6/4/87 AM 9:45

05-399181

PERMIT

P 39410

A 34894

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

DATE 6/1/87

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 6-4-87

INSPECTOR S. Abel

Dennis Feaga IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 1625 Henryton Road, Marriottsville, Md. 21104 PHONE 442-5623

SUBDIVISION Greene Fields ROAD 6564 Preswick Drive LOT 17, Sec. 1

PROPERTY OWNER Sam Yep

ADDRESS 2101 Mt. Hebron Drive, Ellicott City, Md. 20043 Phone: Work: 859-6422 Home: 465-7436

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

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 175 sq. ft. per bedroom sidewall area. Trench to be 3 ft. wide. Inlet 2½ ft. below original grade. Bottom maximum depth 4 ft. below original grade. Effective area begins at 2½ ft. below original grade. 1½ ft. of stone below distribution pipe. Place the distribution box 25 ft. from the front (490') lot line and 135 ft. from the left (290') lot line as seen when facing the lot from Preswick Drive. Run trenches on contour toward left lot line. Septic system to be installed prior to house construction. Inspector must see all of sewer line from house to drain field. NOTE: CLEANOUTS WILL BE REQUIRED EVERY 50 FEET FROM SEPTIC TANK TO DRAIN FIELDS. dh/6/86

PLANS APPROVED BY Sid Abel DATE 7/21/86

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

B001166627
Sunroom/deck

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.

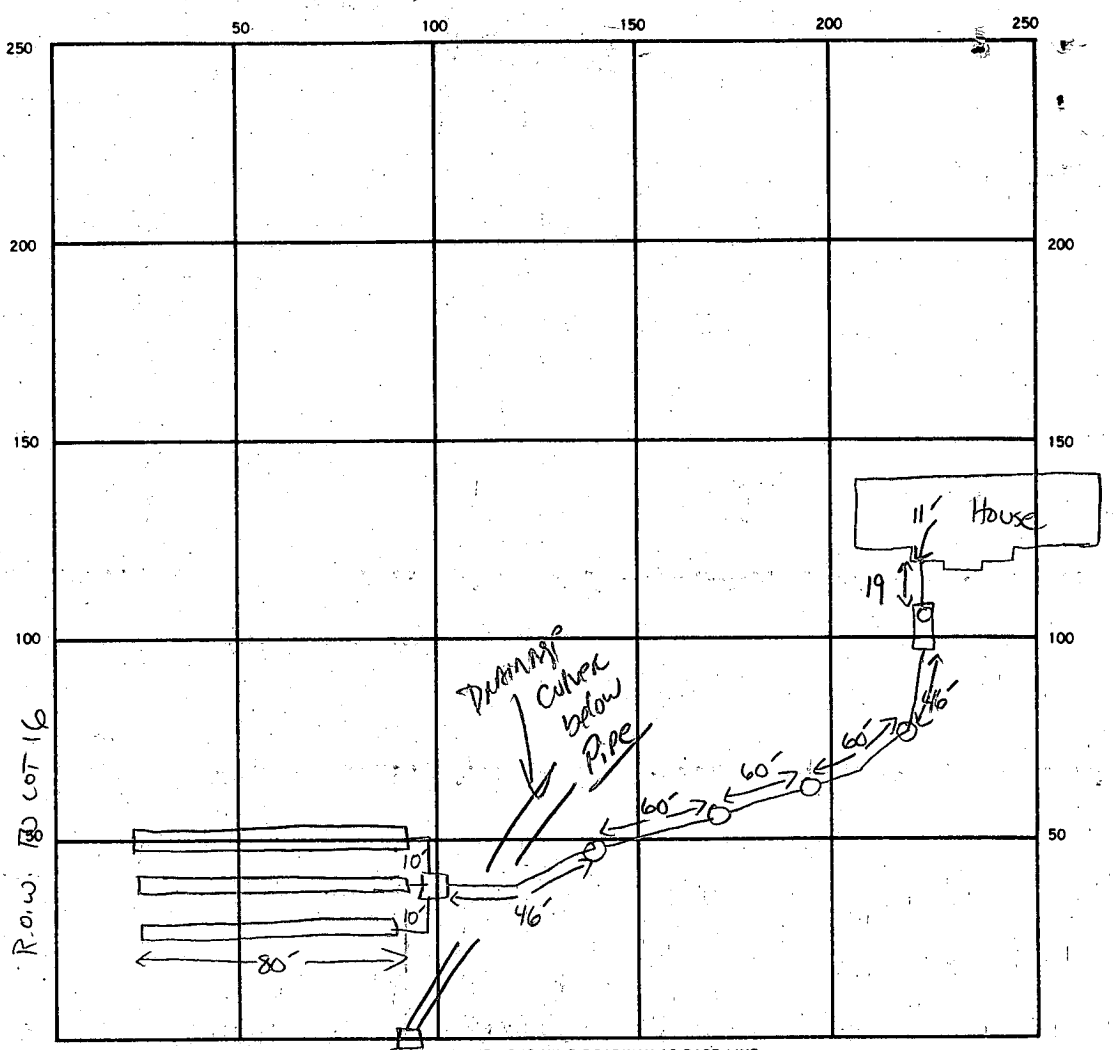
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 34894

