

6-21-91
Jen

410789

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 47264

A 39904
5th

DISTRICT

DATE 6/25/91

DATE SYSTEM APPROVED 6-21-91

INSPECTOR JEN

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Twelve Hills, Sec. 3 ROAD 14015 Twelve Oaks Ct. LOT 39

PROPERTY OWNER Capitano Construction

ADDRESS

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER~~ YES ~~XXXXXXXXXXXX~~ NO ~~XXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 ~~1500~~ GALLONS NUMBER OF BEDROOMS 4 ~~5~~

3180
780

4 bedrooms verified
on-site by
septic contractor,
JEN

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Beginning at the left rear lot corner as seen when facing the lot from Twelve Oaks Ct, place the distribution box 90 ft. down the left (240') lot line and 110 ft. off the same lot line. Run trenches on contour toward the front and rear lot lines. Maintain a minimum of 100 ft. from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3/30/90 OK RJO

PLANS APPROVED BY Jane E. Nadeau cm DATE 05/10/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 6/6/91

Serial # 37540 Underground
Tank

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

90
21
360
360
180
214
24
307



INSPECTOR

APPLICATION

PERCOLATION TESTING

A 39904
P _____

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

DISTRICT 5TH
DATE 8-19-87

9-24-87
Perc. ok
pending plat
approval. Major
lot changes needed JEN

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 Alfred Bassler Roger D. Marion - 381-5448

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE Final 39

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 12

ROAD AND DESCRIPTION Linden Church Rd 14015 Twelve Oaks Court

TAX MAP 28 PARCEL # 49

SIZE OF LOT 3 acres TYPE BLDG. SFD - 4 Bedroom
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BOOG PERMIT SIGNED
AND RETURNED 11/7/89
Serial # 28973

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.

Mal D. Kins
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-24-87 for perc hole locations, subdivision, plat approval. Must change lot lines and alter perc areas slightly to obtain 10000 sq. ft. of area. Need house & well site JEN

THIS IS NOT A PERMIT

Highest

A 39904 (B)

