

04-347730

HOUSE CONNECTION APPROVED,

## PERMIT

P 42561

A 38744

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE 9/20/88

DATE SYSTEM APPROVED 11-14-88

INSPECTOR S. Abel

Dave Hopkins and Son

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Morgan Station ROAD 848 The Old Station Rd LOT 35

PROPERTY OWNER 848 John Carlo **BUILDING PERMIT SIGNED**ADDRESS **AND RETURNED**  
62304 BODM 9057-FINISH BASEMENT

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 90 feet up the right (370') lot line and 240 feet off the same lot line as seen when facing the lot from The Old Station Court. Run trenches on contour toward front of lot.

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

PLANS APPROVED BY Sid Abel DATE 8/17/88

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

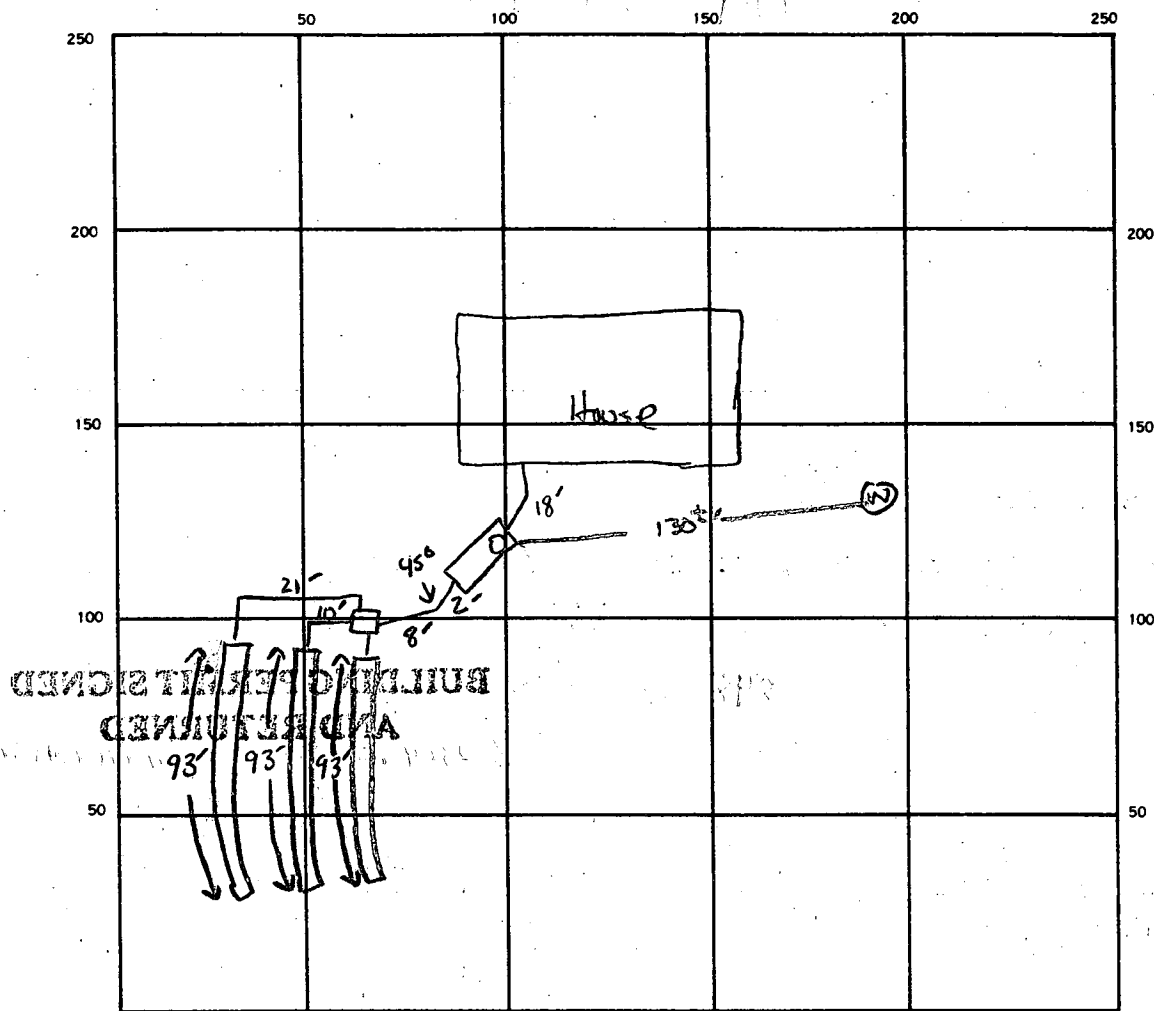
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-38744



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.  
The Old Station Ct

SEPTIC TANK, LEVEL ✓ 1250 CLEANOUTS ✓ ST

DISTRIBUTION BOX, LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 93' <sup>0.63</sup> RF279 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 837 SQ. FT.

