4/1 - after 5:30 PM
4/8 10AM

approved 4/9/87 RH

P 38072

A 26965

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

05-391776
INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 11/17/86

RCM Corporation IS PERMITTED TO INSTALL X' ALTER _____

ADDRESS 5520 Cedar Lane, Columbia, Maryland 21044 PHONE _____

SUBDIVISION Kalmia Farms II ROAD 14600 Viburnum Road LOT 1 7-6

PROPERTY OWNER Robert & Marion Fischell 1106

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

2000 (OK DO NOT MAKE 2250) 1500

SEPTIC TANK CAPACITY ~~2250~~ GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 290 feet from the front lot line and 90 feet from the left lot line as seen when facing the property from Betula Way. Run trench(s0 along contour toward Viburnum Drive.

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.

BLDG. PERMIT SIGNED AND RETURNED 2/6/92
Serial # 41114 - Prel.

BLDG. PERMIT SIGNED AND RETURNED 10/11/90
Serial #33859
propane tank

PLANS APPROVED BY C. Williams DATE 7/15/86

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.

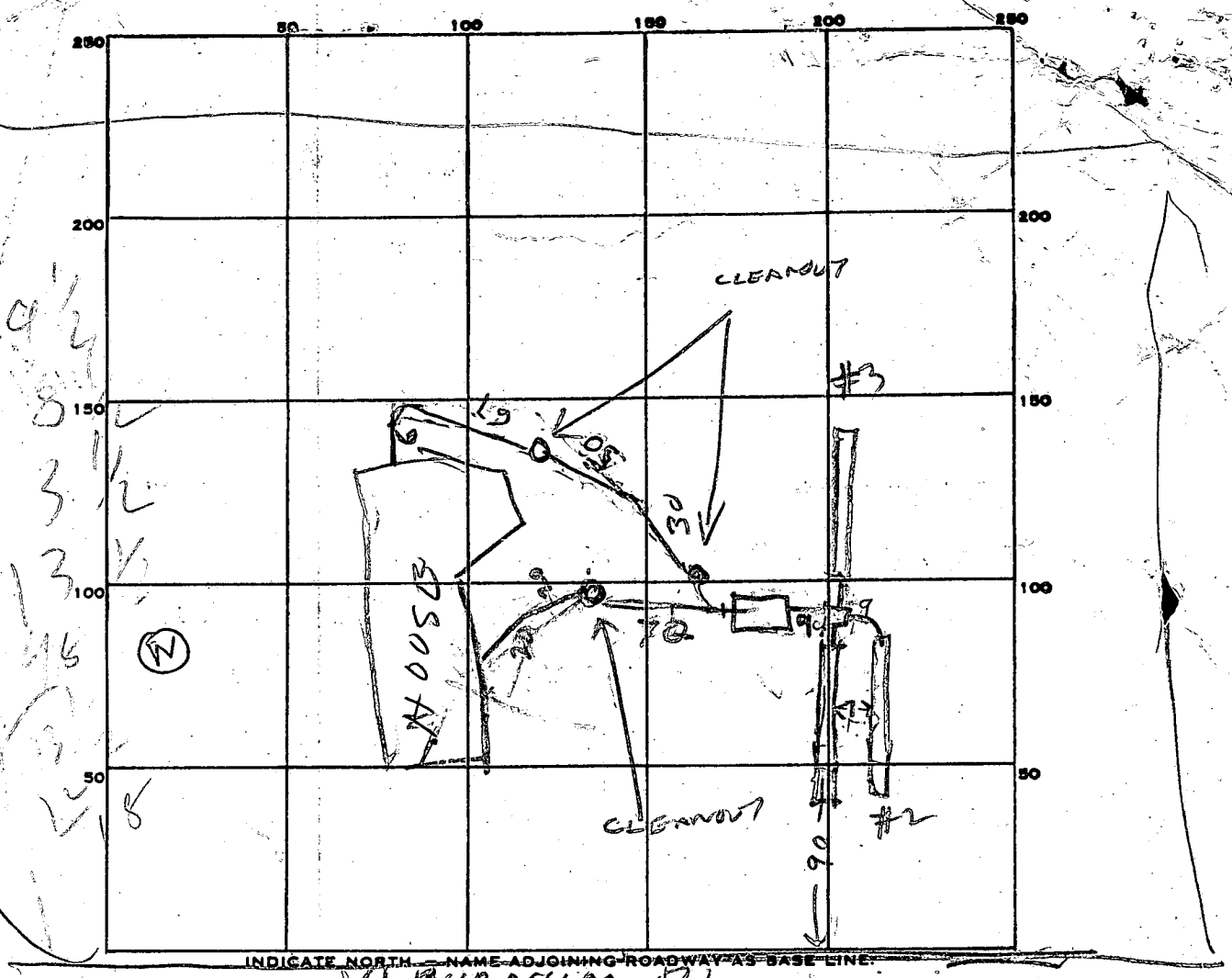
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26965



PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 CLEANOUTS ST | SEWERS
OK | 3 OK

DISTRIBUTION BOX, LEVEL _____

	#1	#2	#3
TILE FIELD, DEPTH	9.5	9.5	9.5 FT.
TRENCH WIDTH	2		FT.
GRAVEL DEPTH	5	4.5	5.5 IN.
TOTAL LENGTH	73	73	73 FT.
ONE SIDE BOTTOM AREA	365	328	396
TOTAL	1089		
REQUIRED	1100		

NUMBER OF TRENCHES _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/7/87 TRENCH #1 DUG DIG TRENCH #1 LONGER & ADD STONE DIG TRENCH #2 & CALL RH
4/8/87 10:00 AM OK TO COVER TRENCH #1 ADD STONE TO TRENCHES #2 #3. COVER FROM TANK TO HOUSE RH
4/9/87 TRENCH #2 & #3 ARE OK TO COVER BUT ANOTHER HOUSE SEWER TO BE INSTALLED. 4/7/87 1300A — NOT READY 4/9/87 3:27 PM EXTRA HOUSE SEWER OK RH

DATE SYSTEM APPROVED 4/9/87 INSPECTOR Raymond J Hodgen

APPLICATION

A 26965

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, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 9/27/77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Robert Fischell

I. HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Kimberton Hill Inc., t/a Kalmia Farms Nursery~~

ADDRESS 2901 Olney-Sandy Spring Rd, Olney Md PHONE 924-3668

PROPERTY LOCATION 14602 Viburnum Rd. Final

SUBDIVISION KALMIA FARMS SECTION 2 LOT NO. # 1

ROAD AND DESCRIPTION Triadelphia Mill Road

SIZE OF LOT TYPE BLDG.

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.

SIGNATURE OF APPLICANT

APPROVED BY Raymond Hodges FOR Ditch DATE 7/15/83

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 3/18/80 Reaccomplished @ office C.B.S

