PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A.	30092	
_		
DISTRICT	5th	

HOWARD COUNTY HEALTH DEPARTMENT NDFXED

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 313-2640 **DATE SYSTEM APPROV**

F. Bollinger + Son Inc. Is permitted to install X	ALTER
1343 Bollinger Ld Westminster 21157 ADDRESS 9005 Navgall Road, Baltimore, Maryland 21234 PHONE 410-52	8-6527
SUBDIVISION Fox Run Estates LOT 6 ROAD 4531 Taraley Court	
PROPERTY OWNER Craig A. Detrich	
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	
NUMBER OF BEDROOMS 4	
200 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 200	
TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Botto depth 7 feet below original grade. Effective area begins at 3 feet original grade. 4 feet of stone below distribution pipe. LOCATION - Start the first trench approximately 185 feet from the rear (310') 1 215 feet from the left (414') lot line. Run trenches along contour	below lot line and
right lot line. NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cl cap to grade or above on septic tank. OK 140c792 RH	eanout and
cap to grade or above on septic tank. OK 1402792 RH	
	·
PLANS APROVED BY DATE	./26/92
COVER NO WORK UNTIL INSPECTED AND APPROVED	•
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY S	SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS ACCEPTABLE.	, 90° ELBOWS NOT

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

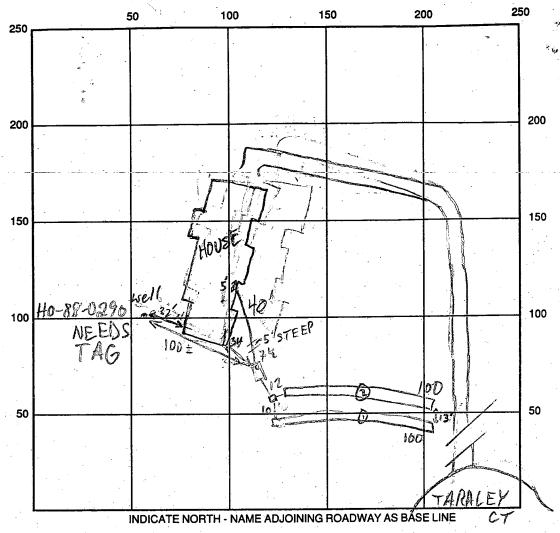
PERMIT VOID AFTER TWO YEARS

AUTHORIZED)

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: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS 5.T OK
DISTRIBUTION BOX LEVEL OK - BAFFLE IN
DRAIN FIELD/TITLE DEPTH 7/7 FT. TRENCH WIDTH 7 FT. INLET DEPTH 3/3 FT.
EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH OF T.
NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLETFT.
ABŞORBENT AREA 800 SQ. FT.
REMARKS: 5593 OK TO CONTINUE MR
5/6/93#OK TO CONTINUE MR 5/6/93 #2 OK TO COVER ALL MA
DATE SYSTEM APPROVED 5/6/93 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 38692

