

4/12/99
2:30 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X-100000~~

313-2640

03-319725

INDEXED

P 58022

A 49914G

DISTRICT 3rd

DATE 3/13/97

DATE SYSTEM APPROVED 4/13/99

INSPECTOR S.R.K.

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Sobus Farms LOT 839 ROAD 3020 Sobus Drive

PROPERTY OWNER Altieri Homes

ADDRESS

Mike Bevan 301-452-3160

SEPTIC TANK CAPACITY 1250 GALLONS

MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK

NUMBER OF BEDROOMS 4

(411) 489-7801

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 72.23' and 460.00' lot lines, place distribution box 30 feet up the 460.00 lot line and 110 feet off that same lot line. Run trenches on contour toward the 287.34' 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. 11/5/97 OK ALM

BUILDING PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY Glen Savage

REVISED

DATE 01/14/97

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**

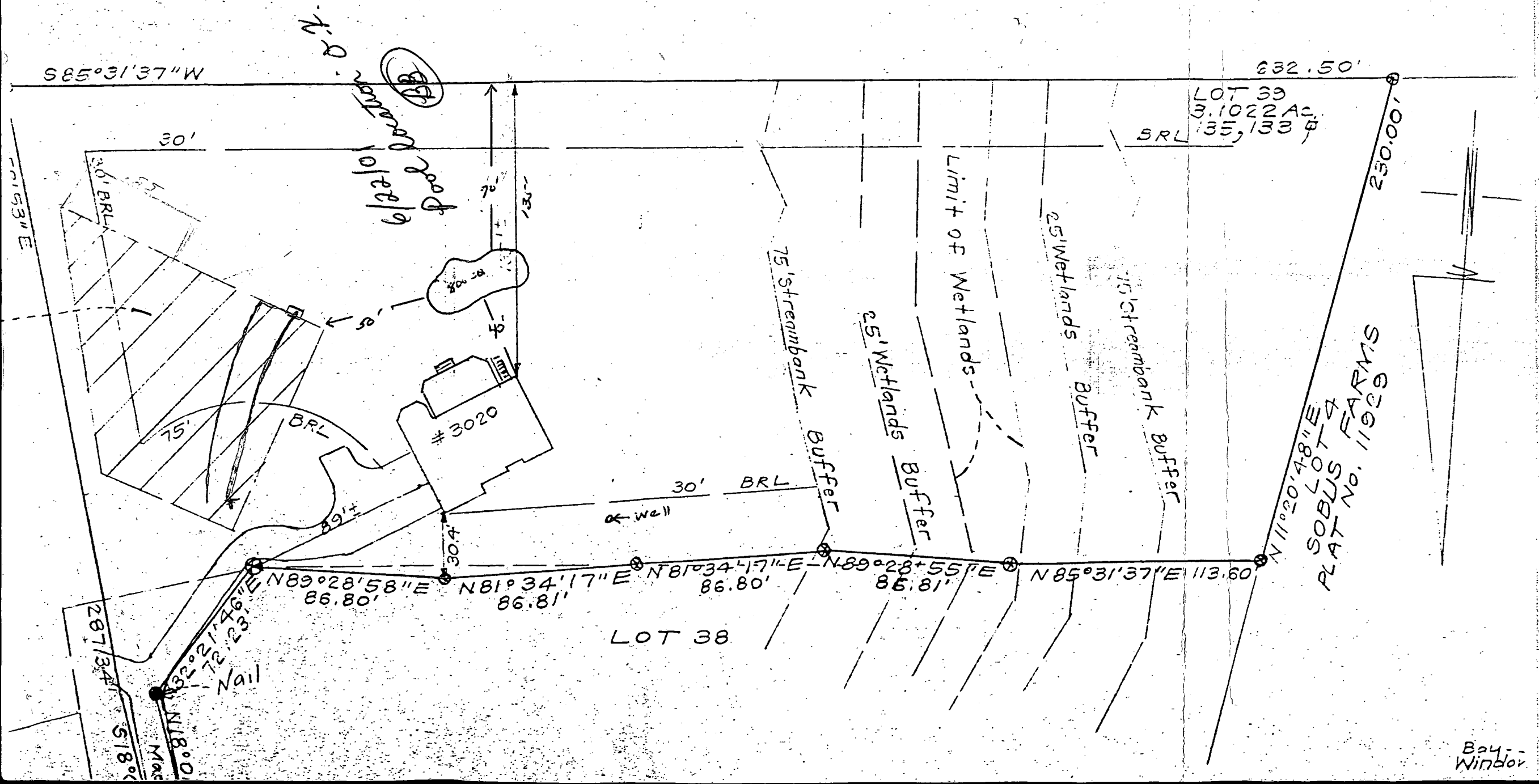
BLDG PERMIT SIGNED

AND RETURNED 4/22/01

B00131219 - pool & fence

A 49914-6

P205 CF 13573



Approved Septic System Plan Howard County Health Department

5
 3/12/24

7/2/28

DATE 7/2/28

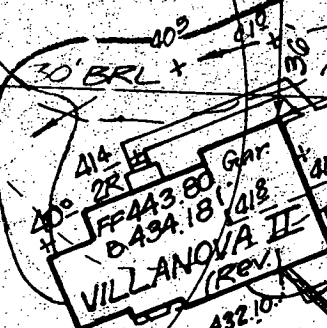
DATE 7/2/28

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet



