PERMIT Hulse CONSCIONANCE

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-312585

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DISTRICT

DATE SYSTEM APPROVED

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH INDEXED 461-9933

Construction Trade Services X ALTER IS PERMITTED TO INSTALL PHONE 301-253-4624 ADDRESS_ ROAD 12649 Golden Oak Drive SUBDIVISION Triadelphia Woods ___LOT 27 Ladnor-Scott PROPERTY OWNER. ADDRESS SEPTIC TANK CAPACITY 1750 GALLONS NUMBER OF BEDROOMS 6 180 SQUARE FEET PER BEDROOM LINEAR FEET OF TRENCH REQUIRED 27.0 TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet down the right (510') lot line and 125 feet off the same lot line as seen when facing the lot from Golden Oak Drive. Run first two trenches on contour toward the right lot line; additional trenches in both directions. MAINTAIN AT LEAST 100 FEET FROM THE WELL TO SEPTIC TANK AND TRENCHES, AND AT LEAST 20 FEET FROM ALL BUILDINGS TO TRENCHES. - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR Mark Rifkin ir Revised PLANS APROVED BY ___

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

BLDG. PERMIT SIGNED

AND RETURNED

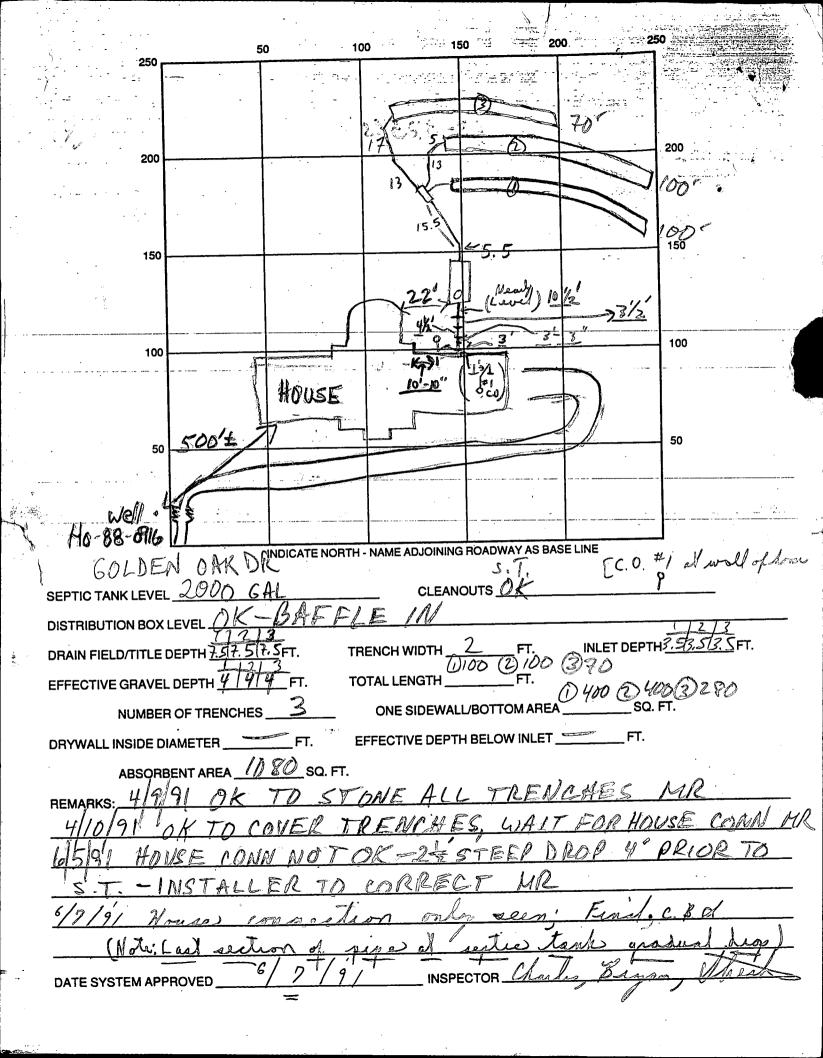
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE & INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PERMIT VOID AFTER TWO YEARS

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)