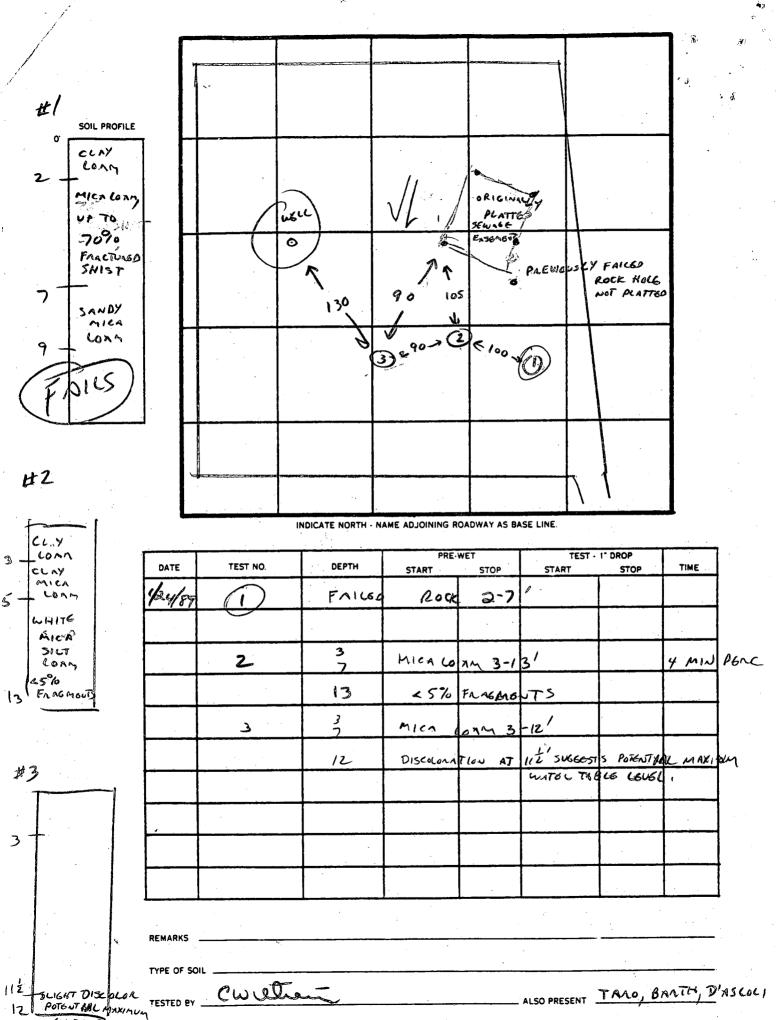
HOWARD	CC	VTNUC	HEAL	TH D	EPART	MENT	•
BUREAU	OF	ENVIR	ONME	NTAL	. HEAL	LTH	

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

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R	37621	PARTE			
TO	ACCONT	hopate	DATE		
	CRANGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

		CHANGED	WALL COCATIO	70),	
		O	WELL COCA !!	CW.	
TO: THE COUNTY HEALTH	OFFICER		•	,	
ELLICOTT CITY, MARYL				•	
I, HEREBY, APPLY FOR	THE NECESSARY TEST IN ORDER TO C	ONSTRUCT (OR RECONSTRU	ICT) A SEWAGE DISPOSAL SY	STEM.	
	745 1N	KSTM/ TS /	1.110 Por 14	<u></u>	•
PROPERTY OWNER	TARO THE INL	//	iffer pails	orp:	
ADDRESS	raig A. DETri	EH	PHONE	964-2023	
NO 010 00 00 00 00 00 00 00 00 00 00 00 00					
PROSPECTIVE BUYER	·		· · · · · · · · · · · · · · · · · · ·		
•					
ADDRESS		***************************************	PHONE	· · · · · · · · · · · · · · · · · · ·	
PROPERTY LOCATION:		1			•
-	av a . Estate	•	P	•	
SUBDIVISION	X RUN ESTATE	2	LOT NO	· · · · · · · · · · · · · · · · · · ·	
4	TARALOY	CT		•	
ROAD AND DESCRIPTION	1531 1337 TARALGY				i
			· · · · · · · · · · · · · · · · · · ·		
	•				
	PARCEL #				
SIZE OF LOT	ACRES .	*	Type at he	LESIDENTIAL	
322 Or CO1			(SI	NGLE FAMILY DWELLING OR COM	MERCIAL)
THE SYSTEM INSTALLED U	INDER THIS APPLICATION IS ACCE	PTABLE ONLY UNTIL PUE	BLIC FACILITIES BECOME	AVAILABLE I FULLY UNDERS	FAND THE
FFF CONNECTED WITH THE	E FILING OF THIS PERC TEST APP	I ICATION IS NON BEEUN	IDARI E LINDER ANVICIRO	LIMETANCES I ALSO AGRES TO	COMPLY
			DADEL DIVDER AINT CIRC	OMSTRICES.TRESO NONCE IN	, COI E1
WITH ALL M.O.S.H.A. REQL	UIREMENTS IN TESTING THIS LO	T			
•			(SIGNATURE OF AP		
APPROVED BY CWW	leen	FOR	KNCHES	DATE 1/26/89	}
· ·		,			
REJECTED BY		FOR		DATE	<u> </u>
OLD PENDING FURTHER TEST	*				
HOLD FEMUING FURTHER TEST	3			DATE	
******************************	101 ANG 566 BE	WISED INFOR	mai PLAT		

THIS IS



WATER TABLE LEVEL

APPLICATION

Taro

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 **TELEPHONE: 461-9933**

PERCOLATION TESTING

A 38692

Percs ok pending plat approval

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.
PROP	ERTY OWNER Fox Run Estates Inc.
	ADDRESS 4649 Sheppard Lane, Ellicott City, MD 21043 PHONE (301) 596 - 9730
PROS	SPECTIVE BUYER N/A

41

PROPERTY LOCATION:			· ·	
SUBDIVISION Fox Run Estates	LOT NO.	<u> </u>	<u> </u>	
ROAD AND DESCRIPTION Rear of Subdivison next to Lot 6 & 8				

TAX MAP — #	28 PARCEL # 5				٠
SIZE OF LOT	4.30 Acres	ТҮРЕ В	LDG Single I	Family Dwell	ling
5.22 0, 20, 2		, , , ,		MILY DWELLING OR C	

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NOT

(SIGNATURE OF APPLICANT)