H F G A D B E C

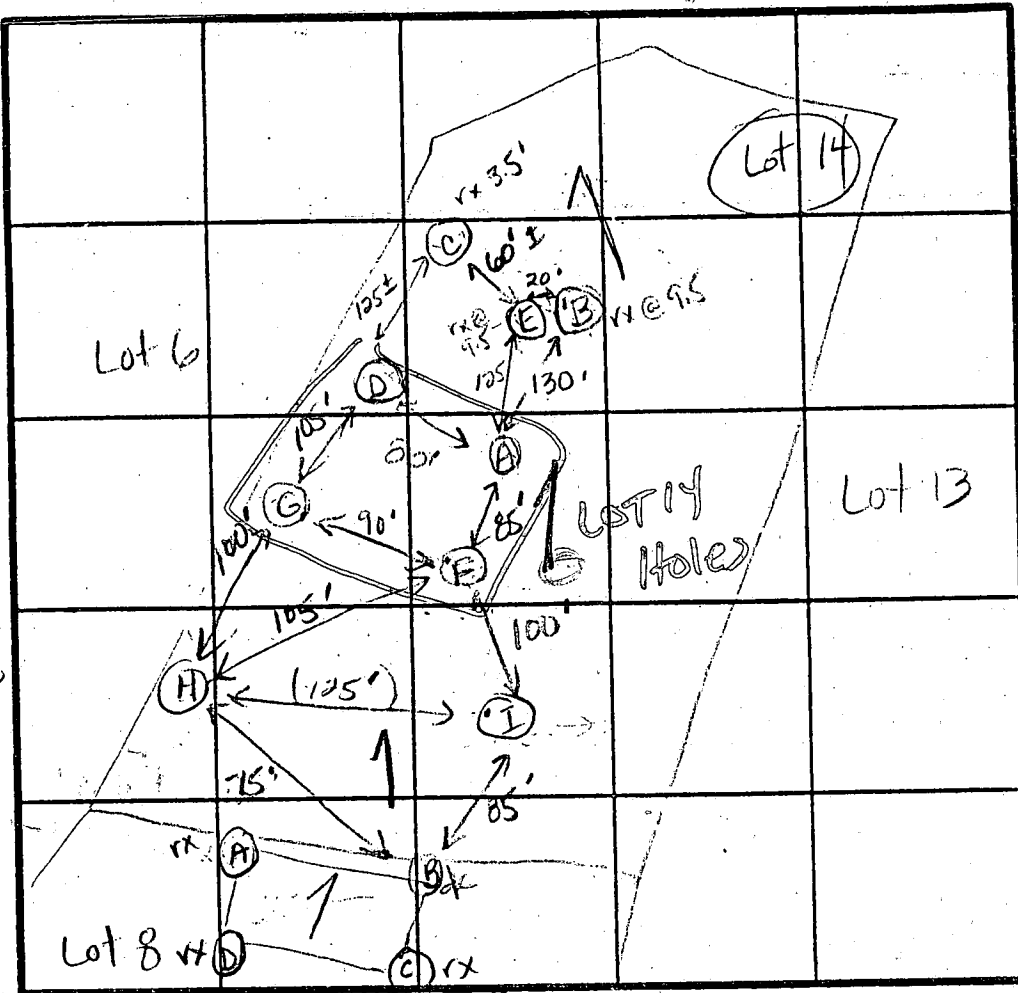
SOIL PROFILE

Low

0-4.5 Red br
cl sa si
loam,
trc gvl
L 15%

4.5-11.5 Brown
sandy
si lm,
little
gvl L 25%

11.5 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0-5.5 Br si cl
trc gvl,
L 20%

5.5-9.5 Br sa si
lm, little
gvl L 10

9.5 Refusal

0-4 Red si
cl loam

4-11.0 Tan sa
silt, trc
mica

11. Bottom

0-3.5 Red sa si
clay

3.5-10.5 Tan sa
silt L

10.5 Bottom

0-5 Br sa cl
si lm,
trc gvl
L 50%

5-10 Brown
sa si lm
some
broken
rock
frags
L 25%

10 Bottom

0-6 Red sa si
clay

6-10.5 Tan sa
silt
loam

11.5 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-2-87	✓ D	3.5 S	2:43	2:45	2:45	2:47	2
		11.5 D	Bottom	(see profile)			
	✓ A	3.5 S	2:50	2:52	2:52	2:55	3
		10.0 D	Bottom	(see profile)			
	B	9.5 V	Refusal	at 9.5'	Clay layer - 0.55'		
	E	9.5 V	Same as B	Refusal @ 9.5'	Failure		
✓	C	3.5 V	Refusal @	3.5'	Failure		
9-24-87	✓ F	3.5 S	12:28	12:30	12:30	12:32	2
		11.0 D	Bottom	(see profile)			
	✓ G	4.5 S	12:45	12:47	12:47	12:49	2
		11.5 D	Bottom	(see profile)			
	I	3.5 S	12:51	12:53	12:53	12:55	2
		6.5 M	12:49	12:51	12:51	12:53	2
		11.5 D	Bottom	(see profile)			
	H	10.5 V	(see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

Want to move Lot 8 downhill to use B, H, F for septic field. Lot would have A, D, G, F

W. F. Madigan

ALSO PRESENT Glen K. Davis

(I)

0-4.5 Red
cl

4.5-11.5 Red
sa si

11.5 Bot

X Perc
3 min
Inlet 30'
Bottom 50'
180 #/BR

APPLICATION

PERCOLATION TESTING

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

A 39904
No charge P _____
DISTRICT 5th
DATE _____

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 ALTOGETHER LIMITED PARTNERSHIP

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE Final 39

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec-3 LOT NO. Preliminary 14 RE-PERC

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 AC TYPE BLDG. SFD
(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.