3A

PERC 8)

LOT # 3

AC

~~Letter # 5~~

3. Ad

11-3-45

~~copy of signed
part cert plat~~

LOT # 6

LOT 19

LOT 20

TRIADELPHIA WOODS

APPLICATION

PERCOLATION TESTING

A 49914G

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 3

DATE 2/9/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Nitttop Development Corporation Altieri Homes

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard Demmitt

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sabus Farms LOT NO. 6 (six)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(3020 Sabus Drive)

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 3 acres + TYPE BLDG. S.F.D. (4 Bedrooms)
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A499146

COUNTY #

SOIL PROFILE

A

red/brn
ch4' orange
tan/brn
SS-L
mica
small 6"
quartz like
saprolite
pockets
throughout
(about
10 total)

12'

D

red brn
C3' tan/brn
SS-L
mica
saprolite
throughout
(schist)

11'

C

bright
red
SIL

5'

yel/brn
SIL

6'

lgt brn
SLwhite
quartz
like
saprolite
pockets at
4' small dia

10'

WOODS

open field

SAPROLITE

A

D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

B

red/brn
SCL

3'

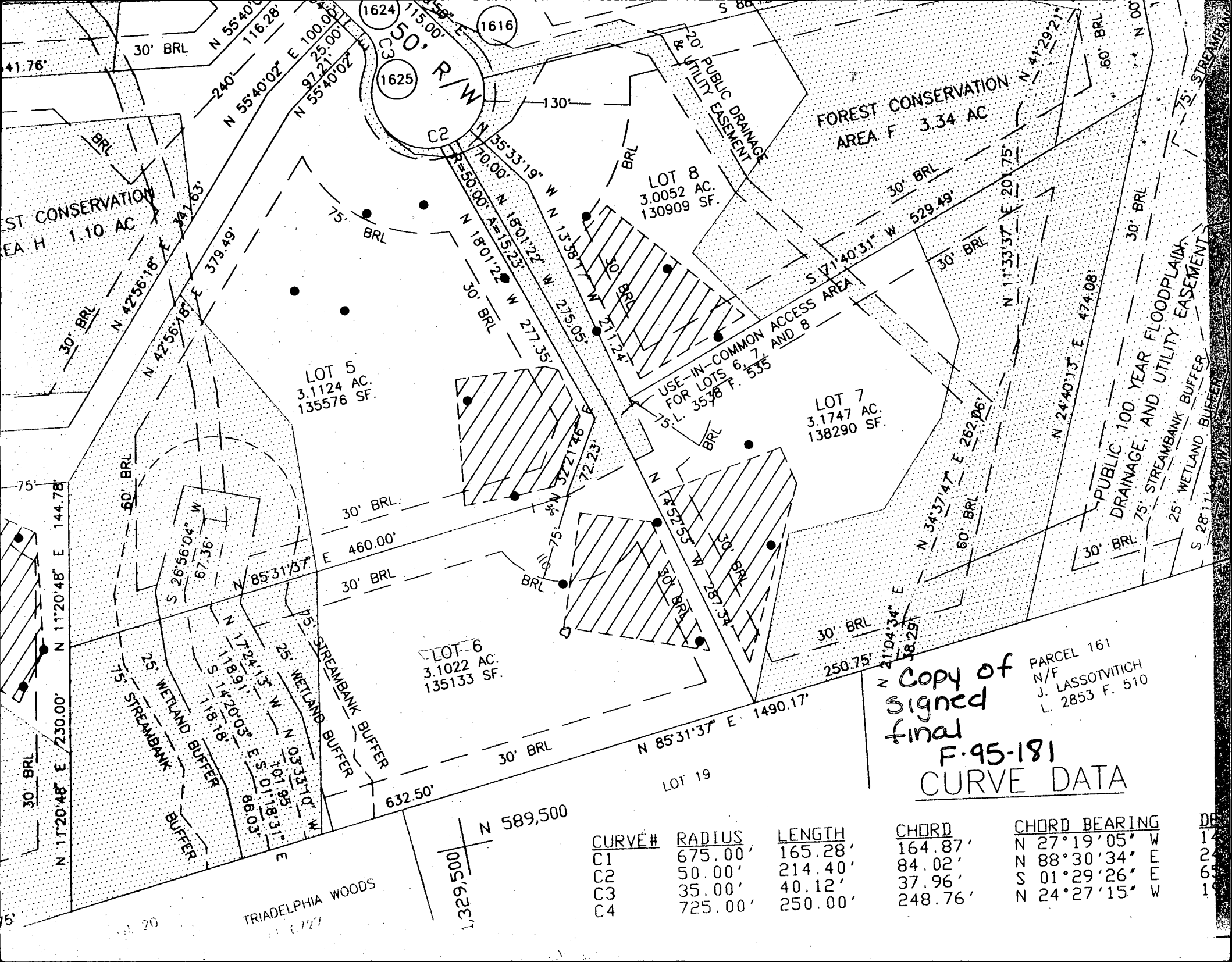
red/tan
SL
micasome
saprolite
< 5%
white
quartz/saprolite
pocket at
6'