THIS IS NOT A PERMIT

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0-1.5 Brown d						3) <	90' ->				loam, < 10%
Sury loge		·			1,	10 V	50	7			Saprolite 10
July Bou	^ <u>`</u>						3(5)	90		3,5 -5	is Brown suty
1.5 -65 Red brown		12.00 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m		- · · · · · · · · · · · · · · · · · · ·	1	(4) = 115	38	V	,		loom Hrace
micaceon suty	٥	45				owest 100		D	Z* +	5.5	Bottom
Sandyloca		7					.,			3,3	
∠ 70% Saprolite,	rock/ traclly	na 3 V		<u> </u>	+		NI.			1	<u>(4)</u>
(hear horizo	ntal									0-1,5	Brown si
beddingin			,			v V			Law and		Clay loam
decomposed wedlieved sehrat		G.C.C.Day			_		 			15-4.	oRed-tan L
relict structure,						•					suty sandy I oam , trace
< 30 % bool	cen	***************************************						ot 7			g mica.
fragments))		<u> </u>							1 4,000	s.s Tan sandy
1°C Dougas.	_									•	
6.5 Bottom	-cud		CI JEDI	DICATE NOR	an'- ht 2}	ME ADJOINING RO	DADWAY: AS B	AȘE LIŅE.		•	silfy loan
O13	DATE	TEST N	SHEP	DICATE NOR	<u> </u>	PRE	WET	' TEST	- 1" DROP STOP	TIME	trace Ofmia
Q. 3	DATE	TEST N	SHEP	DEPTH	<u>.</u>	PRE-I	WET STOP	TEST START	STOP	1	
	DATE 6-9-9	TEST N	SHEP	10 D DEPTH	5	PRE-I	STOP	START	STOP	Imin	trace ofmia
		TEST N	SHEP	DEPTH	<u>.</u>	PRE-I	WET STOP	TEST START	STOP	1	trace ofmia
(2) [0-15 Brown		TEST N	SHEP)	DEPTH 2.0 6,5	1 5 M	START '	STOP	TEST START 1113	1:14 1:18	Imin Imin	trace ofmia
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0-15 Brown Si clay !		TEST N	SHEP)	DEPTH 2.0 6,5	1 5 M	START '	STOP	TEST START 1113	1:14 1:18	Imin Imin 12	trace ofmia 5.5130Horn 0-20 Brss cloam 2.0-4.0 Red- br
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0-1.5 Brown Si clay 1 loam, roots 4,0-4,0 Red brown sulty clay	6-9-8	TEST N	SHEP) 10. 1	10 DEPTH 2.0 6,5	5 M S M	START	1:13 1:14 1:18	TEST START 1113 1:14	1:14 1:18 1:30 1:18	Imin Imin 12	trace ofmice 5.5130Horn 0-20 Brss cloam 2.0-4.0 Red- br mca siloan
0-1.5 Brown Si clay 1 loam, roots 4,0-4,0 Red brown sulty clay loam	6-9-8	TEST N	SHEP) 10. 1	2.0 6.0 2.0	5 M S M S	START : : 2 : 5 : 2	1:13 1:14 1:18 1:16 1:10	TEST START 1:14 1:14 1:18 1:16 1:24	1:14 1:18 1:30 1:38	1min 4min 12- 2	trace ofmice 5.5130Horn 0-20 Brss cloam 2.0-4.0 Red- br mca siloan 4.0-6.0 Red br.
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0-1.5 Brown Si clay I loam, roots 4.0-4.0 Red brown sulty clay loam sulty sand loam, trace of mica	6-9-8	TEST N	SHEP) 10. 1 2 3	2.0 6.0 2.5 2.5 2.5	S M S M S M	START : : : 5 : 20	1:13 1:14 1:18 1:16 1:24 1:21	TEST	1:14 1:18 1:30 1:30 1:38 1:33	100 in 12-2 2 4 2 2 min	trace of mice 5.5130Horn 0-20 Brss cloam 2.0-4.0 Red br mica 51 loan 4.0-6.0 Red br mica 51 sa 1 can
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HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.RH. COUNTY HEALTH OFFICER



Bureau of Environmental Health 3525 Ellicott Mills Drive Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

January 27, 1989

Miller Built Corporation 10480 Little Patuxent Parkway Suite 600 Columbia, Maryland 21044

Attention: Doug D'Ascoli

RE: Fox Run Subdivision

Lot 6 - Taraley Court

Dear Mr. D'Ascoli:

The adjusted sewage disposal easement on the above referenced lot, as submitted by Mike Lyles, January 26, 1989, under the seal of Wesson Cook, Jr. is acceptable to this office and takes precedence over the easement as shown on the subdivision record plat. A copy of the adjusted easement is enclosed along with the adjusted septic system specifications for this lot.

