

8/24/89
late PM
8/31/89

03-289397

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 44880

A 39008-A

DISTRICT 3rd

DATE 8/21/89

DATE SYSTEM APPROVED 8/31/89

INSPECTOR RH00665

Roland Barth

IS PERMITTED TO INSTALL X ALTER

ADDRESS 9584 Clarksville Pike, Ellicott City, Maryland PHONE 730-8495

SUBDIVISION Berndell Estates ROAD 850 River Road LOT 6

PROPERTY OWNER Beau Barringer

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 1580 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3½ feet below original grade. 2½ feet of stone below distribution pipe.

LOCATION - Start the first trench 225 feet from the rear lot line and 200 feet from the left lot line as seen when facing the property from River Road. Run trench(s) along contour toward left side of property.

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

PLANS APPROVED BY C. Williams DATE 4/07/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

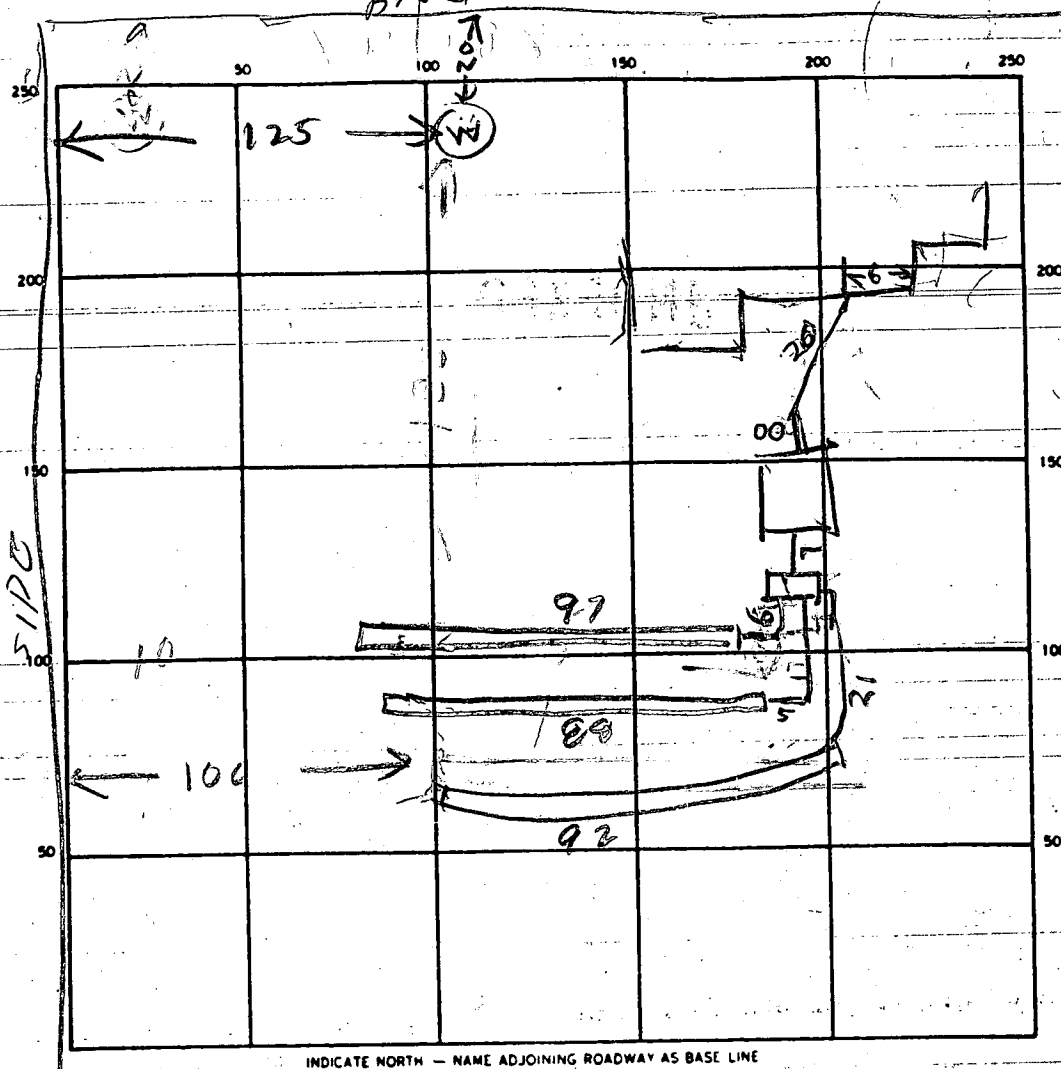
PERMIT VOID AFTER TWO YEARS

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.