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

ABSORBENT AREA 837 SQ. FT.

REMARKS 9-29-88 - Adjustment in septic system location approved in field. per Sid Abol.

9-30-88 OK TO COVER TRENCHES FINAL AFTER HOUSE CONNECTION. SAG

DATE SYSTEM APPROVED 11-14-88 INSPECTOR S Abol

# APPLICATION

PERCOLATION TESTING

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

DISTRICT

DATE

A 38744

P ✓

4

12/17/86

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

ADDRESS

PHONE

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

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

BUDG. PERMIT SIGNED

AND RETURNED

DATE 7-30-88

REASONS FOR REJECTION OR HOLDING

4-22-87 Re-eval Satisfactory; hold for Subdivision Plat. Still

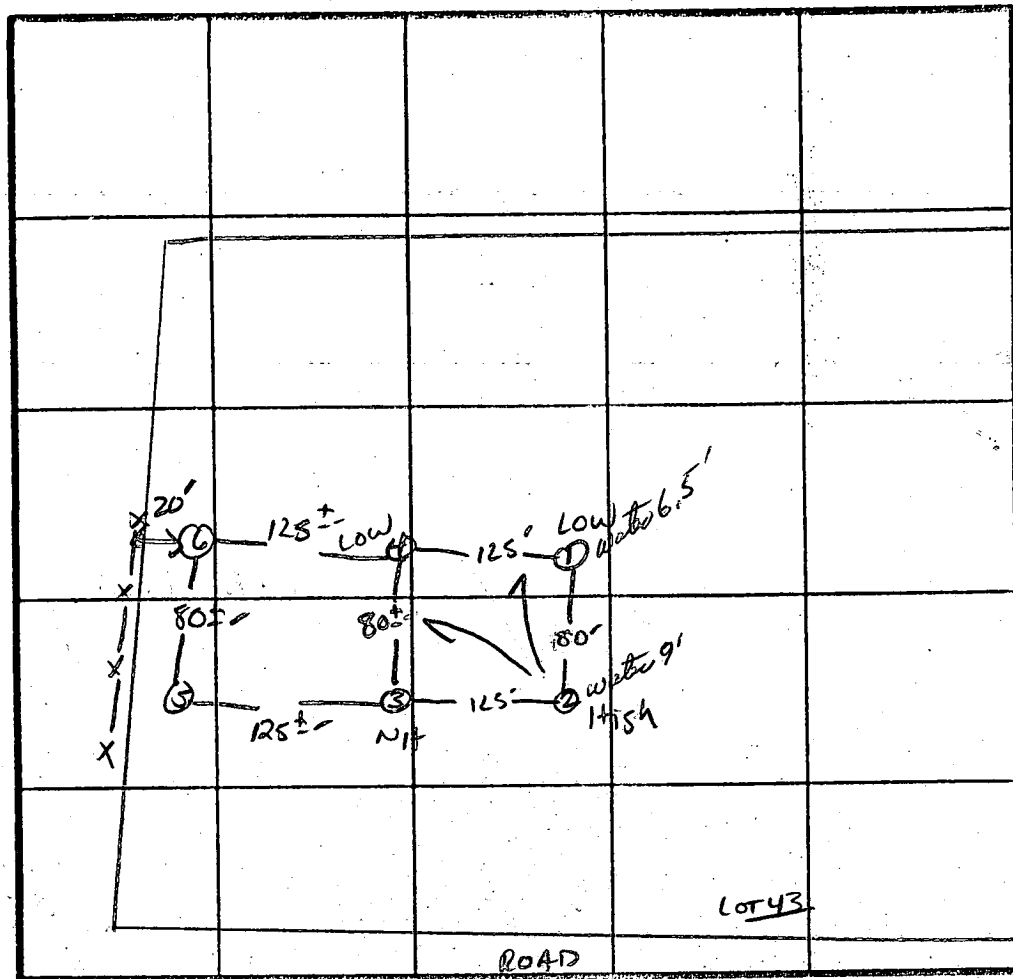
7/2/88 INSTALL SYSTEM 1ST AS PART OF AGREEMENT TO  
ADJUST PERC.