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/22/94	A	3 1/2' V12'	2:11 ⁴⁵	2:22	2:22	2:44	22 min
	D	3 1/2' VII'	2:20 ¹⁵	2:23	2:23	2:25	2 min
	C	3' V10'	2:26	2:27 ¹⁵	2:27 ¹⁵	2:28 ¹⁵	1 min
		6' V10	2:26 ³⁰	2:28	2:28	2:32 ³⁰	4 1/2 min
	B	3 1/2' V12	2:34 ³⁰	2:36 ³⁰	2:36 ³⁰	2:38 ⁴⁵	2 3/4 min
		6' V12	2:34 ⁴⁵	2:34 ⁴⁵	2:34 ⁴⁵	2:37 ⁴⁵	2 1/4 min

REMARKS

TYPE OF SOIL ChC3 Chester Silt LoamTESTED BY A McMillen/M Rifkin ALSO PRESENT R. DemittTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 2'INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT/BEDROOM 180 ft²



7

<div>C1</div> <div>0220</div>		<div>SEQUENCE NO.</div> <div>(MDE USE ONLY)</div>		<div>STATE OF MARYLAND</div> <div>WELL COMPLETION REPORT</div> <div>FILL IN THIS FORM COMPLETELY</div> <div>PLEASE PRINT OR TYPE</div>		<div>THIS REPORT MUST BE SUBMITTED WITHIN</div> <div>45 DAYS AFTER WELL IS COMPLETED.</div>	
<div>ST/CO-USE ONLY</div> <div>DATE RECEIVED</div> <div><div>8</div><div>13</div></div>		<div>DATE WELL COMPLETED</div> <div>02/396</div> <div><div>15</div><div>20</div></div>		<div>Depth of Well</div> <div>22 185 26</div> <div>(TO NEAREST FOOT)</div>		<div>PERMIT NO.</div> <div>FROM "PERMIT TO DRILL WELL"</div> <div>40-93-0245</div> <div><div>28</div><div>29</div><div>30</div><div>31</div><div>32</div><div>33</div><div>34</div><div>35</div><div>36</div><div>37</div></div>	
<div>OWNER</div> <div>Demmitt Richard</div> <div>last name first name</div>		<div>STREET OR RFD</div> <div>Sobus Drive</div>		<div>TOWN</div> <div>West Friendship</div>		<div>SUBDIVISION</div> <div>Sobus Farms</div> <div>SECTION</div> <div>LOT</div> <div>6</div>	
<div>WELL LOG</div> <div>Not required for driven wells</div>		<div>GROUTING RECORD</div> <div>yes no</div> <div><div>Y</div><div>N</div></div>		<div>C 3</div>		<div>PUMPING TEST</div>	
<div>STATE THE KIND OF FORMATIONS</div> <div>PENETRATED, THEIR COLOR, DEPTH,</div> <div>THICKNESS AND IF WATER BEARING</div>		<div>WELL HAS BEEN GROUTED</div> <div>(Circle Appropriate Box)</div> <div>TYPE OF GROUTING MATERIAL (Circle one)</div> <div>CEMENT <div>CM</div> BENTONITE CLAY <div>BC</div></div> <div>NO. OF BAGS <div>25</div> NO. OF POUNDS <div>2350</div></div> <div>GALLONS OF WATER <div>150</div></div> <div>DEPTH OF GROUT SEAL (to nearest foot)</div> <div>from <div>0</div> ft. to <div>70</div> ft.</div> <div><div>48</div> TOP <div>52</div> BOTTOM <div>58</div></div> <div>(enter 0 if from surface)</div>		<div>HOURS PUMPED (nearest hour)</div> <div>3</div> <div><div>8</div><div>9</div></div>		<div>PUMPING RATE (gal. per min.)</div> <div>5</div> <div><div>15</div></div>	
<div>DESCRIPTION (Use</div> <div>additional sheets if needed)</div>		<div>FEET</div> <div>FROM TO</div>		<div>check</div> <div>if water</div> <div>bearing</div>		<div>METHOD USED TO</div> <div>MEASURE PUMPING RATE</div> <div>Bucket</div> <div>WATER LEVEL (distance from land surface)</div> <div>BEFORE PUMPING</div> <div>38</div> <div><div>17</div><div>20</div></div> ft.	