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Preswick Drive

SEPTIC TANK. LEVEL ✓ 1500 GAL CLEANOUTS ✓ ST + 4 Inline Between ST & House

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 2.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 6-3-87 Inspection of Pipe from House to ST & ST to DB has 1/8-1/4" /1' Fall throughout. Syst. installed according to Plan. 6-4-87 OK to cover all work. SAG

DATE SYSTEM APPROVED 6-4-87 INSPECTOR S. Mel

APPLICATION

A 34894

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 3-29-85

SAM YEP
day 859 6422
pm 465 7436

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~~ DEVELOPER Prestwick Drive Joint Venture SAMUEL YEP.

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property GREENE FIELDS LOT NO. ~~X~~ NEW LOT 17 ON FINAL

ROAD AND DESCRIPTION End Of Prestwick Drive SECTION 1

6564 PRESTWICK DR.

BLDG. PERMIT SIGNED AND RETURNED 7/28/86 SAM
BP# 71800

SIZE OF LOT 3 acres TYPE BLDG. single family
(NUMBER OF BEDROOMS)

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.

Philip Manfuso
(SIGNATURE OF APPLICANT)

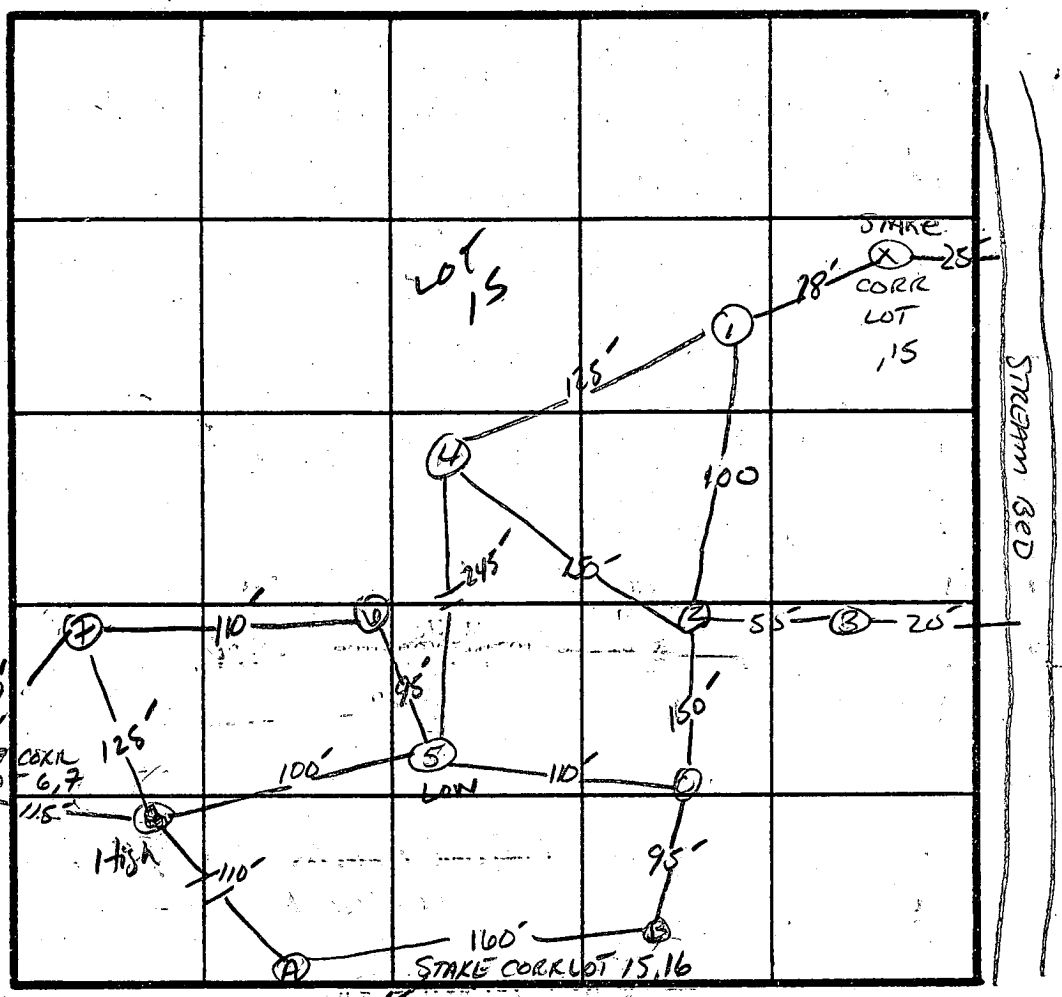
APPROVED BY Sidney Abel FOR Shallow tile fields DATE 2-18-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-10-85 Perc. SATISFACTORY, HOLD FOR REVIEW WATER IN 4 holes, hold for Subdivision plat, certified hole location, house and well site. S. Abel
1-10-86 System First. S. Abel B.P. # 71800

