

4/18/89 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-399033

DATE 4/28/89

DATE SYSTEM APPROVED 3-9-89

INSPECTOR S. Abel

INDEXED

Frall Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659. Mt. Airy. Maryland 21771 PHONE 795-5674

SUBDIVISION Greene Fields ROAD 6567 Prestwick Drive LOT 3

PROPERTY OWNER Donald Grant PHONE: 854-2921

ADDRESS P.O. BOX 25 Highland, Md 20777

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 - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 15 feet from the front (397.35') lot line and 120 feet from the right (354.10') lot line as seen when facing the lot from the Right-of-way off Prestwick Drive. Run trenches on contour toward the rear lot line. MAINTAIN SEPTIC TANK 100 FEET FROM WELL.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 71.

PLANS APPROVED BY Sid Abel DATE 2/13/86

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 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

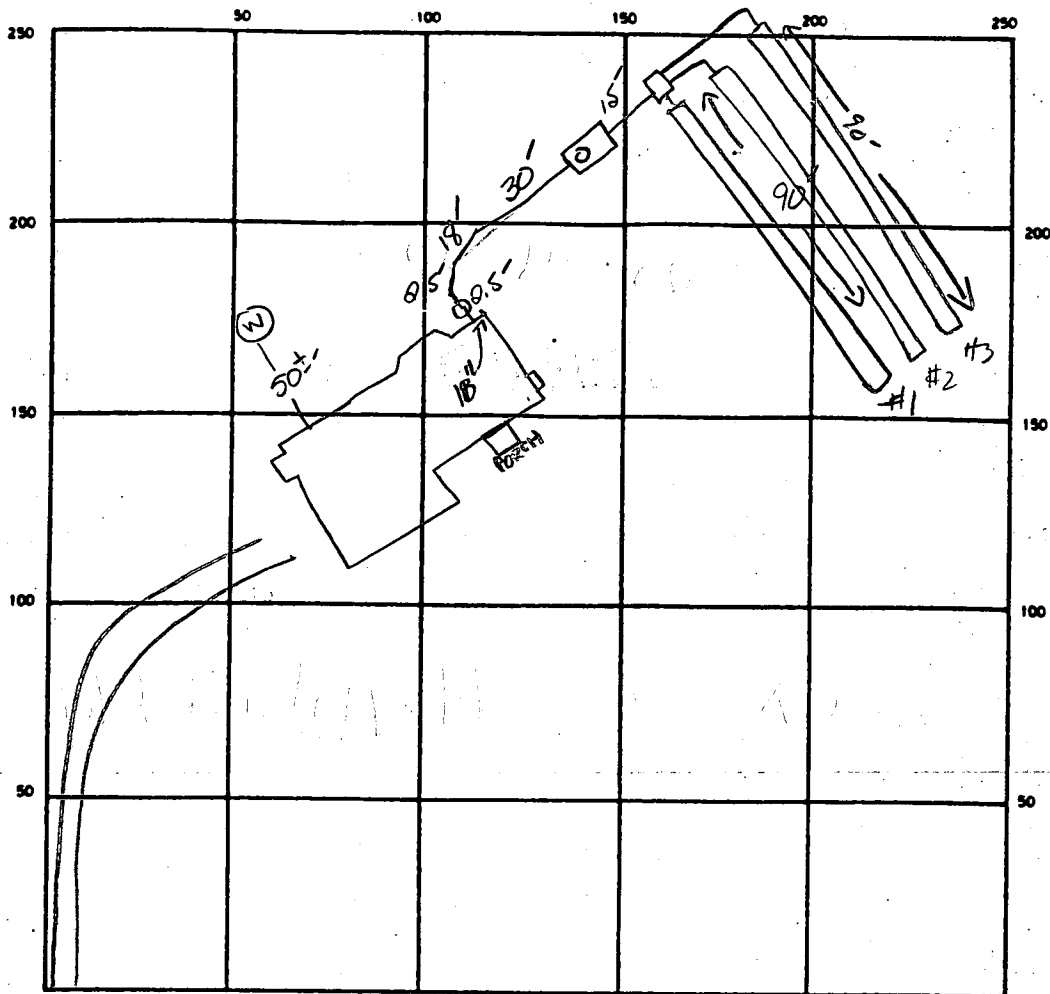
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 34905

267-
31800
1/20
18/20



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PRESTWICK DR.

SEPTIC TANK. LEVEL ✓ 1250 GAL CLEANOUTS ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 90 90 90 FT. TLF

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 270 SQ. FT.

