

7/15/86
1/87

APPROVED
3/14/86
RH

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 36839

A 31283

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

882-2330X

461-9933

01-185055

INDEXED

ELLICOTT CITY

DISTRICT 1st

DATE 4/23/86

T & R Plumbing

IS PERMITTED TO INSTALL X ALTER

ADDRESS

PHONE

SUBDIVISION Talbot's Last Shift

ROAD 5204 Talbot's Landing Rd.

5095 ~~Hickster Road~~

LOT 7A

PROPERTY OWNER

John Dwyer

ADDRESS

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the East (370.53') lot line and 50 feet from the North (302.75') lot line. Run trench(s) along contour toward East lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

04/86

PLANS APPROVED BY

C. Williams

DATE

3/26/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

BUDG. PERMIT SIGNED
AND RETURNED 3/11/90
Smith #32615

2 car garage

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31283

2-24-98
2:00pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A REPAIR _____

DISTRICT Ist _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~410-9933~~ XX

410-313-2640

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER ☒

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Talbot's Last Shift LOT 7A ROAD 5204 Talbot's Landing

PROPERTY OWNER _____ Dwyer

ADDRESS _____ Pcl 685

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. REPAIR TO BE MADE

Call for inspection when ground is opened so sanitarian can recommend repair.

02/23/98

PLANS APPROVED BY _____ DATE _____

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

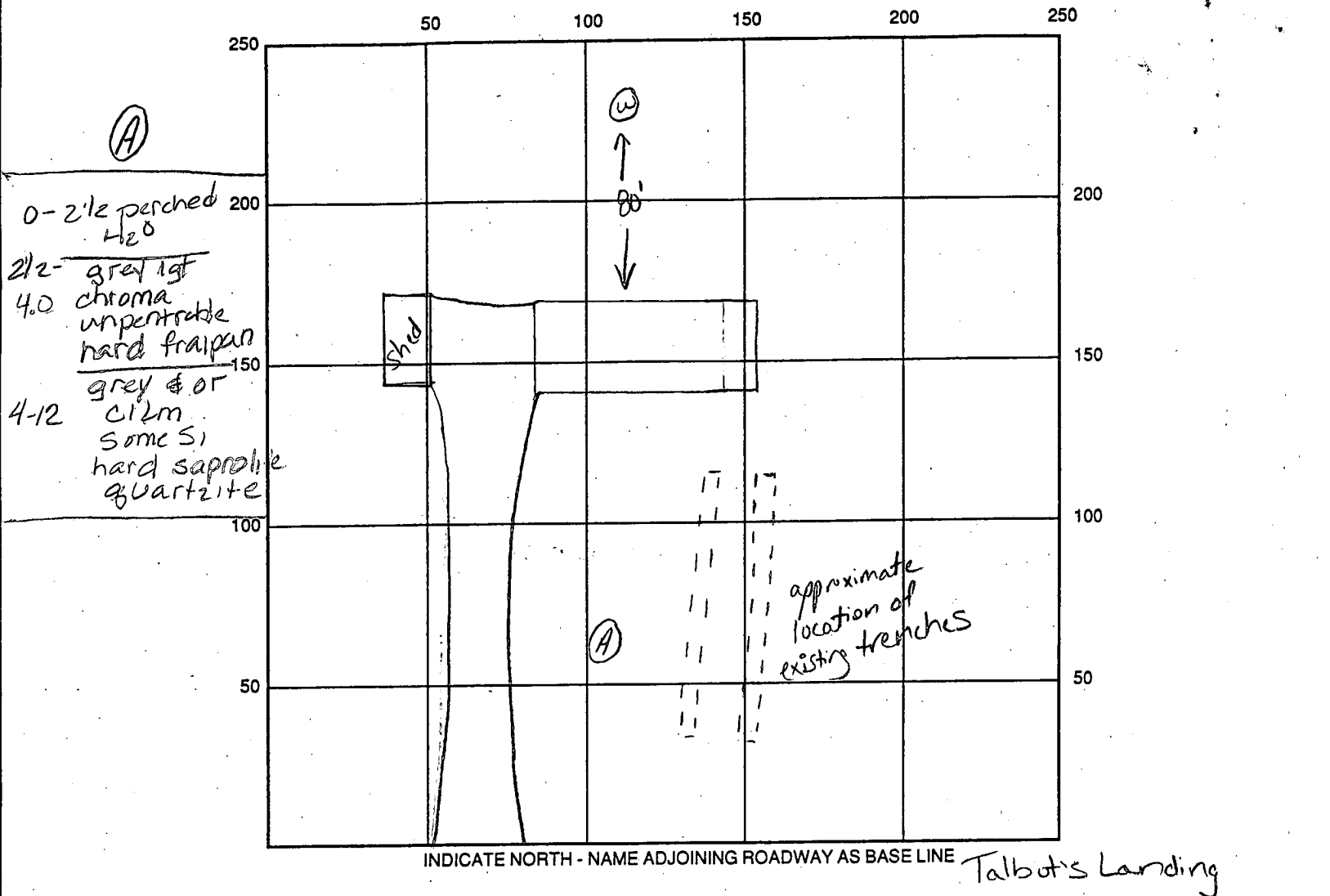
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 2/24/98 - Septic failing because of perched H₂O table - only suggestion is certain drain to remove H₂O - discuss w/ CW ALM/KM 2/3/98 owner installing diversion device to keep runoff away from drain fields. Hold on repair till summer due to unusual rains, checking into public sewer availability ALM