SEPTIC TANK. LEVEL OK 1500

CLEANOUTS ST 01

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 5-6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 3 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 97 89 92 FT

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL/BOTTOM AREA~~ 931 SQ FT.

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/24/89 FINISH TRENCHES & COVER
CALL FOR INSPECTION OF TANK HOOKUP
& CLEANOUT RIDGES.

9/31/89 - Hook up OK CLEANOUT 01

DATE SYSTEM APPROVED 8/31/89

INSPECTOR Raymond H. Holey

APPLICATION

PERCOLATION TESTING

A 39108

P _____

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

DISTRICT _____

DATE 3-25-87

WET Season
3/30/87
OK to process
SM

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.

LOCAL CONTACT

~~PROPERTY OWNER~~

BEAU BARRINGER

ADDRESS _____

PHONE

405-4905
401-3355

PROSPECTIVE BUYER

MICHAEL & SHARON TALMADGE

ADDRESS

10 PASTA RD. DUDLEY MA, 01570

PHONE

(617) 943-1064

PROPERTY LOCATION:

SUBDIVISION

BERNELL ESTATES

LOT NO.

6

ROAD AND DESCRIPTION

850

RIVER RD

TAX MAP _____

PARCEL # _____

SIZE OF LOT

5 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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY

[Signature]