BLDG. PERMIT SIGNED
AND RETURNED 7/21/86 SH

BP # 71829

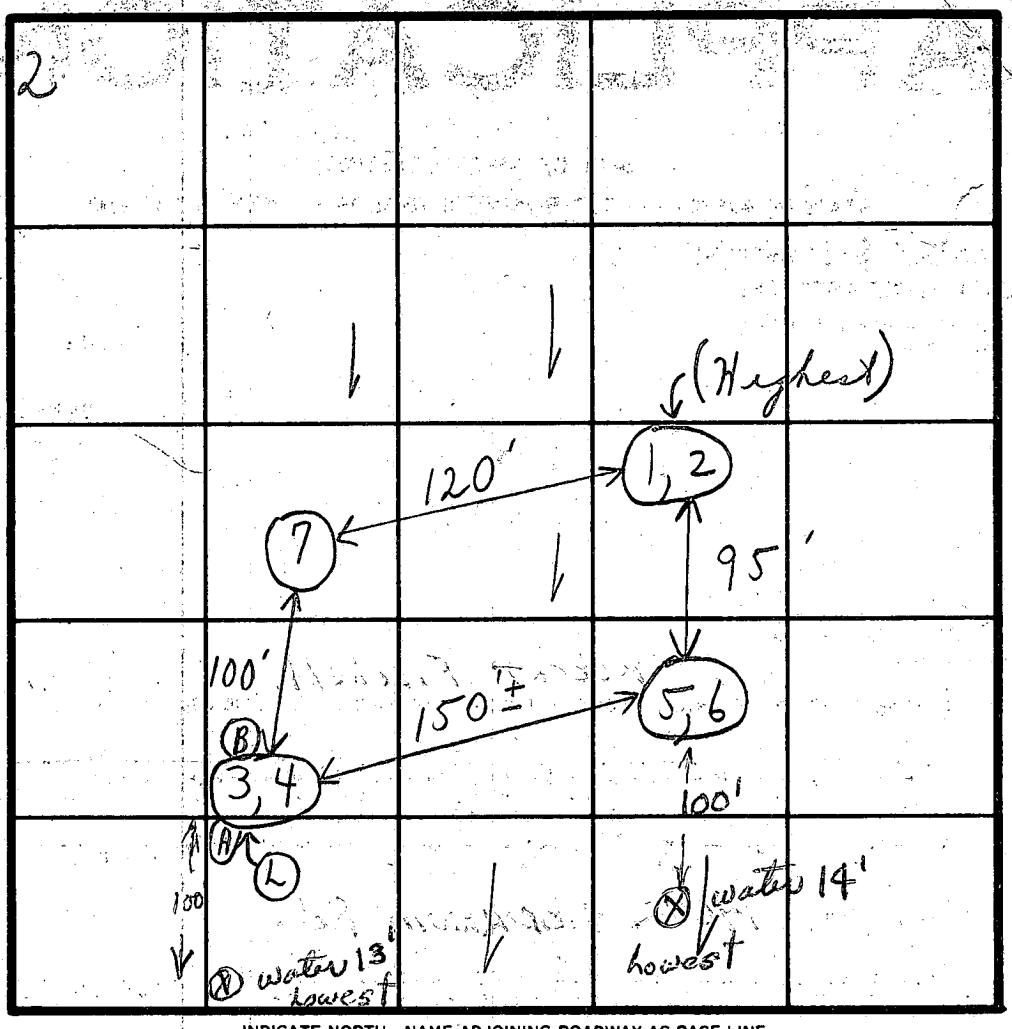
THIS IS NOT A PERMIT

#1 SEC. 2

SOIL PROFILE

0'

BELOW CLAY ↓ LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Tridelphia Mill Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
12/7/77	1	3½'	3:30	3:32	3:32	3:35	3 min	Holes 3½' 9 min avg
	(H) 2	12'	3:30	3:37	3:37	3:52	15 min	
	(3A)	4½'	3:00	(No perc; lowered shelf)				
	4	14'	3:00	3:06	3:06	3:18	12 min	
	5	3½'	3:28	3:30	3:30	3:33	3 min	
	6	13'	3:28	3:31	3:31	3:36	5 min	
	7	12'	Visual similar to others					
	(3B)	3½'	3:22	3:23	3:23	3:26	3 min.	
						6	41	

REMARKS

TYPE OF SOIL

TESTED BY C.B. & M.B. ALSO PRESENT Fyock's men

APPLICATION # / Section II
A 26965

Fred

SEWAGE DISPOSAL TESTING

P_____

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

Plat of 7/13/79 #1

DISTRICT 5th

DATE 9/27/77

Use 3/17/80 C.S.

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 Kimburthill, Inc. t/a Kalmia Farms Nursery

ADDRESS 2901 Olney-Sandy Spring Road, Olney, Maryland PHONE 924-3668

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms LOT NO. 1

ROAD AND DESCRIPTION Triadelphia Mill Road, Howard County, Maryland

SIZE OF LOT _____ TYPE BLDG. _____
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 _____

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

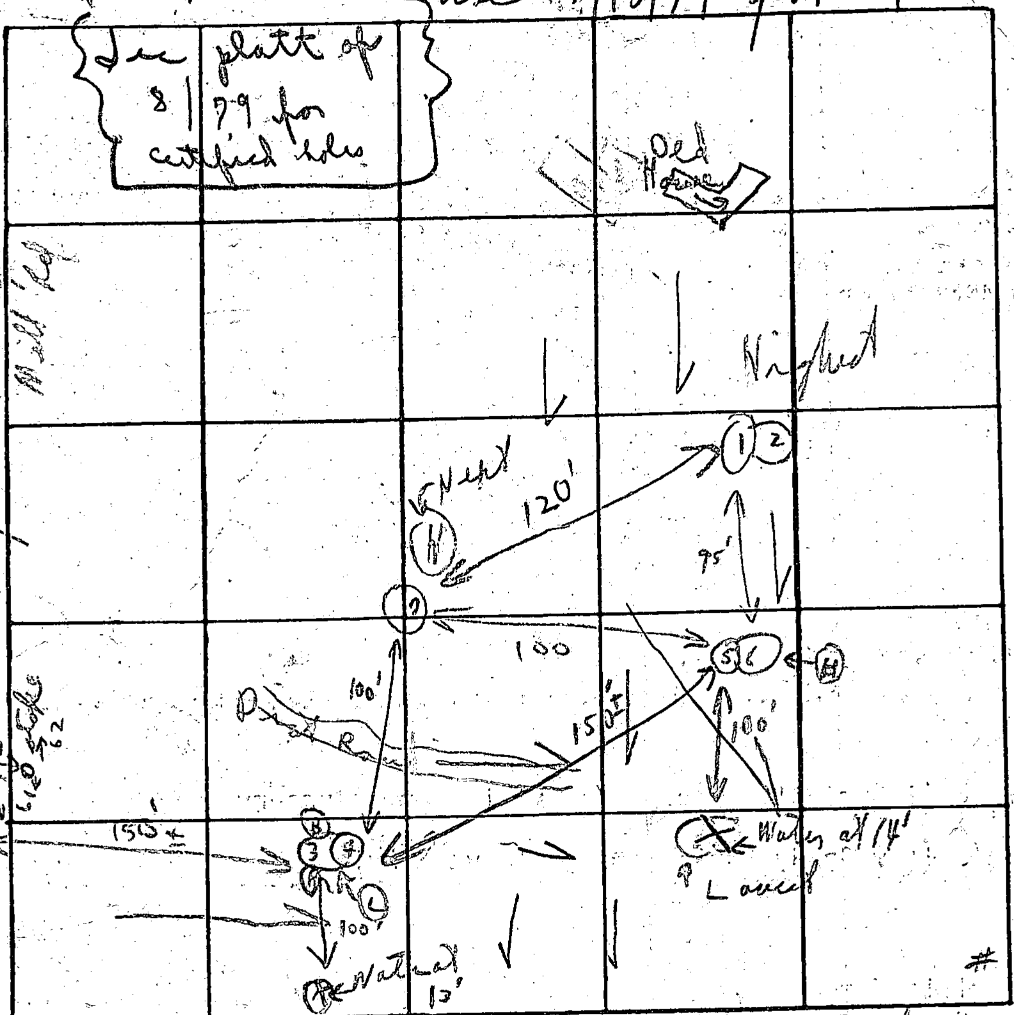
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Use 3/17/80 Use 7/13/79 for #1 10/29/79 #1