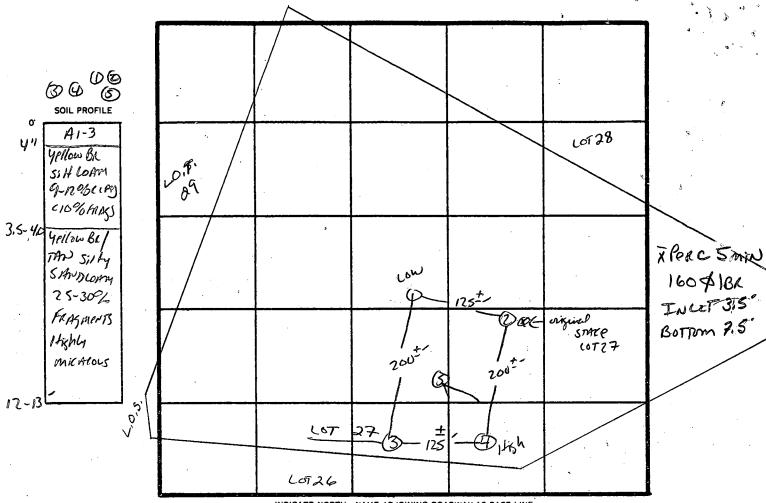
APPLICATION

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• •				

HOWARD COUNTY HEALTH DEPART	MENT
BUREAU OF ENVIRONMENTAL HEAL	TH
P.O. BOX 476 ELLICOTT CITY, MARYLAND	21043

			·	•
TO: THE COUNTY HEAL	TH OFFICER			
ELLICOTT CITY, MA	RYLAND			•
I, HEREBY. APPLY I	FOR THE NECESSARY TEST IN ORDER TO CONST	RUCT (OR RECONSTRUCT) A	SEWAGE DISPOSAL SYSTEM.	
PROPERTY OWNER	Paturent hand	6- Tr	C Richard	Demmitt
ADDRESS			PHONE	31-5539
		•		
PROSPECTIVE BUYER				
ADDRESS		,,, , <u>,,</u>	PHONE	
		C 1	•	LOT 27 PRE
PROPERTY LOCATION:				1 LOI ET IRE
SUBDIVISION	indelphia Wor	ls	LOT NO	124 6/29
DOAD AND DESCRIPTION	Triadelphia T	30 00	all Lion	m.]~
NOAD AND DESCRIPTION	\sim \sim 13 \sim	11 51	6	11WV
west	of Corrol 1	1:11 Kg	12649 GO	ldew Oak Driv
TAX MAP	—PARCEL # 528			
	3+ Acre			
SIZE OF LOT	ST ACI		TYPE BLDG(SINGLE FAN	IILY DWELLING OR COMMERCIAL)
			(OHOEE FAIR	THE PWELLING ON COMMERCIAE)
THE SYSTEM INSTALLE	ED UNDER THIS APPLICATION IS ACCEPTAE	LE ONLY UNTIL PUBLIC F	ACILITIES BECOME AVAILAE	LE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH	THE FILING OF THIS PERC TEST APPLICA	TION IS NON-REFUNDABL	E UNDER AMY CIRCUMSTAN	CES-I ALSO AGREE TO COMPLY
WITH ALL MOSHA	REQUIREMENTS IN TESTING THIS LOT	Michigan	of Hillana	mitt
WITH ALE M.O.S.H.A. P		- FOODER	SIGNATURE OF APPLICANT	
\int_{0}^{∞}	aul	a.	Trenches DAT	
APPROVED BY	uaq	_ FOR Deep 1	renches DAT	E
REJECTED BY		FOR	DAT	E
HOLD PENDING FURTHER	TESTS	· · · · · · · · · · · · · · · · · · ·	DAT	E
REASONS FOR REJECTION	OR HOLDING 2-11-87 PERC SATE	storany lbc	o Gn Subdivision	rear sator
	BEDG. PE	RMITI STONYED	, BADG. PER	MIT SIGNED
		JRNED 1/4/9/	AND RETU	RNED 1231FT
		436288 - SF	D Lewal	72835/