FOR

Stamland French

DATE

6-2-89

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

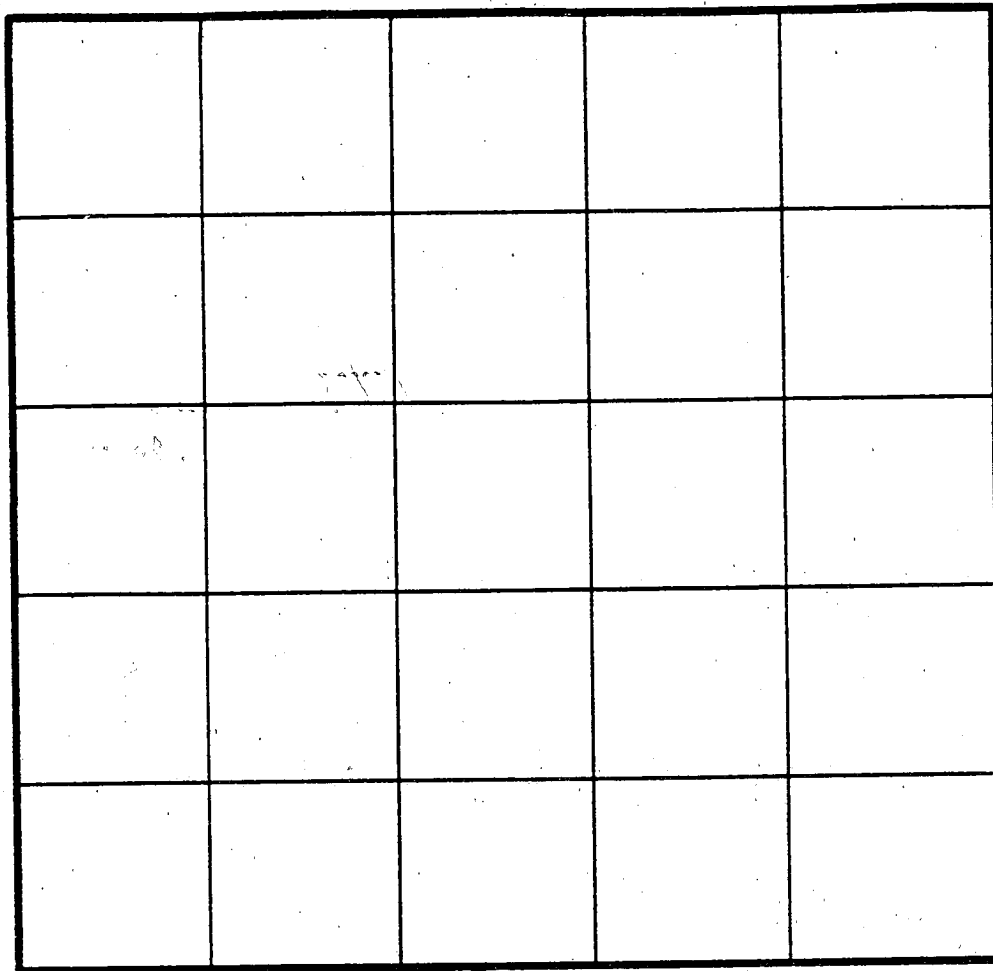
REASONS FOR REJECTION OR HOLDING _____

LOG. PERMIT SIGNED

AND RETURNED 6-2-89

BF 260938N

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

3' WIDE
200 Δ
BED ROOM
IN EST 4'
BOTTOM 6.

REMARKS THIS LOCATION) EXTENDS ABAZ BELOW PREVIOUSLY APPROP. LOCATION.

TYPE OF SOIL CLAY SILT LOAM

TESTED BY Cullinan ALSO PRESENT OTIS EGGITGM AN

PRELIMINARY

APPLICATION

A 23296

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 5/24/76

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 L.A.M., Inc.

(Ken Duvst)

ADDRESS Mrs. Lillian E. Podell, 4615 Old Court Road,
Pikesville, Md. 21208

PHONE

PROPERTY LOCATION:

SUBDIVISION Bernadell Estates LOT NO. 6

ROAD AND DESCRIPTION River Road and Route 32

SIZE OF LOT 5.003 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Lillian E. Podell

