------------|---------|----------|
| OWNER | SERIO | STEPHEN | |
| STREET OR RFD | SHADOW ROLL COURT | TOWN | GLENWOOD |
| SUBDIVISION | GLENWOOD SPRINGS | SECTION | LOT 36 |

| | | |
|---|-----------------|------------------------------|
| 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 TO | Check if water bearing |
| SAND Stone | 0 35 | |
| GRAY Blk Rock | 35 105 | |

| | |
|---|----------------|
| GROUTING RECORD | |
| WELL HAS BEEN GROUTED (Circle Appropriate Box) | |
| yes | no |
| Y | N |
| TYPE OF GROUTING MATERIAL | |
| CEMENT | BENTONITE CLAY |
| CM | BC |
| NO. OF BAGS 9 NO. OF POUNDS 846 | |
| GALLONS OF WATER 54 | |
| DEPTH OF GROUT SEAL (to nearest foot) | |
| from | ft. |
| 48 TOP 52 | 54 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 | |
| 54 | 60 61 |
| Nominal diameter top (main) casing (nearest inch) | |
| 63 64 | 66 70 |
| Total depth of main casing (nearest foot) | |
| 42 | 66 70 |

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

| | | |
|--|-------|-----------|
| SCREEN RECORD | | |
| screen type or open hole insert appropriate code below | | |
| ST | BR | HO |
| STEEL | BRASS | OPEN HOLE |
| PL | OT | |
| PLASTIC | OTHER | |

| | |
|-----------------------------------|---|
| C2 | |
| DEPTH (nearest ft.) | |
| 1 2 | 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 |
| 40 | 39 105 |
| 23 24 | 26 30 32 36 |
| 38 39 | 41 45 47 51 |
| SLOT SIZE 1 2 3 | |
| DIAMETER OF SCREEN (NEAREST INCH) | |
| 56 | 60 |

| | |
|---------------------------|--|
| 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. | 739 |
| DRILLERS SIGNATURE | James F. May |
| (MUST MATCH SIGNATURE ON APPLICATION) | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | |

| | |
|---|----|
| 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 | (E.R.O.S.) | WQ |
| 70 | 72 | 74 75 76 |
| TELESCOPE CASING | LOG INDICATOR | OTHER DATA |

| | | |
|--|-------------|------------------------|
| C3 | | |
| PUMPING TEST | | |
| HOURS PUMPED (nearest hour) | | |
| 3 | | |
| PUMPING RATE (gal. per min. to nearest gal.) | | |
| 10 | | |
| METHOD USED TO MEASURE PUMPING RATE | | |
| Bucket | | |
| WATER LEVEL (distance from land surface) | | |
| BEFORE PUMPING | | |
| 23 | | |
| WHEN PUMPING | | |
| 25 | | |
| TYPE OF PUMP USED (for test) | | |
| A | P | T |
| air | piston | turbine |
| C | R | O |
| centrifugal | rotary | other (describe below) |
| J | S | |
| jet | submersible | |

| | |
|--|--|
| PUMP INSTALLED | |
| DRILLER WILL INSTALL PUMP YES NO | |
| (CIRCLE) (YES or 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) | |
| 31 35 | |
| PUMP HORSE POWER | |
| 37 41 | |
| PUMP COLUMN LENGTH (nearest ft.) | |
| 43 47 | |
| CASING HEIGHT (circle appropriate box and enter casing height) | |
| + above | |
| - below | |
| LAND SURFACE (nearest foot) | |
| 3 | |
| 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) | |
| SHADOW ROLL COURT | |

Review 6/27/87 ^{12/1/87} ~~4/30/88~~

Well Permit No. HO - 81-2381
Location of property (road) SHADOW ROLL CT.
Subdivision Glenwood Springs Lot 36 Block Plat Sec.
Well Driller Joseph Maize Owner Stephen Lewis
Depth of well 105'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 25'

High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 100 gal.

Total time 15 min to reach pumping water level 25 ft. below M.P.

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

[illegible]

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 ☒
Replacement ☐

Receipt # 42981
Date 11-9-88

Name of Installer Easterday Well Pump Inc Telephone 301-831-5170

License Number MWD307

Certified Well Pump Installer ☒ Well Driller ☒ Registered Plumber ☐

Name of Property Owner R.D. Conot. (Dick Doherty) Telephone 461-6386
Subdivision Glenwood Springs Lot # 36 Well Tag # HO-81-2381
Site Address 2814 Shepherd Rd Ct

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible ☒
2. Make Goodyear Pump
3. Model # 7FH03472
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 1/3
2. RPM
3. Voltage 230
a. 110
b. 220

Pitless Adapter
1. Make Martinson
2. Model # B910X
3. Depth 40 in

Tank
1. Capacity 32
2. Pressure relief valve? ☒

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 95 ft

Well data
1. Depth 105 ft.
2. Yield 10 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? ☐

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: John C. Simon MWD307
Date 11-9-88

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

10/4/88 PM LATE

10/4/88 Partial c. 80
LATE

11/9/88 PM

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 ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer EASTGARDY

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller J.M. Registered Plumber _____

Name of Property Owner STEPHEN SERIO

Telephone _____

Subdivision GLENNWOOD SPRINGS

Lot # 36

Well Tag # HO - 81 - 2381

Site Address SHADOW ROLL 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 105 ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? _____

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.

HD-215

STICKER APPLIED

NO WORK DONE
10/11/88
Partial: Need to see tank @ home & pump @ well c. 80