

4/8/87
A2BP

03-305487

PERMIT

P 38703
A 26017
3rd

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

(INDEXED)

ELLICOTT CITY ^{2/13/87}
DISTRICT 3rd

DATE 2/13/87
6/9/87
approved
X RH ALTER

Maryland Master Builders IS PERMITTED TO INSTALL

ADDRESS 12900 Brighton Dam Road, Clarksville, Maryland 21020 PHONE 301-854-0074

SUBDIVISION Friendship Manor ROAD 2555 Wellworth Way LOT 39

PROPERTY OWNER Howard Krieger

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box approximately 135 feet from the front (314.72') lot line and 180 feet from the left (361.30') lot line as seen when facing the lot from Route 144. Run trenches on contour toward the left lot line.

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

S. Abel

12/23/86

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: 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.

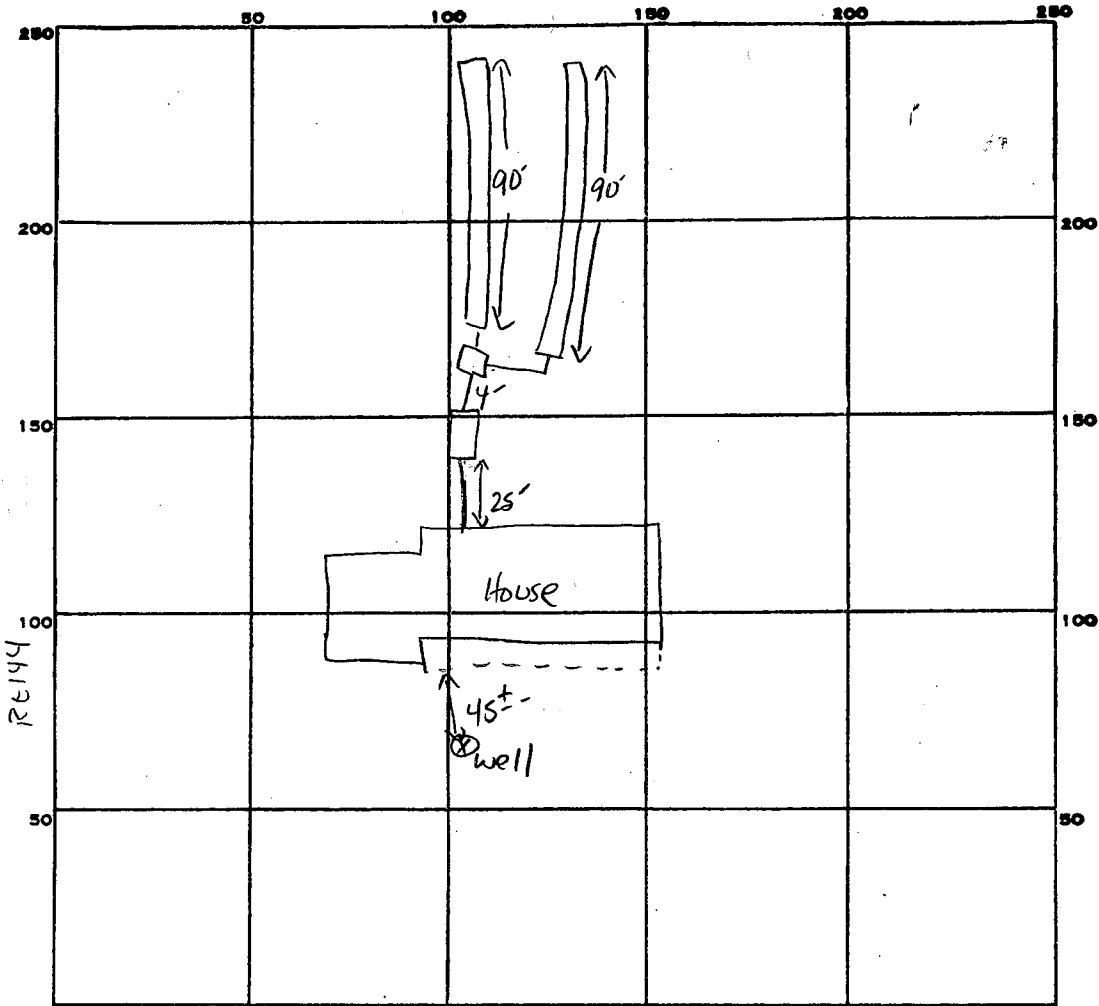
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26017



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
Wellworth Way

140
4
0

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GALV CLEANOUTS _____

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 FT IN TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 720 ^{SIDEWALL} ϕ

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS OK TO STONE BOTH TRENCHES SA