THIS IS NOT A PERMIT



① SOIL PROFILE

0
9" AP
BROWN CLAY LOAM LIO%
SAPROLITE
4'
BROWN SILTY SAND LOAM 10-20%
SAPROLITE
12'

⑤ ⑥ ⑦ ⑧

0
9" AP
BROWN CLAY LOAM LIO%
SAPROLITE
3'
BROWN MICACEOUS SILT SAND LIO%
SAPROLITE
10.5'
11'
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/8/85	1S 1V	4.5' 12' UNIFORM SOIL	2:17	=> ABANDONED STRUCTURE Below 4'		WATER AT 8'	
	2V	11' WATER AT 8'	ABANDONED				
	3V	ABANDONED AT 7'	WATER AT 5'				
	4V	WATER AT 9'					
4/10/85	5S 5V	4.5' 12' UNIFORM SOIL	11:32	11:33 STRUCTURE	11:33 Below 3'	11:37 WATER AT	4min 10.5'
	6S 6V	4.5' 12' UNIFORM SOIL	11:35	11:36 STRUCTURE	11:36 Below 3'	11:38 WATER AT	2min 11'
	4S 4V	4' 12' UNIFORM SOIL	1:12	1:13:30 STRUCTURE	1:13:30 Below 3'	1:16:30 WATER AT	3 min 11'
	8S 8V	3.5' 12' UNIFORM SOIL	1:16	1:18 STRUCTURE	1:18 Below 4'	1:23 WATER AT	5min 11.5'
	A	WATER AT	8'				
	B	WATER AT	8'				
	C	WATER AT	7'				

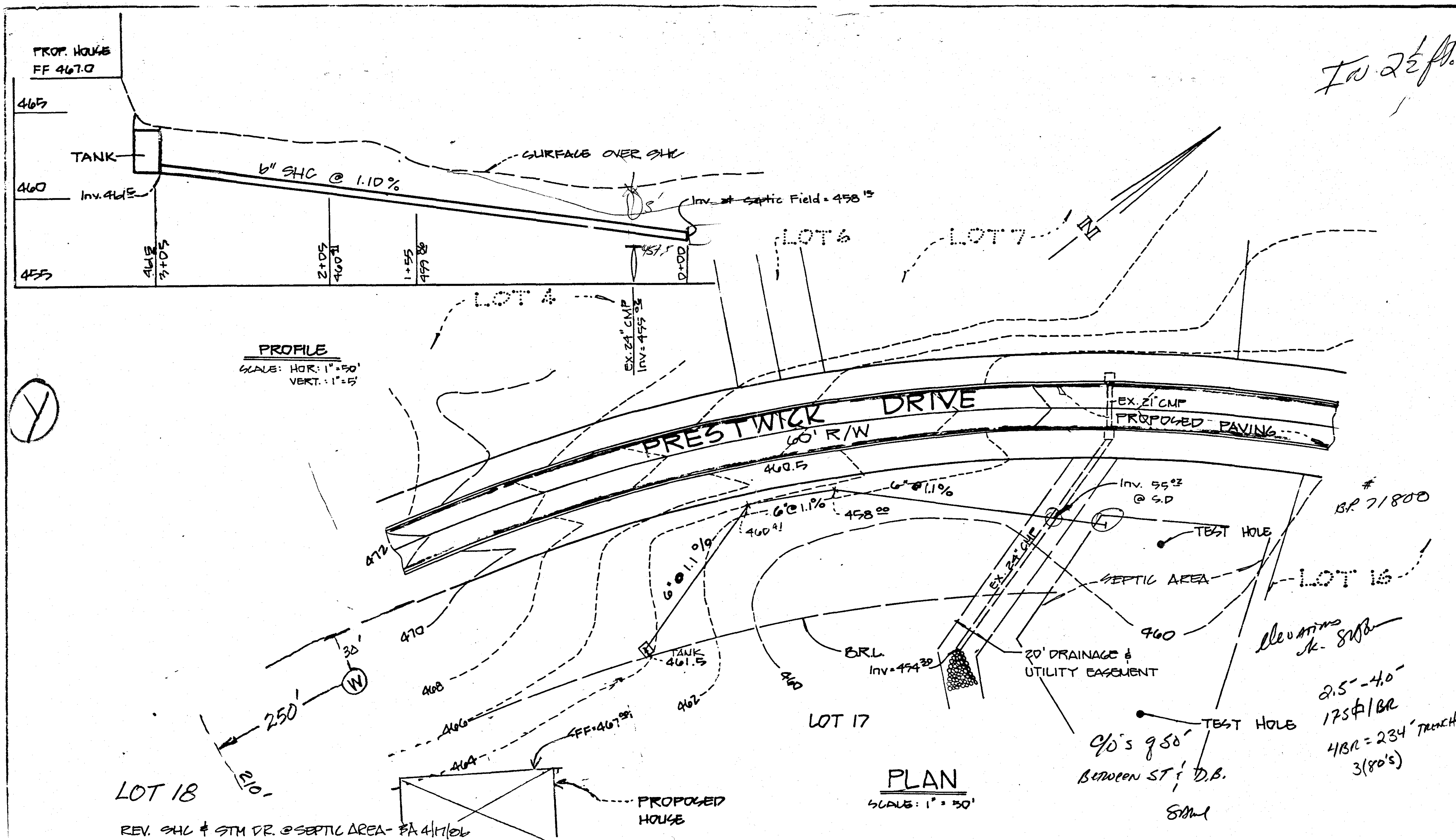
INLET 2.5-3'
BOTTOM MAX 4.0'
X PERC TIME 4min
158 ₵/BR
INCREASE TO 175 ₵/BR