APPROVED BY R. Monahan FOR DW & Trenches DATE 14 June 77

(KIND OF SYSTEM)

REJECTED BY FOR DATE

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

00523

DrE
STATION

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
24 May 72	6	3 13	145	148	148	152	41
	7	3 13	149	155	155	208	6 13
	8	13	Vis		Same		
	9	3 13	153	156	156	202 207	6 11

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

sandy loam

M

PRELIMINARY

APPLICATION

A 23296

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 5/24/76

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 L.A.M., Inc.

ADDRESS Mrs. Lillian E. Podell, 4615 Old Court Road,
Pikesville, Md. 21208

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION River Road and Route 32

SIZE OF LOT 5.003 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Lillian E. Podell

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

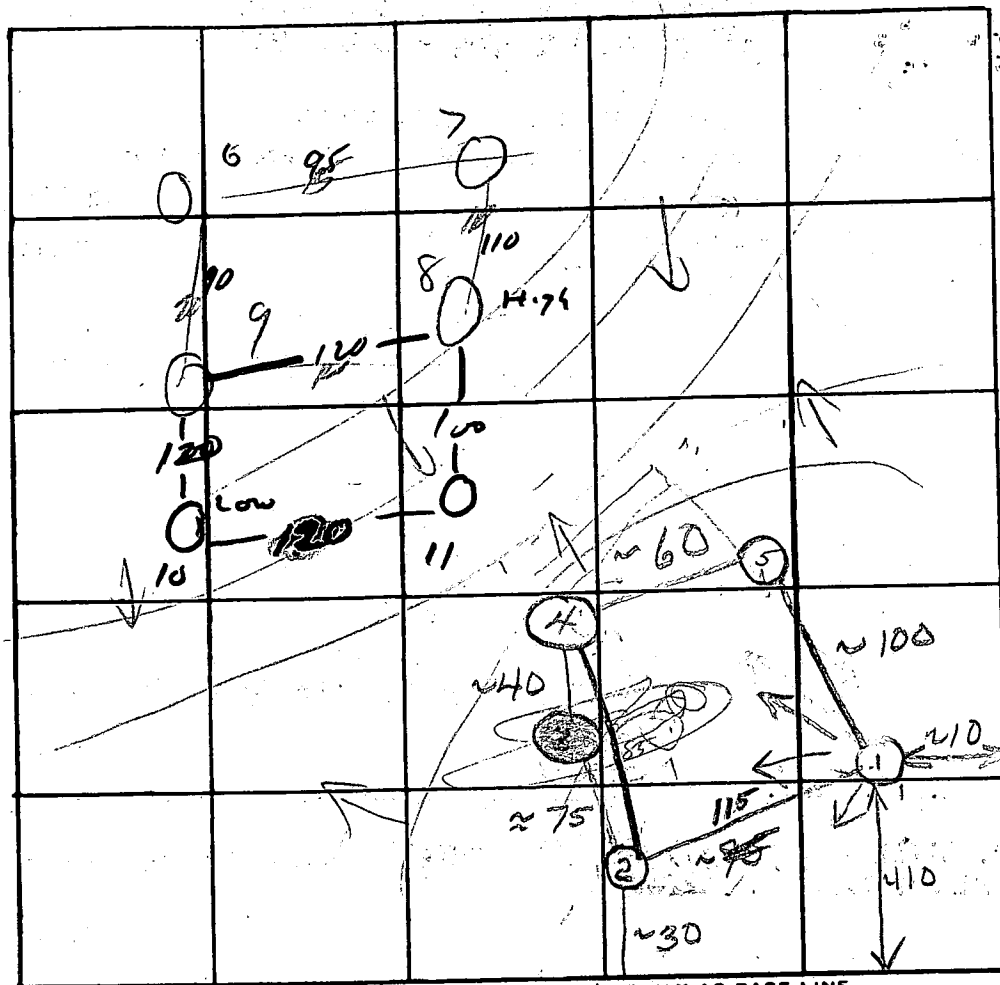
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Sandy loam