Field sheet

(7, 5+6) Elevation

INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Trudelphia Mill Rd

Reservoir

Soil profile: Below clay loam

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/7/79	1	3½'	3:30	3:32	3:32	3:35	3 m
	2	12'	3:30	3:32	3:32	3:52	15 m
	3 H	4½'	3:00	(No perc lowered shelf)			
	(L) 4	14'	3:00	3:06	3:06	3:18	12
	(L) 5	3½'	3:28	3:30	3:30	3:33	3
	6	13'	3:28	3:31	3:31	3:36	5 m
	7	12'	Varied similar to others				
	3 B sandy overall the way down	3½'	3:22	3:23	3:23	3:26	3 m
							41

9 min avg

Inlet 3½'

REMARKS Hold for certified holes. Medium large trees in area tested. White Birch in Low holes are

TYPE OF SOIL

TESTED BY CBS. +MB ALSO PRESENT: Fyock man

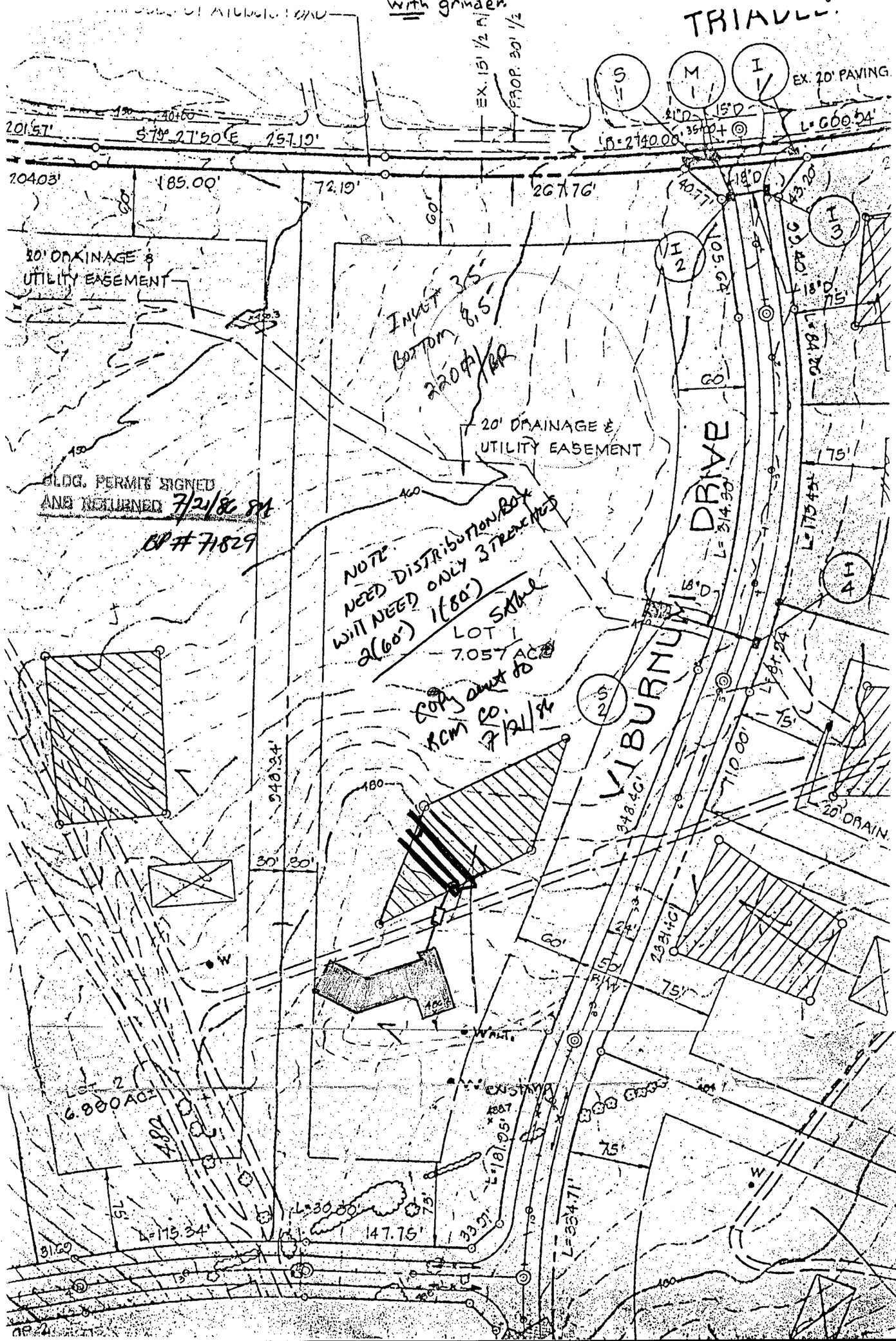
Field sheet

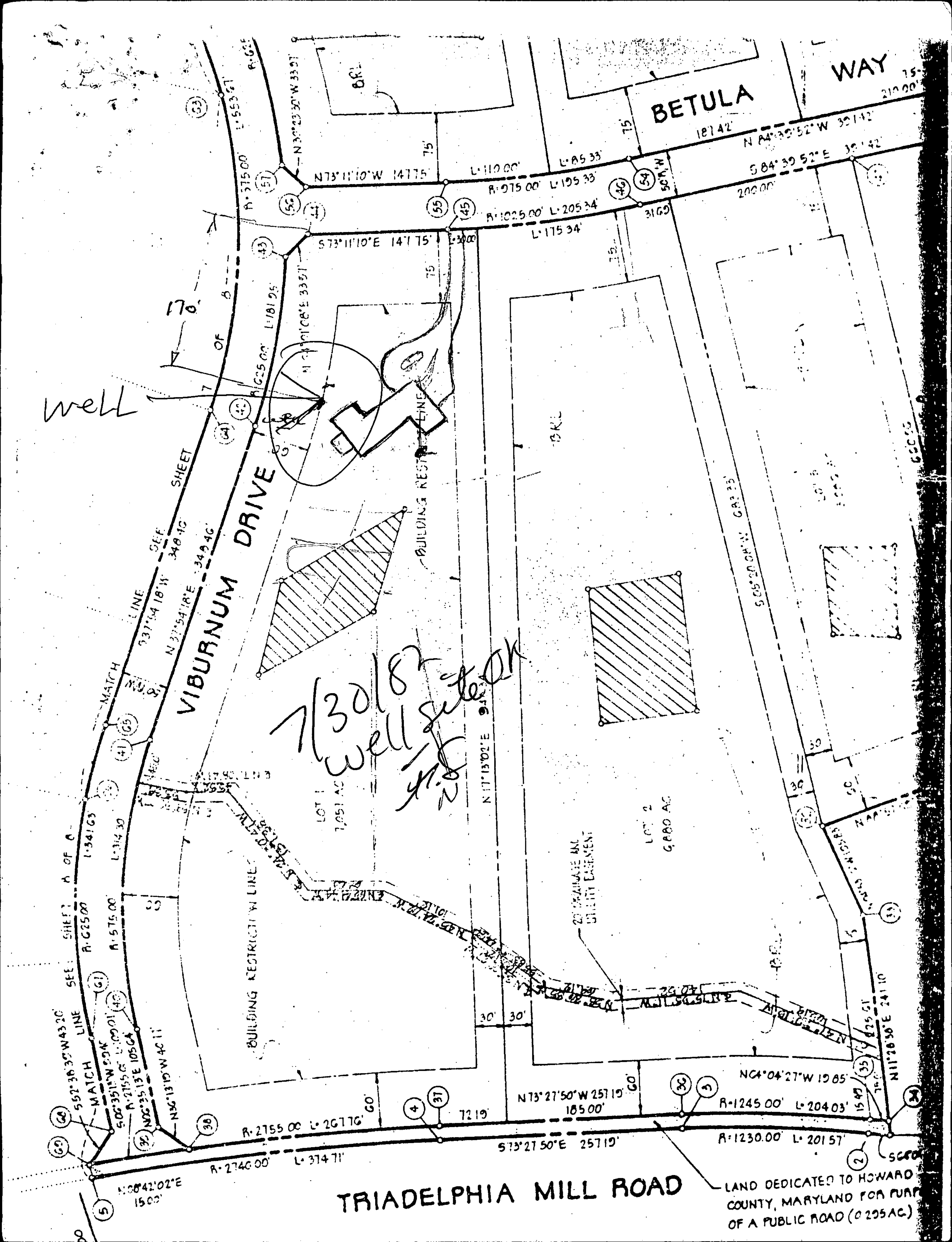
Fischell Residence
Kalmia Farms
Section 2, Lot 1
Scale 1"=100'

