HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

## 01-169244

## PERMIT

MARYLAND STATE DEPARTMENT OF HEALTH'

INDEXED

P	38769
•	

3/26/87

	8			,
Cornwell Pump Company		IS PERMITTED TO	INSTALL	ALTER
ADDRESS 12196 Triadelphia Road, Ellicot	t City, MD 2	1.043 PHONE	988-	9221
SUBDIVISIONTalbot's Last Shift	ROAD <u>5192 Tal</u>	bot's Landing	LOT	'D
PROPERTY OWNER	Wichman) Jac	guline Tra	wers r	ew owner
ADDRESS			<del></del>	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAP	ACITY BY 50% AND A	BSORPTION AREA BY	(22%. ) (20%.	, 180
SEPTIC TANK CAPACITY 1500 GALLONS NI 180 SQ FT TRENCHES - 180 sq. ft. per bedroom. T	,	s_3	<b>)</b>	
grade. Bottom maximum dept begins at 3.5 feet below or	h 5.5 feet bel	ow original g	rade. Ef	fective area
LOCATION - Start the first trench 100 from the North (301.4') lot				
North Lot line.  NOTE - No trench to exceed 100 fee			8" diamet	er cleanout and
cap to grade or above on se	ptic tank. <sub>Oklo</sub>			. 0
		•		
PLANS APPROVED BY	Williams		DATE	7/03/85

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).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

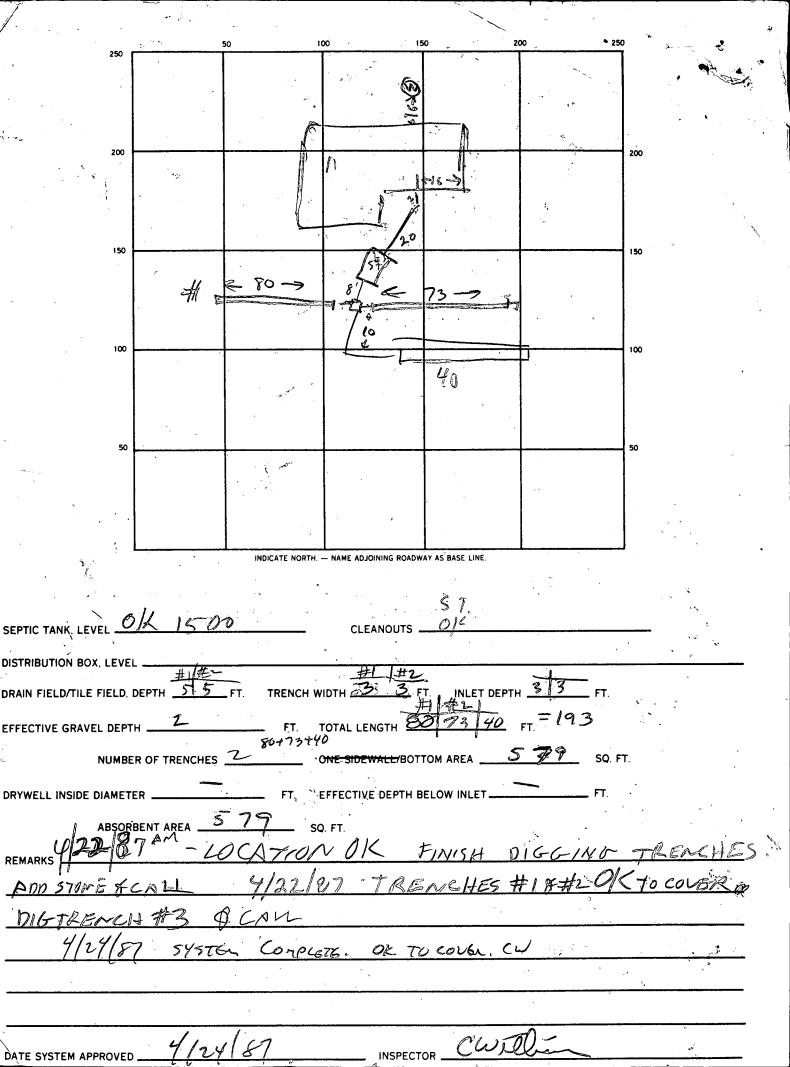
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

