5/29/97
10:00 c.o
7/10/97
am WPI

04-354435

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58481

A 43322

DISTRICT 4th

DATE 5/27/97

DATE SYSTEM APPROVED 5/29/97

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX 461-9933~~ 313-2640

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Pleasant Hills LOT 6 ROAD 2024 Watkins Way

PROPERTY OWNER Robert B. Price

ADDRESS ____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet down the right lot line and 90 feet off the same lot line as seen when facing the lot from Watkins Way. Run trenches along contour towards the rear lot line.

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

ok KM 5-27-97

PLANS APROVED BY Donna K. Soe, Glen Savage DATE 10/07/96

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

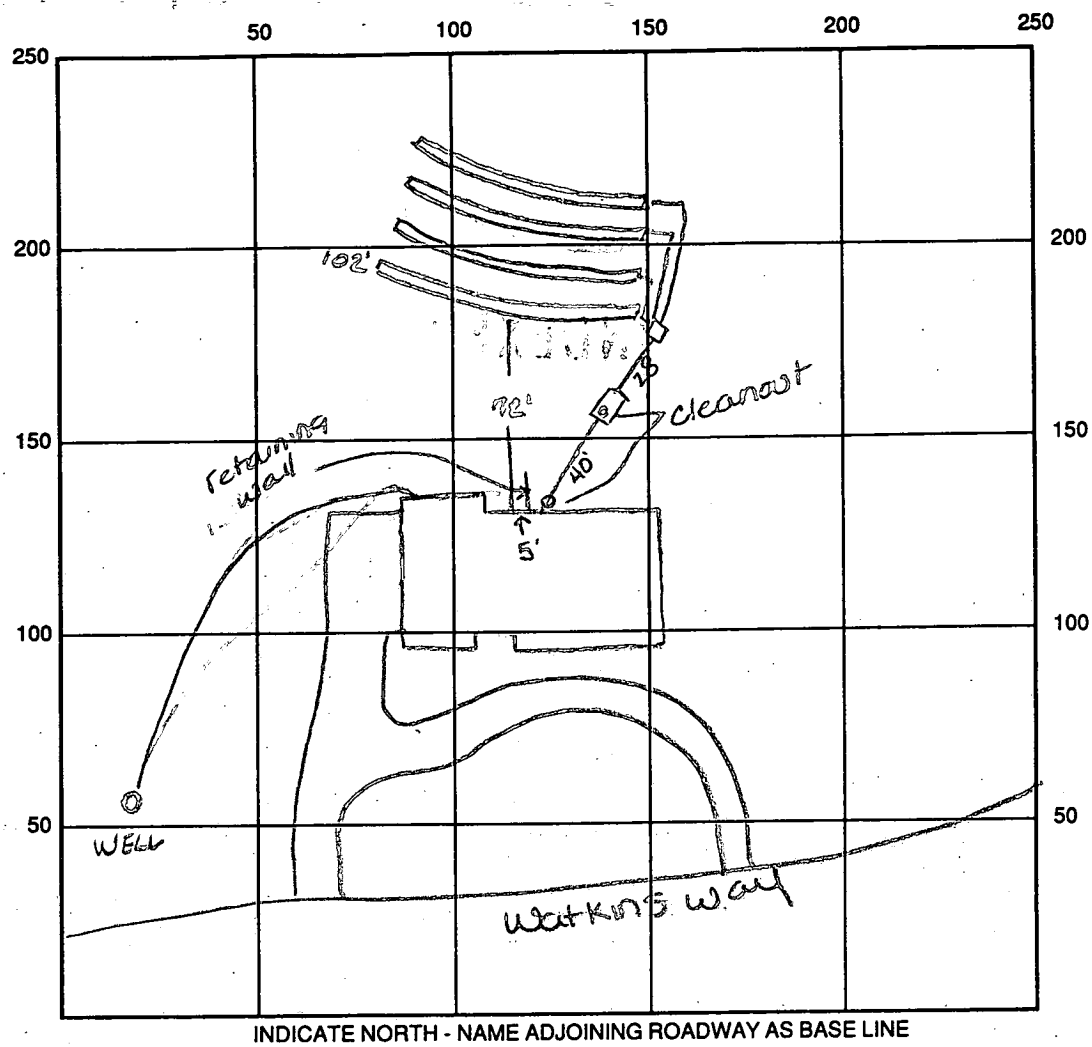
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

A 43322



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 & 2 OK

DISTRIBUTION BOX LEVEL OK-precast baffle

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 400 FT.

NUMBER OF TRENCHES 4.0 ~~ONE SIDEWALL~~/BOTTOM AREA 1200 SQ. FT. $\frac{400}{3}$ $\frac{3}{1200}$

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

ABSORBENT AREA ——— SQ. FT.

REMARKS: 5/29/97 OK to cover all work final ALM

7/10/97 WPI - Pitless adaptor 3.5' below grade OK to cover ALM

DATE SYSTEM APPROVED 5/29/97 INSPECTOR A McMillan

APPLICATION

A 43322

PERCOLATION TESTING

P

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

DISTRICT 6TH

DATE 1-4-89

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 Nelvon M. Watkins Robert B. Price

ADDRESS 26311 Howard Chapel Road, Damascas, MD 20878 PHONE (301) 859-0563

PROSPECTIVE BUYER Standard Management Corporation

ADDRESS 10324-B Baltimore National Pike, Ellicott City, MD 21043 PHONE (301) 461-6777

PROPERTY LOCATION:

SUBDIVISION Pleasant Hills LOT NO. 6

ROAD AND DESCRIPTION Off of Long Corner Road (2024 Watkins Way)

TAX MAP 12 PARCEL # 5

BLDG. PERMIT SIGNED AND RETURNED 10/7/96
Issued # B0010062

SIZE OF LOT 3.0 Ac. TYPE BLDG Single Family - 5 Bdrm
(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. Ferd Rodriguez

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-26-89 Perc Satisfactory - Hold for Subd. Plat - SAW