Basement 481.8' ✓ Out of House 479.8' ✓
First Floor 490.8' ✓ Into Tank 479.3' ✓
Ground @ Septic 482.0' ✓ Out of Tank 478.5' ✓
Into Field 478.5' ✓ 2000 Gallon Tank
8½' deep with 5' of stone

220 x 5 bedrooms ÷ 5 = 220 ft. of trench for with grinder.

TRIAL





BETULA WAY
VIBURNUM DRIVE
TRIADELPHIA MILL ROAD
MATCH LINE SEE SHEET 7 OF 8
MATCH LINE SEE SHEET 7 OF 8
BUILDING RESTRICTION LINE
BUILDING RESTRICTION LINE
LOT 1
LOT 2
20' DRAINAGE AND UTILITY EASEMENT
LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURP OF A PUBLIC ROAD (0.295 AC.)
N73°11'10"W 147.75'
S73°11'10"E 147.75'
R-1025.00' L-205.34'
R-975.00' L-195.33'
N73°27'50"W 257.19'
S73°27'50"E 257.19'
R-2755.00 L-267.76'
R-2740.00' L-374.71'
R-1245.00' L-204.03'
R-1230.00' L-201.57'
N04°04'27"W 19.85'
N11°28'36"E 241.10
N08°42'02"E 15.00'
S52°38'39"W 43.20'
N37°54'18"E 348.46'
S37°54'18"W 348.10
N84°39'52"W 391.42'
S84°39'52"E 391.42'
well
7/30/87 well site OK

9564

EMERGENCY/TEMP. NO. IF ANY

B 1 7277 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 73-4239
fill in this form completely

Date Received 8/6/82 11:00 A.M. 080682 (OEP Use Only)

OWNER INFORMATION
FISCHEL ROBERT
Last Name 15 — Owner — 34 Name
1027 McCeney Ave
36 — Street or RFD — 55
Silver Spring MD
Town 57 — State — 76 Zip

B 1 Continued — DRILLER INFORMATION
George F. Carlson 40
Driller's Name — 77 License No. 80
Franklin Pritchett Inc.
Firm Name
9265 Brown Church Rd.
Address
George F. Carlson
Signature — Date

B 2 — WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 6
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 [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 200 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

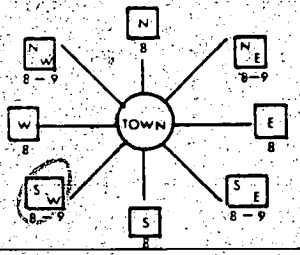
METHOD OF DRILLING (circle one)
BORED (OR AUGERED) — JETTED — JETTED & DRIVEN
30-37 (AIR ROTARY) — AIR PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE ROTARY — DRIVE POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 [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) 41 ____ 52

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER ____ GAP ____ 54 — 63
FORCE [F S] 64 68 WRITE INITIALS IN BOX
PERMIT No. HO-73-4239 70 71 72 73 74 75 76 77 78 79

B 3 — LOCATION OF WELL
COUNTY Howard 8 — 21
SUBDIVISION Kalimia Farms. 23 — 42
SECTION 2 44 — 46 LOT 1 48 — 50
NEAREST TOWN Dayton 52 — 71
MILES FROM TOWN (enter 0 if in town) 1 73 — 76 77 78 (M I)

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Tridelphia Rd. 11 — NEAR WHAT ROAD — 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) — WEST [W] 32 [E] EAST — SOUTH [S]