WHEN PUMPING

90

22

25

EMERGENCY/TEMP NO. IF ANY

B 1	1941	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-93-0245 70 fill in this form completely 79
	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			

Date Received (APA) 11/27/95

OWNER INFORMATION

Demmitta Richard

PO BOX 228

CLARKSVILLE MD 21029

DRILLER INFORMATION

Joseph L. Mayne

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy MD 21771

Joseph L. Mayne 11/27/95

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

☒ BORED (or Augered) ☐ JETTED ☐ Jettied & DRIVEN

☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)

☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE AM WRITE INITIALS IN BOX PERMIT No. H0-93-0245

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard

Sobus Farms

West Friendship

MILES FROM TOWN (enter 0 if in town) 1.2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

NEAR WHAT ROAD Sobus Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 370

DISTANCE FROM ROAD ENTER FT OR MI FT

TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. A49914-G

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 01/26/96 A. M. Miller 1/26/97

CO SIGNATURE EXP DATE

NORTH GRID 030000 EAST GRID 0817000

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

8187

530

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

West Friendship

Wynfield Rd.

Sobus Dr.

Summerville Dr.

Well

3/31/99
Anytime

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer ROBERT L. FREEZER CO INC

Telephone 781-4655

License Number 2122

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner ALTERI HOMES Telephone 715-4500

Subdivision VAN DYKE HUNT Lot # 139 Well Tag # HO-93-0245

Site Address 3020 SDRUG DRIVE

Pump
1. Type
a. Deep well jet
b. / Shallow well jet
c. Submersible
2. Make RED JACKET
3. Model # 3005W1-7612
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No ☒

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage 230
a. 110
b. 220 ☒

Pitless Adapter
1. Make VALVE
2. Model # PT500
3. Depth 42+

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 _____

Tank
1. Capacity 40
2. Pressure relief valve? ☒

Piping
1. Type FLEX
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 123

Well data
1. Depth 100 ft.
2. Yield 5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? ☒

WPT pitless adapter OK @ 35 ft
2" pvc cap OK
cond. PVC pipe OK 3/31/99

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. Freezer

Date: 3/30/99

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

File Record

August 26, 1999

Re: Sobus Farms 39
3020 Sobus Drive

July 28, 1999 - with a reported turbidity level of 17.3 NTU's, H.D recommendation for occupancy approval granted via a deviation to ICOP (Interim Certificate of Potability), with allowance to treat for iron to correct the excessive turbidity level.

August 25, 1999 - a conversation with Bob? of Altieri Homes, Mark Rifkin, and myself. A sample result for a much higher turbidity level, 68.8 NTU's had been obtained on August 5. They had not yet gone to occupancy approval and were questioning the consequence of this result to eligibility for occupancy. Bob offered that the buyer was not interested in going to occupancy with the water in this condition.

I agreed that the water was not usable at this level, but indicated that recommendation for occupancy approval would not automatically be withdrawn; the information was valid at the time the ICOP was issued.

We were now faced with a change in the reported water quality that would be addressed through FCOP (Final certificate...) without linkage to occupancy approval. In Piedmont areas turbidity at this level was more likely to be caused by suspended sediment and than by dissolved iron. The well regulation requires sediment problems be corrected at the source, not by filtration; and if not correctable by reconstruction, then a new well would be needed.