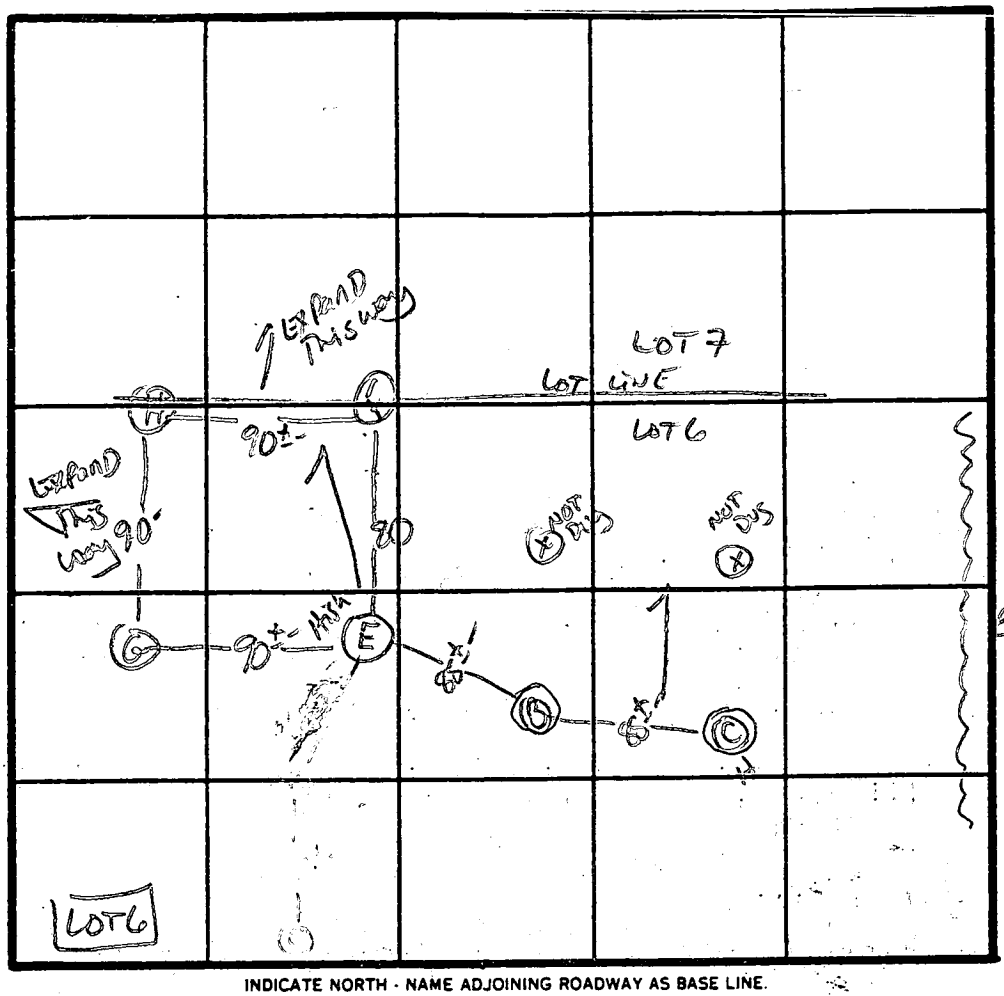
HD-216

THIS IS NOT A PERMIT

A-43322

(E)
SOIL PROFILE

0
Ap
7" Red yellow clay loam 15-25% Frag
3-4' Yellow Red to Red Bk. Sandy Sandy Loam 20-40% Frag
12±



X PERC 15
240 ft BR
INLET 3.5
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
LONG CORNER Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/6/89	E S/V	3.5 / 12.5'	12:13 As Profile	12:15 D	12:15	12:20	5 MIN
	F S/V	5' / 12'	12:18 Similar	12:33 to Profile	12:33	12:50	17 MIN
	G S/M	4.5' / 9	12:30 / 12:33	12:40 / 12:28	12:40 / 12:28	12:58 / 12:37	18 MIN / 9 MIN
	G V	13'	Similar	to Profile			
	H S/V	4.5 / 12	12:41 Similar	12:50 to Profile w/	12:50	1:12 Yellow Brown C	22 MIN horizon
	(B) (C)	MASSIVE STRUCTURED	AT 8' AT 5.5'				

REMARKS Holes Diff Dam Peat - Shallow Syst only

TYPE OF SOIL Mt Airy

TESTED BY S. Abel

ALSO PRESENT Rocky, Jack, Jeff

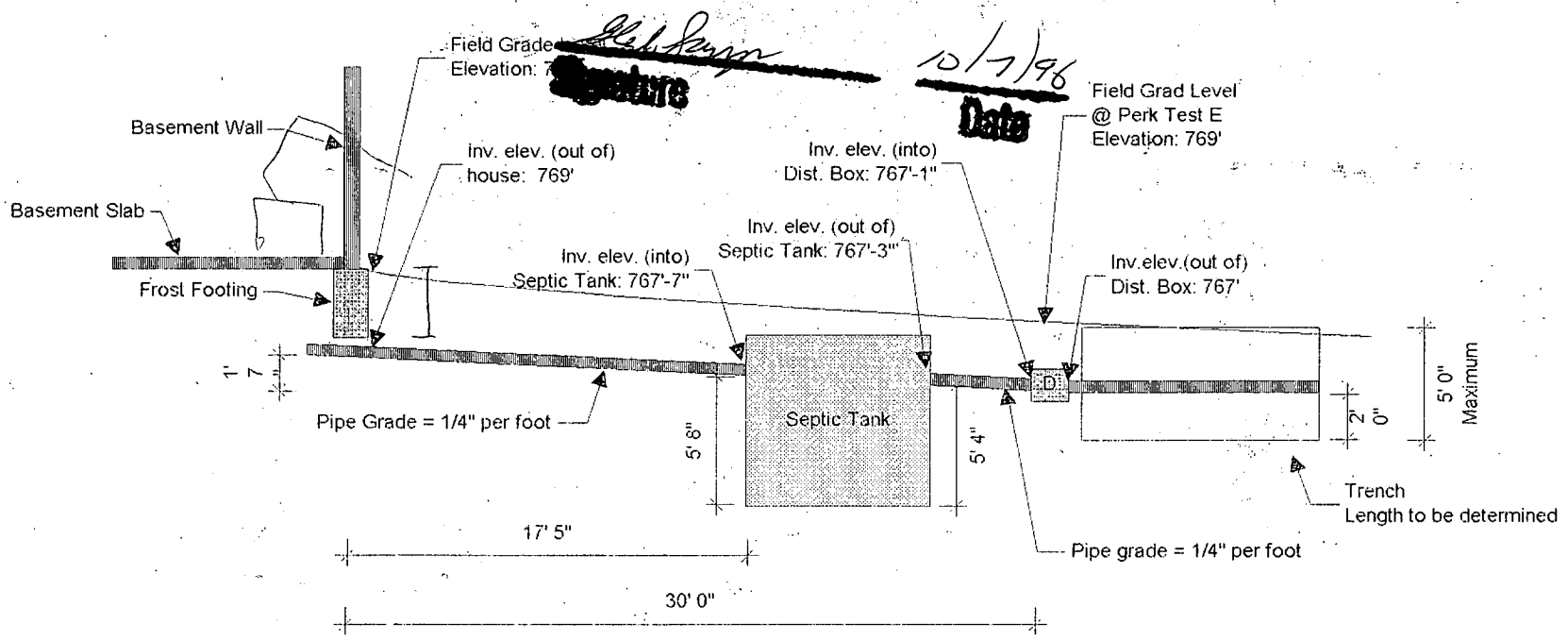
Price Residence
2024 Watkins Way
Mount Airy, Maryland 21771