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



LOT NUMBER: 7D

#### DRY WELL OR DRY WELL AND TRENCH

		sq. f	ft./bedroom
	Septic Tank	Minimum Total squar	re Feet
3 bedroom	1000 gallon		
4 bedroom	1250 gallon		
5 bedroom	1500 gallon		
	1		
Inletfee	et below original grad	e.	,
Bottom maximum dep	th feet belo	w original grade.	
Effective area beg	ins at feet	below original grade.	
ground and	leave a 5 foot earth but s to exceed 100 feet i	rbent area, run the tre fer between dry well an n length. Trench inlet of stone below distribu	t to be same
	TR	ENCHES	
		185 sq.	ft./bedroom
Trench to be3	wide.		
	et below original grad	le.	160
Bottom maximum dep	th $5.5$ feet belo	w original grade.	
Effective area beg	ins at 9,6 feet	below original grade.	60 - 740
2 feet of	stone below distributi	on pipe.	3/540
(2) If mor	es to be installed on	l, a distribution box i level ground.	•
(A) Call f	or inspection of trend	th before gravel is ins mout and cap to grade o	talled. r above on septic
tank a	nd drywell	ed, increase septic tan	1 V ·
LOCATION: START	THE FIRST TRENC	H 100' From Th	ie west
(180.41) LOT L	INE AND 90 From	THE NONTH (301,4')	LOT CINE.
KON : I KENCHE	" Wrang Conce &	7-3-85 Ch	
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	4		

		E			ON	A 3/92
*/nn/		1	AGE DISPOSAL TE			
80 Mi			PARTMENT OF HEA	ALTH AND MENTAL	. HYGIENE	P
44.	NTY HEALTH DEPAR AL HEALTH SERVIC	1			DISTRICT	/M
P. O. BOX 473 ELL	LICOTT CITY, MARYLAND	1	•			5/13/02
جرد TELEPHONE: 992-	2330	:	•		DATE	0/10/00
	e de la companya de l		and the second second second			a ·
	1.0			,	•	
	•			and the second		
	TU 0551650			•		
TO: THE COUNTY HEAL ELLICOTT CITY, MA		i				
I, HEREBY, APPLY F	FOR THE NECESSARY TES	T IN ORDER TO CONS	TRUCT 1905 RECONSTRI	JCT) A SEWAGE DISPOS	AL SYSTEM.	
	et en a		Keston	W	CHMAN	RicHAN
PROPERTY OWNER	-32 / Os	in the second	n gune		ndo	1016
ADDRESS	937 TH	ergers	a, C.C.	// PHON	E /88-	-0766
PROPERTY + 0.51 TION				C	_	
PROPERTY LOCATION:	11 100		1.1	,	10	
SUBDIVISION	evally 3	hast sh	ft,	LÒT NO.	7\(\mathcal{N}\).	<del></del>
ROAD AND DESCRIPTION	la	Kester &	THE S.	192 TACK	BOT CANDI	WG-
ROAD AND DESCRIPTION .					· · · · · · · · · · · · · · · · · · ·	
· -					BLUG. PER	MIT SIGNED .
				× 4	AND RETU	NED 1/30/
SIZE OF LOT				TYPE BLDG.	AND RETU	RNED 1/30/ S. Alu
SIZE OF LOT				TYPE BLDG.		OF BEDROOMS)
	Ď UNĎER THIS ARRI IČ	PATION IS ACCEPTA	RI E ONI V UNTIL DI		(NUMBER	5. AW OF BEDROOMS) BP# 986
SIZE OF LOT	D UNDER THIS APPLIC	CATION IS ACCEPTA	BLE ONLY UNTIL PU		(NUMBER	5. AW OF BEDROOMS) BP# 986
		1		BLIC FACILITIES BE	(NUMBER	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE	THE FILING OF THIS I	PERC TEST APPLIC		BLIC FACILITIES BE	(NUMBER	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE	THE FILING OF THIS I	PERC TEST APPLIC		IBLIC FACILITIES BE	(NUMBER	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE	THE FILING OF THIS I	PERC TEST APPLIC		IBLIC FACILITIES BE	(NUMBER COME AVAILABLE. I I CIRCUMSTANCES. I	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE	THE FILING OF THIS I	PERC TEST APPLIC	ATION IS NON-REFUI	IBLIC FACILITIES BE	(NUMBER COME AVAILABLE I I	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE	THE FILING OF THIS I	PERC TEST APPLIC	ATION IS NON-REFUI	IBLIC FACILITIES BEI NDABLE UNDER ANY (SIGNATURE ( WELL GIT) PERMIT SIGNI	(NUMBER COME AVAILABLE I I	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE  FEE CONNECTED WITH  WITH ALL M.O.S.H.A. R  APPROVED BY Rayson	THE FILING OF THIS I	PERC TEST APPLIC	FOR BLDG.	IBLIC FACILITIES BEI NDABLE UNDER ANY (SIGNATURE ( WELL GIT) PERMIT SIGNI	(NUMBER COME AVAILABLE I I	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE  FEE CONNECTED WITH  WITH ALL M.O.S.H.A. R  APPROVED BY REJECTED BY  HOLD PENDING FURTHER 1	TESTS	PERC TEST APPLIC	FOR BLDG.	IBLIC FACILITIES BEI NDABLE UNDER ANY (SIGNATURE ( WELL GIT) PERMIT SIGNI	(NUMBER COME AVAILABLE I I	S. AW OF BEDROOMS) BPH 986 ULLY UNDERSTAND
THE SYSTEM INSTALLE  FEE CONNECTED WITH  WITH ALL M.O.S.H.A. R  APPROVED BY APPROVED BY REJECTED BY	TESTS	PERC TEST APPLIC	FOR BLDG.	IBLIC FACILITIES BEI NDABLE UNDER ANY (SIGNATURE ( WELL GIT) PERMIT SIGNI	(NUMBER COME AVAILABLE I I	S. AU OF BEDROOMS) BPH 986 ULLY UNDERSTAND
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9/24/82 HOLD FOR BEVIEW ODD SHAGED PEACARETRY