6/9/27 STONE ADDED B7+

DATE SYSTEM APPROVED 6/9/27 INSPECTOR Raymond Hodge

Nov 14
11:30

APPLICATION

PERCOLATION TESTING

A 26017

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 10-24-86

RETEST OF A 26017 PREVIOUSLY APPROVED.
APPROVED AREA UNACCEPTABLE BECAUSE OF
DRAINAGE & GRADING. NO FEE REQ'D. 10/24/86
C. Williams

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER HOWARD KRIEGER

ADDRESS BOX 44, CLARKSVILLE, MD PHONE 854-0001

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP MANOR LOT NO. # 39

ROAD AND DESCRIPTION FIRST LOT ON LEFT ON WELLWORTH WAY

WEST FRIENDSHIP 2555 Wellworth Way BLDG. PERMIT SIGNED
AND RETURNED 2-19-87

TAX MAP 15 PARCEL # _____

SIZE OF LOT 3 ACRE TYPE BLDG. SINGLE FAMILY SBL
(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.

APPROVED BY Sidney Abel FOR _____ DATE _____
(SIGNATURE OF APPLICANT) Deep Trunks

REJECTED BY _____ FOR _____ DATE _____

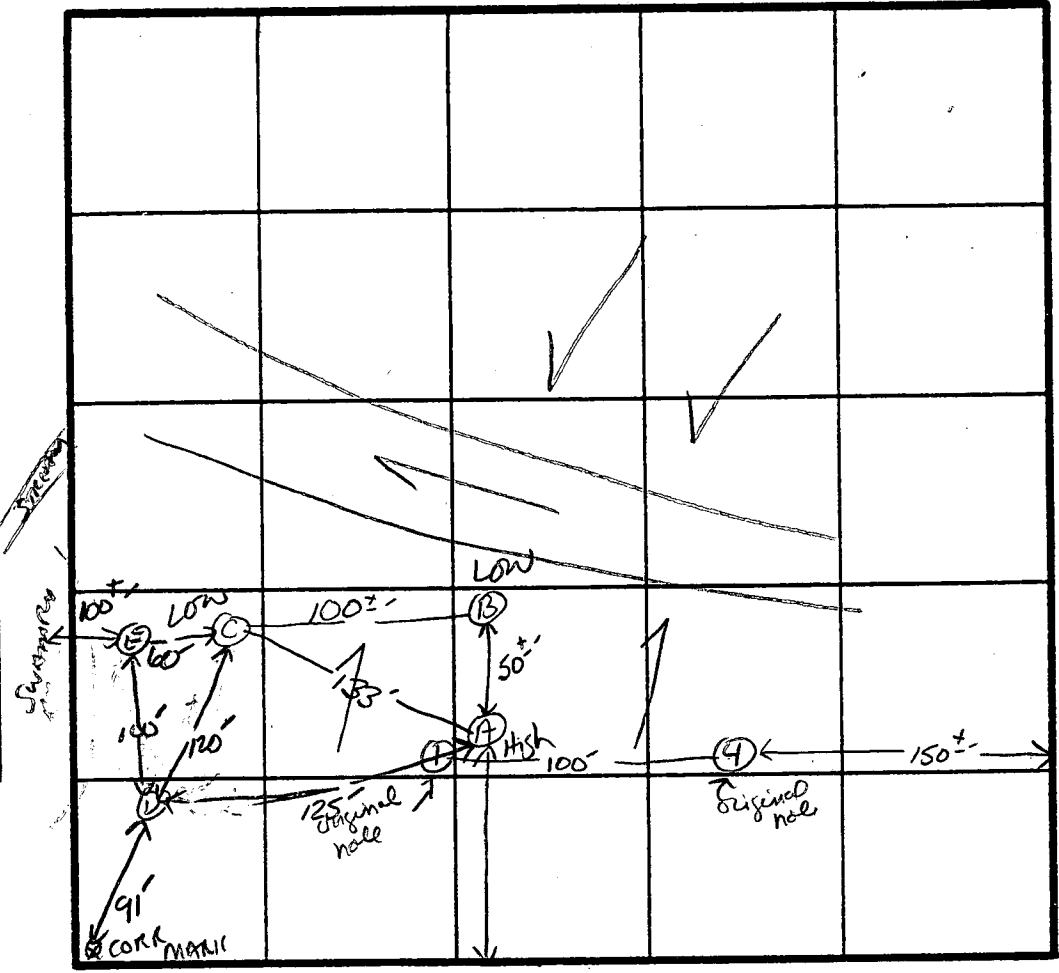
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/17/86 Require satisfactory pending hole location and home and well site available. S. Abel

THIS IS NOT A PERMIT

SOIL PROFILE

0
6-8"
A1-3/AP
yellow BR
Silt loam
12-18% clay
10-20%
Fragments
5.5-6"
yellow BA
progressing
to gray
micaceous
silt loam
(Parent
material)
no roots
soft
massive
scissors