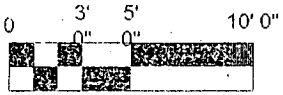
Building Permit #
B00102062

Approved Septic System Plan
Howard County Health Department
B00102062

Signature

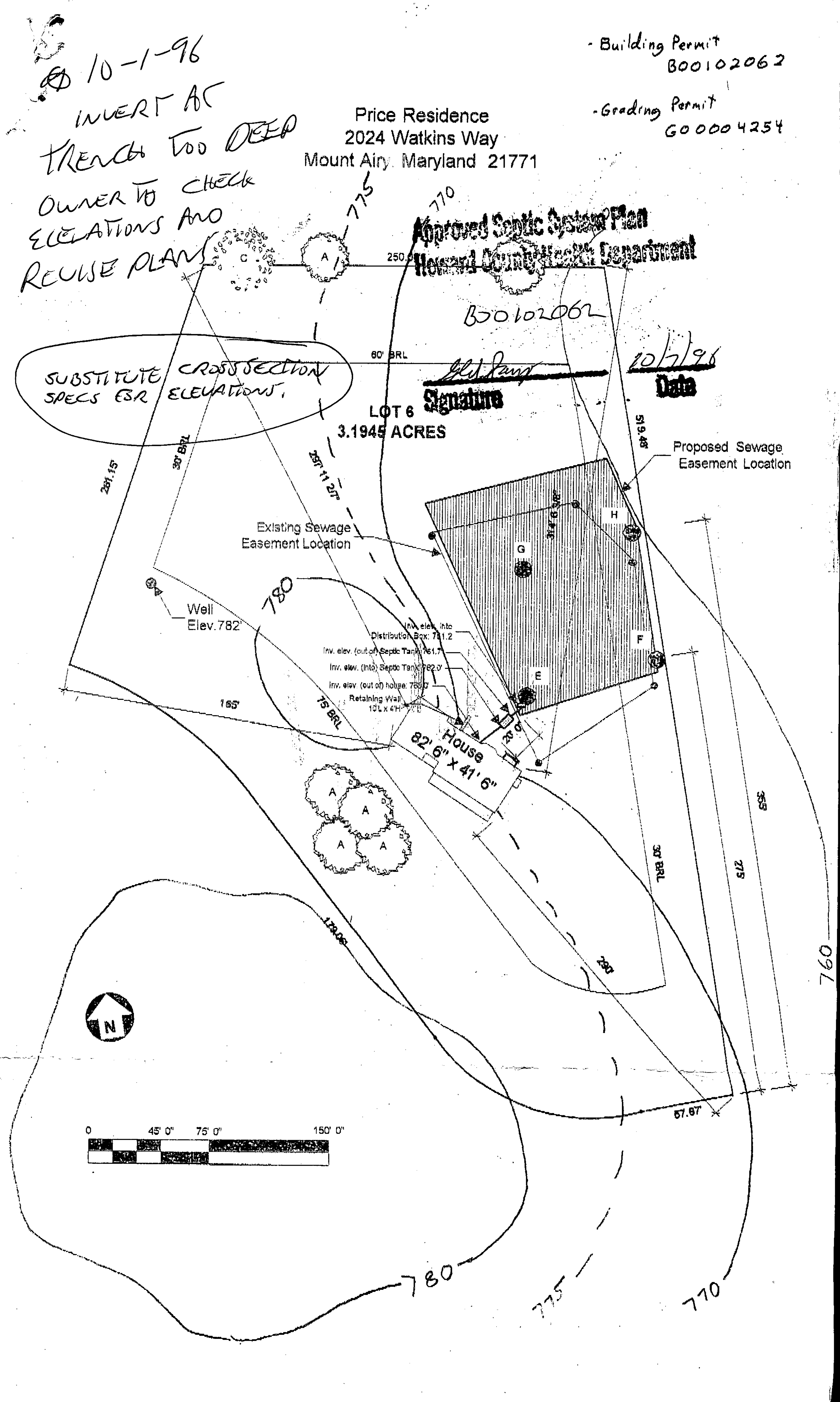
10/7/96
Date

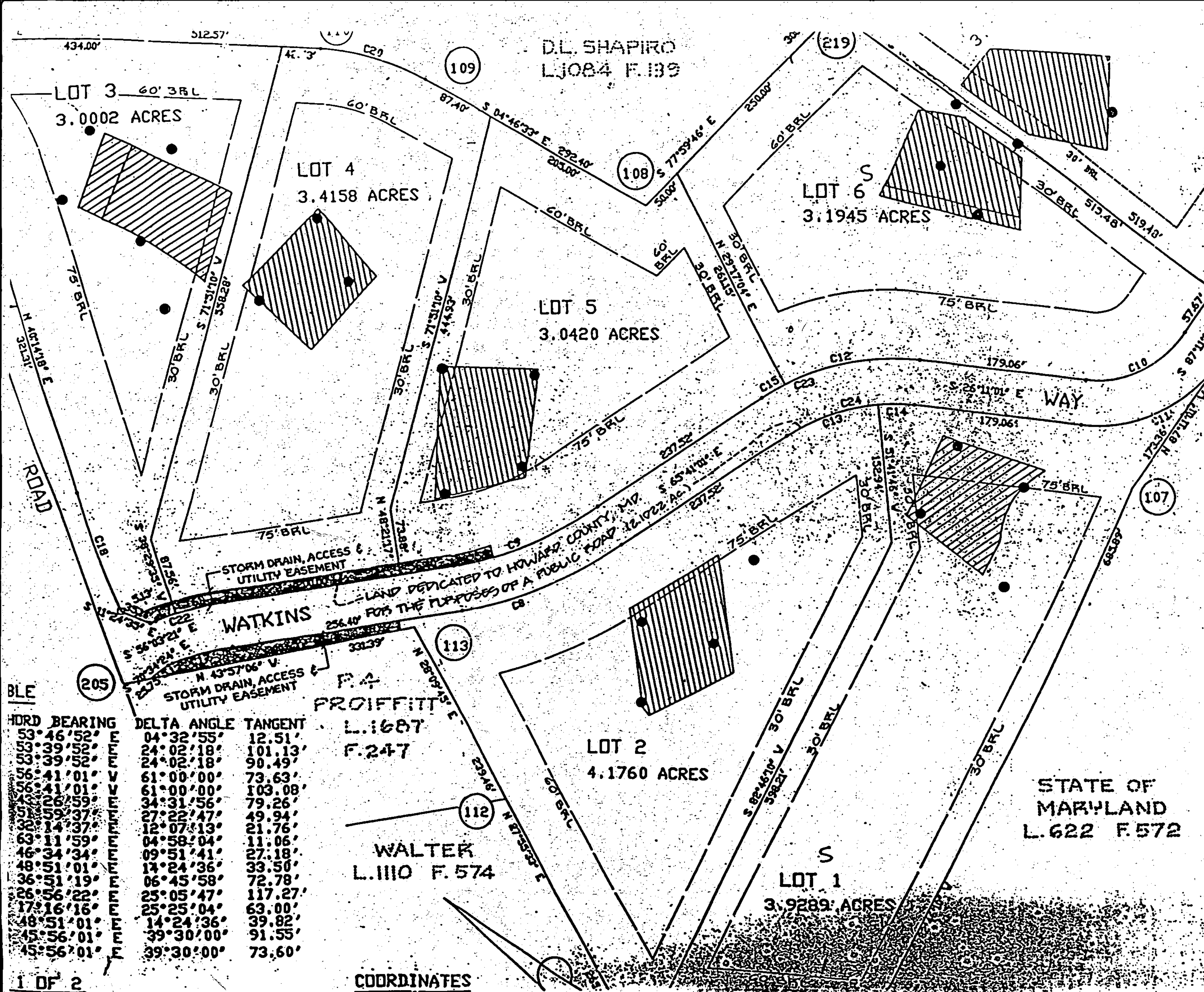




Scale: 1/8" = 1'

Septic Elevations
Cross-section


@ 10-1-96
INVERT AT
TRENCH TOO DEEP
OWNER TO CHECK
ELEVATIONS AND
REVISE PLANS
- Building Permit
B00102062
- Grading Permit
G00004254
Price Residence
2024 Watkins Way
Mount Airy, Maryland 21771
Approved Septic System Plan
Howard County Health Department
B00102062
Signature
Date
10/7/96
SUBSTITUTE CROSS SECTION
SPECS FOR ELEVATIONS.
60' BRL
250.0
LOT 6
3.1945 ACRES
519.48'
Proposed Sewage
Easement Location
Existing Sewage
Easement Location
Well
Elev.782
Inv. elev. into
Distribution Box: 781.2
Inv. elev. (out of) Septic Tank: 781.7
Inv. elev. (into) Septic Tank: 782.0
Inv. elev. (out of) house: 783.0
Retaining Wall
10'L x 4'H
House
82' 6" x 41' 6"
75' BRL
30' BRL
281.15'
165'
179.06
30' BRL
355
275
290
57.87'
N
0
45' 0"
75' 0"
150' 0"
780
775
770
760