SOIL PROFILE
O

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			,	
	/s			

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

			PRE-	WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
-			,				
							· · ·
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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					· \ _ =		
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REMARKS	Sec		` ~	· V · · · · · · · · · · · · · · · · · ·					
		1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (							\$
TYPE OF SOIL				•		,			
TESTED BY		•					ALSO PRESENT	<u> </u>	

FH 12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT //

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

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	i.
PROPE	ERTY OWNER DOWNER DOWNER	
	ADDRESS 532 11 11 11 11 11 11 11 11 PHONE	165-1166
PROPE	ERTY LOCATION:	
SUBDI	IVISION BELLE FOR SAND SHAFF LOT NO.	1 D' %
ROAD	AND DESCRIPTION	· · · · · · · · · · · · · · · · · · ·
SIZE C	DF LOT TYPE BLDG	
		(NUMBER OF BEDROOMS)
THE :	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AV	NLABLE. I FULLY UNDERSTAND THE
FEE (	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMS	TANCES. I ALSO AGREE TO COMPLY
WITH	ALL M.O.S.H.A: REQUIREMENTS IN TESTING THIS LOT.	
	(SIGNATURE OF APPLIC	CANT)
		•
APPRO	OVED BY FOR	DATE

# THIS IS NOT A PERMIT

2.1			PRE-	WET	TEST -	1" DROP	
DATE	TEST NO.	OEPŢH	START	STOP	START	STOP	TIME
1.10.	[ <b>%</b>	4/2	1032	1034	1034	1035	1
118	1 1	9	1032	1034	1034	1037	3
: 1	N N	9	A 6	- 5	AND		
	25	5-1	1043	1116	1052	1058	-45
	2-V	9	HOP 5	FTS	PONA ALD		DY
	35	3 9 1/2	1.053	10534	1055 1	1057	2
- 1	31	91/2	1053	1033%	1037/2	1112	
	4 17	39	1109	1116	1110	1.115	5
	47	12	ALL	- 5 A	X/P		
	3V	13	SEE	SOL	11/20 020	1916	
	6 \/	12	ALL	- 5A	ND		
24/87	7	19/2	122	SAN	<b>D</b> ,	,	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TESTED BY REPORTS BARBOUT SAME ELEV