REMARKS BOTTOM MAX 4' Shallow Sys. if PLAT Reviewed OK
1-10-86 System First.

TYPE OF SOIL

TESTED BY [signature] ALSO PRESENT Phil Mangieri, Ralph Green C. Cissil

EH-12-1079



OWNER: HIGHLAND ASSOCIATES P/O BOX 208 CLARKSVILLE, MD. 21029 301-531-5539	DEVELOPMENT CONSULTANTS GROUP, INC. 17904 GEORGIA AVENUE * 102 OLNEY, MARYLAND 20832 301-924-4570	PROPOSED SEPTIC FOR LOT 17 TAX MAP: 34, PARCEL: 75 & 318 GREENE FIELDS CLARKSVILLE (5TH) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	DATE JAN. 86 DRAWN M.A.M. CHECKED M.L.G. SCALE AS SHOWN	Sheet 1 of 1 PROJECT NO 136-01

APPLICATION

A 34891

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Venture

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property LOT NO. ~~8~~ 17

ROAD AND DESCRIPTION End of Prestwick Drive

SIZE OF LOT 3 acres TYPE BLDG. sinlge family
(NUMBER OF BEDROOMS)

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.

Philip Manzoff
(SIGNATURE OF APPLICANT)

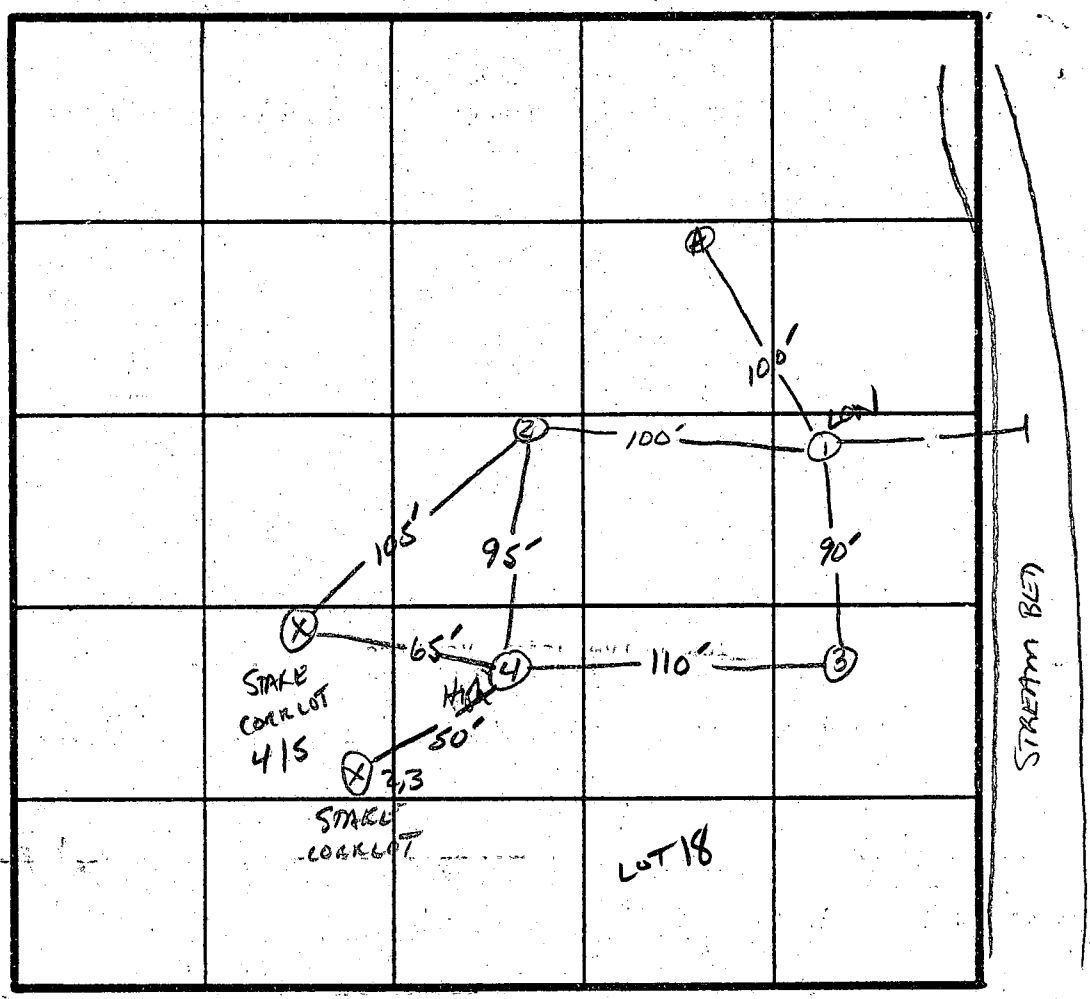
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-10-85 Perc. Satisfactory hold for review water in 3 holes, hold for Certified Subdivision plat, hole locations, house and well sites, & Revel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

River Clyde Dr.