# THIS IS NOT A PERMIT

③ → ⑥

SOIL PROFILE

0'	AP
14"	Yellow Bk Silt loam 15-25% clay 15-25% FRAGS
3.5'	Yellow Bk Silt loam 25-35% FRAGS Shale
12-13'	



X Perc

41 BR

INLET 3.5

BOTTOM 7.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc

13 MIN

2208/BR

INLET 4"

BOTTOM 6"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/87	1 V	WATER AT 6.5"					
	2 V	WATER AT 9"					
	3 V	3.5" UNIFORM SOIL	12:07	12:10	12:10	12:16	6 MIN
	4 V	4" UNIFORM SOIL	12:17	12:35	12:35	11:00	25 MIN
	5 V	5" UNIFORM SOIL	11:10	11:12	11:12	11:17	5 MIN
	6 V	5.5" UNIFORM SOIL	11:15	11:15			
		13" UNIFORM SOIL below 4.5"					

REMARKS HOLES DIFFER FROM PERC - PERCHED H<sub>2</sub>O TABLE (SPRING)

TYPE OF SOIL ML Mry

TESTED BY S. Muel

ALSO PRESENT D-KETTERMAN

# THE OLD STATION COURT

SITE PLAN

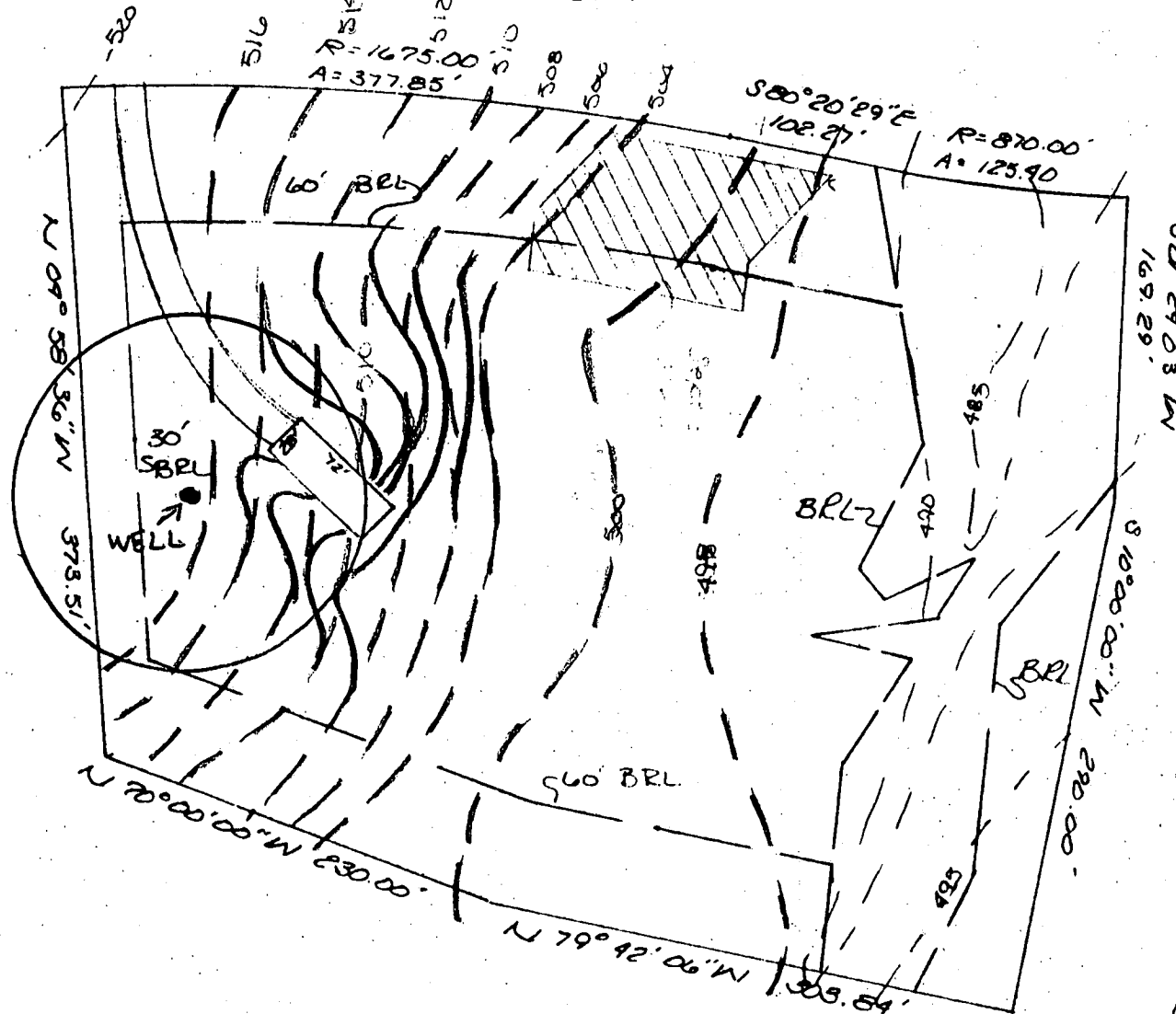
LOT 35

MORGAN STATION

HOWARD COUNTY MARYLAND

FOURTH ELECTION DISTRICT

Scale: 1"=100' Sept. 1988



BUDG. PERMIT SIGNED  
AND RETURNED 9-30-88

BP 21465

Garage - 515.5

1st Floor - 516.5

Basement - 507.5

Existing Contours - - - -

Proposed Contours - - - -

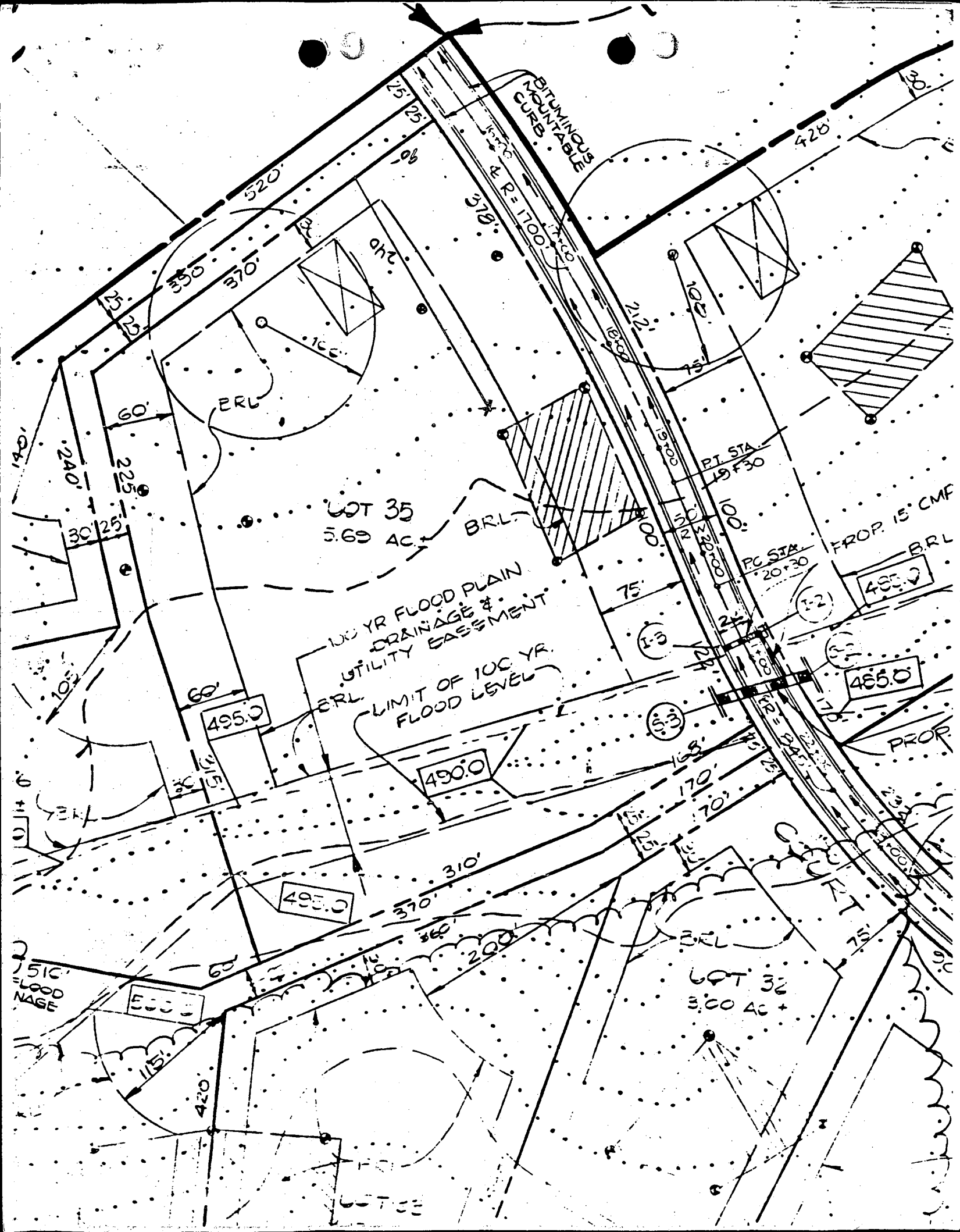
Note: Topography shown based on  
available Topography plan