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

ABSORBENT AREA 810 SQ. FT.

REMARKS 5/9/89 - OK TO COVER #1+2 - COMPLETE #3 TO 90' ADD STONE AND COVER
S. Amp

DATE SYSTEM APPROVED 5-9-89 INSPECTOR S. Bel

SUBDIVISION: GREENE FIELDS

LOT NUMBER: 3

Sec. 1

DRY WELL OR DRY WELL AND TRENCH

Sec. 1

	Septic Tank	sq. ft./bedroom
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Minimum Total square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES200 sq. ft./bedroomTrench to be 3 wide.Inlet 4 feet below original grade.Bottom maximum depth 5.5 feet below original grade.Effective area begins at 4.5 feet below original grade.1.5 feet of stone below distribution pipe.

4BM/6P without disposal

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 15 FT FROM THE FRONT (397.35)
LOT LINE AND 120 FT FROM THE RIGHT (354.10) LOT LINE AS SEEN
WHEN FACING THE LOT FROM THE RIGHT OF WAY OFF PRESWICK DR
RUN TRENCHES ON CONTOUR TOWARD THE REAR LOT LINE. MAINTAIN
SEPTIC TANK 100 FT FROM WELL. 2-13-86 S. ABLE

APPLICATION

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: 992-2330

A 34905

P _____

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 DONALD GRANT 854-2921

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

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GREENE FIELDS Sect LOT NO. NEW LOT 3
6567 ON FINAL

ROAD AND DESCRIPTION End of Prestwick Drive

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 M. Wright
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow test fields DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-11-85 Perc. SATISFACTORY, hold for certified subdivision
PLAT, hole location, house and well size stable

SEE LOT 1 TESTS FOR 8164 HOLES

BODG. PERMIT SIGNED
AND RETURNED 11/10/88

BP22342
sub

THIS IS NOT A PERMIT

0"	AP
9"	RED BROWN CLAY LOAM 110 % SAPROLITE
1.5'	BROWN SILTY SAND 10-20 % SAPROLITE

AP
ORANGE BROWN CLAY LOAM 10% SAPROPHITE
BROWN SILTY SAND 10-20% SAPROPHITE

[illegible]

REMARKS

SEPTIC TANK MUST BE 100' FROM WELL - SHALLOW SYST.

TYPE OF SOIL

Phil Manglitz

Ralph Green, Richard Demitt

TESTED BY

SAbel

ALSO PRESENT C. R. 1551

C1 04987

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 34905

DATE Received

1	2	3	4	5	6
8					13

DATE WELL COMPLETED

030988

Depth of Well

22 225 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-81-2586

OWNER

STREET OR RFD

SUBDIVISION

GRANT last name PRESTWICK DR. first name DONALD TOWN Highland MD.
Greenfield SECTION LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearingSAND

GRAY Mica
Rock0 53'
55 225'

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 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

St 6 60

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHER

C2

1 2

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

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

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

1 2

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 32

WHEN PUMPING 98

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE (nearest foot)
- below }

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)

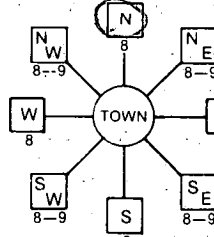
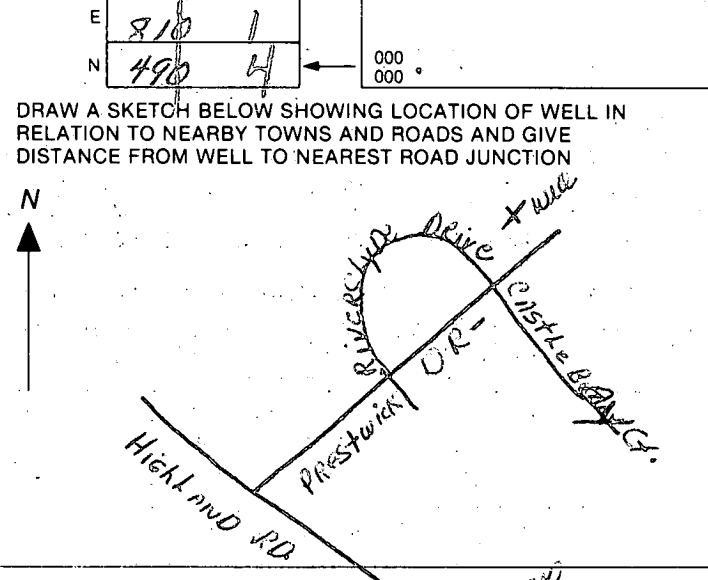
Well Permit No. HO - 81 - 2586
Location of property (road) Prestwick Dr.
Subdivision Greenfield Lot 3 Block Plat Sec.
Well Driller Joseph Mayne Owner Ronald Grant
Depth of well 225'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 37'

