

7/30/92

Norm

PERMIT

05-414997

SEWAGE DISPOSAL SYSTEM

P 42887

A 45867

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED

DISTRICT 5th

FOR F.C.O.P. COMPLIANCE

DATE 3/5/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

5/6/92 C. Williams / C.B. DATE SYSTEM APPROVED 7/30/92

INDEXED

INSPECTOR R. P. Kelly

Howard Edwards

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 6645 Mink Hollow Road, Highland, Maryland 20777 PHONE 596-6309

SUBDIVISION Philip Brown Property LOT 2 ROAD 12119 Scaggsville Road

PROPERTY OWNER Edward P. Ayers

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180'

INSTALL:

2 - 1000 gal or larger septic tanks in a series.

APPLICANT REQUESTS TO INSTALL SINGLE 2000 GAL TANK,
CAN PLUMB TO HIGHEST PART OF SEPTIC AREA
AT 3.5' BELOW GRADE. ADJUSTMENT ACCEPTED
6/29/92 C. Williams

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the right front lot corner, place the distribution box 550 feet down the right lot line and 25 feet off the same lot line. Run trenches on contour toward front of property. d.B. placed as per specs RP 7/30/92

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout cap to grade or above on septic tank. O/C 3/2/92 RP

PLANS APPROVED BY Mark Rifkin DATE 12/04/91

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.

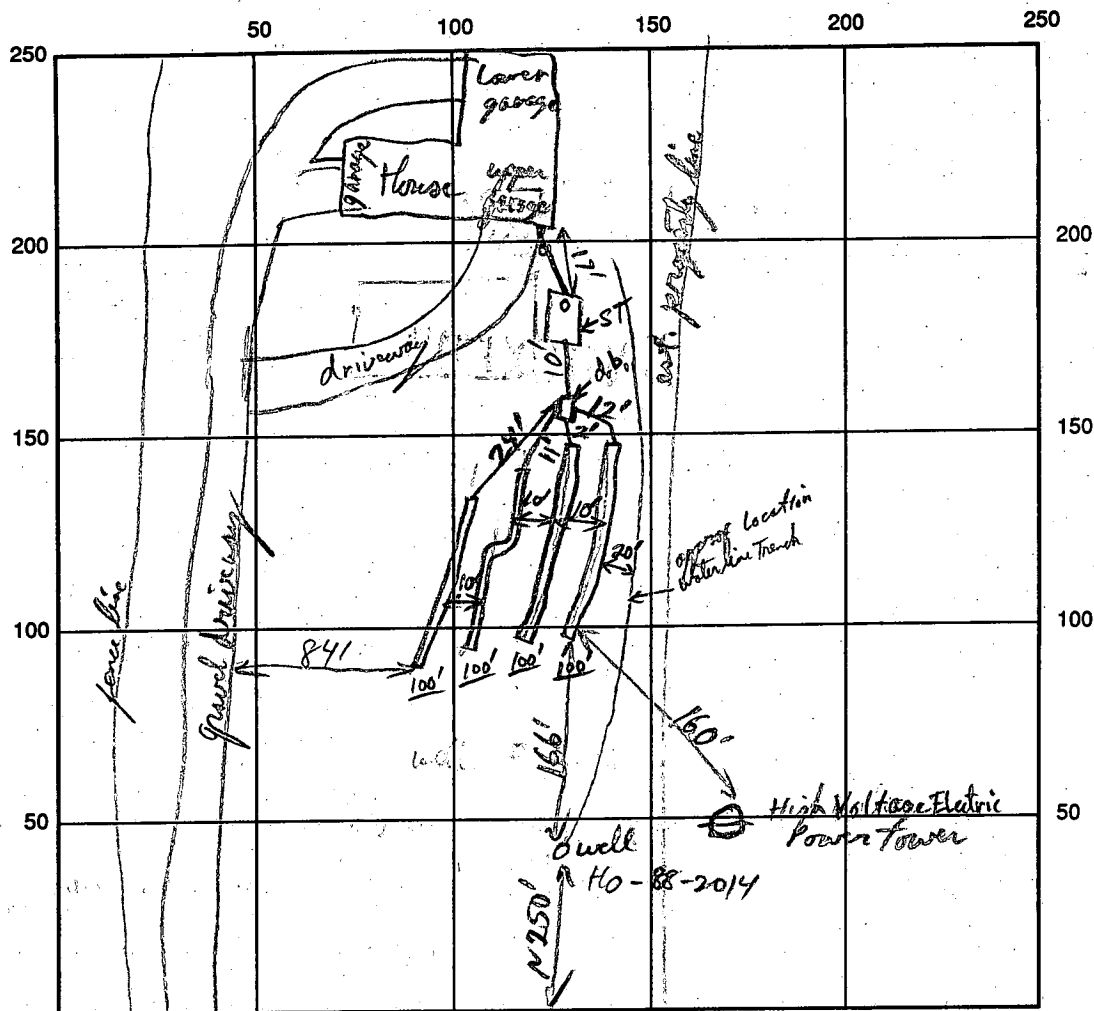
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 45867