1000 34 — DISTANCE FROM ROAD — 37 [F T]
(CIRCLE APPROPRIATE BOX) [M I] 38 39

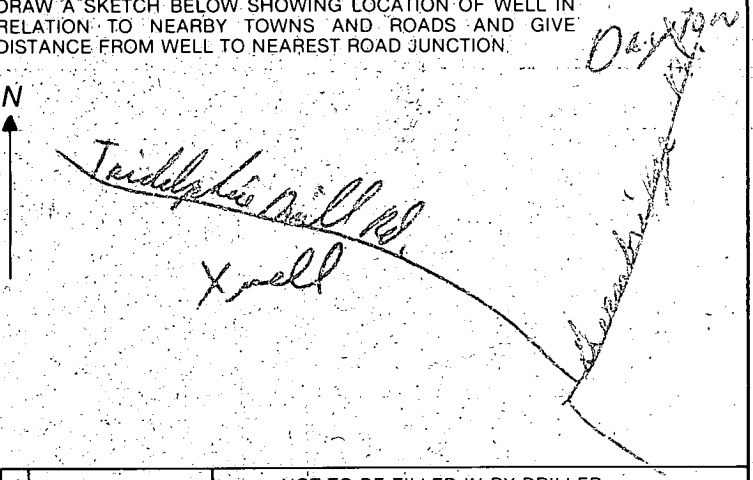
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 790 3
N 500 7

Location OK
124' - Granite
2' - clay & gr.
25' - open
35' - set
41 - bags cement
JS 8/16/82
000 000

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 4
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A26965 — COUNTY NO.

OEP SIGNATURE
STATE HEALTH CIRCLE BOX [S] 41
DATE ISSUED 073082 43 — 48
Frank Skinner — CO SIGNATURE

NORTH GRID 507000 50 — 55 EAST GRID 079300 57 — 63
EXPIRES 013085

B 5 — SPECIAL CONDITIONS 8—63
1 2 3 — 6

ROBERT FISCHELL

HEALTH

Pump test to begin at 8:00 A.M. (3 hours)

Page ___ of ___ Review ___

Date ___

8/6/82 ← 8/6/82

JS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73-4239
Location of property (road) Bettala Way & Viburnum Drive
Subdivision Kalmia Farms Lot 1 Block ___ Plat ___ Sec. ___
Well Driller Geo. Easterday Owner Robert Frisdell

Depth of well 240'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 32'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 AM Pumping rate 11
Total time ___ to reach pumping water level ___ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	124	30 sec.		10
11:15	124	30		10
11:30	124	30		10

C 1 3236 — 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: A26965

Date Received (OEP use only):

DATE WELL COMPLETED: 8 9 82

Depth of Well: 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-73-4237

OWNER: Fischell (last name) Robert (first name)

STREET OR RFD: Betula Way & Viburnum Drive TOWN: Dayton

SUBDIVISION: Kalmia Farms SECTION: 2 LOT: 1

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
Top Soil	0	2	
Brown Shale	2	70	
Brown Mica	70	75	
Brown Shale	75	120	
Blue Mica	120	130	✓
Green Mica	130	160	
Blue Mica	160	240	

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 41 NO. OF POUNDS 4100

GALLONS OF WATER 205

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 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	124

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 (seq. no.)

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	122	240
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

C 3 (seq no)

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 124

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 APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

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 2 (nearest foot)

CIRCLE APPROPRIATE BOX
[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. 40

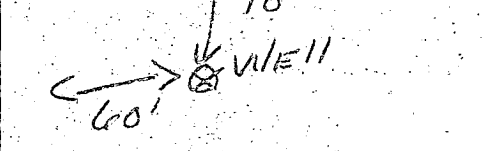
Deorne A. Fischell

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Blaine Mr Thomas

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

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)



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

T (E.R.O.S.) W Q

TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA [ ]

HEALTH

Page 1 of 1 Review 8/24/82 O.K. FS
Date 8-6-82

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73-4239
Location of property (road) Betula Way & Virburnum Drive
Subdivision Kalmia Farms Lot 1 Block — Plat — Sec. 2
Well Driller _____ Owner Robert Fischell

Depth of well 240 10-6-82 8:00 A.M.
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 32 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 A.M. Pumping rate 11
Total time _____ to reach pumping water level _____ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	32 ft	25 sec.		11
8:45	50 ft	25		11
9:00	95	30		10
9:15	109	25		11
9:30	116	30		10
9:45	120	30		10
10:00	121	30		10
10:15	123½	30		10
10:30	123½	30		10
10:45	123½	30		10
11:00	124	30		10
11:15	124	30		10
11:30	124	30		10

4/9/87

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 # 34079
Date 4/8/87

Name of Installer G. Donald Dement Telephone 301 384 6493

License number 276
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner Robert Fischell Telephone _____
Subdivision _____ Lot # 1 Well tag # HO - 73 - 4239
Site Address 14600 Viburnum Rd.