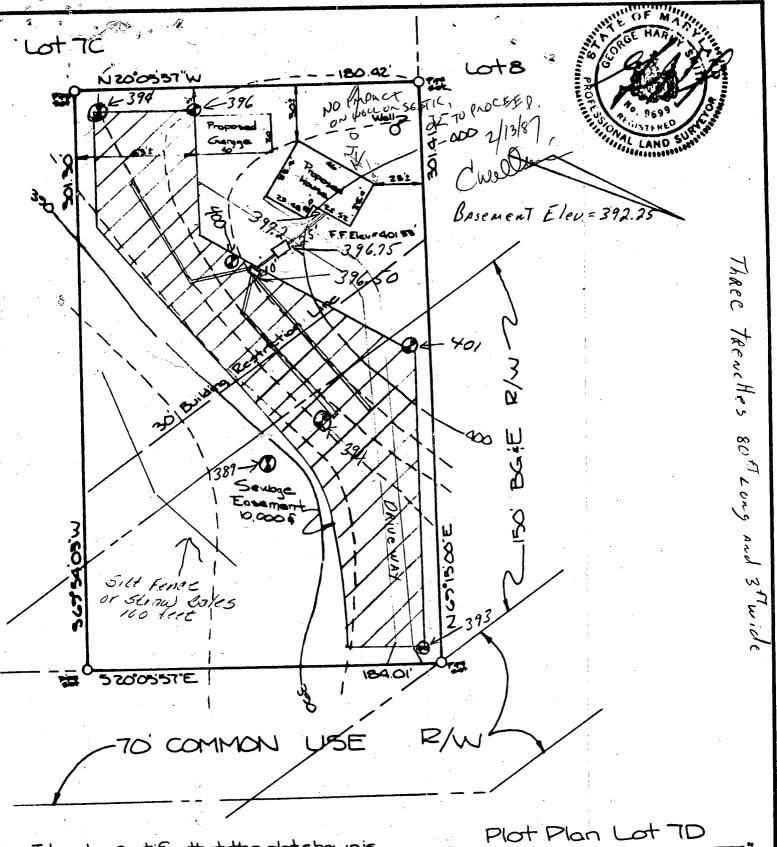
TYPE OF SOIL HOLES & BABOUT SAME ELEV

LAND BABOUT SAME ELEV

C. HUDGINS

ALSO PRESENT O'KETTERMAN FAMILY

EH- 12 1079



I hereby certify that the plat shown is Correct and was prepared from an actual field survey based on a dead recorded Aug. 1, 1983 in Liber 1770, Folio 318