WALLACE R. AMOS & ASSOC.

9525 Georgia Avenue

Silver Spring, Maryland 20910

301-565-3727



577

MATCH LINE  
SEE SHEET 3 OF 6  
MATCH

7/21/88

NEW  
AREA  
LOT 35 TO START  
5.663 AC. ± AT 510  
CONTOUR  
LINE

OKID  
to OMIT UPPER  
CORNER

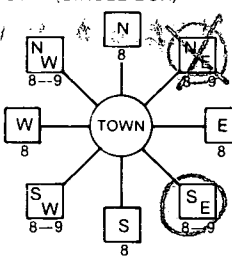
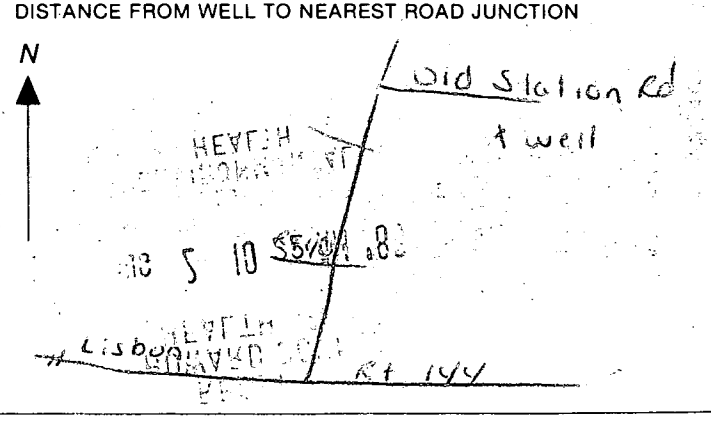
ADD AREA  
HERE - SAME  
CONTOUR AS  
APPROVED  
LOW HAZARD

20 DRAINAGE  
UTILITY EA  
30 DRAINAGE  
UTILITY

LINE~

LOT 32

3.013 AC#

B 1 <span style="font-size: 24pt; font-weight: bold;">9233</span> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">           40-88-0132         </div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">           080488         </div>		B 3 <span style="font-size: 24pt; font-weight: bold;">3</span> LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">           Cacio John A         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           6309 Roridian Court         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           Columbia MD 21045         </div>		8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> 23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">Morrison Station</div> SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">35</div> 52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">Lisbon WOODBRINE</div> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0002 MI</div>	
DRILLER INFORMATION Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Robert W. Reichart</div> Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Wm. W. Reichart, Inc</div> Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">1772 Baltimore Pike Hanover PA 17331</div> Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Signature]</div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">4/27/88</div>		B 4 <span style="font-size: 24pt; font-weight: bold;">4</span>	
B 2 <span style="font-size: 24pt; font-weight: bold;">2</span> WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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 COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">A-38744</div> STATE SIGNATURE _____ INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">081788</div> CO SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Signature]</div> EXP. DATE _____ NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">552000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0789000</div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">250</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Approved well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;">           E 7809            N 5502         </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30. AIR-ROTary <input type="checkbox"/> AIR-PERcussion <input checked="" type="checkbox"/> ROTARY (Hydraulic, Rotary) <input type="checkbox"/> 37. CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		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 39. <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">54</div> GAP <div style="border: 1px solid black; padding: 2px; display: inline-block;">63</div> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">5A</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-88-0132</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 0633 SEQUENCE NO. (DENV. 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.