R4 32 ←



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

River Rd

#3

Clay

4

Sandy loam

9

Rock

Lot 6

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/27/76	1s	5	11:19	11:24	11:24	11:30	6
	1d	12	11:18	11:21	11:21	11:23	2
	2v	12'	sim	As to #1			
	3	Rock at 19'					
	4s	3	11:12	11:35	11:35	11:50	25
	4d	12	11:13	11:18	11:18	11:26	8
	5s	4	11:24	11:30	11:30	11:35	5
	5d	12.5	11:24	11:26	11:26	11:32	8
	4s ^A	4.5	11:40	11:44	11:44	11:51	7
17 Aug 77	10	2 13	10:13	10:19 10:23	10:19 10:23	10:35 10:40	16 17

REMARKS 11 13 Same as #10
IMPROVISED DUNE SLAKE

TYPE OF SOIL see Profiles

TESTED BY: Hal Bangor & Bob ALSO PRESENT: Lendrum's crew
Moorefield

APPLICATION

A 22138

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3DATE 9/18/75

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 L. A. M., INC.

ADDRESS 4615 Old Court Rd. Any questions call:
(Mrs. Lillian Podell) Pikesville, Md. PHONE Richard P. Browne
Associates

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6ROAD AND DESCRIPTION River Rd. & Rt. 32• SIZE OF LOT 5.003 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Mrs. Lillian Podell

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

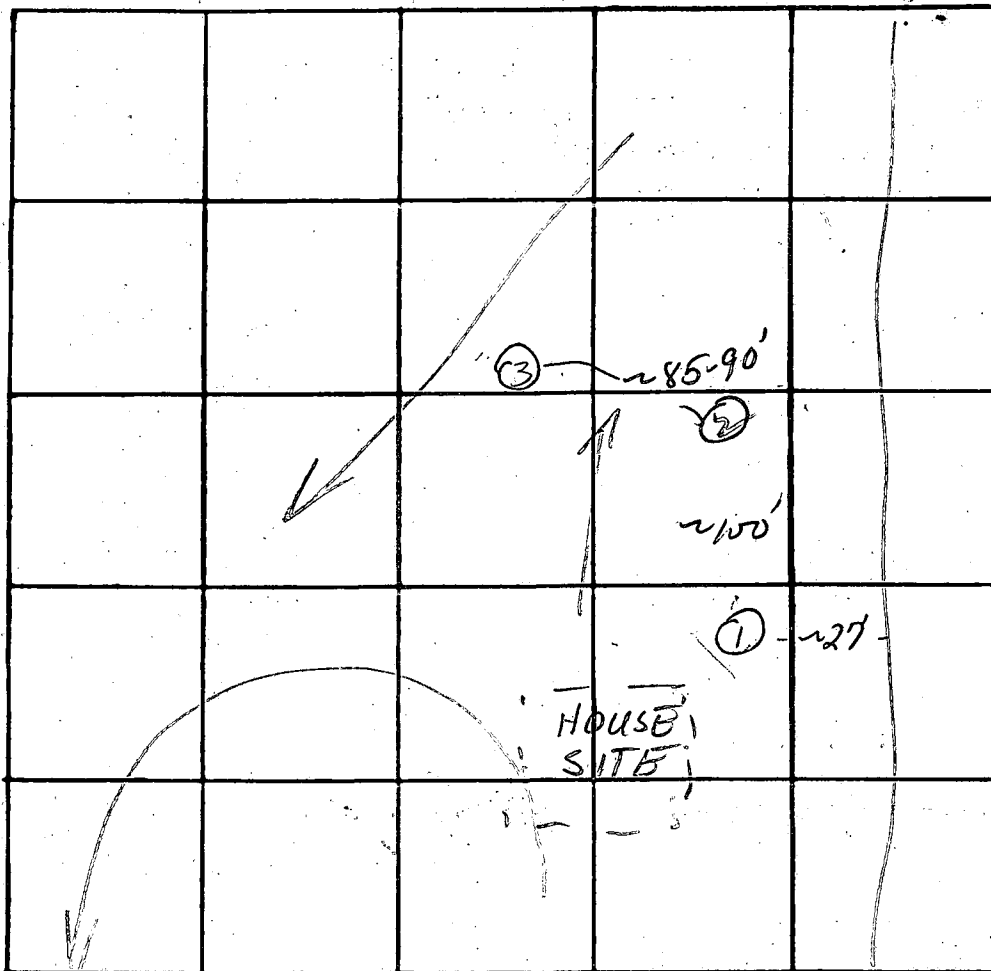
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RIVER RD ← N