August 26, 1999 - Steve Kreig received a call from Peggy, of Altieri, wondering where our letter was; they were ready to meet the building inspector for occupancy approval. I called back and was referred to Todd. I asked him why the interest in occupancy approval? He replied the buyer was pressing. I commented that this seemed contradictory to what was said yesterday. He had no explanation.

I repeated that our letter about the newer (68.8) sample result would be out by the end of the day, and that it would speak to the condition of the supply, but would neither withdraw or reinforce our prior letter on occupancy approval. He said that was fine.

Craig Wells



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 26, 1999

Altieri Homes
9017 Red Branch Road, Suite 201
Columbia, MD 21045

RE: Sobus Farms, Lot 39
3020 Sobus Drive
Well Permit HO-94-0245

Dear Sirs:

On August 25, 1999, a water sample result from the referenced well was brought to my attention, documenting a turbidity level of 68.8 NTU. This result is significantly higher than the previously documented turbidity level of 17.3 NTU, and is far in excess of the regulatory turbidity standard of 10 NTU applicable to wells being approved for service. In this region, turbidity is generally a result of high levels of dissolved iron or suspended sediment.

For turbidity levels in excess of 10 NTU, the regulation makes an exception to allow turbidity treatment via removal of dissolved iron, but does not allow approval of a water supply if it is treated for sediment removal in order to produce a turbidity level below 10 NTU. It is not expected that the turbidity level of 68.8 NTU is attributable to dissolved iron alone, and sediment problems should be corrected at the source. Therefore, non-filtration turbidity remediation is necessary to continue the water supply approval process. It is suggested that the well driller re-evaluate the well's construction to determine if the turbidity condition can be remediated via reconstruction or other measures.

If non-filtration measures cannot remediate the turbidity condition to 10 NTU or below, a replacement well would likely be necessary to resolve the problem. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.

If you have any questions, please call this office at (410) 313-2640. Thank you for your attention to this matter.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR

cc: Mike Beven
Joseph Mayne Well Drilling

Friday, August 27, 1999

Craig Williams
Mark Rifkin
HOWARD COUNTY HEALTH DEPT.
410-313-2640
FAX 410-313-2648

RE: 3020 SOBUS DR.LOT 39
WEST FRIENDSHIP MD

MY NAME IS MIKE BEAVAN OF 2817 LEAF SHADE DR ELLICOTT CITY MD 21042.
I AM IN THE PROCESS OF BUYING THE ABOVE REFERENCED PROPERTY.
IT IS TO BE KNOWN THE RESPONSIBILITY OF MEETING HO.CO. POTABILITY
REQUIREMENTS IS ALTIERI HOMES OBLIGATION EVEN AFTER I TAKE
POSSESSION OF ABOVE REFERENCED PROPERTY.PLEASE KEEP ME
INFORMED OF THE STATUS OF NEW WELL AND OR WATER TESTING RESULTS
MY HOME # IS 410-992-3651 MY CELL # IS 301-452-3160.
THANK YOU IN ADVANCE FOR YOUR CONSIDERATION.

Sincerely,

MIKE BEAVAN

30' x 20' 25'

LOT 39

SOBUS FARMS
3020 SOBUS DRIVE
W. Friendship MD 21754

MIKE DEAYAN

135,133 SQ FT / 3.1022 AC

LOT 14 13513

312 SQ. FT.
Variance

APPROVED

WALK-THRU BUILDING PERMIT

BP# 800155607 A# 499146

APP. SAN SFD DATE: 8/23/05

DESC. OF WORK: Detached

LOT 39

3.1022 AC

Garage on slab

SRL 135,133

S85°31'37"W

30'

30' BRL

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

25'

80' x 40'

#3020

30' BRL

Well

75' Streambank Buffer

25' Wetlands Buffer

Limit of Wetlands

25' Wetlands Buffer

15' Streambank Buffer

SOBUS FARMS
LOT 4
PLAT NO. 11029

230.00'

632.50'

N89°28'58"E 86.80' N81°34'17"E 86.81' N81°34'17"E 86.80' N89°28'55"E 86.81' N85°31'37"E 113.60'