SOIL PROFILE

(1) (2)

0'
AP
BROWN CLAY LOAM L10% SAPROLITE
2.5
BROWN/GREY MICACEOUS SILTY SAND L10% SAPROLITE
10'
12'

(3) (4)

0
9"
AP
BROWN/YELLOW CLAY LOAM L10% SAPROLITE SM. STONES
3.5
BROWN/GREY SILTY SAND MICACEOUS 10-20% SAPROLITE
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/10/85	1S 1V	3' 12'	11:54 UNIFORM SOIL STRUCTURE Below	12:06	12:06 2.5 WATER AT 10'	12:32	26 min
	2S 2V	3.5' 12'	1:25 UNIFORM Below 3.5'	1:30	1:30 WATER AT 10'	1:45	15 min
	3S 3V 12'	3.5'	12:10 UNIFORM SOIL STRUCTURE Below 3.5'	12:13	12:13	12:20	7min
	4S 4V	4' 12'	12:23 UNIFORM SOIL STRUCTURE Below	12:30	12:30 3.5' WATER AT 11.5'	12:48	18MIN
	A WATER AT 9.5'						

REMARKS Bottom MAX 3.5 Shallow Sys. if Plat Review OK
oversize Sys.

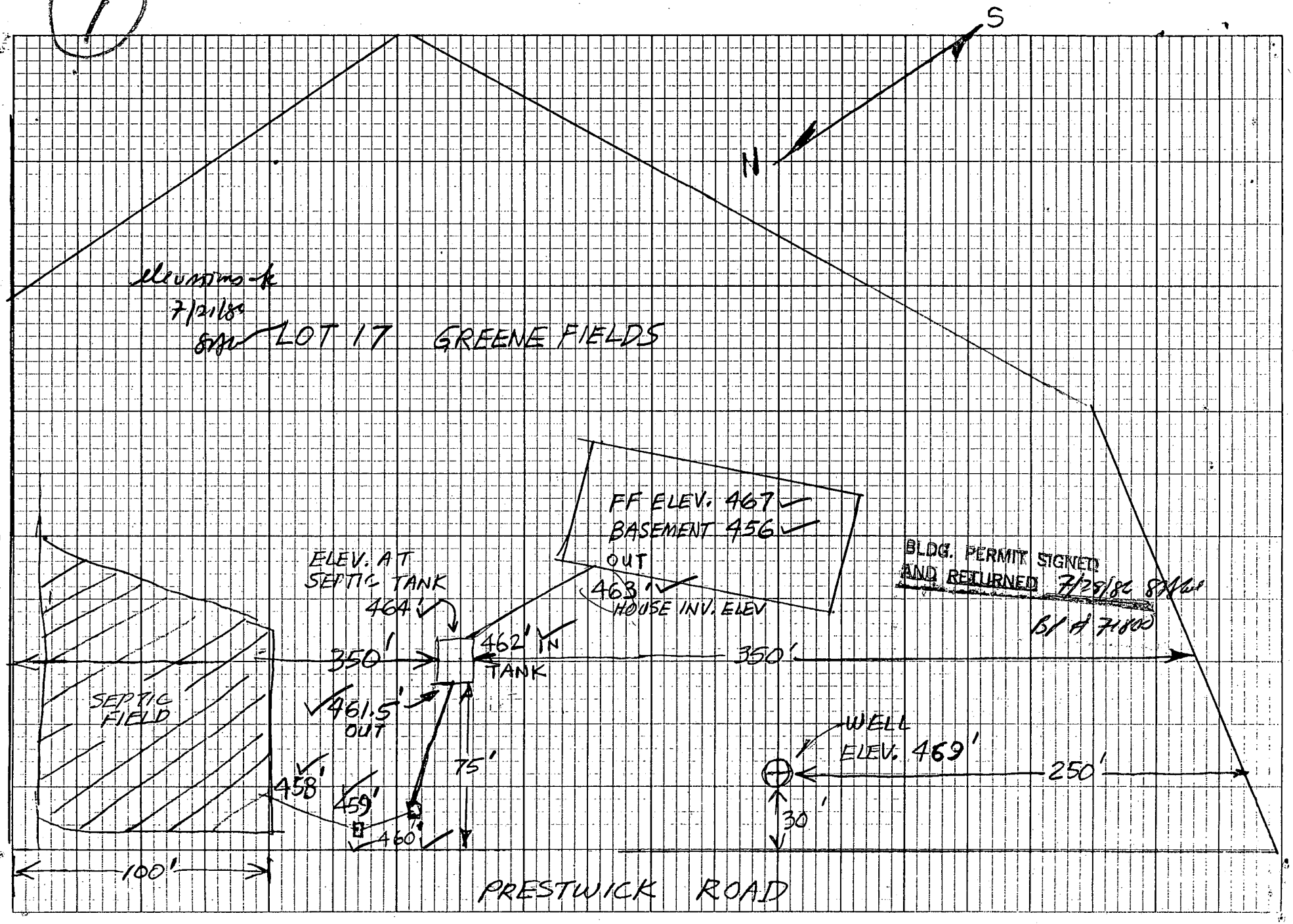
TYPE OF SOIL

TESTED BY [signature] ALSO PRESENT Phil Mangus, Ralph Green C. Cassil

EH-12-1079

46 0780

SITE PLAN



EMERGENCY/TEMP NO. IF ANY

B 1 1093 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: HO-81-1532

fill in this form completely

Date Received 7/23/86 — 52886

OWNER INFORMATION

Last Name: V P — First Name: SAM

Street or RFD: 2101 MT. H-BROCK DR.

Town: Ellicott City — State: MD — Zip: 2104?

DRILLER INFORMATION

Driller's Name: Joseph L. Magee — License No.: 338

Firm Name: Joseph L. Magee Well Drilling

Address: 5510 Ridge RD. Mt. Airy 21771

Signature: Joseph L. Magee — Date: 5/27/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 610

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)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

AIR-ROTary (circled) — 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 (circled)
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: GAP

FORCE — WRITE INITIALS IN BOX — PERMIT No. HO-81-1532

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: Chatham Hills

SECTION: 1 — LOT: 17 — Area I

NEAREST TOWN: Highland

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N (circled)

NEAR WHAT ROAD: Prestwick Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S (circled)

DISTANCE FROM ROAD: 40 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO.: A 34894

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED: 060986 — CO SIGNATURE: L Stamp — EXP. DATE: 12/9/86

NORTH GRID: 494000 — EAST GRID: 0812000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well
2.
3.