George H. Smith L.S. 2699 Date

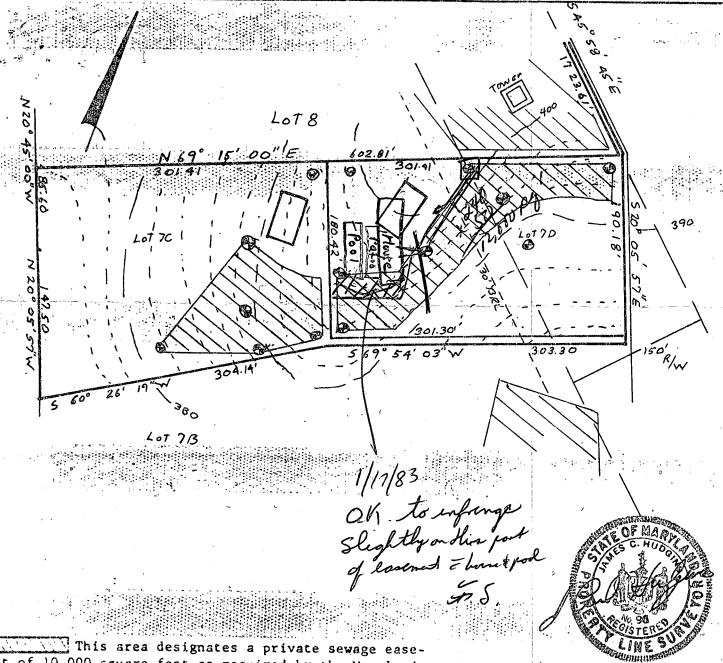
"TALBOTS LAST SHIFT

1"District, Howard Co. Maryland
Scale: 1"50"

Jan. 1787

84: MID-ATLANTIC SURVEYS INC. 223 Thelma Avenue Glen Burnie Maryland 20061

Phone: 301-761-1032



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

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.