Because of this adjustment in the location of the disposal easement, the location of the well (Tag #HO-88-0290) is now acceptable to this office. The lot is eligible for submission and review of a residential building permit with respect to the adjusted location of the well and disposal easement.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

Craig Williams, Director Water and Sewerage Program

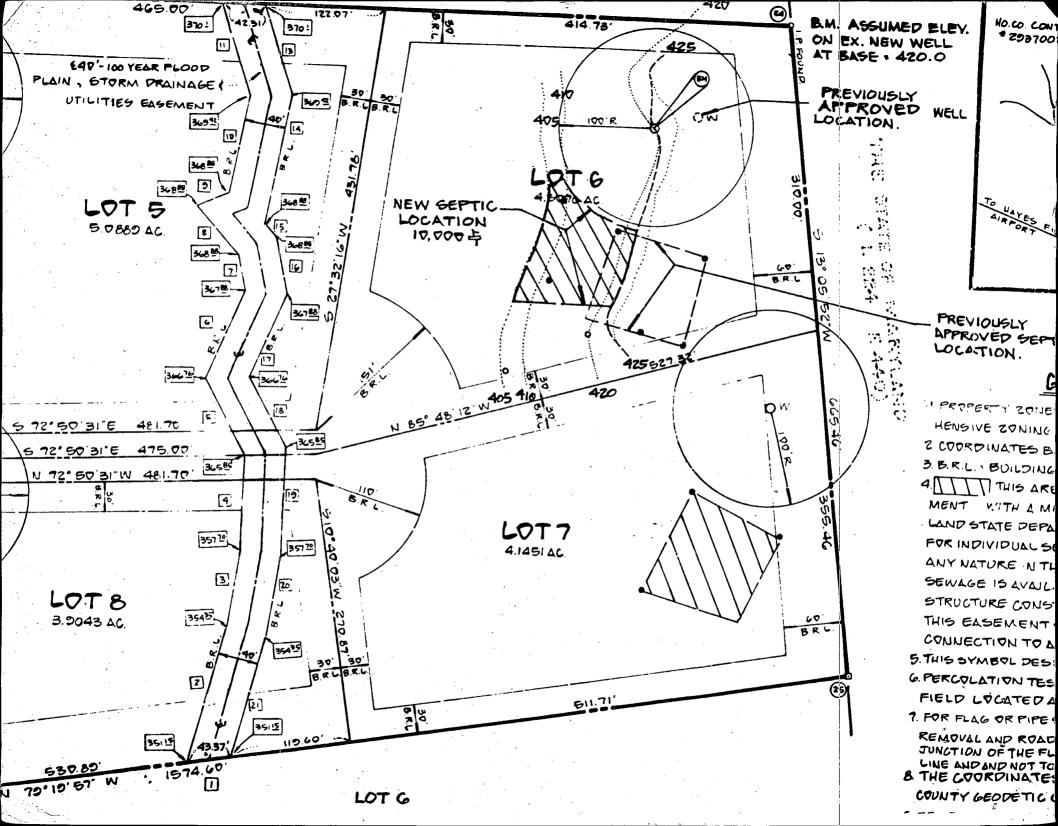
Ciair William

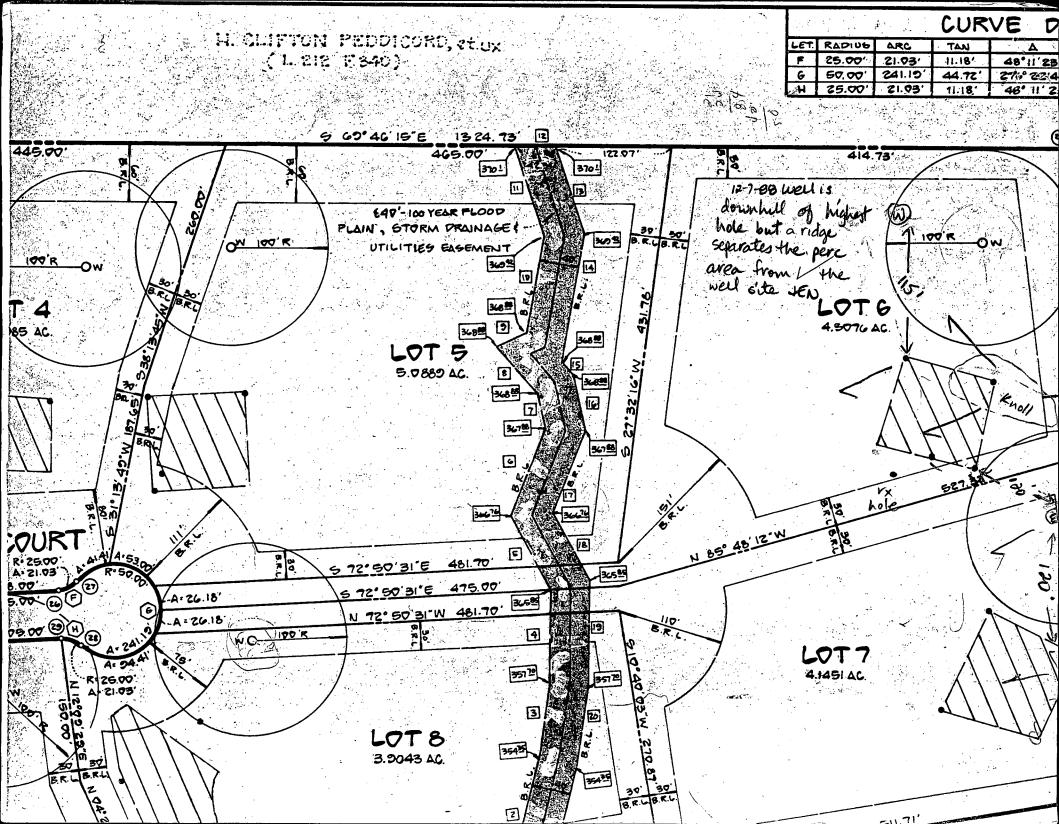
CW: JR

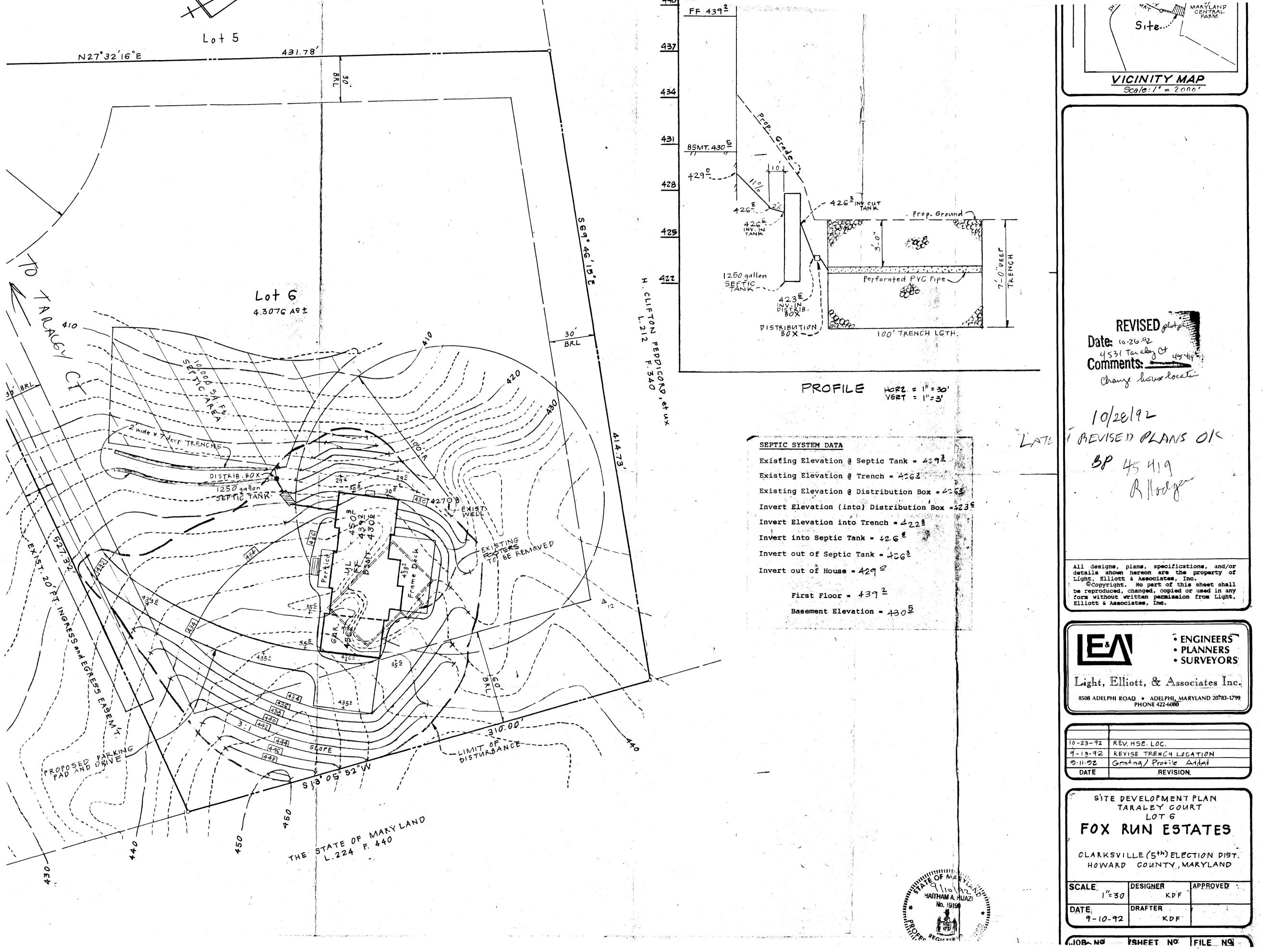
cc: Tom Taro 4649 Sheppard Lane Ellicott City, Maryland