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000gal (7'8" (ig. depth)) CLEANOUTS @ House and S.T.

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 3 1/2 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT.

TOTAL LENGTH 400 FT.

NUMBER OF TRENCHES 4

ONE SIDEWALL/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1200 SQ. FT.

REMARKS: 1st 3 trenches ok to finish & cover, 4th trench yet to be fill, needs inspection later.

OK to cover lot 3 Trenches + db + feeder lines; Put a clean cut on S.T. R/P 7/30/92

Trench #4 is 4 1/2' deep to get gravity flow but soils are all mica loam. Cleanout installed.

Found OK to Cover RPP 7/30/92

DATE SYSTEM APPROVED

7/36/92

INSPECTOR

R. P. H. H. H.

APPLICATION

May 7, 1990
1:50 PM

Donald B. Collison
Peper 872-2560
(202)

PERCOLATION TESTING

A 45867

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE MAY 2, 1990

5-1-90

Preview dk. 200 ft
stream restriction.
Must locate wells and
septic within 100 ft of
lot lines. JEN

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 PHILIP M. BROWN, ET UX Edward P. Ayer

ADDRESS 12131 SCAGGSVILLE ROAD PHONE FULTON, MD. 20759
776-9281
774-3144

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PHILIP BROWN PROPERTY LOT NO. 2
12119

ROAD AND DESCRIPTION SCAGGSVILLE ROAD

TAX MAP 41 PARCEL # 351

SIZE OF LOT _____ TYPE BLDG. S.F. DWELLING
(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] (AGENT)

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-7-90 Pending perc hole locations and subdivision

plat approval. SHALLOW SYSTEM ONLY! Must locate house & well
and neighboring wells & septic. JEN

LDG. PERMIT SIGNATURE
AND RETURNED 5/7/90
Donald B. Collison

THIS IS NOT A PERMIT

HD-216

A 45867

①
SOIL PROFILE

Fulton Estates

0-3.0 Br sil
lm
3.0-9.0 Tan mica
sa sil
≤ 5%
decomp.
rock frags,
≤ 50%
saprolite
9.-11.5 Tan-white
mica sa
sil, trc
of mottles
water
11.0
11.5 Bottom

②

0-3.0 Br sil
lm
3-12.5 Br mica
sa sil, lm,
little broken
rock ≤ 10%,
≤ 40%
saprolite
12.0 Water
12.5 Bottom