12/10/99 Had contact w/ owner - diversion of runoff seems to have helped - system no longer failing - observed from yard - no sewage visible

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st

DATE 3/26/81

A 31283

P _____

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 Howard Associates JOHN S. & ANN M. DWAYER

ADDRESS _____ PHONE Rhett Realty - 465-4920

PROPERTY LOCATION: _____

SUBDIVISION Talbot's Last Shift LOT NO. 7 A & B

ROAD AND DESCRIPTION # 5095 Ilchester Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Don Rewwer for Howard Associates
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS: _____ DATE _____

REASONS FOR REJECTION OR HOLDING B.P. # 69979

BLDG. PERMIT SIGNED
AND RETURNED 5-7-81

THIS IS NOT A PERMIT

#7AB 6/1/81

#7.B

SOIL PROFILE

SEE EACH HOLE BELOW

FIELD SHEET

WOODEN STAKE #6

EXISTING GRAVEL ROAD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R/W ROAD

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	START	STOP	TIME
1'-5' CLAY	3/27/81	1	5'	9:46	9:48	9:48	9:50	2m
5'-13' SOME CLAY LOAM + SAND MOSTLY 13'		2	9 1/2'	9:47	9:50	9:50	10:00	10m
1'-4 1/2' CLAY		3	4 1/2'	10:00	10:15	10:15	10:46	3 3/4" @ 1 1/2" X
4 1/2' - white SOME SAND CLAY + SAND		4	9'	10:00	10:15	10:15	10:40	25m
1'-4 1/2' CLAY		5	4 1/2'	10:28	10:35	10:35	10:53	18m
sandy soil 4'-9' - 14 1/2'		6	9'	10:29	10:34	10:34	10:43	9m
1'-8' =	4/2/81	7	3 1/2'	9:48	10:05	10:05	10:35	1 1/2" @ 1 1/2" X
{ SANDY CLAY }	3/27/81	8	8'	9:48	@	10:18	X	X 3/4"
1'-4' clay		9	4 1/2'	1:01	1:04	1:04	1:09	5m
4'-10' gravel loam		10	9 1/2'	1:01	1:03	1:03	1:07	4m
1'-8' CLAY MOSTLY		11	3'	12:49	12:50	12:50	12:51	1m
3'-7 1/2' SANDY			9 1/2'	12:50	12:52	12:52	12:59	7m