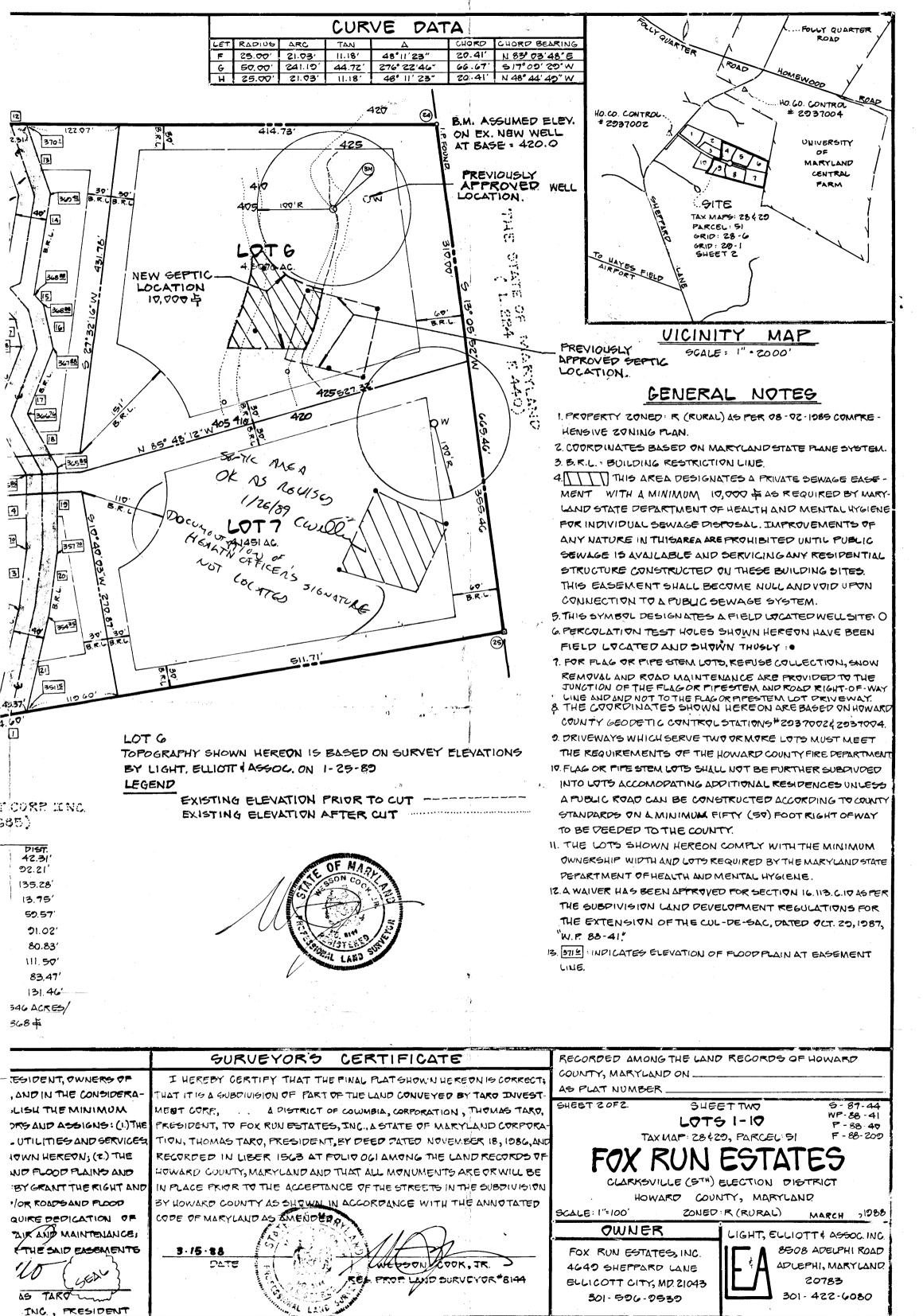
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Enclosures