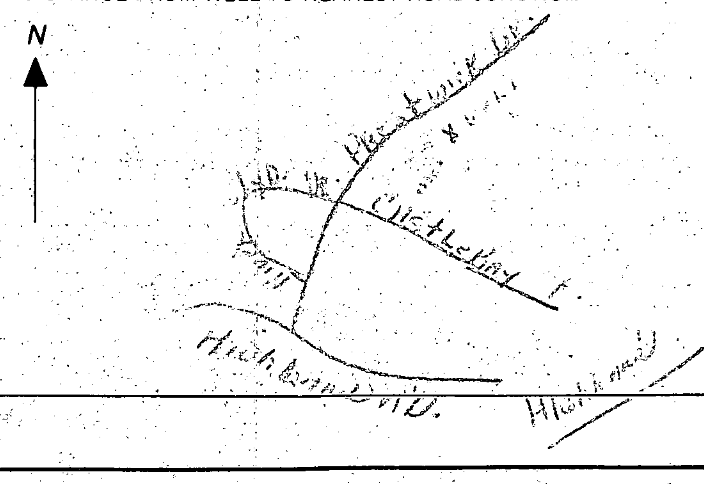
WRITE THE BOX NUMBER FROM THE MAP HERE

E 2102
N 4984

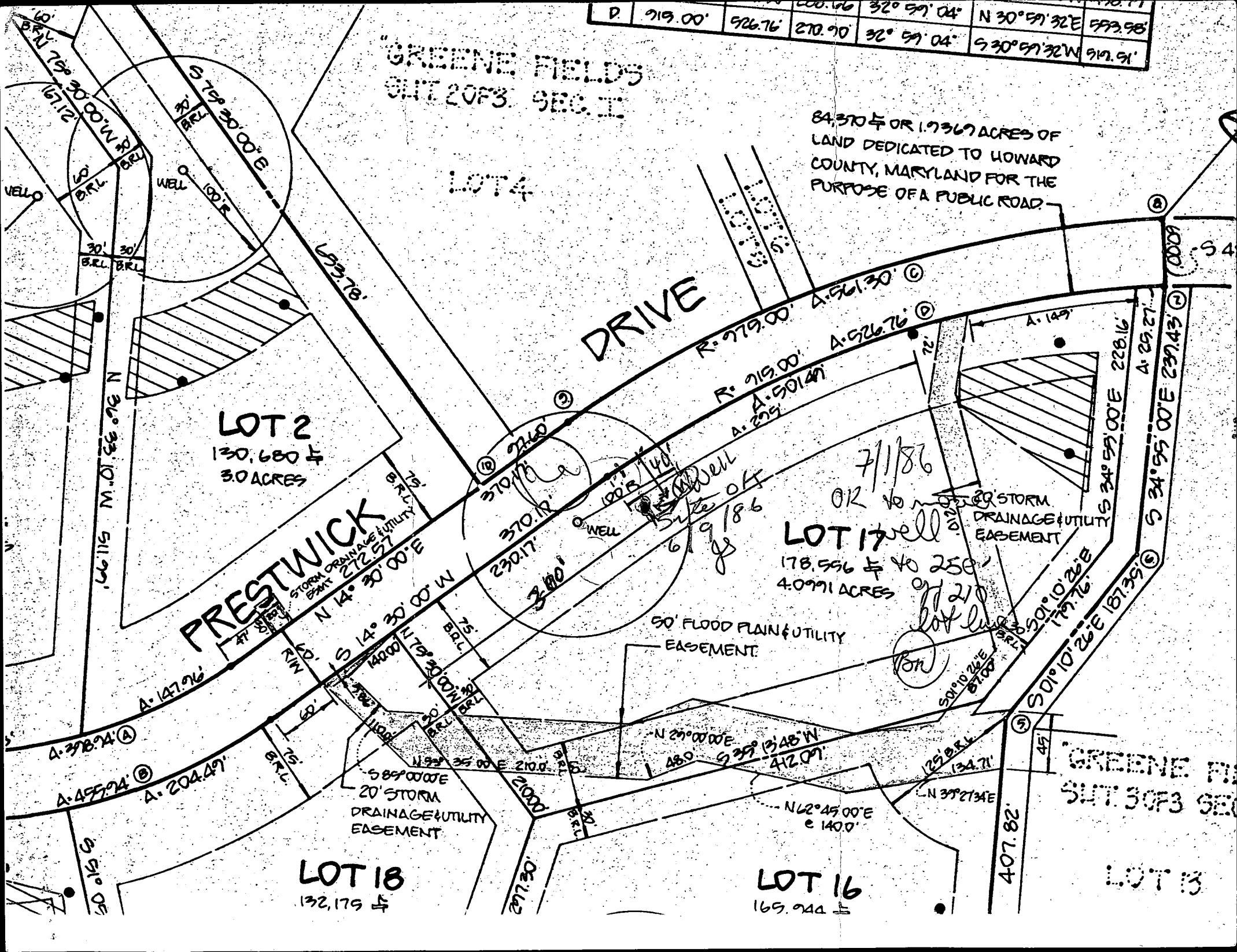
000
000

7-23-86
40' CASING
33' OPEN
14 BAGS CEMENT
TAG NO
LOCATION OK
S. Ary

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



HEALTH


"GREENE FIELDS
SHT 2 OF 3 SEC. I
LOT 4
DRIVE
84,370± OR 1.9367 ACRES OF LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD.
LOT 2
130,680± S.F.
3.0 ACRES
PRESTWICK
STORM DRAINAGE & UTILITY EASMT 27257
LOT 17
178,556± S.F.
4.0991 ACRES
50' FLOOD PLAIN & UTILITY EASEMENT
20' STORM DRAINAGE & UTILITY EASEMENT
LOT 18
132,175± S.F.
LOT 16
165,944± S.F.
WELL
N 14° 30' 00" W
S 14° 30' 00" W
S 75° 30' 00" E
N 75° 30' 00" W
S 85° 00' 00" E
N 29° 00' 00" E
S 39° 13' 48" W
N 62° 45' 00" E
S 01° 10' 26" E
S 34° 55' 00" E
N 31° 33' 26" W
N 35° 27' 34" E
R: 979.00'
R: 919.00'
A: 561.30'
A: 526.76'
A: 501.49'
A: 147.96'
A: 398.24'
A: 455.24'
A: 204.49'
A: 149'
A: 29.27'
A: 239.43'
370.17'
230.17'
140.00'
210.00'
48.0'
412.09'
134.71'
179.76'
187.35'
228.16'
407.82'
297.30'
LOT 15
LOT 13
7/1/86
9/86

C 1 | 2580 | SEQUENCE NO. (OEP 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 34894

DATE Received

DATE WELL COMPLETED 07 24 86

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1532

OWNER YEP (last name) SAM (first name)

STREET OR RFD WESTWICK DR TOWN HIGHLAND

SUBDIVISION GREENE FIELDS SECTION 1 LOT 17

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
SAND STONE	0	34	
GRAY MICA ROCK	34	205	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1232

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 33 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	6	40

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 HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	40	205
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 13

WHEN PUMPING 80

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 (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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

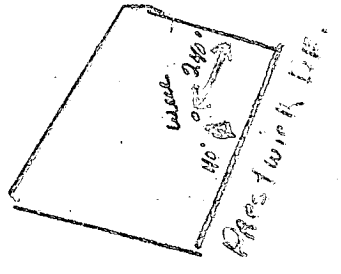
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / − below LAND SURFACE (nearest foot) 1

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. 238

Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T (E.R.O.S.) WQ

TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH

3.4894

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 # 39477
Date 6/16/87

Name of Installer GEORGE C NOUILLET Telephone 391-2550

License Number 2043
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 2043

Name of Property Owner SAMUEL YEE Telephone ____
Subdivision GREENFIELDS Lot # 17 Well Tag # ____-____-____
Site Address 6516 PRESTWICK DR.

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 30
2. Pressure relief valve? Yes

Piping
1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3 FT.