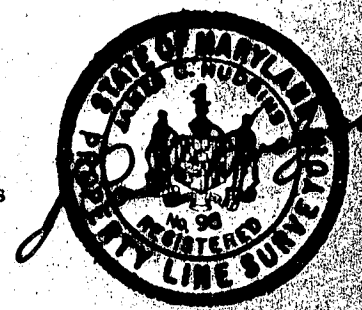
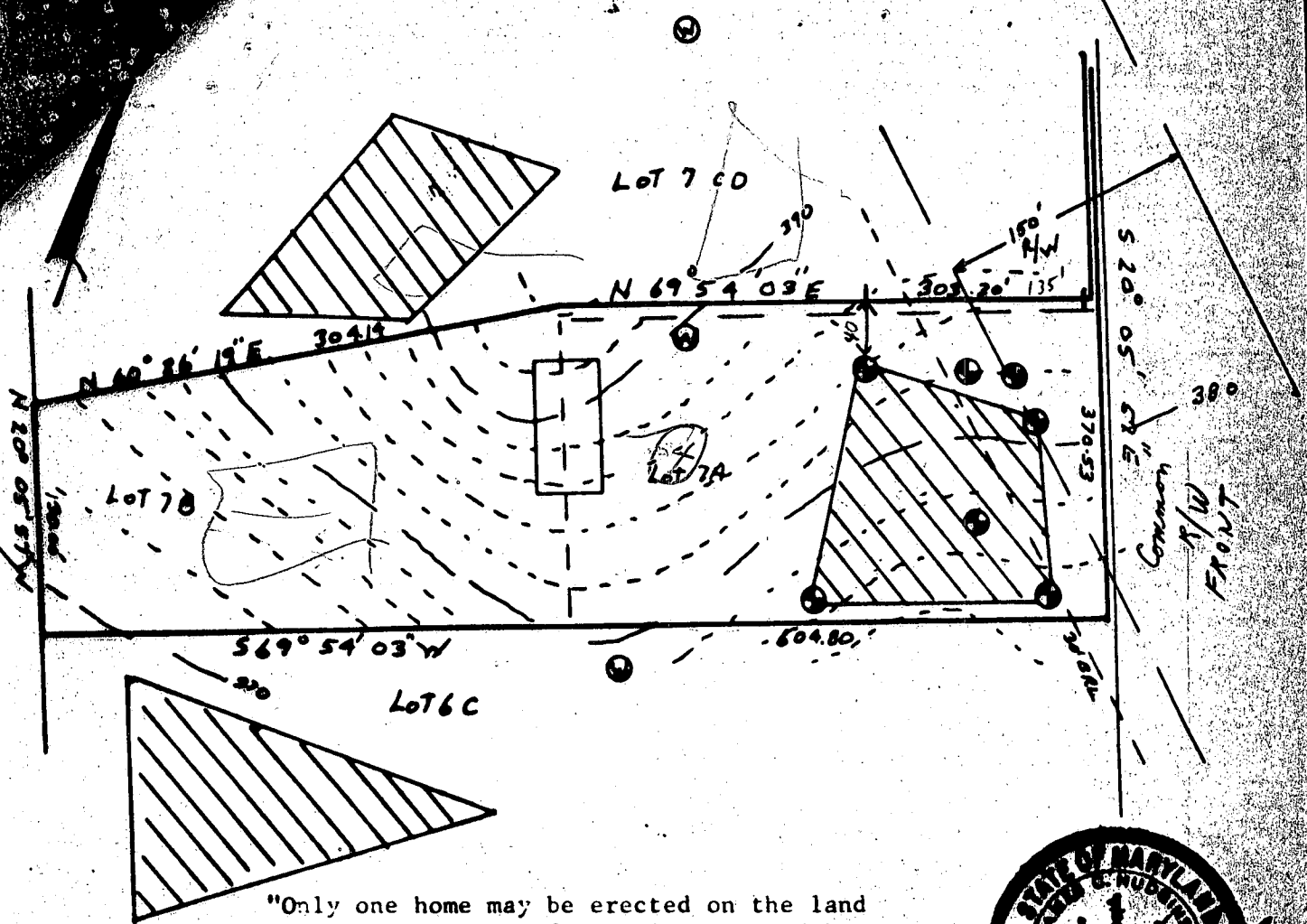
REMARKS

TYPE OF SOIL

TESTED BY

4/2/81 { HOLD FOR (1) HOLE CERTIFICATION 3/27/81 (2) HOUSE + WELL SITE (3) OFFICE REVIEW (4) ADJACENT LOTS - WELLS + SEPTIC'S } SCB 4/2/81 2 KETTER 4/2/81 ALSO PRESENT { 30. KETTER MAN 4'-8' { GEORGIA } (5) { DAUGHTER } { (5) { TRENCHES } }