0
6"
C
A1-3/AP
orange BR.
Silt loam 12%
clay- 10-15%
Fragments
4.0-4.5"
yellow BA.
silt loam
10-20% clay
Fragments
Progressing to
gray micaceous
silt loam
Parent material
at 10-11"
13"

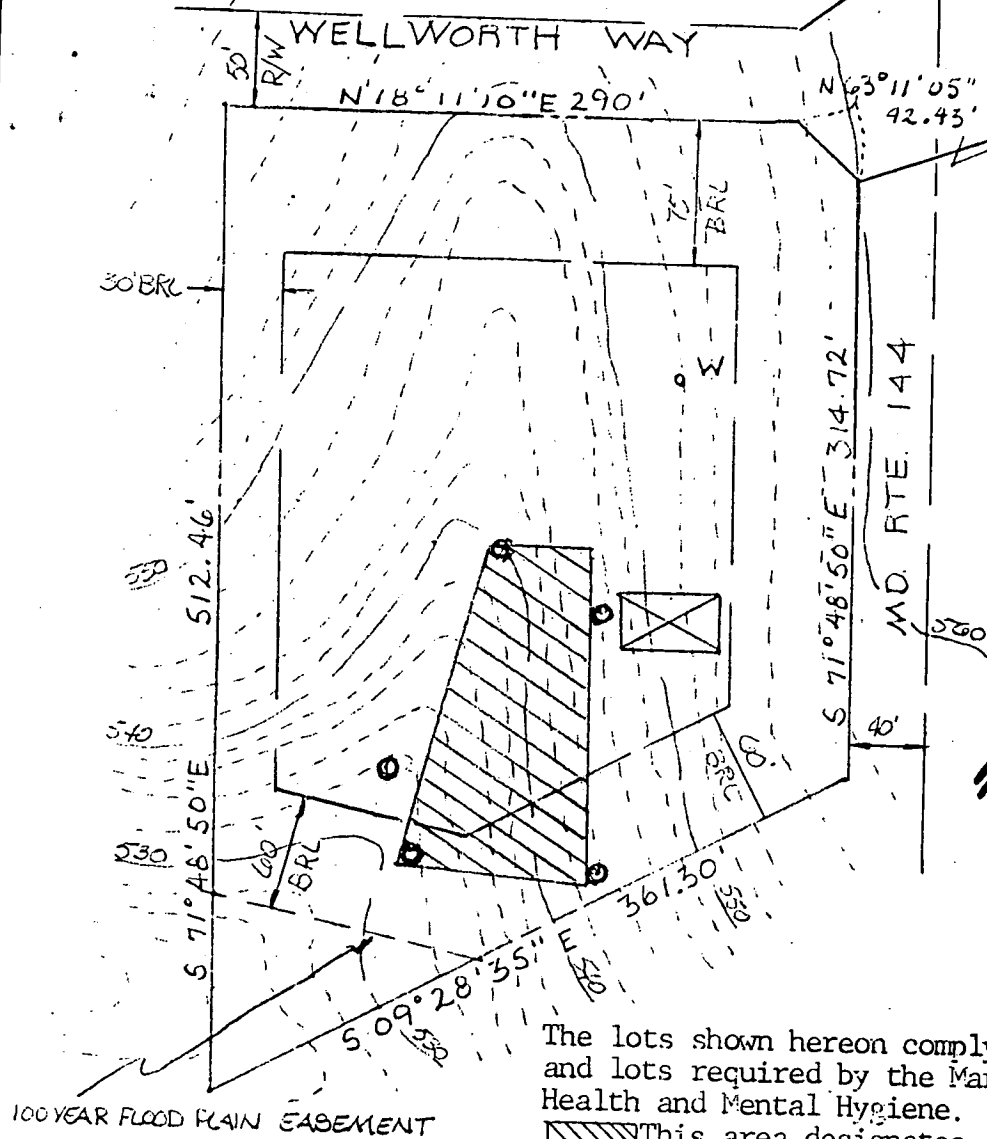
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Rt 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/86	B S V	4.5" 12"	1:51	2:12 → < 1/2" in 15 min Uniform soil below 5.5-6"			
	A V	12"	SMAP AS HOLE B CLAY TO ~ 4.5'				
	C V	13"	on form soil below 4.5' ~ 10 min PERC				
	B S ₁	5.5"	2:12	2:42 → < 1" movement			
	D S V	4" 12.5"	2:54:30	2:58:30	2:58:30	3:04	5.5 min
	E S V	3.5" 13"	3:10	3:12	3:12	3:15	3 min CLAY TO 3.5"

REMARKS Initially SIS TO BE DEEP ALL REPAIRS SHALLOW.