LOT 38

287/34' 518' N18°0' Nail

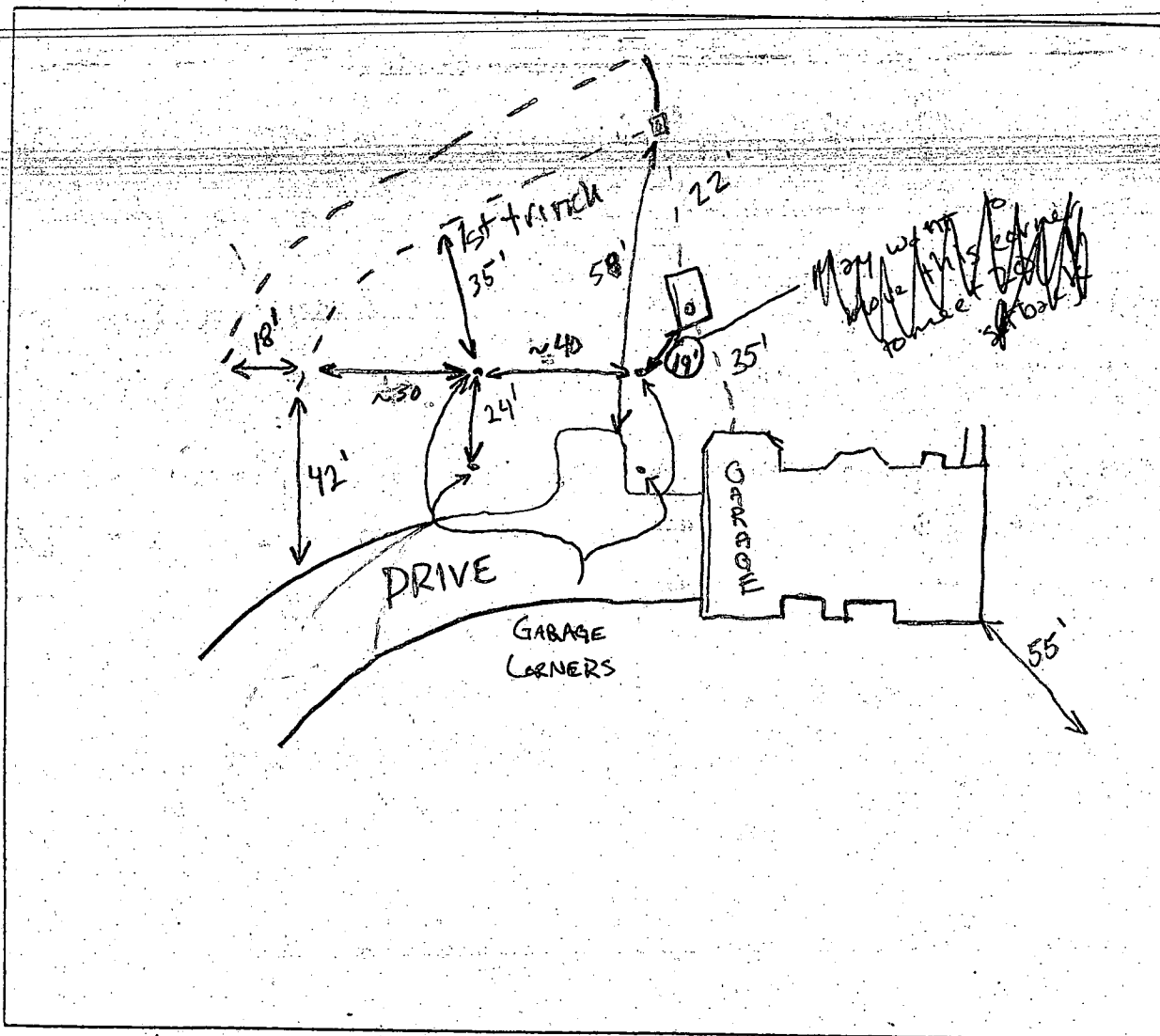
Bay - Windsor

Mike Beavan

SITE INSPECTION SHEET

OWNER: Mike Beavan PHONE #: _____
ADDRESS: 3020 Sobus Drive CONTRACTOR: _____
West Friendship, MD 21794 WELL TAG #: HO 93 0245
SUBDIVISION: Sobus Farms LOT: 4 COUNTY #: A 49914G
PROPOSAL: Addition of GARAGE off of House

LOCATION DIAGRAM



COMMENTS: OK Marshigh BP BP is a Non-Issue
Garage will not interfere with trenches or septic tank
OK to Sign BP
DATE: 8/19/05 INSPECTOR: Gabriel A. Cey

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber: _____ Licensed Well Driller: _____ Licensed Well Pump Installer: _____

License # and name of individual responsible for the field installation: _____

Name (Print): _____ License#: _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO - _____

Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not seen outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____