EII-12-1079



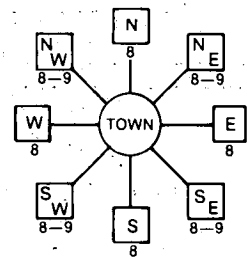
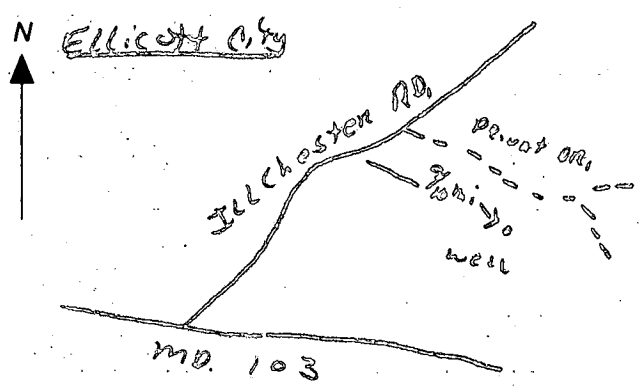
"Only one home may be erected on the land contained by the group of parcels conveyed by the instant deed until such time as public sewer and water is available to this land, or the parcels pass new percolation tests, or other changes occur obviating the need to so limit building."

This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage 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 shall not be necessary. Percolation test holes shown hereon have been field located and shown as "⊙". The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT
PARCEL 7AB
TALBOT'S LAST SHIFT
 PROPERTY OF
 HOWARD ASSOCIATES
 ILCHESTER ROAD
 1st Election District
 Howard County, Maryland
 Scale: 1"=100
 Date: 5-28-80

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307

APPROVED: For Private Water and Private Sewage Systems
[Signature]
 County Health Officer
 Date: 6-5-81

B 1	1756	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER 76
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received 080685 OWNER INFORMATION JACKSON KATHLENE 5331 KEEGER RD ELLICOTT CITY MD 21043		LOCATION OF WELL HOWARD TALBOTS LAST SHIFT SECTION 2A ELLICOTT CITY MILES FROM TOWN (enter 0 if in town) 4 MI		
DRILLER INFORMATION Ralph MAYNE Ralph MAYNE (well DRILLING) 9120 Brown Church Rd. Mt. Airy Ralph Mayne 8/6/85		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD ILCHESTER Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST DISTANCE FROM ROAD 710 FT ENTER FT or MI 71		
WELL INFORMATION 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 OEP SIGNATURE DATE ISSUED 080685 CO SIGNATURE EXP. DATE 4/6/86 NORTH GRID 506000 EAST GRID 0865000		
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)		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 860 5 N 500 6		
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 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 type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE CW WRITE INITIALS IN BOX PERMIT NO. 70-81-1126		
SPECIAL CONDITIONS				

C1 2385	SEQUENCE NO. (OEP USE ONLY)	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 31283
DATE Received 080685		DATE WELL COMPLETED 080685	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1126
OWNER JACKSON KATHLENE		Depth of Well 22 220 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER	last name JACKSON	first name KATHLENE	TOWN ELLICOTT CITY
STREET OR RFD	ILCHESTER RD		
SUBDIVISION	TALBOTT'S LAST SHIFT	SECTION	LOT 7A

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	Check if water bearing
	FROM	TO
Top Soil	0	2
Sandy	2	19
Sand Stone	19	25
Micka	25	28
Sand Stone	28	40
Micka	40	220

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES <input checked="" type="checkbox"/> Y	NO <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS 6	NO. OF POUNDS 600
GALLONS OF WATER 36	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 22 ft.	(enter 0 if from surface)

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> CO STEEL CONCRETE <input checked="" type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)
<input checked="" type="checkbox"/> PL	6
Total depth of main casing (nearest foot)	29

OTHER CASING (if used)	
diameter inch	depth (feet) from to
 	

SCREEN RECORD	
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN HOLE <input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER

C2	
DEPTH (nearest ft.)	EACH SCREEN
HO 27 220	1 8 9 11 15 17 21
 	2 23 24 26 30 32 36
 	3 38 39 41 45 47 51
SLOT SIZE 1 2 3 	
DIAMETER OF SCREEN (NEAREST INCH)	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	<input type="checkbox"/> 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	WQ
<input type="checkbox"/> 70 <input type="checkbox"/> 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.) 9	
METHOD USED TO MEASURE PUMPING RATE Bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 30	
WHEN PUMPING 85	
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	2 (nearest foot)