THIS IS NOT A PERM

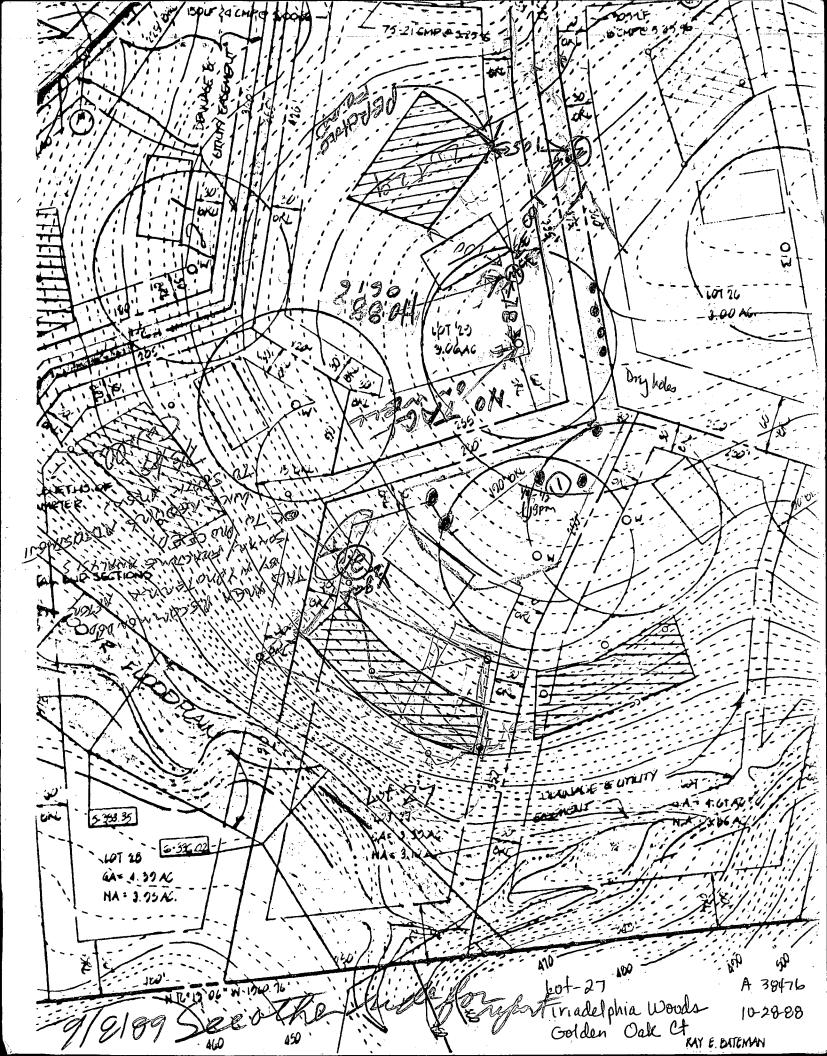


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

	·	U TRIADE	phia Ncl.				
DATE	TEST NO.	DEPTH	1	-WET		· 1" DROP	TIME
		3,5"	10:49	5TOP 10/52	10:52	10:57	5 MIN
	15	12' 0	WIFORM SO		3FC	10100	المراسر ي
	2.5	4-	10:55	10:57	10,57	11;03	GMIN
	25	12.5-	10:42	1011 below	04-		
	35	3,5	10:42	10:43	10:43	10:45	2 min
	<u> </u>		NIFORM S		3,5° 10;35	10111	((.)
	4 %	8,5	10:33	10:35	10:34	10:41	3MIN
	40	13" 0	WIFOXIN SO.	1500w	4		
	SV		WiFARM SO				
	,						
,							
					,		
					**		

REMARKS HOLES DIFF THAN RAT	
TYPE OF SOIL MANDIC	
TESTED BYS. Abel	Criss; Neil; Jim, ALSO PRESENT RICHARD
1	

EH-12-1079



9/8/89 VIST SING Talked with Easleday & Demit 5ee other suche Look for QQ3 Desawell with & gal permenute Duaneently duquell with /2 gol/min 3 with proposed well which I put the green strepe on Stir squeged in the Rapplesten for Lot 27 It in 105 ft from The perchole or Lot 29 Iten 100 ft from Well Ho 880616. Lat 29 har 2 welli, HO 88 0616 week produce 3 apr & anintag well whech is day were originaly proposed producing / gal /min Well Dont 27 untafen weth part of the servage disposed Eurinent on bot 17 Hopefully Well and have to be used if sufficient water is oblined from proposed Nell #(3)

INITIALS PERMIT NO.