TYPE OF SOIL

TESTED BY S. Abel ALSO PRESENT David [unclear]




William G. Martel
 12-16-86

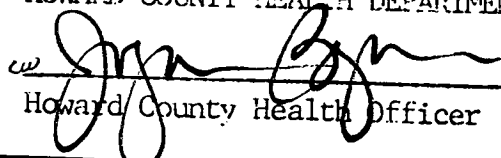
100 YEAR FLOOD PLAIN EASEMENT

The lots shown hereon comply with the ownership width and lots required by the Maryland State Department of Health and Mental Hygiene.



This area designates a private sewage easement of 10,000 sq. ft. 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 sewerage is available and servicing any residential structures constructed on these building sites. These easements shall become null and void upon connection to a public sewage system. The county Health Officer shall have authority to grant variances for encroachments into the private sewer easement. Recordation of a modified sewage easement shall not be necessary.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT.


 Howard County Health Officer

12-19-86
 date

APPLICATION

A 26017

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd
DATE 6/7/77

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 William B. Ridgely now lot 39

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark
531-5115

PROPERTY LOCATION:

SUBDIVISION Ridgely Property (Friendship Manor) LOT NO. Lot 1, Sec 2 (?)
~~4, Sec 1~~

ROAD AND DESCRIPTION Rte. 144 - Rte. 32 (as out of lot)

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Albert Scheel

APPROVED BY Rm FOR JW + French DATE 6-29-77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