Health OFFicer

APPROVED: For Private Water and Private Sewage Systems

10-14-62

Date 5

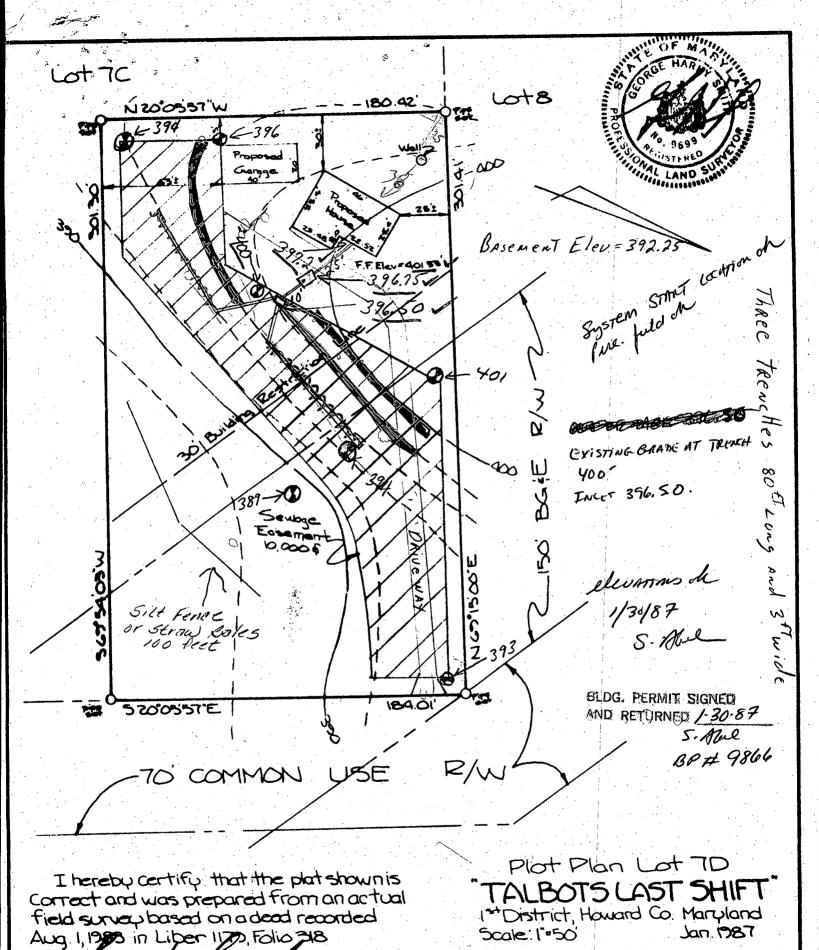
PERCOLATION TEST PLAT

PARCELS 7C \$ 70
TALBOT'S LAST SHIFT
PROPERTY OF

LAURIE LEAF ILCUESTER ROAD

1st Election District Howard County, Maryland Scale 1"=100" Date 9-28-82

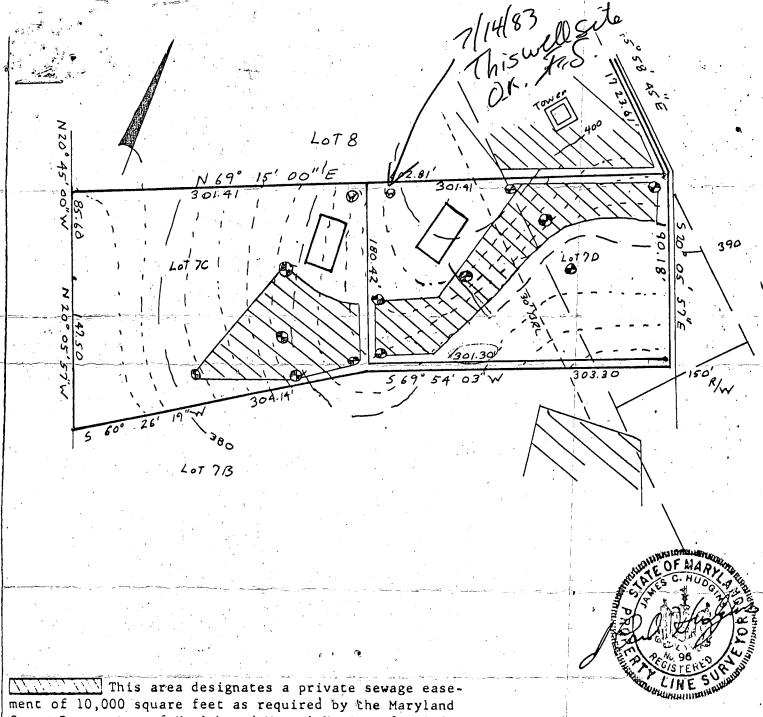
> NTT Associates Suite 307, Clark Bldg. Columbia, MD 21044 321-0307



George H. Smith L.S. # 9699 Date

By: MID-ATLANTIC SURVEYS INC 223 Thelma Avenue Glen Burnie Maryland 21661

Phone 301-761-1032



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.

For Private Water and Private Sewage Systems

10-14-50

Health Officer

PERCOLATION TEST PLAT PARCELS 7C 170 TALBOT'S LAST SHIFT

PROPERTY OF LAURIE LEAF ILCHESTER ROAD

1st Election District Howard County, Maryland Scale 1"=100' Date 9-28-82

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

Page of Date Suly 26, 1283

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - \$1-0190 Location of property (road) 1/chester Ro	rQ c/		
Subdivision Talbots Last Shiff	Lot 7D Block	Plat	Sec.
Well Driller Ralph Maype	Owner Frederick	Weller	
Depth of well 200 Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.			
I. High rate pumping reservoir drawdown  Time pump started / 45  Total time 5 mm to reach pumping	Pumping rate _ water level48	9 GPN ft. below	<del></del>

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:30	48'	3000		2
	48' 48'	30 sec. 30		2
3:45	48'	30		2
		,		
			<u> </u>	
				`
			,	
		1		
			•	

C 1 0790 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 · 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	COUNTY A 31928
DATE Received DATE WELL COMPLETE	22 2 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"  HO-81-0190
8 13 15 20  OWNER Weller	(TO NEAREST FOOT) Fred vick	28 29 30 31 32 33 34 35 36 37
		Ellicott City
	iff section	LOT_ 7-D
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO if water bearing	NO. OF BAGS NO. OF POUNDS 45 46	PUMPING RATE (gal. per min. 21 11 15 15
Top Soil o 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE BYCKER
Jap Soil 0 2 Sandy 2 20	from 48 TOP 52 ft. to 25 51 ft  48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)  BEFORE PUMPING  A  BEFORE PUMPING
	casing CASING RECORD types ST CO	WHEN PUMPING 20 0 25
0,000	insert appropriate code STEEL CONCRETE	TYPE OF PUMP USED (for test)
Micky 35 50	below PLASTIC OTHER	A air P piston T turbine
SAND Shows 50 35	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe
M:ckr 55 200	PU G JOIL	jet Submersible
	60 61 63 64 66 70 E OTHER CASING (if (1) (1) (1) (1)	
	diameter depth (feet)  diameter depth (feet)	PUMP INSTALLED
	C A S	DRILLER WILL INSTALL PUMP YES (NO)
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	screen type SCREEN RECORD or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	insert appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE: CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon)  PUMP HORSE POWER
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1	CASING HEIGHT (circle appropriate box:  + above and entercasing height)
	H <sub>2</sub>	49 LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	Ē <sup>3</sup>	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	N 38 39 41 45 47 51 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR.
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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	from to	Road
ABOVE CAPTIONED PERMIT; AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS   FLOWING WELL INSERT   F IN BOX 68 68	1250
DRILLERS IDENT. NO.	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	is livel
DRILLERS SIGNATURE (MUST MATCH, SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	300
Raph E. Mazuel	70 72	2
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