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. 273	
DRILLERS SIGNATURE Ralph E. May	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

Date 8/6/85Howard.Reviewed By S. HUR 4/28/86 OK

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-81-1126 Owner or Applicant CATHLENE JACKSONLocation of Property (road) Schuster Rd.Subdivision Talberts last 56 ft Lot 7A Block Plat Sec. Well Driller Ralph MayneDepth of Well 220 ftDistance of Measuring Point (M.P.) above ground 1 ftStatic Water Level (S.W.L.) below M.P. 30 ft

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:45Pumping rate 10 G.P.M.Total time 30 min to reach pumping water level 85 ft. below M.P.

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

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
10:15	85 ft	15 min	—	4 G.P.M.
10:30	85	15	—	4
10:45	85 ft	15 min	—	4 G.P.M.
11:00	85	15	—	4
11:15	85 ft	15 min	—	4 G.P.M.
11:30	85	15	—	4
11:45	85 ft	15 min	—	4 G.P.M.
12:00	85	15	—	4
12:15	85 ft	15 min	—	4 G.P.M.
12:30	85	15	—	4
12:45	85 ft	15 min	—	4 G.P.M.
1:00	85	15	—	4
1:15	85 ft	15 min	—	4 G.P.M.

29 ft PL 6 bags 27 min

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt #
Date 10/26/86

Name of Installer Timothy J. Rollman

Telephone _____

License number 7079

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner James D. [unclear] Telephone 465-0856

Subdivision Jalbots last Shift Lot # 7A Well tag # _____

Site Address 5059 Ilchester Rd, Ellicott City, Md 21043

Pump

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

2. Make Acme

3. Model # _____

4. Capacity 10 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

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make Howard

2. Model # _____

3. Depth 4'

Tank

1. Capacity 42 gal Equil

2. Pressure relief valve? yes

Piping

1. Type Creston

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 4'

Well data

1. Depth 220 ft.

2. Yield 4 GPM

3. Static water level 30 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: [Signature]

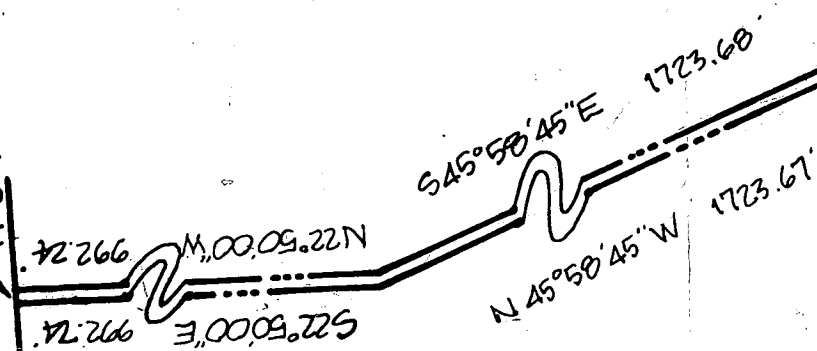
Date: June 26, 1986

* pitless at least 40" below grade

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

ILCHESTER RD.

R=674.51 L=0.83



SEPTIC SYSTEM DATA

INVERT AT HOUSE: 375.6 ✓

SEPTIC TANK (1000-GAL) ✓

EX. GR. 379.0 ✓
FIN. GR. 379.0 ✓
INV. IN 375.2 ✓
INV. OUT 374.9 ✓

DISTRIBUTION BOX

EX. GR. 378.5 ✓
FIN. GR. 378.5 ✓
INV. IN 374.8 ✓
INV. OUT 374.6 ✓

TRENCH #1 (60'x2')

EX. GR. 378.5 ✓
FIN. GR. 378.5 ✓
INV. IN 374.5 ✓
BOTTOM OF STONE 369.5 ✓

TRENCH #2 (60'x2')