0
 4-5 1/2
 13

0
 clay mixed

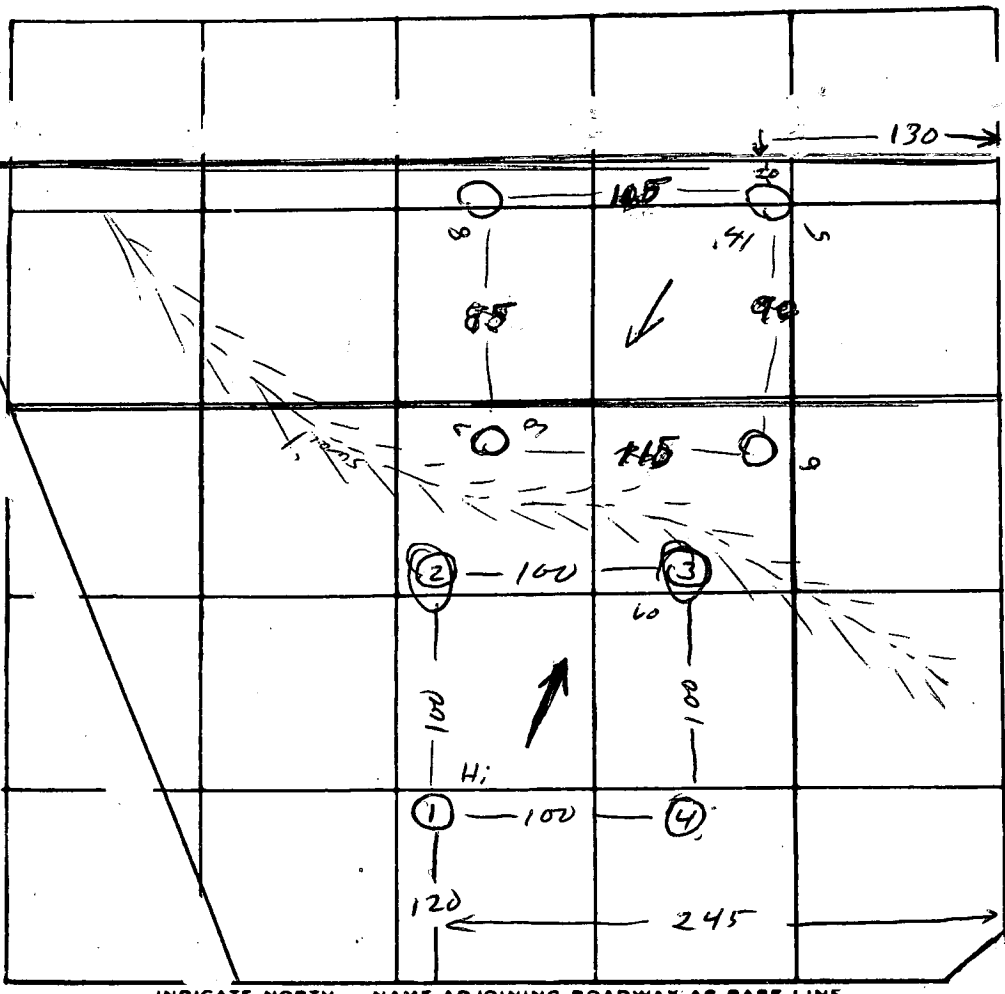
sandy clay getting hard

clay

sandy clay
 13-Hard

5-8

sandy loam



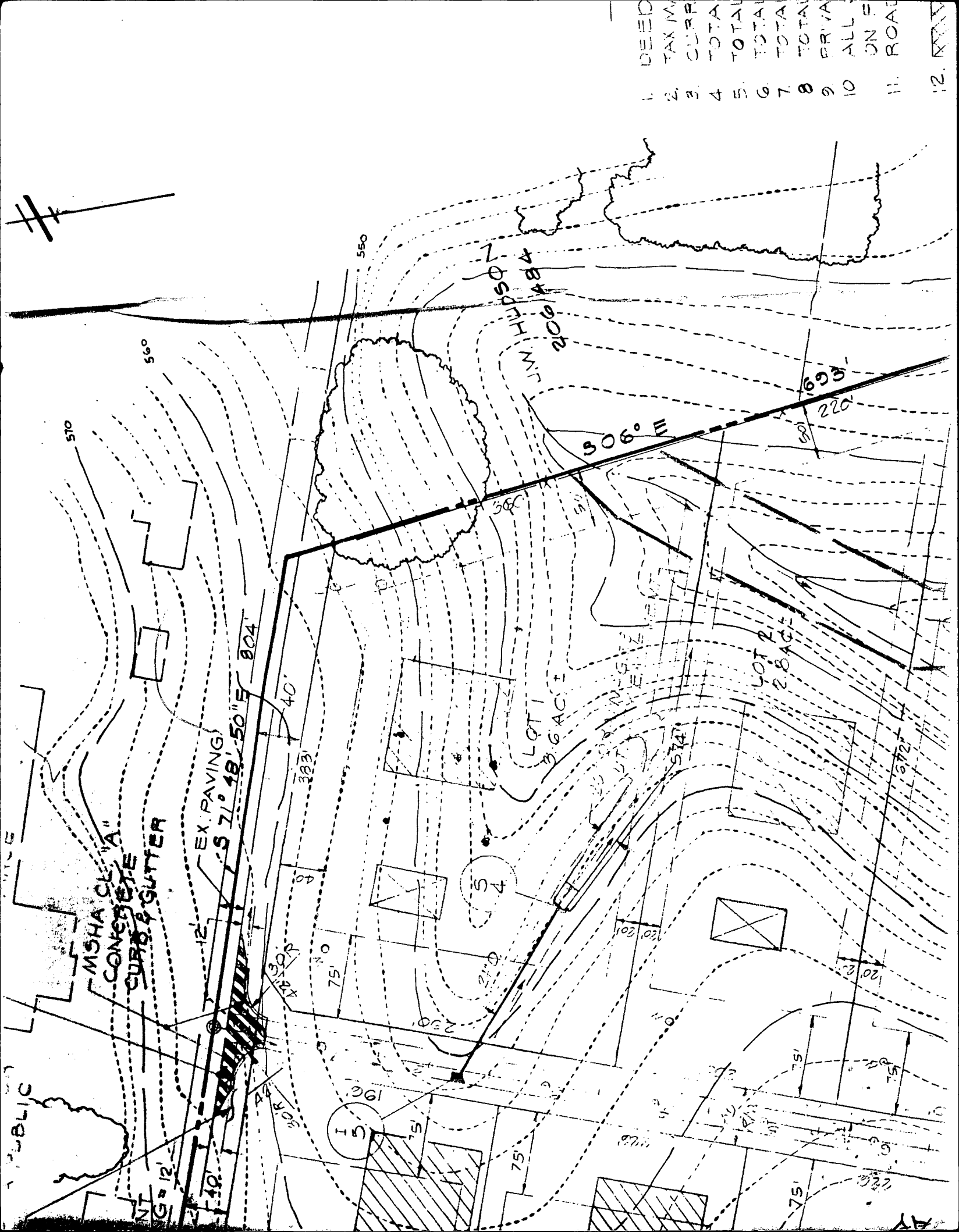
Lt 1

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
28/2/77	1	4	3 ²⁰	3 ²³	3 ²³	3 ³⁸	5	
	1A	13	3 ²⁶	3 ³⁵	3 ³⁵	4 ⁰⁴	29	
29/2/77	2	4	not tested, looks worse					
	2A	12	skin #3					
	3	4	9 ⁵⁴	no Δ by		10 ²⁴	230	
	3A	13	9 ⁵⁴	1/2 Δ	"	"	230	
	4	12 1/2	vis same as above					
	5	2	1 ²²	1 ²²	1 ²²	1 ²⁴	2	
	5A	13	1 ²¹	1 ²⁶	1 ²⁶	1 ³⁵	10	
	6	2	1 ²²	1 ²³	1 ²³	1 ²⁶	3	
	6A	13	1 ²²	1 ²⁵	1 ²⁵	1 ³²	7	
	7	2	1 ²³	1 ²⁴	1 ²⁴	1 ²⁵	1	
	7A	13	1 ²³	1 ²⁶	1 ²⁶	1 ³²	6	
	8	12 1/2						

REMARKS system first; no basement fixture

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Scheel



WAINES

RTE. 144

WELLWORTH WAY

LAND TO BE DEDICATED TO HOWARD COUNTY, MD. FOR PURPOSES OF A PUBLIC ROAD (0.125 AC) VEHICULAR INGRESS AND EGRESS IS RESTRICTED.