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_____
2. Pressure relief valve?_____

Piping
1. Type_____
2. Size_____
3. NSF and/or BOCA Code approved_____
4. Depth of supply line_____

Well data
1. Depth_____ft.
2. Yield____GPM
3. Static water level_____ft.
4. Will water supply be disenfected 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.

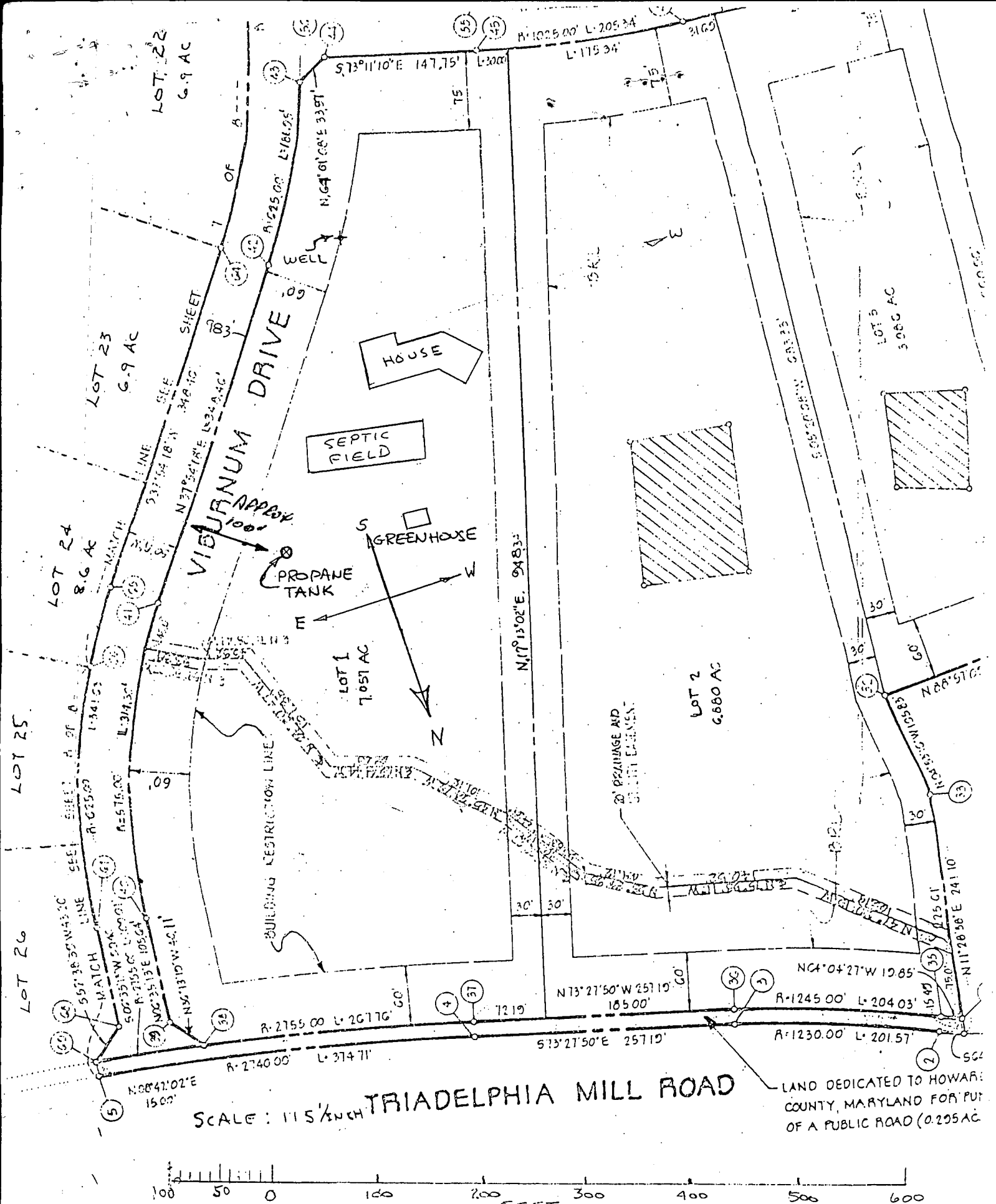
Signature of Applicant:_____

Date:_____

4/9/87 OK TO COVER WATER SAMPLE MON ✓

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

PUT TAGON WELL DA CHECK PRESSURE TANK



10/11/90
OK TO SIGN
R Hodges