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PRINTED  
IN COLUMNS 3-6 ON ALL CARDS)

COUNTY  
NUMBER A-38744

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

090988

22 100 26  
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37  
40-88-C132

OWNER ALLO JOHN  
STREET OR RFD THE OLD STATION CT first name  
SUBDIVISION MOUNTAIN STATION SECTION 1 LOT 35

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

rolling gravel 9'  
gravel 9'  
brown shale 47'  
water 47'  
brown shale 47' 62'  
water 62'  
brown shale 62' 68'  
water 68'  
brown & gray shale 68' 100'

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 3 ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL ST CONCRETE CO  
PLASTIC PL OTHER OT

MAIN CASING TYPE ST Nominal diameter 6 Total depth 41  
top (main) casing (nearest inch) of main casing (nearest foot)

OTHER CASING (if used)  
diameter inch from to

screen type or open hole insert appropriate code below

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

DEPTH (nearest ft.) 40  
EACH SCREEN HO 47 100

SLOT SIZE 2  
DIAMETER OF SCREEN 56 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 26

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 94

METHOD USED TO MEASURE PUMPING RATE with a bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 9

WHEN PUMPING 15

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) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
+ above } LAND SURFACE 1 (nearest foot)  
- below }

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)

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. 253

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Well Permit No. HO - 88-0132  
Location of property (road) The Old Station Ct  
Subdivision MORGAN STATION Lot 35 Block        Plat        Sec.         
Well Driller A. REICHAERT Owner CARLO J.

Depth of well 100'  
Distance of measuring point (M.P.) above ground surface  
Static water level (S.W.L.) below M.P. 9'

Time pump started 7:00 Pumping rate 9 gpm  
Total time 15 min to reach pumping water level 1.5 ft. below M.P.

[illegible]

11/14/88

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 FEEZER

Telephone \_\_\_\_\_

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

Name of Property Owner KRIEGER Telephone \_\_\_\_\_  
Subdivision MOLAN STATION Lot # 35 Well Tag # HO-88-0132  
Site Address THE OLD STATION CT

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
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? _____

1/4" PRESS - AT 49" AND WELL LINE 49" BELOW GRADE, INSIDE WELL COMPLETE. 8/2/88

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.

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 # 11/15/88  
Date 42986

Name of Installer ROBERT L. FEELER CO. INC. Telephone 781-4655

License Number 2122  
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner MR. & MRS. JOHN CARLO Telephone             
Subdivision MORGAN STATION Lot # 35 Well Tag # HO-88-0132  
Site Address 848 THE OLD STATION ROAD

Pump  
1. Type  
a. Deep well jet ☐  
b. Shallow well jet ☐  
c. Submersible ☐  
2. Make GOULDS  
3. Model # 7EHDS412  
4. Capacity 7 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 CAPTIVE  
1. Capacity AIR  
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 100 ft.  
2. Yield 9 GPM  
3. Static water level 12 ft.  
4. Will water supply be disinfected by installer? YES