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/21/75	1	10'					
	2	10'					
	3	3'	Waters				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

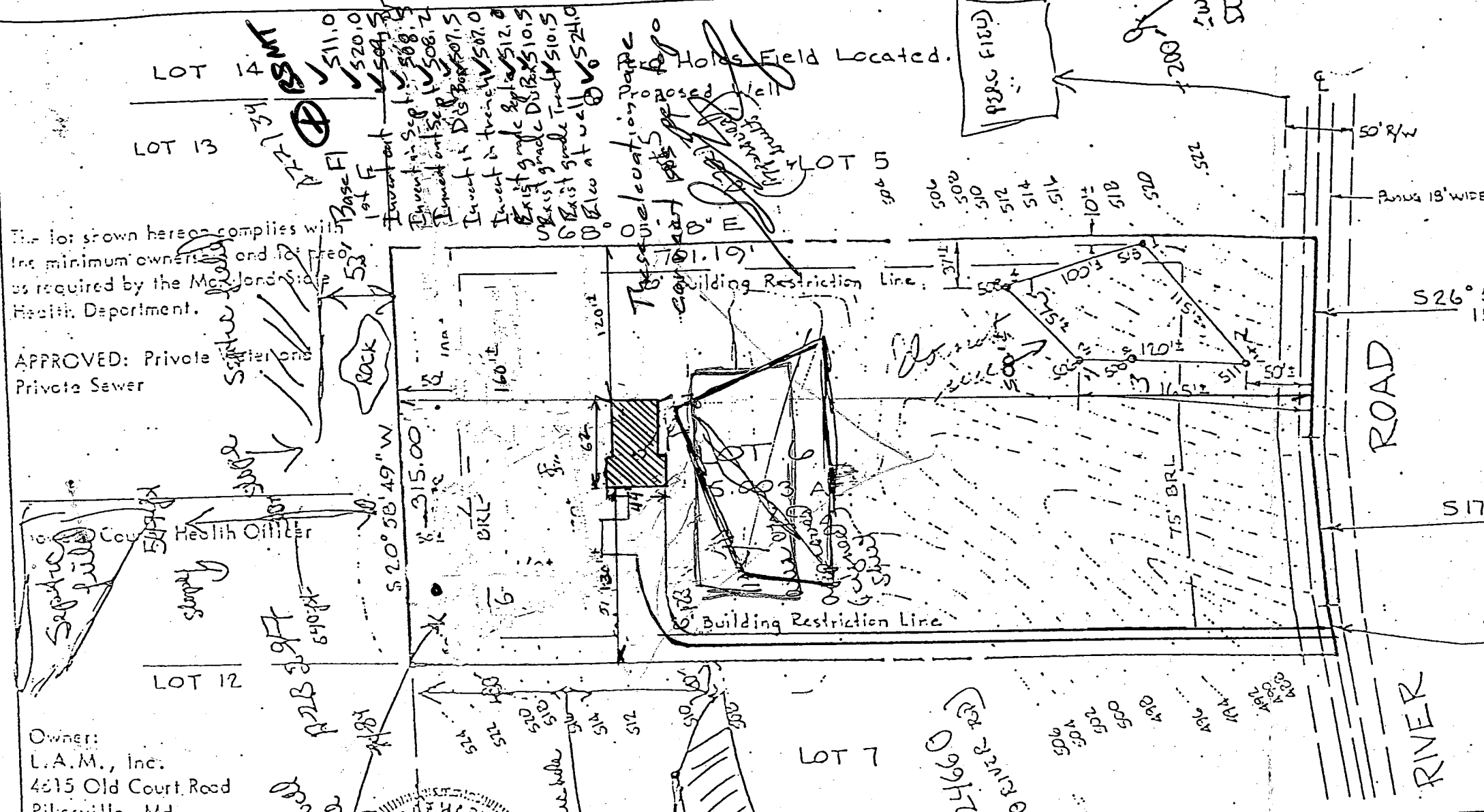
The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