John C. Ren
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

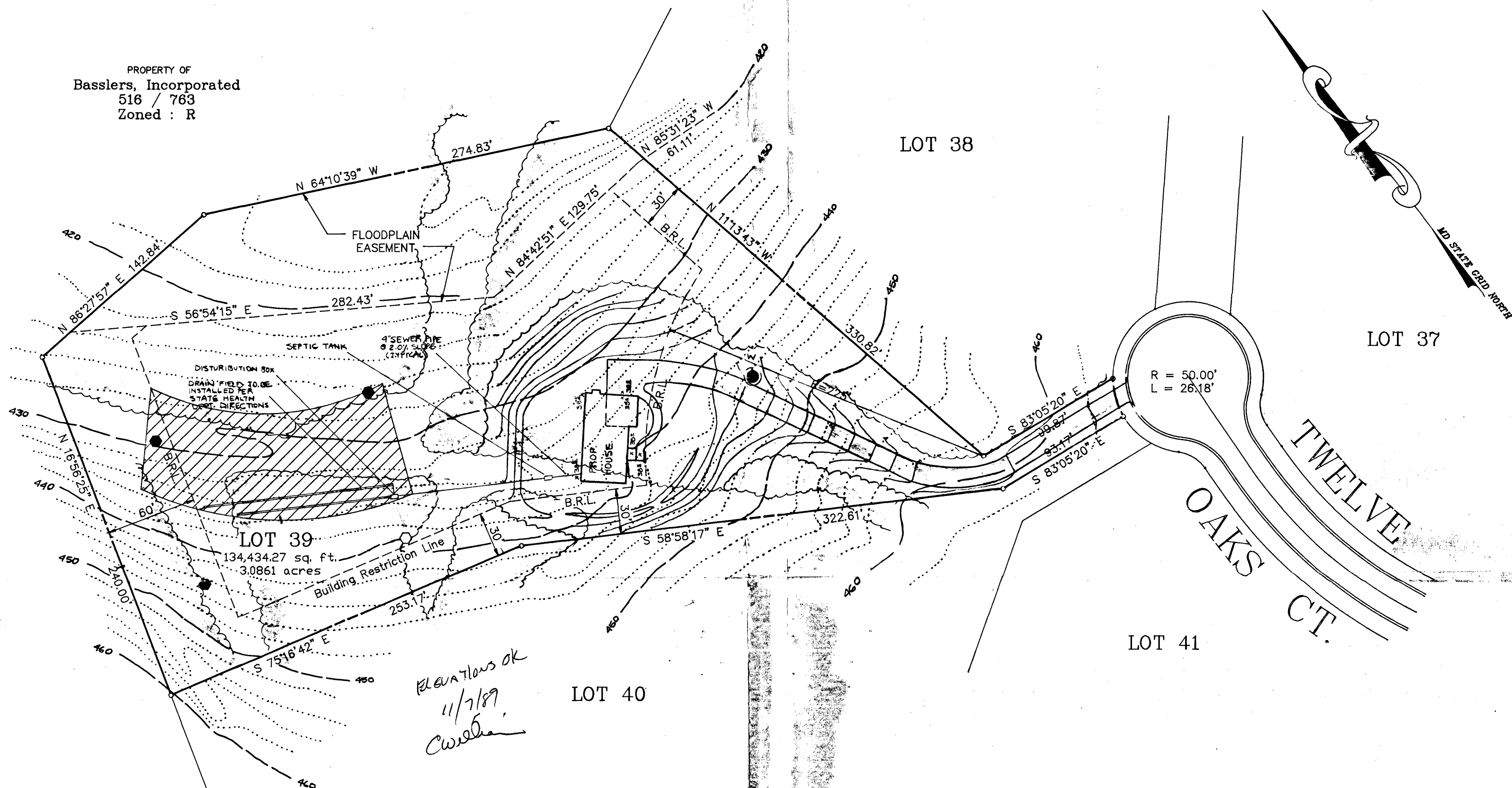
REASONS FOR REJECTION OR HOLDING 3-9-89 For perc hole locations. Use original
easement (A,D,F,G) JEN