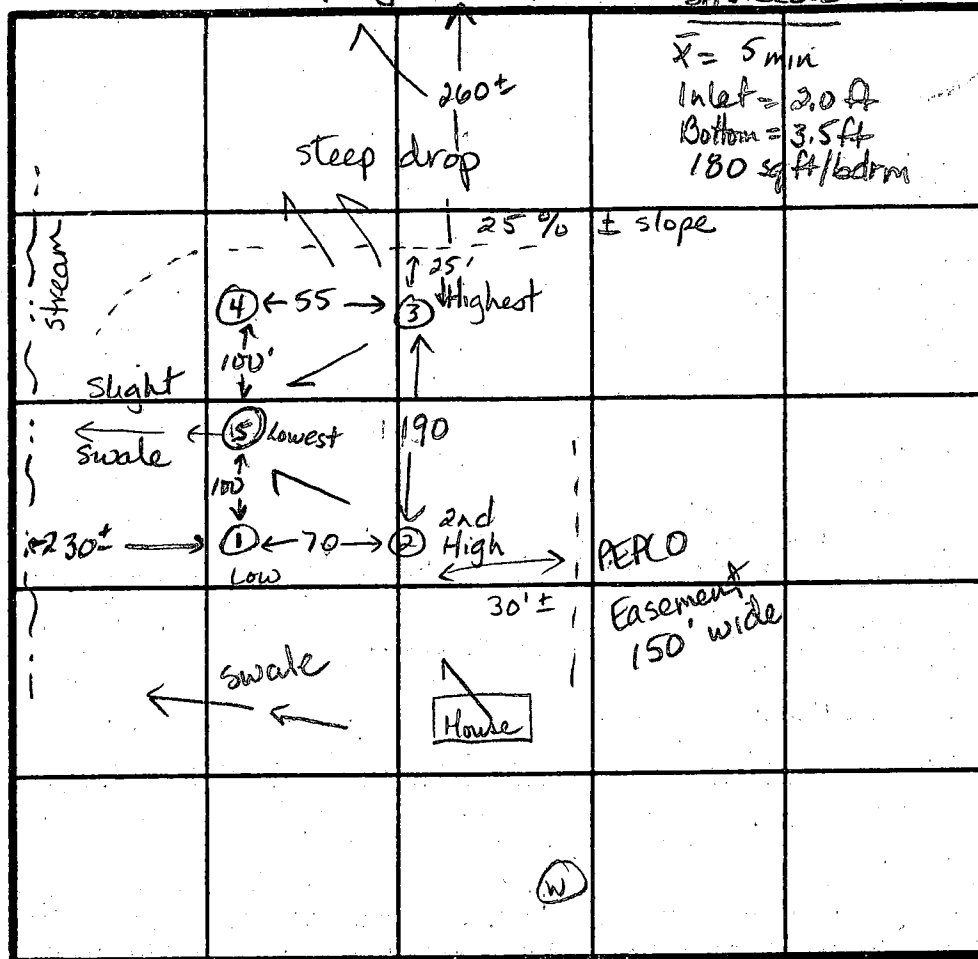
③

0-4.5 Br sil
lm
4.5-11.0 Tan mica
sa sil, lm,
≤ 10%
decomp
rx frags,
≤ 30%
saprolite
11.0 Bottom

75' to
Spring

150' to stream

SHALLOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 216

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-90	①	2.0 S	1:44	1:47	1:47	1:54	7min
		3.0 M	1:45	1:50	1:50	1:57	7min
		11.5 D	Bottom	(open over 2.5 hrs Water at 11.0 ft)			ok
	2	2.5 S	1:55	1:57	1:57	2:01	4min
		12.5 D	Bottom	(open over 2.0 hrs Water at 12.0 ft)			ok
	3	3.5 S	2:07	2:09	2:09	2:13	4min
		11.0 D	Bottom				ok
	4	3.0 S	2:13	2:16	2:16	2:19	3min
		3.0 S	2:10	2:11	2:11	2:12	1min
		12.5 D	Bottom	(little rock No structure apparent)			ok
	5	14.0 V	Bottom	(Dr 2 pm after 45 min)			ok
	6	11.0 V	Bottom	(Water at 10.5 ft Mottles at 6.0 ft)			Failed

REMARKS

shallow.

TYPE OF SOIL

System Inlet 2.0 ft, Bottom 3.5 ft. House & well site limited.

TESTED BY

Jane Nadson

ALSO PRESENT

K. Hatfield

High 3
2
1
Low 5
4
④

0-2.5 Br sil lm
2.5-12.5 Tan mica
sa sil lm
some
broken rx
frags, ≤ 20%
≤ 40%
saprolite
12.5 Bottom

⑤

0-4.0 Br sil lm
4-14.0 Tan mica
sa sil lm
≤ 30%
decomp rock,
≤ 40%
saprolite
14.0 Bottom