EX. GR. 377.8 ✓
FIN. GR. 377.8 ✓
INV. IN 373.8 ✓
BOTTOM OF STONE 368.8 ✓

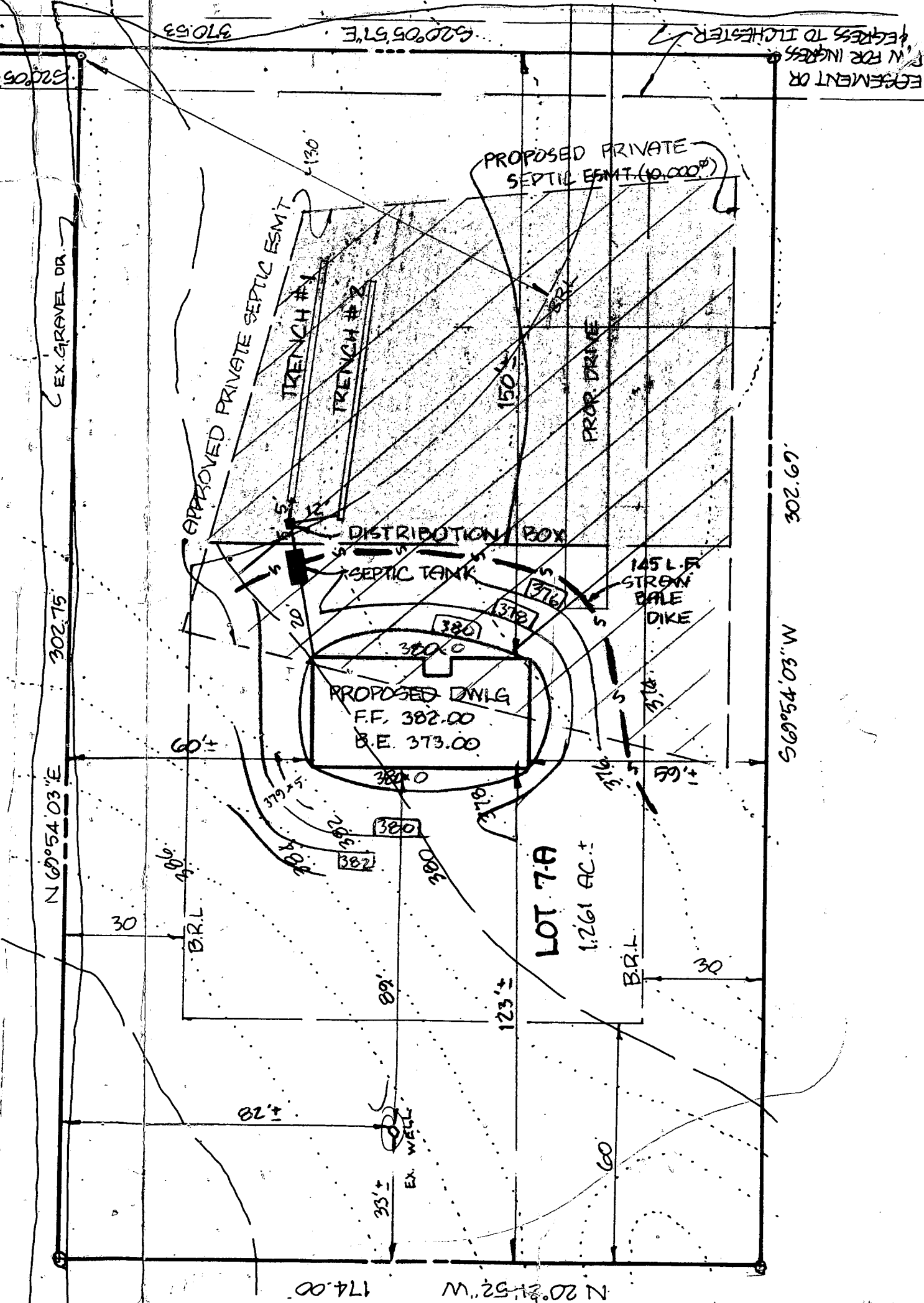
4-22-86
elevations of
S. Abel

SITE PLAN & GRADING STUDY PARCEL 7-A TALBOT'S LAST SHIFT

1ST ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1"=30' 4/19/86

John Dwyer

SHANABERGER & LANE
8450 BALTIMORE NATL PIKE
ELLCOTT CITY, MD. 21043
(301) 461-9563



BLDG. PERMIT SIGNED
AND RETURNED 5-7-86



5204 TALBOT'S LANDING
LOT-7A

Health