BLE

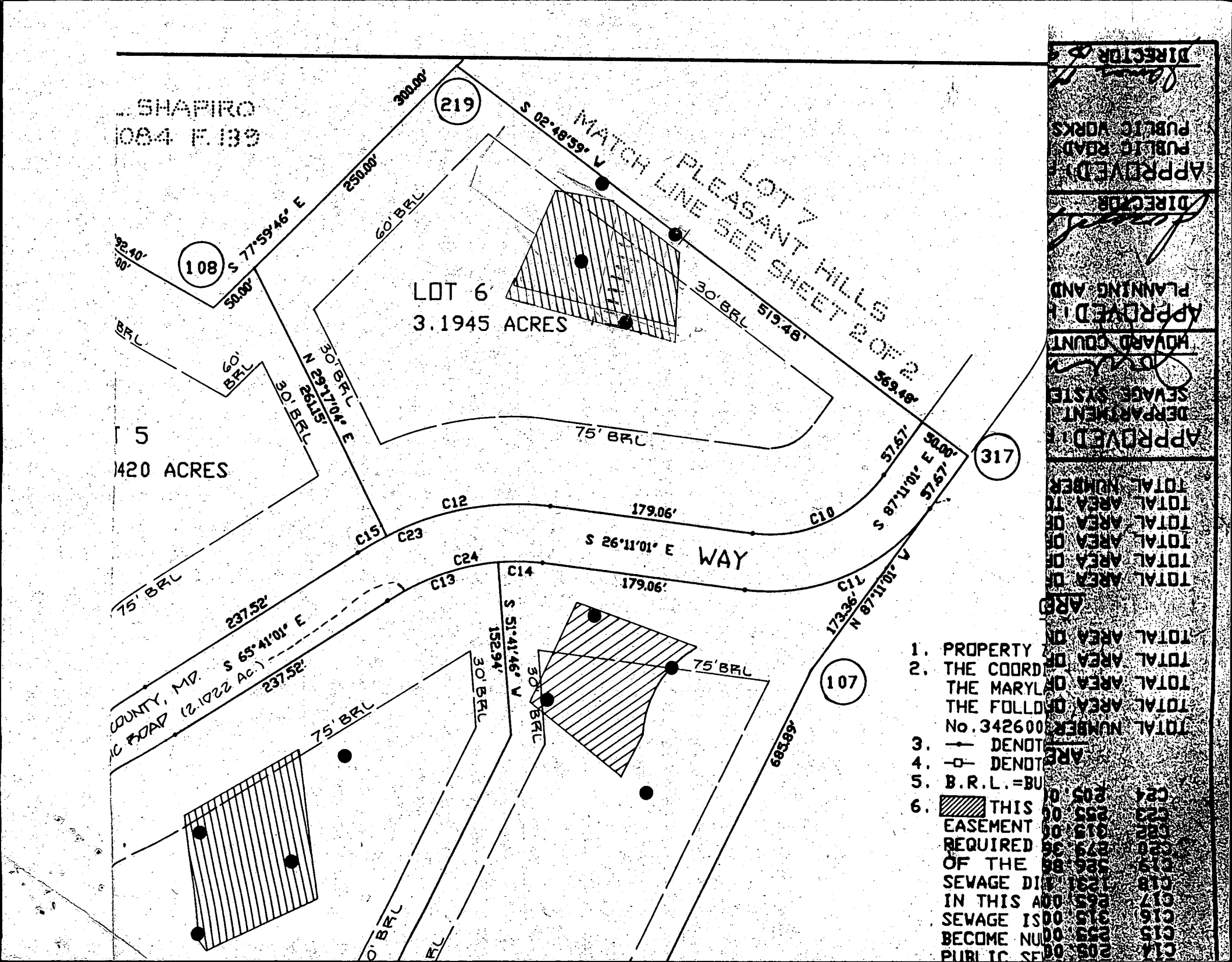
HORD BEARING	DELTA ANGLE	TANGENT
53°46'52" E	04°32'55"	12.51'
53°39'52" E	24°02'18"	101.13'
53°39'52" E	24°02'18"	90.49'
56°41'01" W	61°00'00"	73.63'
56°41'01" W	61°00'00"	103.08'
43°26'59" E	34°31'56"	79.26'
51°59'37" E	27°22'47"	49.94'
32°14'37" E	12°07'13"	21.76'
63°11'59" E	04°58'04"	11.06'
46°34'34" E	09°51'41"	27.18'
48°51'01" E	14°24'36"	33.50'
36°51'19" E	06°45'58"	72.78'
26°56'22" E	25°05'47"	117.27'
17°16'16" E	25°25'04"	63.00'
48°51'01" E	14°24'36"	39.82'
45°56'01" E	39°30'00"	91.55'
45°56'01" E	39°30'00"	73.60'