⑥

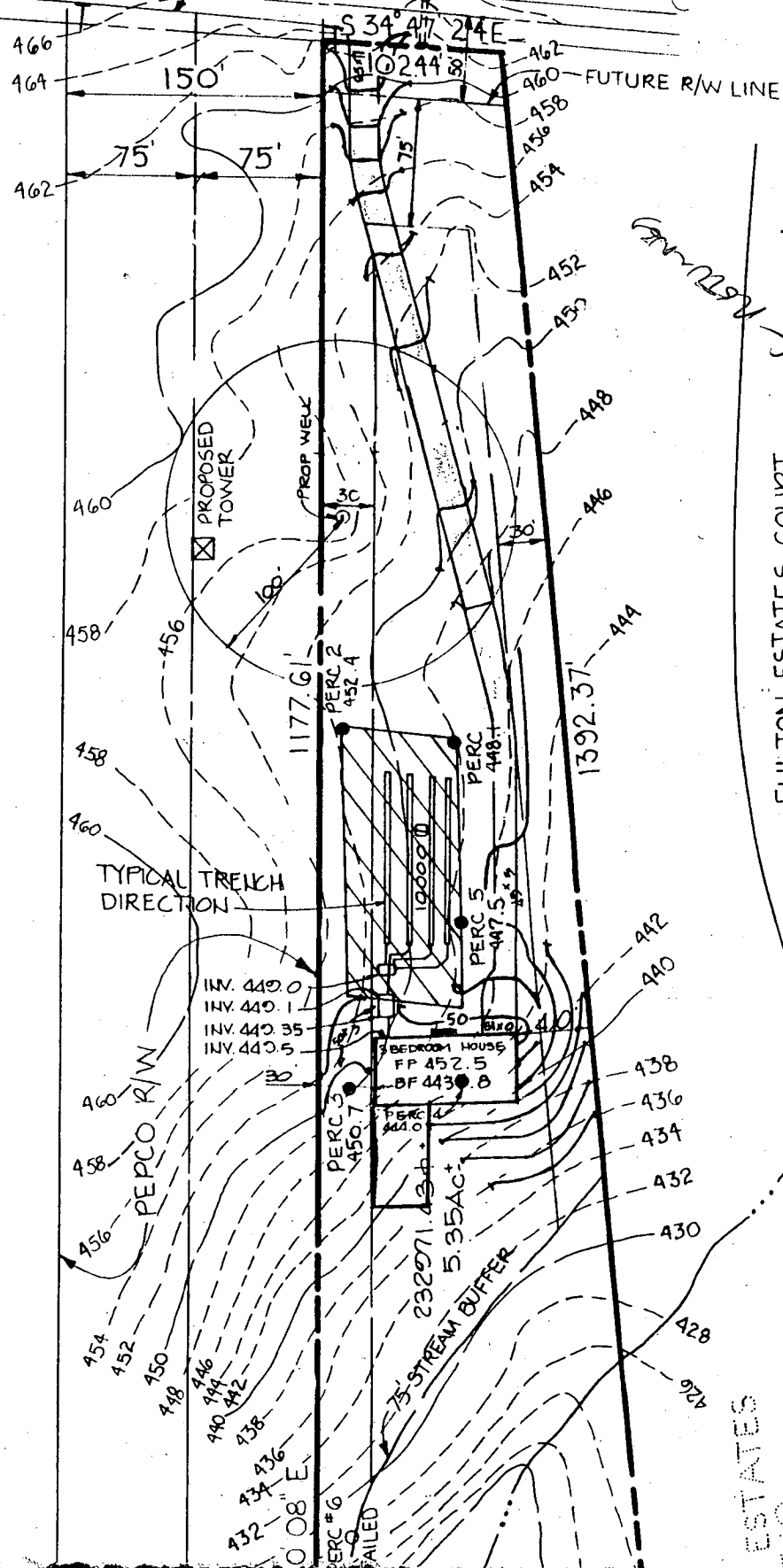
0-5.5' Rd-br sil
5.5-11.0 Tan-white
mica sa
sil, lm, some
mottles,
≤ 30%
decomp
rock,
≤ 50%
saprolite
10.5 Water
11.0 Bottom