SPECIAL CONDITIONS

73 74

-2

C11 2338 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY
IN COLS. 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	NUMBER A 38476
DATE Received DATE WELL COMPLETE		FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO NEAREST FOOT)	0650M16D 10 - 80 - 045/2 28 29 30 31 32 33 34 35 36 37
OWNER last name	Note Noted Notes	DIGGIT TO EASTGEDAY
STREET OR HED	first name TOWN	GICARD 40-88-0916
SUBDIVISION WELL LOG	SECTION	LUI
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box) (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL 44 44	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 bearing	45 46 45 46 NO. OF POUNDS	PUMPING RATE (gal. per min. 11 15
	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO
GRAY MICA 1100K	from ft. to ft.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
GRAY MICA	casing CASING RECORD	WHEN PUMPING 20
1900K	types insert ST CO	22 25
	(appropriate) STEEL CONCRETE Code PL OT	TYPE OF PUMP USED (for test)
	code PL OT PLASTIC OTHER	A air P piston T turbine
	MAIN Nominal diameter Total depth	C centrifugal R rotary Other idescribe
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 helow)
		jet Submersible
	60 61 63 64 66 70	
	E OTHER CASING (if used) C diameter depth (feet)	2000 00744 50
15 dry weder 340, 500, 200, 200, 160	inch from to	PUMP INSTALLED
211 000 200 230, 100	S Company	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
340, 300,	R G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
280, 230, 230, 230 200	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
300, 360, 240, 180,	(appropriate) STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
200	below PLASTIC OTHER	(to nearest gallon)
	C 2	PUMP HORSE POWER 37 41
Cement + Du ZEINE	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E	CASING HEIGHT (circle appropriate box
materials	A 8 9 11 15 17 21	and enter casing height)
	S 2 23 24 26 30 32 36	helow (nearest
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	R g	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
WELL	OF SCREEN 56 60 INCH)	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	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS	See Attacked well Locations
OF MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68 68	Well Locations
DRILLERS IDENT. NO. 238	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	
(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76	and the second s
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if different from permittee)	CASING INDICATOR	

COUNTY

DRY WELLS

Lot 27

+RiaDelphia

woods

B 1 9969 SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT NUMBER
(DP USE ONLY)		110-190-10911
THIS NUMBER IS TO BE PUNCHED	nt or type	70 fill in this form completely 79
Date Received (APA)	B 3	LOCATION OF WELL
070389 OWNER INFORMATION	1 2	LOCATION OF WELL
8 13	HOWARD	21
15 Last Name Owner First Name 34	-TRIADEL	PHIA WOODS
POB 208	23 SUBDIVISION	42
36 Street or RFD 55	SECTION 44 46	LOT 48 50
57 Town 70 State 72 Zip 76	GLENELG	
Coorse D. DRILLER INFORMATION	52 NEAREST TOWN	or 0 if in town) 3 MI
George F. Easterday 4 0 77 License No. 80	MILES FROM TOWN (ente	73 2 76 77 78
Driller's Name 77 License No. 80 L. Franklin Easterway, Inc.	B 4	GOLDEN VAK DA
9265 Brown Church Rd., Mr. &iry, Md. 21771	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address 2 8/21/2 6/29/89	N	NO PETER SECTION AND ADMINISTRATION AND ADMINISTRAT
Signature X Date	N 8 N N N N N N N N N N N N N N N N N N	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION		WEST S EAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	TOWN E 8	,
AVERAGE DAILY QUANTITY NEEDED 12	S _W S _E	34 300 37 DISTANCE FROM ROAD
(GAL PER DAY)	8-9 S 8-9	ENTER FT or MI
USE FOR WATER (CIRCLE APPROPRIATE BOX)	8	I 38 39 NOT TO BE FILLED IN BY DRILLER
P HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	HOWARD	IMM (HISYMINIO)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.	COUNTY NAME STATE	A 35 476 COUNTY NO
22 L OTHER (REQUIRES APPROPRIATION PERMIT) — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	SIGNATURE DATE ISSUED	A - INSERTS
P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT	071989	Cravy Cullions 1/19/90
TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH 7 3 - 0 0	O SIGNATURE EXP. DATE /
APPROPRIATION PERMIT)	GRID 50	55 57 63
APPROXIMATE DEPTH OF WELL	SHOW MAJOR FEATURI BOX & LOCATE WELL _	ES OF 9-21-89 3pm
APPROXIMATE DEPTH OF WELL 24 28 FEET	WITH AN X	NATED
APPROXIMATE DIAMETER OF WELL 6	SOURCES OF DRILLING	WATER WAS P 9/21/89 KR
	2.	9-7-1
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN	3.	
30 AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE	
CABLE REVerse-ROTary DRive-POINT	<u> </u>	
other	E 810	3
	N 520	7- 000 TAGOK
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		W SHOWING LOCATION OF WELL IN
THE WELL WILL NOT REPLACE AN EXISTING WELL		TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	- N	4
ABANDONED AND SEALED		
AS A STANDBY D THIS WELL WILL DEEPEN AN EXISTING WELL		CHEALTH
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED.		THE RESERVE OF THE PARTY OF THE
(IF AVAILABLE) 41 52	NEVE	
Not to be filled in by driller (OEP USE ONLY)	Lucia in the second	3 34 PH 980
APPROP. PERMIT NUMBER	1	28
54 63	THE STATE OF THE S	The second secon
FORCE WRITE PERMIT No. 11 (- 9 1 - 7 1 1 6	HEALTH TENETHE	MESELA CALIFORNIA
67 68 70 71 72 73, 74 75 76 77 18 79	TALES OF THE STATE	
SPECIAL CONDITIONS		en e