APPROVED: Private Water and Private Sewer

Health Officer

Owner:
L.A.M., Inc.
4515 Old Court Road
Pikesville, Md.

3-21-77
No. 96
C. HODGINS
3599 W.O. No.



MAP OF PROPERTY OF
L.A.M. Inc.
SITUATED IN
3rd Election District Howard County, Md.
SCALE: 1" = 100'
DATE: 3-21-77
DRAWN CBM CHECKED

BUDG. PERMIT SIGNED
AND RETURNED 6-2-87
BP26033
808

LOT 14

LOT 13

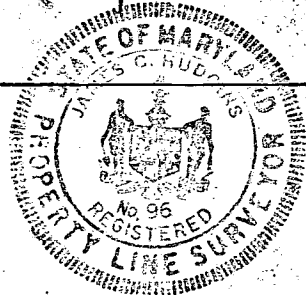
The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

APPROVED: Private Water and Private Sewer

Howard County Health Officer

LOT 12

Owner:
L.A.M., Inc.
4615 Old Court Road
Pikesville, Md.

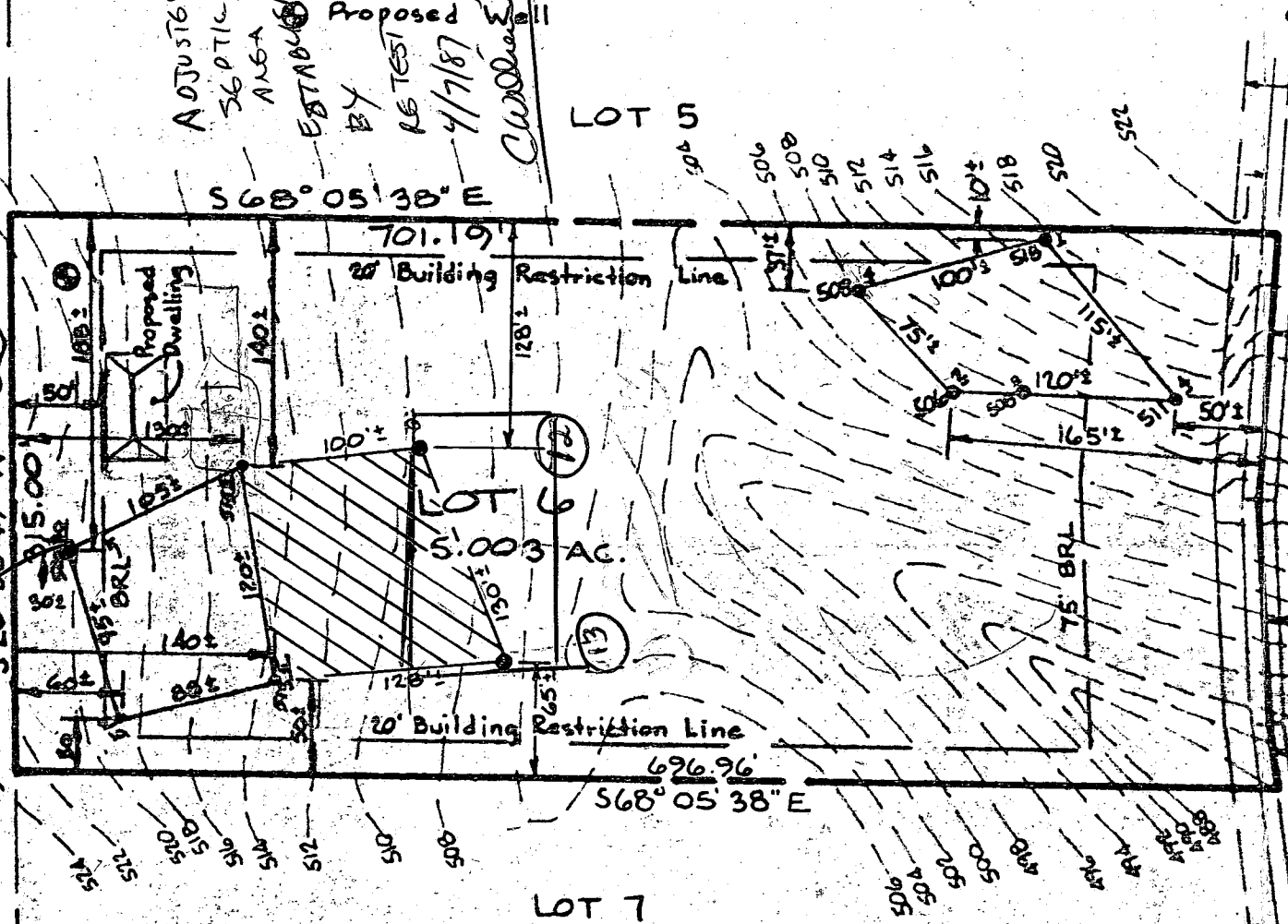


Carl Hudgins
MES. C. HODGINS

9-6-77
No. 96

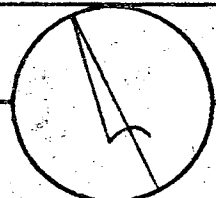
ADJUSTED
36.0716
ALG-A
ESTABLISHED
BY
RETEST
4/7/87
C. W. O. L. A. M. INC.

Perc Holes Field Located.
Proposed Well



LOT 7

REFERENCE



MERIDIAN

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WAYNE NJ COLUMBIA, MD.

MAP OF PROPERTY OF
L.A.M. Inc.

SITUATED IN
3rd Election District Howard County, Md.

SCALE: 1" = 100'

DATE: 3-21-77

PROJECT No. 3599 W. C. No.

DRAWN C.B.M. CHECKED

46-105 11334

LOT 13

APPROVED: Private Water and
Private Sewer

Howard County Health Officer

Owner:
L.A.M., Inc.
4815 Old Court Road
Pikesville, Md.

LOT 12

James C. Hodgins
JAMES C. HODGINS

PROJECT No. 3599 W. O. No.

- Perc Holes Field Located.
- ⊕ Proposed Well

WLOT 5

S 68° 05' 38" E

701.19

20' Building Restriction Line

NOT 6

5.003 AC

20' Building Restriction Line

LOT 7

MERIDIAN

MAP OF PROPERTY OF
L.A.M. Inc.

SITUATED IN
3rd Election District Howard County, Md.

SCALE: 1" = 100'

DATE: 3-21-77

DRAWN CBM CHECKED _____

ROAD

11-1

526° 50' 15" W
153.57'

$517^{\circ} 33' 32'' \text{ W}$
 $\underline{\hspace{1cm}} 125.80'$

S 14° 46' 26" W
36.44'

50' R/W

— PAVING 18' WIDE

200

Q3AC FIELD

Do not
read

24660 (24660 RIVER 24660)