* Retest same
hole

ROAD

-EX. PAYING

EX 24" CMP

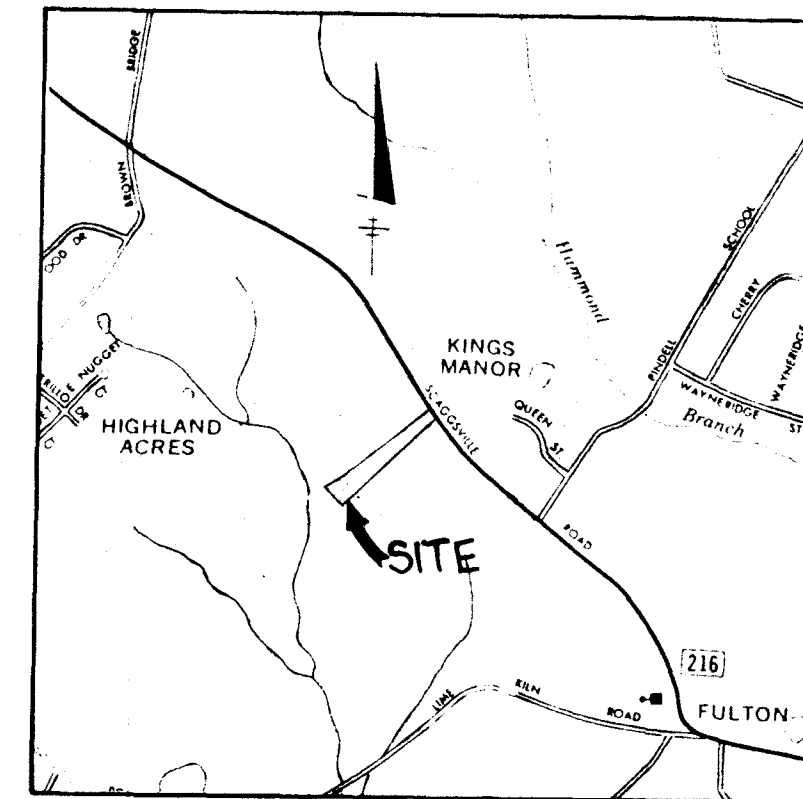


FULTON ESTATES COURT

[illegible]