B 1	7007 SEQUENCE NO.	STATE OF I	MARYI AND	STATE F	PERMIT NUMBER	
1 2	7927 SEQUENCE NO. (DP USE ONLY)	PERMIT TO	· · · · · · · · · · · · · · · · · · ·	H0-88-0290		
	'HIS NUMBER IS'TO BE PUNCHED N COLS. 3-6 ON ALL CARDS)	please pri	nt or type	70 fill in thi	is form completely 79	
	Pate Received (APA)		B 3	LOCATION OF I	WELL	
	OWNER INFORM	ATION	HEWARD			
	5 + S L V V C S F IN C IV	First Name 34	FOX RUN	ESTAT	21	
	1 6 1 9 5 H × 1 P A R O Street or RFD	LANUS	23 SUBDIVISION SECTION	LOT	42	
Į.	57 Town	77 (7 2 / S / 3 OState 72 Zip 76	1 1 A 1 K S V	48 50 V		
	DRILLER INFORMATION		52 NEAREST TOWN MILES FROM TOWN (ent	ter 0 if in town) 2	M 1	
Ö	Sesul L. MAYNE riller's Name	77 License No. 80	B 4	73	76 77 78	
	I'M Name WELL	· · · · · · · · · · · · · · · · · · ·	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	TARALEU 11 NEAR	WHAT ROAD 30	
	5512 KILKE KU. 181	1 /sc			NORTH NORTH	
	ignature	76/96/38 Date	W 8-9 8-9	ON WHICH SID (CIRCLE APPRO		
B 2	WELL INFORMATION PPROX. PUMPING RATE (GAL. PER MIN.)		W TOWN E		SOUTH	
	VERAGE DAILÝ QUANTITY NEEDED	B 12	Sw	34 4 DISTA	Z5 37 NCE FROM ROAD	
	GAL PER DAY)	20	W S S 8-9		ENTER FT or MI 38 39	
	USE FOR WATER (CIRCLE APPR			NOT TO BE FILLED HEALTH DEPARTME		
. 4	D HOME (SINGLE OR DOUBLE HOUSEH F FARMING (LIVESTOCK WATERING & IRRIGATION)	,	How and	A 3	8692 COUNTY NO.	
2	INDUSTRIAL, COMMERCIAL, STATE A TOTHER (REQUIRES APPROPRIATION)		STATE SIGNATURE		INSERT S	
	PUBLIC OR PRIVATE WATER COMPA P APPROPRIATION PERMIT AND STATE	NY (REQUIRES	DATE ISSUED	ray Will	am 5/14/89	
	APPROVAL) T TEST, OBSERVATION, MONITORING	(MAY REQUIRE	43 48 CI NORTH 5 / 3 0 0	O SIGNATURE O EAST O 8	EXP. DATE	
	APPROPRIATION PERMIT)		50 SHOW MAJOR FEATUR	55 57	63 QQ	
/	APPROXIMATE DEPTH OF WELL 24	FEET 28	BOX & LOCATE WELL _ WITH AN X	12:30	Not-grouted. Had to	
Į.	SPPROXIMATE DIAMETER OF WELL	NEARESTINCH	SOURCES OF DRILLING	lot. To	wer driller offodjacent be grouted late pm	
	METHOD OF DRILLING	(circle one)	2. 3.	TEN	+ above ground	
. 3	BORED (or Augered) JETTED ALB REP	Jetted & DRIVEN	WRITE THE BOX NUMB	BER	F above growna	
3	AIR-PERcussion REVerse ROTary	OTARY (Hydraulic Rotary) DRive-POINT	FROM THE MAP HERE		(2	
	other		E 810	9	<u> </u>	
	REPLACEMENT OR DEEPEN	ED WELLS	N 510	3 000 000		
	(CIRCLE APPROPRIATE E		DRAW A SKETCH BELC RELATION TO NEARBY	TOWNS AND ROAD	S AND GIVE	
	THIS WELL WILL NOT REPLACE AN I		DISTANCE FROM WELL	. TO NEAREST ROAL	J JUNCTION	
	ABANDONED AND SEALED	•	WEALTH			
- 3	9 S THIS WELL WILL REPLACE A WELL T AS A STANDBY	THAT WILL BE USED	1 1 1 1 1 1 1 1 1	The State of the s		
	D THIS WELL WILL DEEPEN AN EXISTI	NG WELL	Falley.		•	
	PERMIT NUMBER OF WELL TO BE REPLA	ACED OR DEEPENDED	- 30	Hon		
•	Not to be filled in by driller (OEP	_ <u></u>	HEMAN	Kome	Ted Rd.	
. ,		G A P	HAWARO COUR	\$ / \Z		
, .	ORCE WRITE BERNATA	63	and the state of t	Tarana	e to roll	
ļ	ORCE WITHALS PERMIT NO H U -		3	Tarrey cour	*	
\ \ \ S	SPECIAL CONDITIONS		Clarkesville			