Page:	•. of	
Date	7/16/43	_

Review Merrindah SMul 1-29-87

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - $8(-0/90)$		
Location of property (road)	ter Koad	
Subdivision Talbots Last Shift	Lot 7D Block Plat	Sec
Well Driller Ralph Mayne	Owner Fredrick Weller	
Depth of well <u>JOO ff</u> Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.	ve ground 2ff 25ff	· ·-
I. High rate pumping reservoir drawdown		
Time pump started 1.45  Total time 15mm to reach pumping	Pumping_rate 2 G.F.M. water level 48 ft. below M	

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 🕻	(if used)	(gallons per
tervals		gallon bucket .		minute)
2:00	48ft	30 sic		2 6.P.M
2:15	48 ft	30pm		26.P.m
2:30	X89+	30 su	_	2 G. P. m
2:45	48ft	30 pri		26.7.~
3:00	48 ft	30 su		2 G.P.m.
3:15	48 ft	30 pc		2 G.P.m.
3:30	48 ft	30 su	_	2 a.t.m
3:45	48 ft	30 pr		2 G Pim
4:00	48 ft	30 Ru		26.f.m
4:15	4.8 ft	30 ve	- ·	2 G. Rm
4:30	48 f +	Josen		2 a. P. m
4:45	48 ft	30m		2 C. P. W
5-100	48 41	30 ris		2 G. P. m
5:15	4844	30ses		2 G.P.M
5:30	484+	30 pre		2 C. Pm
5:45	484+	30.00		2 B. P.m
6:00	48ft	30 pre		2 G P m
6:15	48f+	30 pre		2 G Pm
6:30	48ft	30 src		2 G.P.~
6:45	484+	3000		2 G. P. M
7:00	4897	30 pre		2 G. P.m
7:15	48f+	30 pre		26.9~
7:30	48ft	30 pic		2 G. P.m
2:45	488+	30.se		26. P.m
8:00	200 F 46PM	3 Oper		2 G.P. m

8; 00 pt 200 th 46 pm 3 Oper

2 G.P. W

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

New Installation Receipt # Replacement Name of Installer CORN WELL Plumbing & Leating Telephone 978-972 License number 3853 Certified Well Pump Installer \_\_\_\_ Well Driller \_\_\_\_ Registered Plumber \_\_\_\_ Name of Property Owner RICHARD E. WICHMAN Telephone 747-0013
Subdivision TAISORT CHIDING Lot # 7D Well tag # HO-81-0190 Site Address 5192 TAIbulf CAnong ESERIDGE MID. Pump Motor. Pitless Adapter 1. Horsepower 1/2 2. RPM\_\_\_\_\_ 1. Type 1. Make a. Deep well jet\_\_\_\_ 2. Model # \_\_\_\_\_ b. Shallow well jet\_\_\_ 3. Voltage 3. Depth c. Submersible a. 110\_ 2. Make Mt DonalD b. 220 - Model # \_\_\_\_GPM 4. Capacity 10 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\_\_\_ 1. Type tily blue 2. Size (" Tank Well data
1. Depth 200 ft. 1. Capacity\_\_\_\_ 2. Pressure relief 2. Yield GPM value? 75 3. NSF and/or BOCA 3. Static water Code approved level\_\_\_ft.
4. Will water supply 4. Depth of supply line be disenfected by installer? し

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).

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

alked Wina Conswell