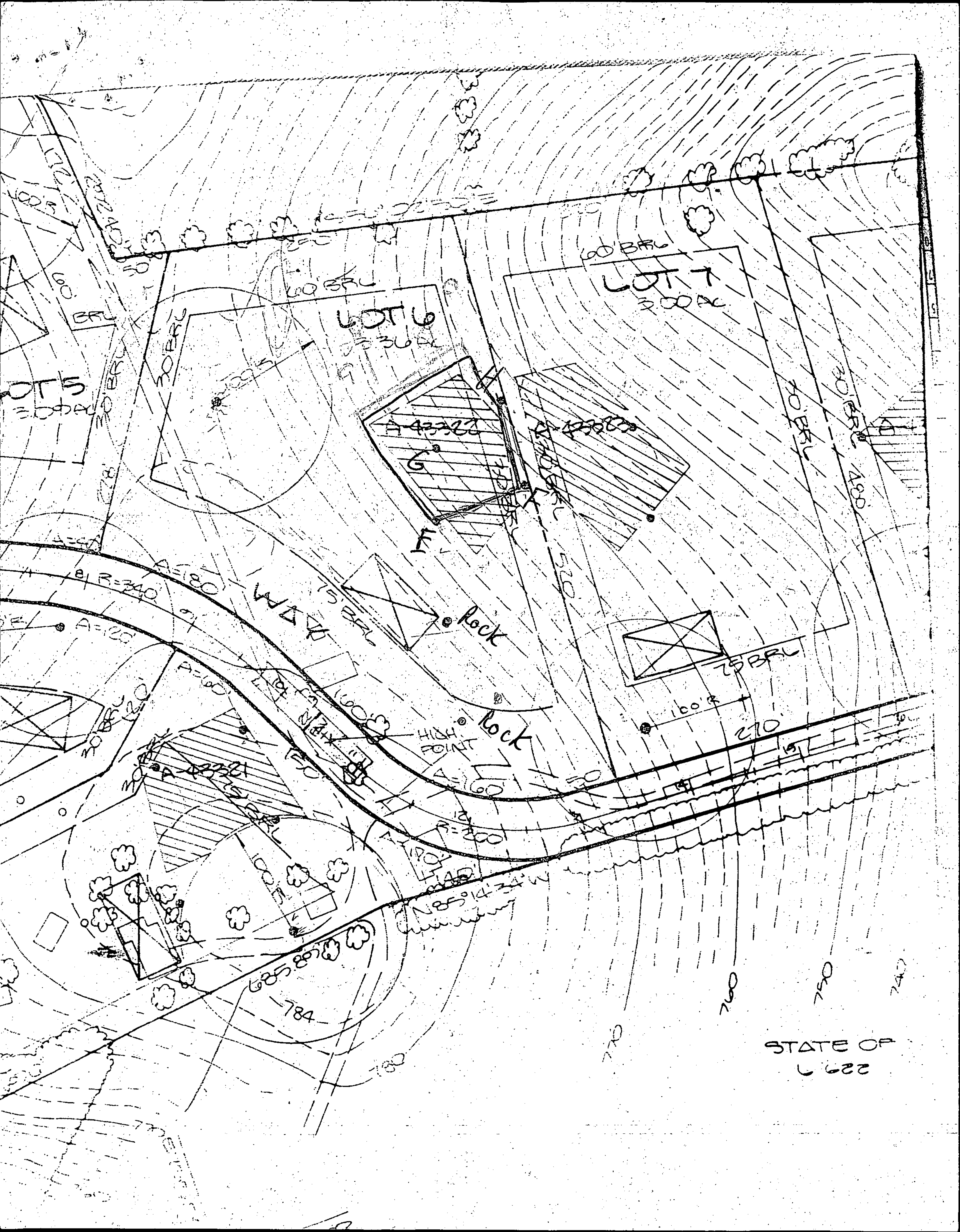
1 OF 2

COORDINATES

GE

1. PROPERTY ZO
2. THE COORDIN
THE MARYLAN
THE FOLLOWI
No.3426001
3. —•— DENOTES
4. —o— DENOTES
5. B.R.L.=BUIL
6. THIS AR
EASEMENT OF
REQUIRED BY
OF THE E
SEWAGE DISP
IN THIS ARE
SEWAGE IS A
BECOME NULL
PUBLIC SEWA
OFFICER SHA
VARIANCES,
PRIVATE SEW
A MODIFIED
NECESSARY
7. PERCOLATION
BEEN FIELD
8. FLAG OR PIP
FURTHER SU
ADDITIONAL
CAN BE CONS
STANDARDS
BE DEEDED
9. FOR FLAG
TION SNOW
ARE PROVID
OR PIPE ST
ONTO THE F

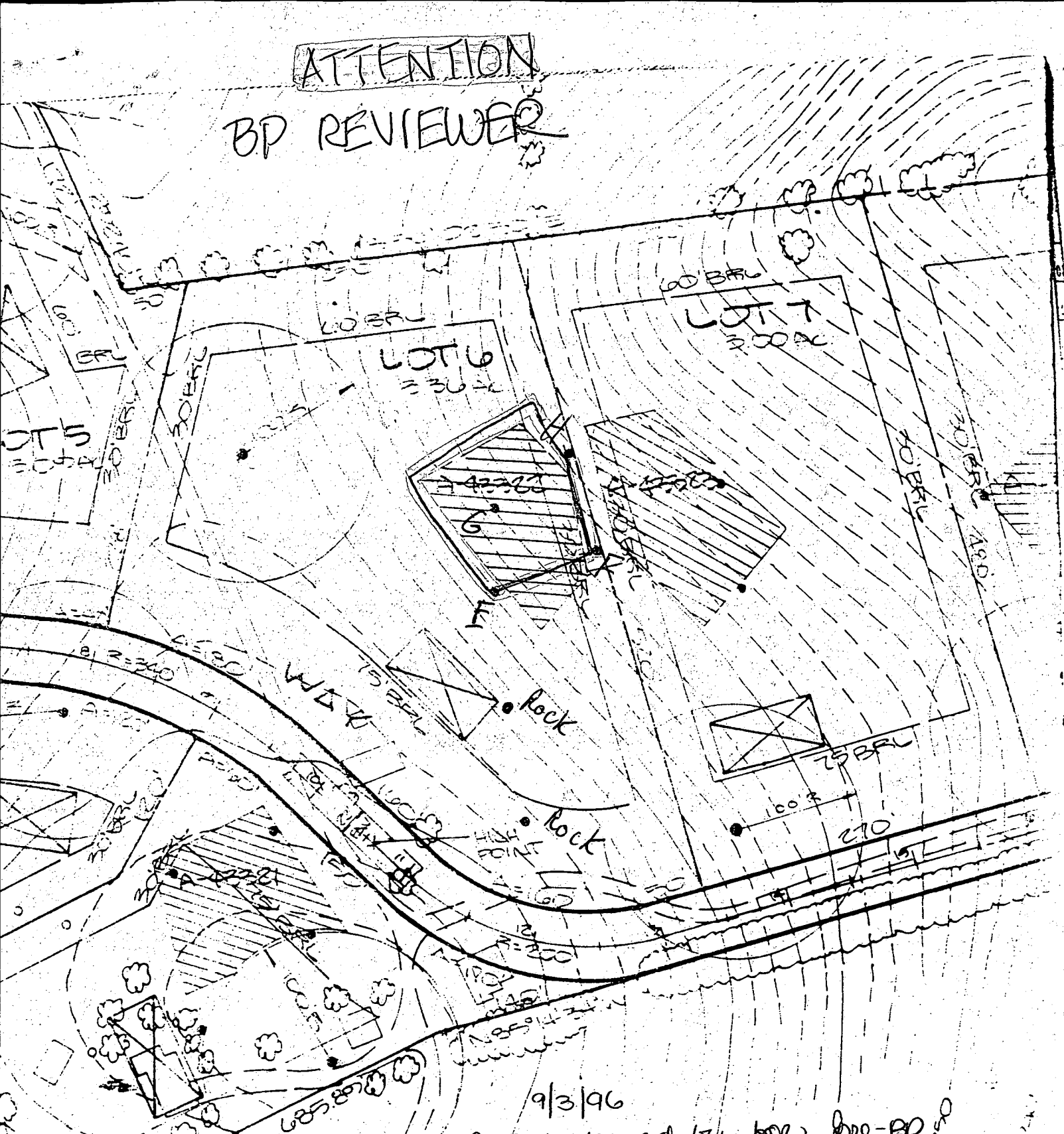

SHAPIRO
1084 F. 139
LOT 7
PLEASANT HILLS
MATCH LINE SEE SHEET 2 OF 2
LOT 6
3.1945 ACRES
LOT 5
1420 ACRES
219
108
317
107
300.00'
250.00'
S 77°59'46" E
92.40'
50.00'
60' BRL
30' BRL
N 29°17'04" E
261.15'
S 02°48'59" W
519.48'
569.48'
75' BRL
57.67'
S 87°11'01" E
C12
179.06'
C10
C15
C23
C24
C13
C14
C11
S 26°11'01" E
WAY
237.52'
S 65°41'01" E
COUNTY, MD.
PUBLIC ROAD (2.1022 AC.)
S 51°41'46" W
152.94'
173.36'
N 87°11'01" W
685.89'
1. PROPERTY
2. THE COORD
THE MARYL
THE FOLLO
No. 342600
3. — DENOT
4. —o— DENOT
5. B.R.L.=BU
6. THIS
EASEMENT
REQUIRED
OF THE
SEWAGE DI
IN THIS A
SEWAGE IS
BECOME NU
PUBLIC SE
APPROVED
DIRECTOR
PUBLIC ROAD
PUBLIC WORKS
APPROVED
DIRECTOR
PLANNING AND
APPROVED
DEPARTMENT
SEWAGE SYSTE
TOTAL NUMBER
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL AREA
TOTAL NUMBER