N 53° 34' 40"

MD.

J.W. HUDSON 206/484

S 09° 28' 35" E

67523'

71° 48' 50" W
CONC. MON. 110.00'
18' 50" E

526° 48' 46" E 42.43'
196.00'

777.05'
780.72'
314.72'
CONC. MON. N 63° 11' 05" E 42.43'

E 815,500

210.93'

BUILDING RESTRICTION LINE

2.980 AC.

20' STORM DRAINAGE UTILITY EASEMENT

APPROVED TEST AREA NO LONGER ACCEPTABLE

DUE TO DRAINAGE GR. 10/1/86
C.W.

137.48'

50'

571° 48' 50" E 108.53'

1.759 AC.

BUILDING RESTRICTION LINE

206 AC.

571° 48' 50" E

571° 48' 50" E

571° 48' 50" E

VICINITY

GE

DEED RECORDED
ALL PERMITS
FIELD LOG
50 FT. AS

ETHEL F

8

B 1 4572 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

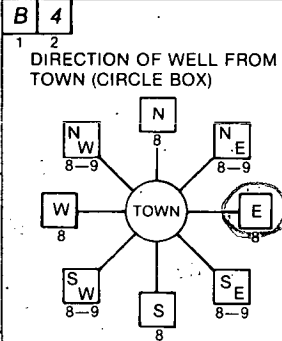
1-29-87 AFTER #1

OEP PERMIT NUMBER 40-81-1808
fill in this form completely

OWNER INFORMATION
Date Received
8 13
15 Last Name 16 17 18 19 20 21 22 23 24 25 26
27 28 29 30 31 32 33 34
35 36 Street or RFD 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55
56 57 Town 58 59 State 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

LOCATION OF WELL
B 3
1 2
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 SUBDIVISION 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42
SECTION 43 44 45 46 47 48 49 50 LOT 51 52 53 54 55 56 57 58 59 60
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
MILES FROM TOWN (enter 0 if in town) 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DRILLER INFORMATION
George F. Easterday
Driller's Name 97 98 99 100
L. Franklin Easterday, Inc.
Firm Name
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Address
George F. Easterday
Signature 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120
1/12/87
Date



11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N EAST E WEST W SOUTH S
34 35 36 37
DISTANCE FROM ROAD
ENTER FT or MI 38 39

WELL INFORMATION
B 2
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 3 4 5 6 7 8 9 10 11 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
A 26017
COUNTY NO.
OEP SIGNATURE
STATE HEALTH INSERT S
DATE ISSUED
01/16/87
CO SIGNATURE
Cruz Williams
EXP. DATE
7/16/87
NORTH GRID 534000
EAST GRID 0815000

APPROXIMATE DEPTH OF WELL 200 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

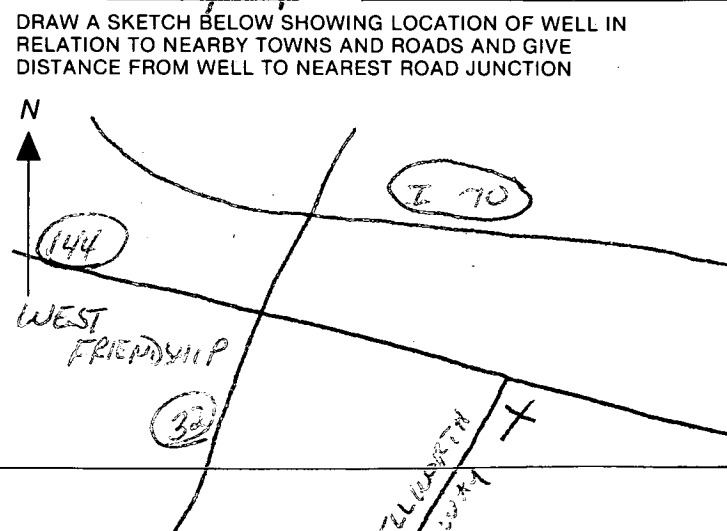
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 42 43 44 45 46 47 48 49 50 51 52