	C 1 1040 SEQUENCE NO. (DENV 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 A 35478
	ST./CQ USE ONLY DATE Received. DATE WELL COMPLETE 13 9 1 1 9 9 1 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 9 2 1 9 2	Depth of Well 22 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
		First name TOWN	Clouply =
	SUBDIVISION TRACATIONING	SECTION	LOT
•	WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
1	DESCRIPTION (Use additional sheets if needed) FROM TO Check if water bearing	CEMENT C M BENTONITE CLAY B C 45 46 NO. OF BAGS 16 NO. OF POUNDS 16 00	PUMPING RATE (gal. per min. 9
	Top Soil 0 2	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to 2 /2 ft.	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
	Br 5/19/2 20	48 TOP 52 54' BOTTOM 58 (enter 0 if from surface) (casing CASING RECORD types insert ST CO	BEFORE PUMPING 17 20 WHEN PUMPING 25 25
	Top Soil 0 2 By Shape 2 20 Tan Mica 20 40	insert appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below) J jet S submersible
~	147 50	60 61 63 64 56 70 E OTHER CASING (if used)	27 905 110 10 10 10 10 10 10 10 10 10 10 10 10
	50 61	diameter depth (feet) H inch from to	PUMP INSTALLED
	61 Mico 50 61 Gray Mico 50 61 Gray Mico 61 63	S S S S S S S S S S S S S S S S S S S	DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	By Mica 61 63	screen type or open hole ST BR HO	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	Gray Mica 67 90 4	appropriate code below STEEL BRASS OPEN BRONZE HOLE P L O T	IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE. (to nearest gallon)
	Gray Mica 63 77 90 0	PLASTIC OTHER C 2 1 2	PUMP HORSE POWER - 37 41 PUMP COLUMN LENGTH
	Grav 19/10 80 400	DEPTH (nearest ft.) A 8 9 11 15 17 21	(nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)
,1	NOTE: 8.57CPM	H 2 2 3 24 26 30 32 36	LAND SURFACE (nearest foot)
	CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	B 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL	SLOT SIZE 123(NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	IHEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04" 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.	from to GRAVEL PACK	WILLIAM TO WEEL)
	DRILLERS IDENT. NO. 40	F IN BOX 68 68 0EP USE ONLY	and the second s
	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	(NOT-TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O 74 75 76	A Part of the second
	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