c ₁ \$6628	SEQUENCE (DENV USE C		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1, 23 (THIS NUMBER IS TO BE I IN GOLS, 3°C ON ALL CAR			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 38692
DATE Received	DATE WELL C			PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 / 13	15 70	788	22 / 25 26 (TO NEAREST FOOT)	H U - 8 8 - 0 2 7 0 28 29 30 31 32 33 34 35 36 37
OWNER	Jast name		Sign for first name	3
STREET OR RFD	RUN ES		TOWN	CLARESVILL
		3 3 7 7 2		LOI 6
Not required for STATE THE KIND O	or driven wells	9	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
PENETRATED, THEI THICKNESS AND IF	IR COLOR, DEF	TH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min.
		bearing	NO. OF BAGS NO. OF POUNDS 346	to nearest gal.) METHOD USED TO
SANJI STONE	0 39		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE (************************************
SAMU Slowe Gray Mira Rak	39 12	- A - S - S - S - S - S - S - S - S - S	from 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Corny Mira Keek			casing CASING RECORD	WHEN PUMPING
			insert appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
			code PL OT	A air P piston T turbine
			PLASTIC OTHER	27 27 27 Other
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe below)
				J jet (S submersible
			E OTHER CASING (if used)	
			A diameter depth (feet) C inch from to	PUMP INSTALLED
	-		C S	DRILLER WILL INSTALL PUMP YES (NO)
	1 .			(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
			screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
			or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX -SEE ABOVE:
			appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
			below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
5.			<u>C</u> 2	PUMP COLUMN LENGTH
5/1			DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
			A 38 9 11 15 17 21	+ above and enter casing height)
			H ₂ S C 23 24 26 30 32 36	LAND SURFACE (nearest
CIRCLE APPRO				49 foot)
A WHEN THIS WELL W			R 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA		·	SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVER			OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL	17.13 "WELL CONS	TRUCTION"	from to	N and the second
ABOVE CAPTIONED PERMIT, AI PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.	ND THAT THE IN	ORMATION	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO.	938		F IN BOX 68 68	
E. Fuel a con	d. P. m.	Track	(NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE! (MUST MATCH SIGNATUR	E ON APPLICA	TION)	T (E.R.O.S.) WQ	E James and Market and
			70 72 72	And a service of the
SITE SUPERVISOR (sign. or responsible for sitework if	of driller or jour different from p	neyman ermittee)	TELESCOPE LOG OTHER DATA , CASING INDICATOR	
			COUNTY	

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 #
Name of Installer Blunking,	Heating & Supplies Sh	C. Telephone 410-848-530
License Number 5/65		
Certified Well Pump Installer	Well Driller	Registered Plumber
Name of Property Owner Would	u Homes.	Telephone
Name of Property Owner News Subdivision Fox Run Est.	Lot # (0	Well Tag #
Site Address 4531 TorAley C	+	
	Water	Ditlana Adamtan
Pump 1. Type	Motor 1. Horsepower	Pitless Adapter 1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible	a. 110	
2. Make Goulds	b. 220	
3. Model # 75405422 4. Capacity 7 GPM		
5. Pump exceeds well capacity	Yes No	
6. If Yes, is low pressure cur		
7. What methods are used to provide vibrations? Torque arrest		
Tank	Piping On.	Well data
1. Capacity	1. Type Plastic	Well data 1. Depth <u>190</u> ft.
2. Pressure relief	2. Size	2. Yield GPM
valve? <u>yes</u>	3. NSF and/or BOCA	3. Static water
- PYTLESS ADAPTER 1'BIG,	Code approved ΔL 4. Depth of supply	
	74	be disinfected by
73 FILL MODED, OL CW POR P	#)	installer? <u>No</u>
I understand that it is my	esponsibility to notif	y the Howard County Health
Department when the installating is null and void).		
All information given above is	s true to the best of m	y knowledge.
Signat	ture of Applicant:	an E Parry
Signa	-la	The state of the s
	Date: Ma	ay 26,1993
Note: A sticker indicating ap on the well casing at the time		nstallation will be placed

Pagę,	<u>. 5. </u>	01	7 .		
Pagę, Date		12/	'קד	88	_

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Subdivision Fox RUN ESTATES	Lot_6 Block Plat Sec.
Well Driller JOE MAYNE	Owner JAND S INDESTMENT
Depth of well	pove ground 2'
I. High rate pumping reservoir drawdown	a
I. High rate pumping reservoir drawdown	

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

graduate the second second	4		recorded every 15 minu	
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)
11.20	38	4		15
11:35	38	4		15
11:50	38	4	·	15
12:05	38	4		15
12:20	38	4		15
12:35	39	4		15
12:50	40	4		15
1:05	46	4		15-3
1:20	40	4	······································	15
1:35	40	4	· · · · · · · · · · · · · · · · · ·	15
1:50	40	4	·.	15
2:05	40	¥		15
		·		
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