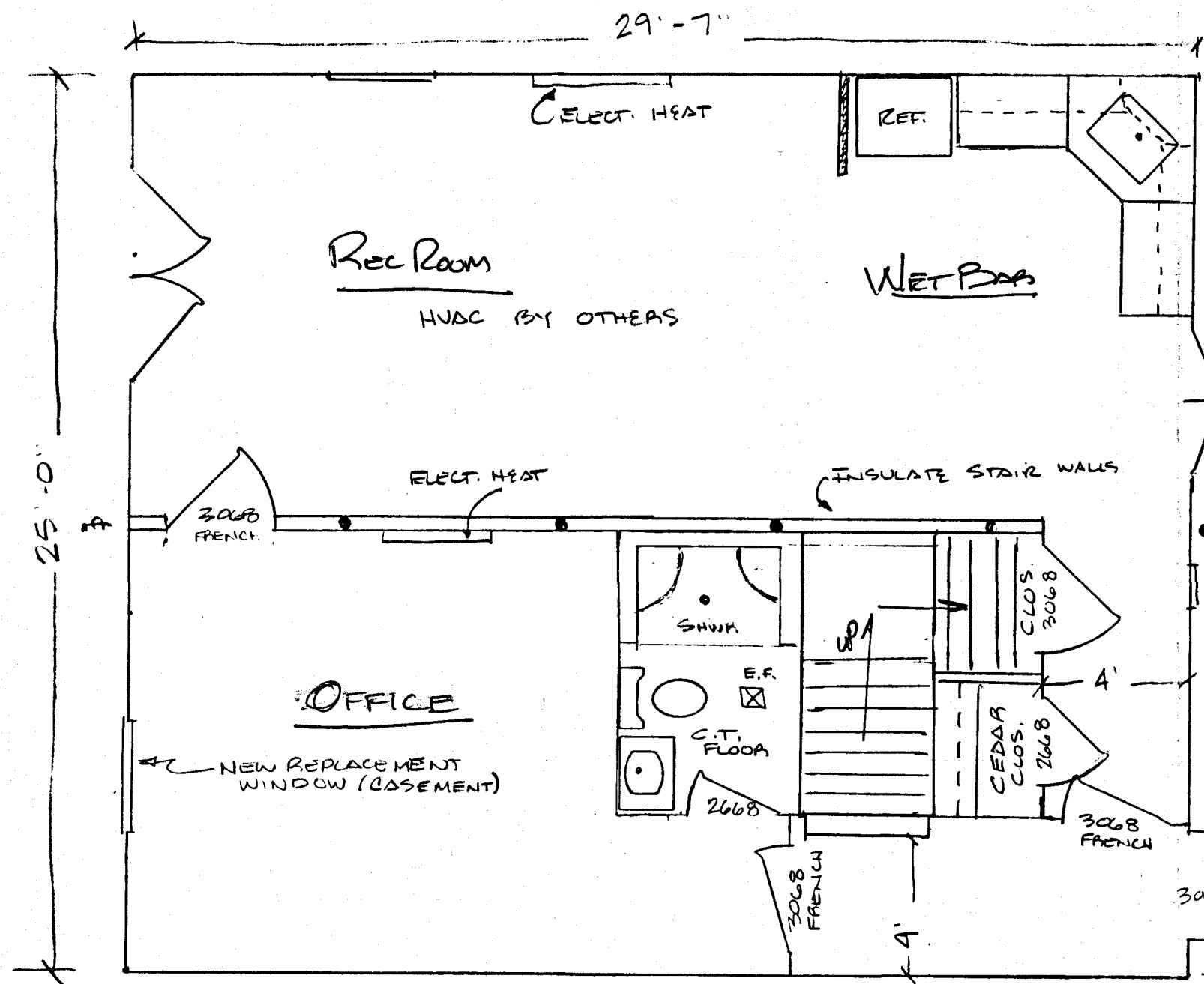
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Feeler

Date: 11/15/88

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



**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP#00149057 A#38744  
 APP. SAN KJR DATE: 6/23/04  
 DESC. OF WORK: Furbish  
Basement

- NOTES:
- PERIMETER WALLS ARE PRE-CAST PANELS W/ NAIL STRIPS ATTACHED.
  - INSULATE STAIR WALLS
  - REPLACEMENT WINDOW TO MEET EGRESS REQUIREMENTS.
  - DUCT BATH EXHAUST FAN TO OUTSIDE
  - MECHANICAL & DUCTWORK BY OTHERS.
  - ADD HOLD BAR TO SHWR.
  - CEIL HT = 7'-10" (EXIST)

EXIST  
 SHOP  
 AREA  
 (UNFINISHED)  
 REWIRE LIGHTS IN SHOP

CARLO RESIDENCE  
 848 THE OLD STATION CT.  
 WOODBINE, MD 21797

PARTIAL BASEMENT PLAN

1/4" = 1'-0"



**TALON CONSTRUCTION, INC.**  
 www.talon-construction.com  
 9607 Dr. Perry Road, Suite 111  
 JAMSVILLE, MD 21754  
 Ph: 301-607-4760  
 Fax: 301-607-4761  
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JOB BARBARA & JOHN CARLO (REV 2)

SHEET NO. 1 OF 1

CALCULATED BY B. DEJULIS DATE 6-3-04

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE 1/4" = 1'-0"