- I. High rate pumping -- reservoir drawdown
- Time pump started 7:30 Pumping rate 20 gpm
Total time 15 min. to reach pumping water level 98 ft 11 below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 3640 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-81-2586 <small>fill in this form completely</small>
Date Received (APA) 02-4-88		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION GREENFIELD SECTION 1 LOT 3 52 NEAREST TOWN HIGHLAND MILES FROM TOWN (enter 0 if in town) 1 M 1	
OWNER INFORMATION 15 Last Name GRANT Owner DEWAKO 36 Street or RFD 8147 MURPHY RD. 57 Town FULTON 70 State MD 72 Zip 20757		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 238 Firm Name Joseph J. Mayne Well Drilling Address 5512 Prince Rd. Mt. Airy 21711 Signature Joseph J. Mayne Date 3/16/88		11 NEAR WHAT ROAD Prestwick Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 500 37 500 DISTANCE FROM ROAD ENTER FT or MI FT	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A34905 COUNTY NO. STATE SIGNATURE _____ DATE ISSUED _____ CO SIGNATURE B. Nelson 09/01/88 NORTH GRID 494000 EAST GRID 0811000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> 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) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30: AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37: CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39: <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. river WRITE THE BOX NUMBER FROM THE MAP HERE 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE 10 WRITE INITIALS IN BOX HO-81-2586 SPECIAL CONDITIONS _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	

B 1 3640 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-81-2586 <small>fill in this form completely</small>
Date Received (APA) 02-24-88		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION GREENFIELD SECTION 1 LOT 3 52 NEAREST TOWN HIGHLAND MILES FROM TOWN (enter 0 if in town) 1 M I	
OWNER INFORMATION 15 Last Name GRANT Owner DEWICK 36 Street or RFD 8147 MURPHY RD. 57 Town FULTON 70 State MD 72 Zip 20757 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD PRESTWICK DR. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 500 37 DISTANCE FROM ROAD ENTER FT or MI FT	
DRILLER INFORMATION Driller's Name Joseph L. MAYNE 77 License No. 0238 Firm Name Joseph L. Mayne Well Drilling Address 5512 RIDGE RD. N. AIRY 2171 Signature Joseph L. Mayne Date 2/16/88		B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	
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)			
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____			
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 DEEPEN 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 _____ GAP _____ FORCE 24 WRITE INITIALS IN BOX PERMIT No. HO-81-2586 SPECIAL CONDITIONS			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A34905 STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED 03/01/88 CO SIGNATURE A. Wilson EXP. DATE 09/01/88 NORTH GRID 494000 EAST GRID 0811000 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. WELL WRITE THE BOX NUMBER FROM THE MAP HERE 			

Review 5/6/88 R/t

HD-224

THIS JOB IS
READY FOR INSPECTION
R.R. 4/22/89

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 # 44/34
Date 5/3/89

Name of Installer ROBERT L. FEETEX CO., INC.

Telephone 781-4655

License Number _____

Certified Well Pump Installer ☒ Well Driller _____ Registered Plumber ☒

Name of Property Owner W/M DONALD CRANT Telephone 854-2921

Subdivision HIGHLAND LAKE GREENBELT #3 Well Tag # HO-81-2586

Site Address 6567 TRENTWICK DRIVE

Pump

1. Type

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

2. Make DEMING (GRISWOLD)

3. Model # 4ALN

4. Capacity 8 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 3/4

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make MARSHALL MB-10

2. Model # MB-10

3. Depth 42"

Tank CATIVE AIR

1. Capacity WX-203

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 225 ft.

2. Yield 10 GPM

3. Static water level 30 ft.

4. Will water supply be disinfected by installer? YES

5-889-Pitless AT 48"-well line (coupled) - INSIDE WORK COMPLETE - PUMP INSTALLATION
NOT SEEN SAW

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. Feetex R.L.F. Co., Inc.