ell Permit No.		FIELD DATA SH	EET	
lell Permit No.			urnra macm	
Mall Permit No.		HOWARD COUNTY WELL	YIELD TEST	and the second s
	но - <u>88- О</u>	916 COLDEN OAK	TR.	
Subdivision T	RIADELPHIG	WOODS Lot	A) BIOCK LIGH	Sec.
Well Driller	Chaterley.		- Patrifort	
Depth of	F well 400	7.	word 2 57	
Distance Static W	of measuring povater level (S.W.	oint (M.P.) above gro L.) below M.P.		
	المعامرة المعامرة		in the second of	In Sal date
	pumping reser			in 190 we
Time pump	p started <u>E</u>		Pumping rate 10 G. levelft.	below M.P.
Total til	ne to	reach pumping water		
White I all with the same of	. " لأسب يكونه أسجادات وقصوا و المشهو التراي الما أنه " فيها ال	asse (で)結合と返し込むし返さしましましましました。 サンバールバン	4.5 14.1 14.2000年14.1 14.1 14.1 14.1 14.1 14.1 14.1 14.1	الله المنافر أن أن أن أن أن المنافرة ال
White I all with the same of	. " لأسب يكونه أسجادات وقصوا و المشهو التراي الما أنه " فيها ال	observations to be	recorded_every 15 minu	
II: ** Recovery TIME (in 15 minute in-	. " لأسب يكونه أسجادات وقصوا و المشهو التراي الما أنه " فيها ال	PUMPING RATE time to fill 5	recorded_every 15 minu FLOW METER READING (if used)	
II: ** Recovery TIME (in 15 minute in- tervals !"	pamp test data - WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED E (gallons per
II: **Recovery TIME (in 15 minute in- tervals	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED E (gallons per
II: ** Recovery TIME (in 15 minute in- tervals !"	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED E (gallons per
II: **Recovery TIME (in 15 minute in- tervals	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket Sol	FLOW METER READING	CALCULATED E (gallons per
II: **Recovery TIME (in 15 minute in- tervals	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket Sol	FLOW METER READING	CALCULATED E (gallons per
II: **Recovery TIME (in 15 minute in- tervals	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED E (gallons per
II: **Recovery TIME (in 15 minute in- tervals	pamp test data WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED E (gallons per
TI: **Recovery.' TIME (in 15 minute intervals	pamp test data - WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED IN (gallons per minute)
TI: **Recovery.' TIME (in 15 minute intervals	pamp test data WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED E (gallons per
TI: **Recovery.' TIME (in 15 minute intervals	pamp test data WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED IN (gallons per minute)
TINE (in 15 minute in-tervals	pamp test data WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING	CALCULATED IN (gallons per minute)

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HD-224

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9/8/89" Carring on H

OBLOOMEN HEAT THE DE

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement		Receipt # LIUY O
Name of Installer Dickon Pc	B & 476	Telephone <u>265-2003</u>
License Number #1680 Certified Well Pump Installer		
Name of Property Owner George Subdivision Street Subdivision Street Ref.		Tag #\(\ldot\) \(\delta\) \(\delta\)
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Goolds 3. Model # 76605422	Motor 1. Horsepower 2. RPM 3. Voltage a. 110 b. 220	Pitless Adapter 1. Make Harrack 2. Model # BP-PX 3. Depth 3 12
 3. Model # 7666472 4. Capacity 760H GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cutof 7. What methods are used to protyibrations? Torque arrestor 	Yes NoY f switch installed? Ye ect the pump and electri	cal wiring from
Tank 1. Capacity <u>V-100</u> 30gal 2. Pressure relief valve? <u>V⊄S</u>	Piping 1. Type #D-160 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line	Well data 1. Depth 250 ft. 2. Yield 9 GPM 3. Static water level 15 ft. 4. Will water supply be disinfected by installer?
I understand that it is my respectively because it is my respectively in the second in		
All information given above is t	rue to the best of my kn	nowledge.
Signatur	e of Applicant:	100hall
	Date: <u>8/14</u> /	leg
Note: A sticker indicating appr		allation will be placed

6/5/9/ ASAP

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 # 4/9022 Date 4/30/9/
	Name of Installer Karis /	LATER	Telephone <u>831-983/</u>
	License Number 7920 Certified Well Pump Installer _		Registered Plumber 1
	Name of Property Owner LAd Subdivision To: Molos Gics W. Site Address 12649 Coldon A	SCOTT Very Scott # 27 We	Telephone <u>920-0739</u> ell Tag # <u>HO-88-0966</u>
	Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Jacob I	Motor 1. Horsepower 2. RPM 3740 3. Voltage a. 110 b. 220	Pitless Adapter 1. Make Moteuson 2. Model * Bf /5V 3. Depth 42"
	 3. Model # 2/54/58-54 4. Capacity	ff switch installed? tect the pump and elect	trical wiring from
550 S	2. Pressure relief valve? P.A. OK, @ 4' B.G. OF WATER LINE 4-6' ELEEVED. OK A	Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line 42 4	4. Will water supply be disinfected by installer? #5 NO
	I understand that it is my respectation department when the installation is null and void).	sponsibility to notify n is ready for inspecti	the Howard County Health lon (otherwise this permit
	All information given above is Signatu	true to the best of my	knowledge.
	Note: A sticker indicating appr	Date:	129/9/

on the well casing at the time of the inspection.