LOT 6
LOT 7
3.00 AC
LOT 5
WAY
Rock
Rock
HIGH POINT
60' BRL
75' BRL
30' BRL
R=340
R=300
A=180
A=160
N85°14'34"W
685.87'
784
STATE OF

ATTENTION

BP REVIEWER



9/3/96

Owner stopped by for pre-BP site plan review. He desired to change septic area to accomodate house site. I approved area outlined in purple without additional testing and gave him 2 copies of this plat. He will revise BP drawing to reflect this. DKS

STATE OF

Sept 25, 1996

To: Ms Avis Corbin,

Subject: Revised Plot Plan for permit # B00102062
2024 Wathins Way
Mount Airy, Maryland 21771

Ms Corbin,

I have rotated my house apprx. 20° to facilitate Health Dept. Guidlines. Please contact me if you need additional information. Thank you for your time.

Sincerely,

Bob Price

Bob Price
office: (202) 761-8765
Home: (301) 527-0911
Pager: (301) 940-1079

10-9-96
OK AS SUBMITTED
Md. Dept SANITARIAN

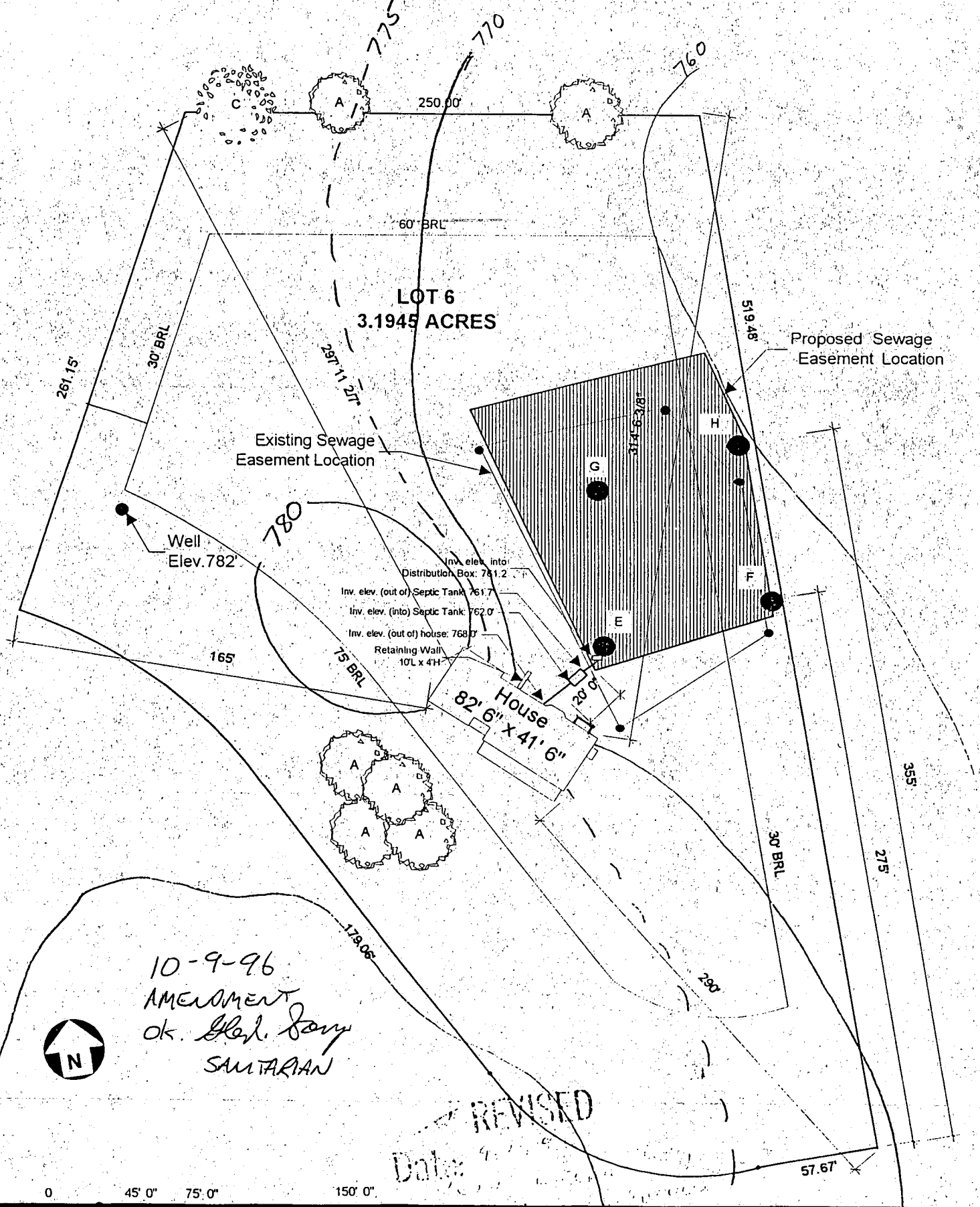
Health Dept Plan Review

Comments:

- Building Permit
B00102062

- Grading Permit
G00004254

Price Residence
2024 Watkins Way
Mount Airy, Maryland 21771



10-9-96
AMENDMENT
ok. Gloria Jones
SANITARIAN

REVISED

Date

C 1 3662 — 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 43322

ST/CO USE ONLY
DATE Received 05 04 95 (8–13)