Date: 4/22/89

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

588° 55' 47" E

354.10

LOT 3

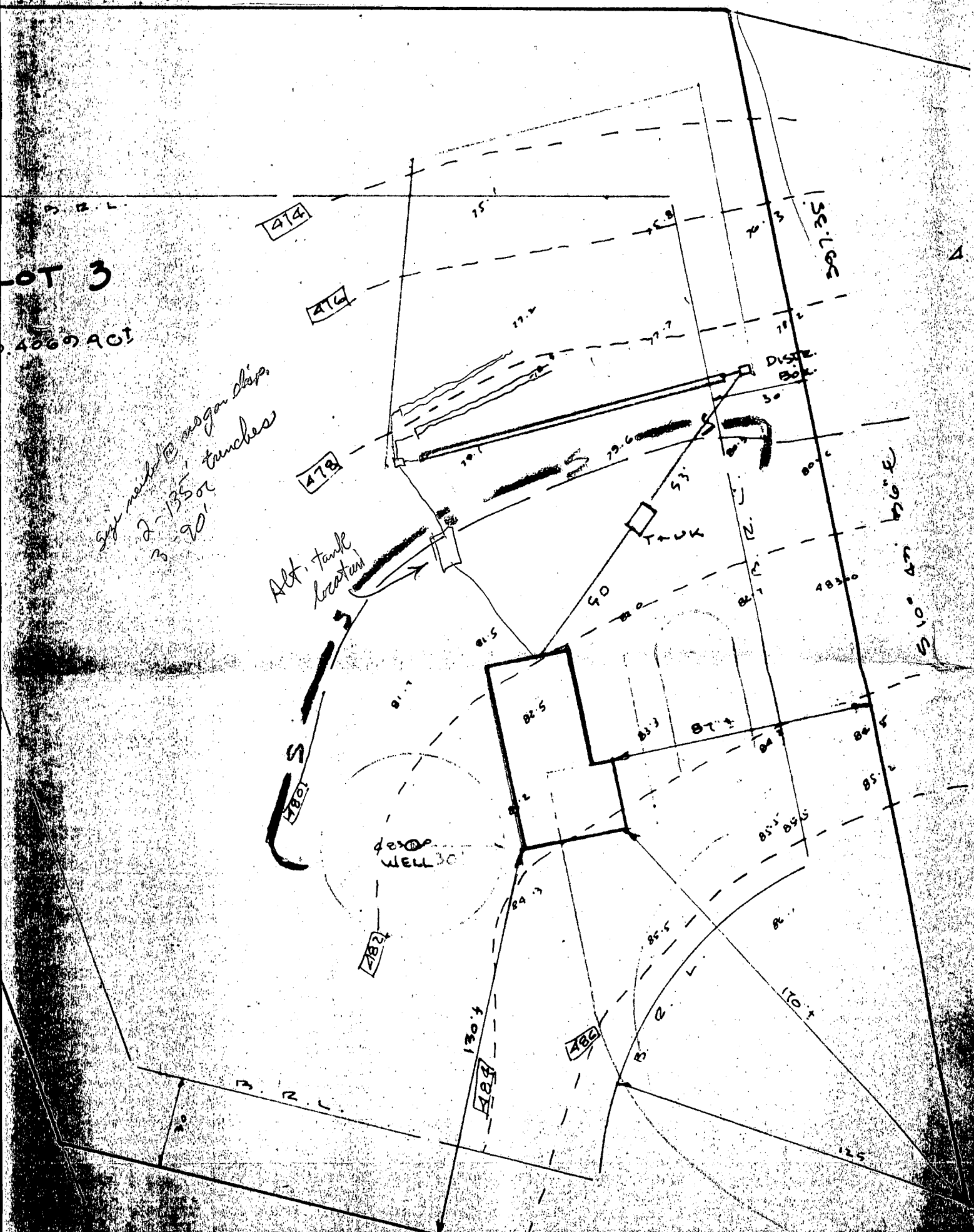
4060 AC

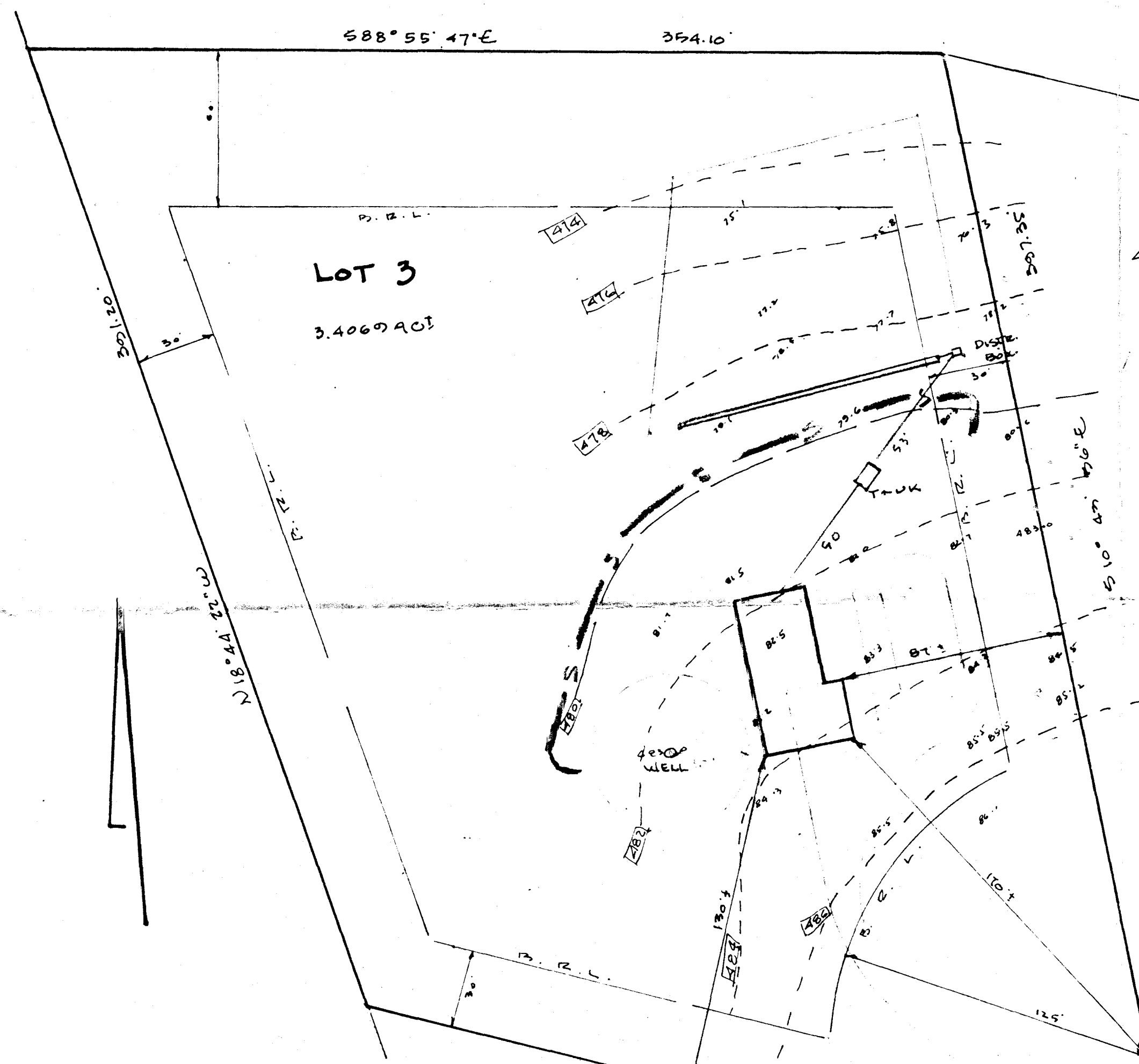
gas well @ 100' depth
2-135 or
3-90' tranches

Alt. tank
location

4000
WELL

Dist.
300'





DIST. BOX EXIST. EL. 479.0 ✓
 INV. 475.0 ✓

 TRUK EXIST. EL. 481.0 ✓
 INV. OUT 476.10 ✓
 INV. IN 476.50 ✓

 INV. @ HOUSE 478.5 ✓ + BSMT

TO SEWER BSMT = BSMT FLOOR 480.5 ✓
 F.F. 489.0 ✓
 GAR 488° = 4' FILL IN GAR. ✓

TO LOWER GAR. TO 485° = NO SEWER IN BSMT ✓
 UNLESS F.F. STAYS AT 489°

GREENE FIELDS
 LOT 3 PLAT OF LOTS 1 THRU 19 SECTION 1
 SHEET 2 OF 3 PLAT NO. 6673
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD
 SCALE 1"=40' OCT. 25, 1988

elevating
 on
 BMDG. PERMIT SIGNED
 AND RETURNED 11/10/88
 BP22312
 [Signature]

PRESTWICK DRIVE
 60' E/W