well state UNACCEPTABLE
12/3/85

...complies w
...and lot p
Maryland Stat
e water and

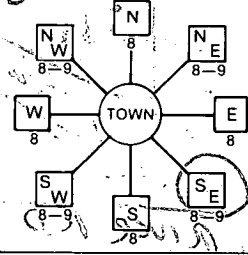

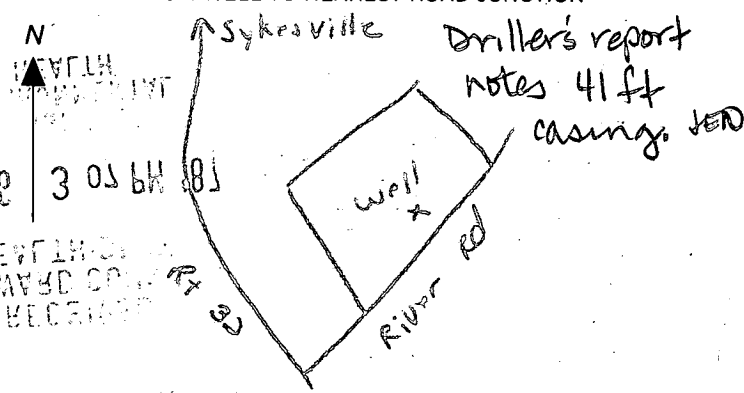
1981-1982
Lamp
A2B-297
6903

430' to pore hole

REFERENCE

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WAYNE, N.J. COLUMBIA, MD.

REFERENCE

E 1 2 3 4 5 6 4922 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(OEP USE ONLY)</small>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-2064 <small>fill in this form completely</small>
OWNER INFORMATION Date Received 11/01/87 15 Last Name Reichert 34 Owner George 35 First Name 36 Street or RFD 1306 Cross Country Dr. 55 57 Town Ellicott 70 State MD 72 City 21043 76 Zip		LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Benedict Estate 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Sykesville 71 MILES FROM TOWN (enter 0 if in town) 3 73 MI 76 77 78	
DRILLER INFORMATION Driller's Name Robert W. Reichert 77 License No. 353 80 Firm Name Wm. W. Reichert Inc Address 1772 Belt Road Pike Hanover PA 17331 Signature <i>Robert W. Reichert</i> 41/167 Date		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NEAR WHAT ROAD River Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 670 34 37 ENTER FT or MI FT 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A39008 COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S. _____ DATE ISSUED 05/04/87 43 CO SIGNATURE B. Nylan 48 EXP. DATE 11/04/87 41 NORTH GRID 550 000 50 55 EAST GRID 08130 000 57 63	
APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		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 N 816 3 5 E 550 0 5	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary 37 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 DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P 54 63 FORCE 1 67 68 WRITE INITIALS IN BOX PERMIT NO. 40-81-2064 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C1 2417 SEQUENCE NO. (OEP 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

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
140-81-2064

OWNER BARRINGER GEORGE
last name first name
STREET OR RFD RIVER ROAD TOWN SYKESVILLE
SUBDIVISION BRANDELL ESTATES SECTION 6 LOT 6

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 ground 0 27'
gray schist 27' 46'
water
gray schist 46' 82'
water
gray schist 82' 149'
water
gray schist 149' 172'
water
gray schist 172' 199'
water
gray schist 199' 225'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 3016

GALLONS OF WATER 147

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 37 ft.
(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)

5 6 11
60 61 63 64 66 67 68 69 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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.) WQ

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 1/2

PUMPING RATE (gal. per min. to nearest gal.) 8

METHOD USED TO MEASURE PUMPING RATE watch bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 40

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

(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, 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)

A above B below

LAND SURFACE (nearest foot)

50 51

LOCATION OF WELL ON LOT

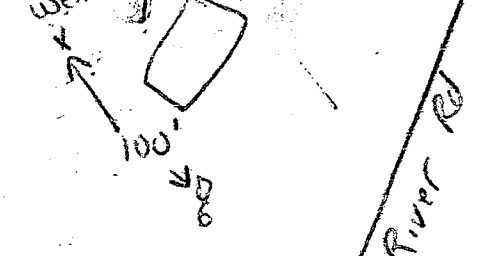
SHOW PERMANENT STRUCTURE SUCH AS

BUILDING, SEPTIC TANKS, AND/OR

LANDMARKS AND INDICATE NOT LESS

THAN TWO DISTANCES

(MEASUREMENTS TO WELL)



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. 353

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

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 # 44870
Date 8/15/89

Name of Installer Dickson Plumbing

Telephone 265-7003

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

Name of Property Owner George Barranger Telephone 465-4965
Subdivision Berndell Estates Lot # 6 Well Tag # HO-81-2064
Site Address 850 River Road

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 225 ft.
2. Yield 3.5 GPM
3. Static water level 40 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.