DATE WELL COMPLETED 04 18 95 (15–20)

Depth of Well 309 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0404 (28–37)

OWNER Price (last name) Robert (first name)
STREET OR RFD Watkins Way TOWN Mt. Airy
SUBDIVISION Pleasant Hills SECTION 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	FEET TO	Check if water bearing
BROWN SHALE	0	56	
GREY SLATE	56	300	✓
WATER AT 73-87			

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED (yes) Y (no) N

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 26.04.04 "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. 139
Robert Cline
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert Cline Jr.
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 20 NO. OF POUNDS 1880
GALLONS OF WATER 12
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48) ft. TOP (52) to 63 (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)	64 (66–70)

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 PL PLASTIC HO OPEN HOLE OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8–9)	63 (11–15)	300 ✓ (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)

from to
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74–76)
TELESCOPE CASING LOG INDICATOR OTHER DATA

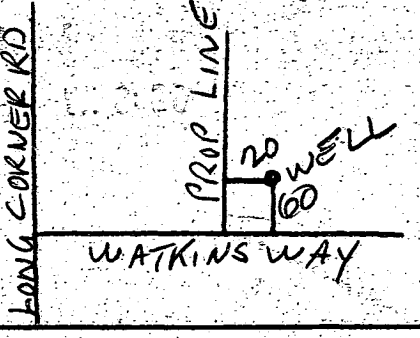
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)
PUMPING RATE (gal. per min. to nearest gal.) 6 ✓ (11–15)
METHOD USED TO MEASURE PUMPING RATE TIME
WATER LEVEL (distance from land surface)
BEFORE PUMPING 160 (17–20)
WHEN PUMPING 174 (22–25)

TYPE OF PUMP USED (for test) (27)
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: (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
1 (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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 **1606** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER **H0-94-0404**
fill in this form completely

Date Received (APA) **P30395**

OWNER INFORMATION

PRICE (Last Name) ROBERT (First Name)
835 BAY RIDGE DRIVE (Street or RFD)
GAITHERSBURG (Town) MD (State) 20878 (Zip)

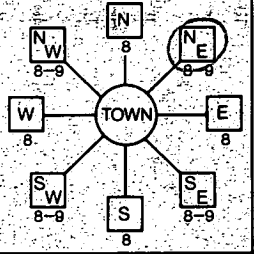
DRILLER INFORMATION

Robert L. Cline
Driller's Name
MSD/MGD/(MWD) 139 77 License No. 80
Cline & Duvall Inc
Firm Name
8093 Willmatt Ct Frederick
Address
Robert L. Cline 3-3-95
Signature Date

LOCATION OF WELL

B 3
HOWARD 8 COUNTY 21
PLEASANT HILL 23 SUBDIVISION 42
SECTION 44 46 LOT 6 48 50
~~DAMASCUS~~ MT AIRY 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2024 Watkins Way
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) (32) EAST (E) SOUTH (S)

34 70 37 DISTANCE FROM ROAD
ENTER FT OR MI 1 38 39

TAX MAP _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2
APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) 22
(P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
(T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A43322
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S 41
DATE ISSUED 032095 03/20/96 EXP. DATE
43 48 CO SIGNATURE
NORTH GRID 529000 50 55 EAST GRID 075500 57 63

APPROXIMATE DEPTH OF WELL 250 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 37 AIR-ROTary (AIR-PERcussion) ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other _____

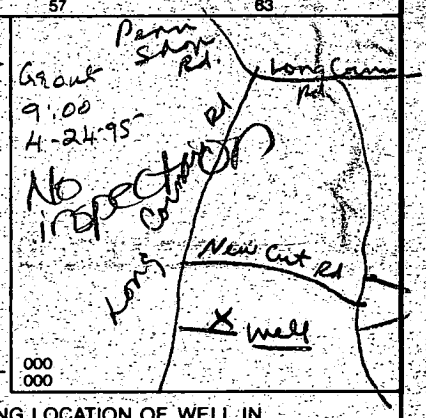
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

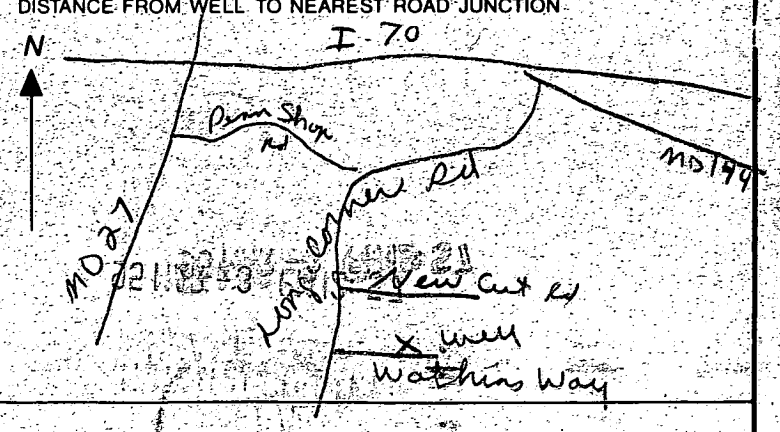
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 7585
N 5400
000 000



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



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

APPROP. PERMIT NUMBER GAP 54 63

FORCE DS WRITE INITIALS IN BOX 67 68
PERMIT No. H0-94-0404 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525 N Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 5/29/97

Name of Installer H&S Plumbing Telephone 703-437-6966

License Number 12420
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Robert & Jeanmarie Price Telephone 301-~~227-2801~~ 831-0805
Subdivision Pleasant Hills Lot # 6 Well Tag # HO-94-0404
Site Address 2024 Watkins Way, Ht Alt MD 21771

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi
3. Model # 9246-0161
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 1
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell MFG.
2. Model # B300X
3. Depth ____

Tank
1. Capacity 80 gallon
2. Pressure relief valve? N

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

Well data
1. Depth 300 ft.
2. Yield 8 GPM
3. Static water level 55 ft.
4. Will water supply be disinfected by installer? Y

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: [signature]

Date: Oct 14, 1999

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

HD-215