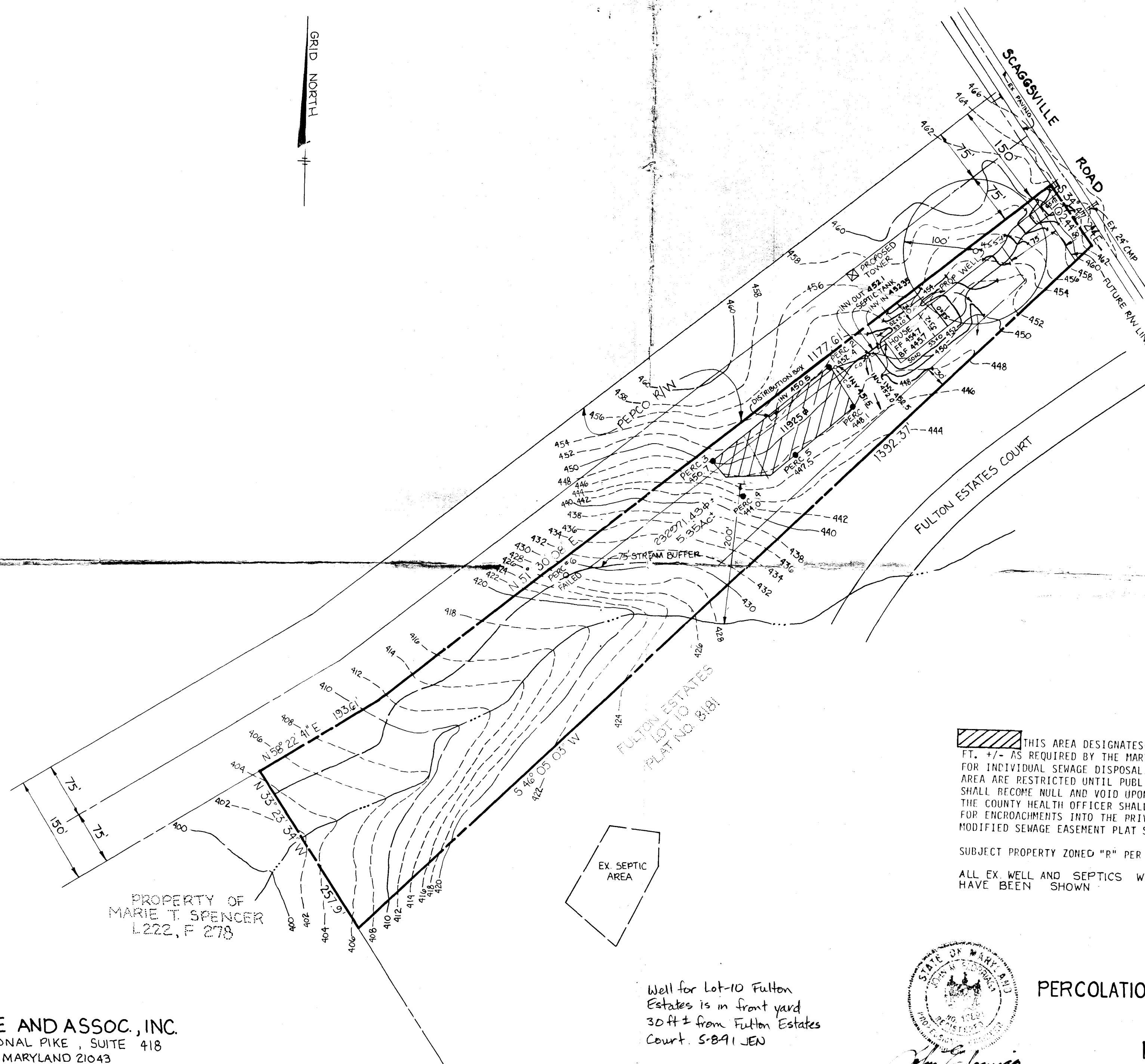
OK 25 26 15 6 16 92 C.W. Dora

GRID NORTH



VICINITY MAP

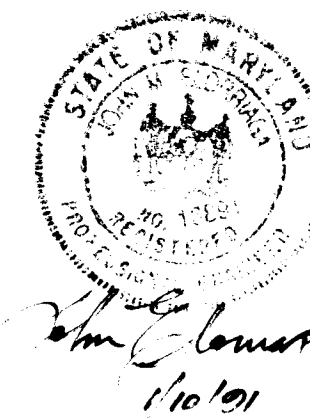
SCALE 1" = 2000'



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. +/- AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.

SUBJECT PROPERTY ZONED "R" PER 8/2/1985 COMPREHENSIVE ZONING PLAN.

ALL EX. WELL AND SEPTICS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN



PERCOLATION TEST CERTIFICATION PLAN

PHILIP M BROWN PROPERTY

TAX MAP NO 41
HOWARD COUNTY
SCALE 1" = 100'

PARCEL 351
MARYLAND
DATE JAN. 9, 1991

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

JOHN J. JEN
COUNTY HEALTH OFFICER JN 5-1-91
DATE

Well for Lot-10 Fulton Estates is in front yard 30 ft ± from Fulton Estates Court. S-891 JEN

EX. SEPTIC AREA

PROPERTY OF
MARIE T. SPENCER
L222, F 278

TRACY, SCHULTE AND ASSOC., INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLICOTT CITY, MARYLAND 21043
(301) 465-6105

HEALTH DEPT APPROVAL IS FOR 3 BEDROOMS

HOWARD COUNTY

APPLICATION

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS

BUREAU OF INSPECTIONS LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

36688

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

GRADING/SEDIMENT CONTROL ☐ YES ☒ NO

DESCRIPTION OF WORK AUTHORIZED

APPLICANT INDICATES
PLANS HAVE BEEN MODIFIED
TO 3 BR. DWELLING
NOW CALLED H.L.T.M.

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

SUB DIVISION ZONE ZONE MAP ELEC DIST. CENSUS TR.

OWNER'S NAME AND ADDRESS PHONE NO.

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

EXISTING USE PROPOSED USE

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

RACK (CORNER LOT ONLY)

CONDITIONS (IF ANY) SDP #

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

Do not begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF
B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not, and I will notify the Bureau of Inspections and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE TITLE DATE

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT. 2/7/92

FIRE PROTECTION

STORM WATER MGMT.