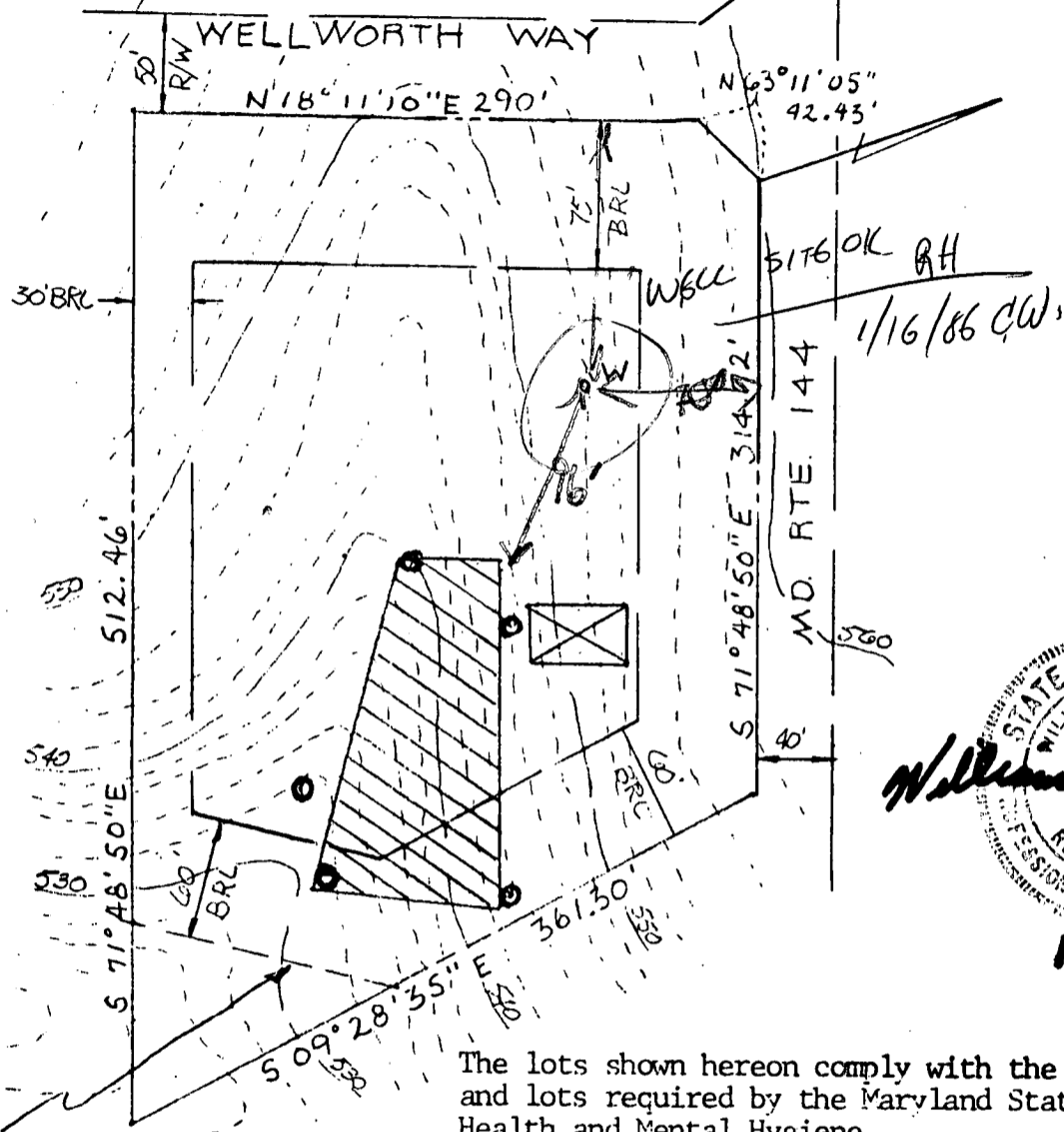
Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 40-81-1808
69 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 815
N 534

1-29-87
Well location APPROX. DIFF. TO TELL w/ SNOW.
32' FE CASING
30' OPEN HOLE
10 GALLONS PER MIN. SALT

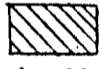




STATE OF MARYLAND
 WILLIAM G. HARTEL
 REGISTERED PROFESSIONAL LAND SURVEYOR
 No. 9435
 12-16-86

100 YEAR FLOOD PLAIN EASEMENT

The lots shown hereon comply with the ownership width and lots required by the Maryland State Department of Health and Mental Hygiene.

 This area designates a private sewage easement of 10,000 sq. ft. 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 sewerage is available and servicing any residential structures constructed on these building sites. These easements shall become null and void upon connection to a public sewage system. The county Health Officer shall have authority to grant variances for encroachments into the private sewer easement. Recordation of a modified sewage easement shall not be necessary.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT.