Well data
1. Depth 110 ft.
2. Yield ____ GPM
3. Static water level ____ 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: George C Nouillet

Date: June 16, 1987

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

ok to proceed

HD-215

DEVELOPMENT CONSULTANTS GROUP
SURVEYORS, ENGINEERS & LAND PLANNERS
SUITE 102
17904 GEORGIA AVE. 924-4570
OLNEY, MD 20832

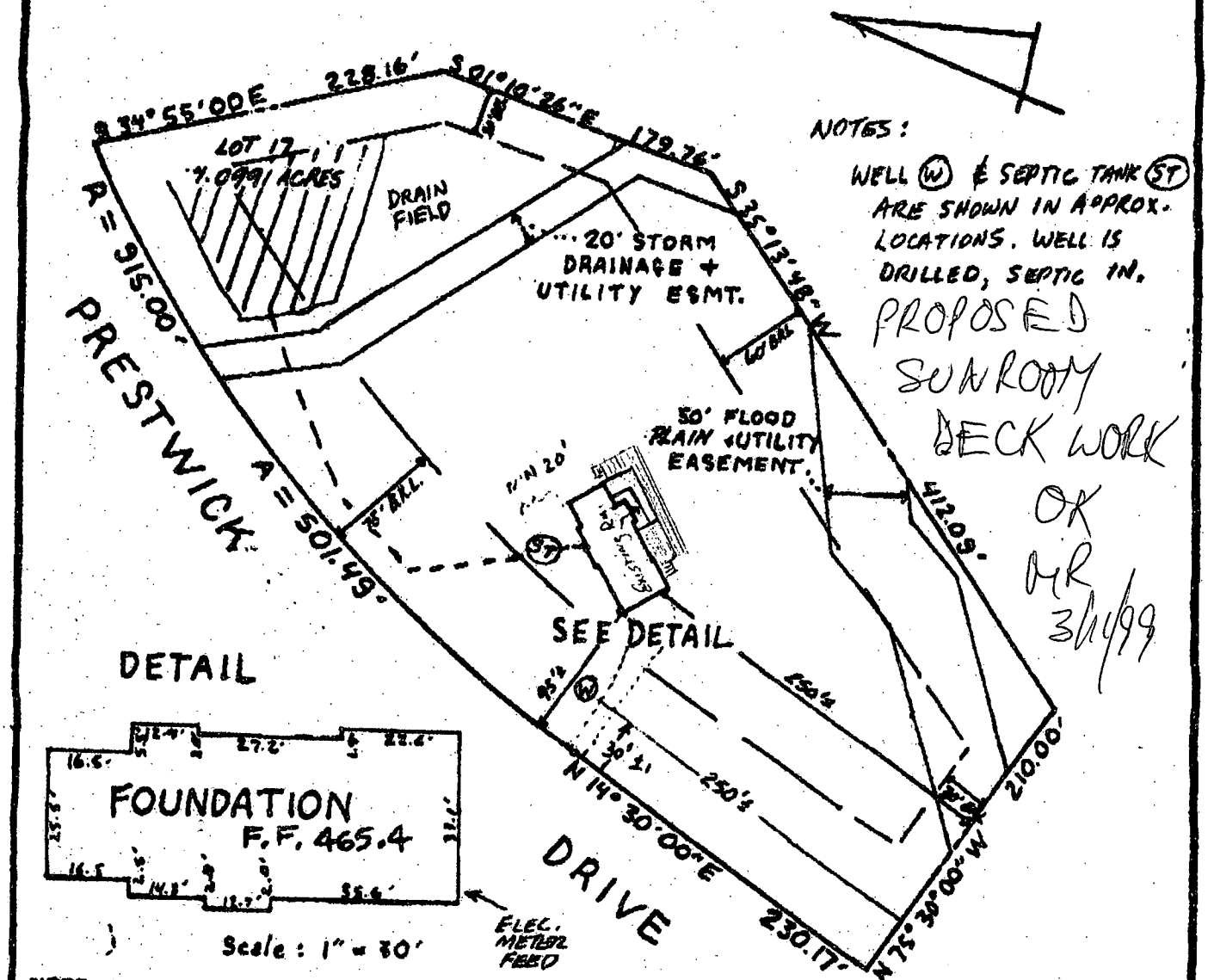
HOUSE LOCATION PLAT FOR S. YEP

LOT 17 BLOCK

"GREENE FIELDS"

COUNTY OF HOWARD PLAT BK. PLAT NO. 6672

B00116627



NOTES:

WELL (W) & SEPTIC TANK (ST) ARE SHOWN IN APPROX. LOCATIONS. WELL IS DRILLED, SEPTIC IN.

PROPOSED SUNROOM DECK WORK OK MR 3/4/99

NOTE: Existence of property corners not guaranteed by this plat

NOT IN FLOOD PLAIN

SURVEYOR'S CERTIFICATION

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record. that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

No title report furnished.

Professional Land Surveyor No 5216

Job No.	21-341
Scale:	1" = 100'
DATE	
Wall Ck:	11-18-86
Final Loc:	
Recert:	