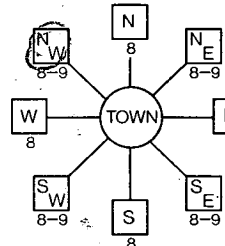
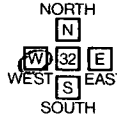
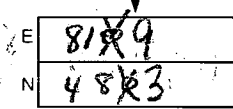
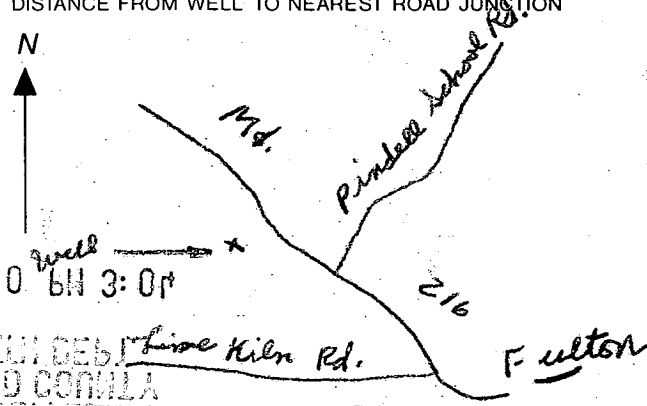
APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

LP-69
Revised

B 1 5056 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER. HD-88-2014 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 12/10/91 15 Last Name AYERS 34 Owner P. First Name EDWARD 36 Street or RFD 10637 RT 216 55 57 Town LAUREL 70 State 72 MD Zip 76 20707		LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION PHILIP BROWN PROP 42 SECTION 44 46 LOT 2 48 50 parcel 351 52 NEAREST TOWN FULTON 71 MILES FROM TOWN (enter 0 if in town) 1 73 M 76 77 78	
DRILLER INFORMATION Driller's Name Joseph G. Mayne 77 License No. 80 238 Birth Name Joseph G. Mayne WELL DRILLING Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph G. Mayne 12/9/91 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 Md. 216 Scaggsville Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 250 34 37 ENTER FT OR MI FT 38 39	
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 Howard COUNTY NAME A45867 COUNTY NO. STATE SIGNATURE Mark E. Kiffin 43 DATE ISSUED 6/18/92 48 CO SIGNATURE NORTH GRID 483000 50 55 EAST GRID 0819000 57 63	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 	
METHOD OF DRILLING (circle one) BORED (or Augered) <u> </u> JETTED <u> </u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 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) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE MR 67 68 WRITE INITIALS IN BOX PERMIT No. HD-88-2014 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <div style="text-align: center;"> COUNTY </div>			

C1 4676 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 45867

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

011592

Depth of Well
22 440 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-88-2014

OWNER Hyers Edward
STREET OR RFD last name MD Rt. 216 first name TOWN Fulton
SUBDIVISION PHILIP BROWN PROPERTY SECTION LOT 2

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 c 75
GRANITE Rock 75 440 v

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 70 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)

ST 6 81

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type or open hole

SCREEN RECORD

insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 40 79 440
2 23 24 26 30 32 36
3 38 39 41 45 47 51

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.) W Q
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.) 4.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 10

WHEN PUMPING 20.5

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,J,P,R,S,T,O) IN BOX - SEE ABOVE:

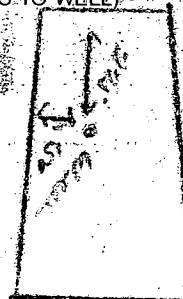
CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2

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 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. 238

DRILLERS SIGNATURE Joseph J. Thompson

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

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 # 48051
Date 4/15/92 4-21-92

Name of Installer Arthur M. Black Inc

Telephone 776-7520

License Number 1557

Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner Edward P Ayers

Telephone 776-9281

Subdivision Philip Brown Prop. Lot # 2

Well Tag # 88-20-14

Site Address 12119 Scaggsville Rd. Fulton, MD

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Jacuzzi

3. Model # 5

4. Capacity 5 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 HP

2. RPM 110

3. Voltage 230

a. 110

b. 220 ☒

Pitless Adapter

1. Make Howard

2. Model # 42"

3. Depth 42"

Tank

1. Capacity 5

2. Pressure relief valve? ☒

Piping

1. Type Poly

2. Size 1

3. NSF and/or BOCA Code approved ☐

4. Depth of supply line 42"

Well data

1. Depth 440 ft.

2. Yield 4.5 GPM

3. Static water level 201 ft.

4. Will water supply be disinfected by installer? NO

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: Arthur M. Black

Date: 4/15/92

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