Howard County Health Officer _____ date _____

TITLE: PERC TEST CERTIFICATION				
PROJECT: FRIENDSHIP MANOR II LOT 39				
LOCATION: 3 RD ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=100'	DESIGNED BY: S.B.	DRAWN BY:	CHECKED BY:	DATE: 12/5/86
FIELD BOOK:	PAGE NO.:	JOB NO.: 86465	DRAWING NO.: 1 OF 1	

boender associates
 inc.
 consulting engineers
 land surveyors
 land planners

COURTHOUSE SQUARE
 3565 ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777

C1 3816 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (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

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 01-19-97 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-1863

OWNER KRIEGER HOWARD
 STREET OR RFD WELLSWORTH WAY first name TOWN WEST FRIENDSHIP
 SUBDIVISION FRIENDSHIP MIRROR II SECTION LOT 37

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	
topsoil	0	1	
fine sand	1	20	
medium sand	20	35	
heavy sand	25	50	✓
7 or more	50	250	
15 or more	250	300	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 10 NO. OF ROUNDS 140
 GALLONS OF WATER 940
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 300 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 220

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL OT
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>20</u>	<u>200</u>
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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.

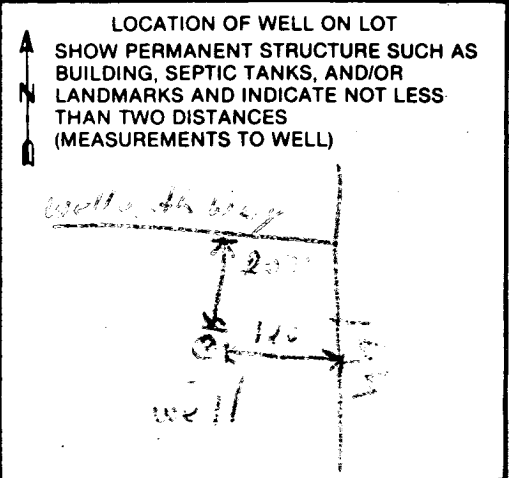
DRILLERS IDENT. NO. 411
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____ from _____ to _____
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 8
 PUMPING RATE (gal. per min. to nearest gal.) 11
 METHOD USED TO MEASURE PUMPING RATE _____
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 17
 WHEN PUMPING 25
 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: 29
 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 } 2 (nearest foot)



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 # 39947
Date 8/21/87

Name of Installer ROBERT L. FEELER CO, INC.

Telephone 781-4655

License number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MR. & MRS. HOWARD KRIEGER

Telephone _____

Subdivision WEST FRIENDSHIP MANOR Lot # 39 Well tag # HO-81-1868

Site Address 2555 WELLSWORTH WAY

Pump

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

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make MCCILL
2. Model # MB-10
3. Depth 42" +

2. Make GOULD

3. Model # SES05V12

4. Capacity 5 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 _____

Tank

1. Capacity WX-202 = To 42 Gall.
2. Pressure relief valve?

Piping

1. Type POLYPROP.
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42" +

Well data

1. Depth 310 ft.
2. Yield 6 GPM
3. Static water level 38 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: Robert L. Feeler

Date: 8/7/87

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

Jan 1-20-81
8:00 8:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1868
 Location of property (road) WELL WORTH WAY
 Subdivision FRIENDSHIP MANOR #8 Lot 39 Block _____ Plat _____ Sec. _____
 Well Driller G. ZASTERDAY Owner KRIEGER, HOWARD

Depth of well 300 3 GPM
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 9:10 Pumping rate 15 gpm
 Total time 9:25 to reach pumping water level 125 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:40	125'	16 SEC		3.7 gpm
9:55	125'	16	125	3.7
10:10	125'	16	<u>23</u> 102	3.7
10:25	125'	16	<u>1.6</u> 51.0	3.7
10:40	125'	16	102	3.7
10:55	125'	16	153.0	3.7
11:10	125'	16	⁴ 3.7	3.7
11:25	125'	16	<u>60</u> <u>20</u> 222	3.7
11:40	125'	16	<u>222</u> <u>153</u> 444	3.7
11:55	125'	16	222 <u>597 gal total</u>	3.7
12:10	125'	16		3.7
12:25	125'	16		3.7
12:40	124'	16		3.7
12:55	124'	16		3.7
1:10	124'	16		3.7
1:25	124'	16		3.7
1:40	124'	16		3.7
1:55	124'	16		3.7
2:10	124'	16		3.7
2:25	124'	16		3.7
2:40	124'	16		3.7
2:55	124'	16		3.7
3:10	124'	16		3.7
3:25	124'	16		3.7
3:40	124'	16		3.7

Pump 290' BSP