HD-216

THIS IS NOT A PERMIT

John Reuver
Dave

PROPERTY OF
Basslers, Incorporated
516 / 763
Zoned : R



DESIGN DATA *

SEPTIC TANK DATA:
GROUND OVER ELEVATION = 438.0
INVERT IN ELEVATION = 434.2
INVERT OUT ELEVATION = 434.0

DISTRIBUTION BOX DATA:
GROUND OVER ELEVATION = 435.0
INVERT OUT ELEVATION = 432.0

HOUSE DATA:
FIRST FLOOR ELEVATION = 439.5
BASEMENT ELEVATION = 430.5
SEWER INVERT ELEVATION = 434.6

*(ADDITIONAL FIELD TOPO WILL BE REQUIRED PRIOR TO CONSTRUCTION)

I CERTIFY THAT ALL MEASUREMENTS AND ELEVATIONS
ARE CORRECT FOR THIS PROPERTY.

David C. Woessner

DAVID C. WOESSNER

DATE

OWNER / DEVELOPER

Land Design and Development, Inc.

8307 Main Street
Ellicott City, Maryland 21043
(301) 461-4600

PREPARED BY :

AMERICAN ENGINEERING, INC.

CIVIL ENGINEERING CONSULTANTS
AND LAND PLANNER

609 B MAIN STREET

BALTO.(301) 880-3039

PLOT PLAN
LOT 39
TWELVE HILLS
SECTION 3

Election District No. 5
Howard County, Maryland

CURRENT ZONING : R
TAX MAP : 28 PARCEL : 49 & 66
SCALE : 1" = 50' JULY, 1989

DRAWN BY: Y	DATE: 7-31-89
CHECKED BY: DW	DRAWING NO.:
JOB NO.: 168119	SHEET 1 OF 1

B 1	6839	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0606 fill in this form completely
Date Received (APA) 12/16/88		OWNER INFORMATION 15 Last Name ELLICOTT Owner CITY First Name MD 34 36 Street or RFD 21043 55 57 Town CITY 70 State 72 MD Zip 76 21043		
DRILLER INFORMATION Driller's Name Frank Delph 453 77 License No. 80 Firm Name Frank Delph Well Drillers Inc. Address 18234 Penn Shop Rd. Mt. Airy Md. Signature Frank Delph 12/14/88 Date		LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION TWELVE HILLS 42 SECTION 3 46 LOT 14 50 52 NEAREST TOWN DAYTON 71 MILES FROM TOWN (enter 0 if in town) 1 73 MI 76 77 78		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 12 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. 39904 STATE SIGNATURE _____ INSERT S DATE ISSUED 11/10/89 43 48 SIGNATURE Rene E. Hudean 55 NORTH GRID 512000 50 55 EAST GRID 081100 57 63 34 DISTANCE FROM ROAD 250 37 ENTER FT or MI FT 38 39		
APPROXIMATE DEPTH OF WELL 200 24 FEET 28		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 Box E 510 Box N 5112 000 000		
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN ☐ 30- AIR-ROTary AIR-PERcussion ☒ ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P _____ 63 FORCE JN WRITE INITIALS IN BOX PERMIT NO. HO-88-0606 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS		

C1	2444	SEQUENCE NO. (DENV USE ONLY)	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 3704	
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO.	
10/10/10		10/10/10		125		40-88-0600	
8		13		22		28	
15		20		26		32	
31		36		41		46	
51		56		61		66	
71		76		81		86	
91		96		101		106	
121		126		131		136	
151		156		161		166	
181		186		191		196	
211		216		221		226	
241		246		251		256	
271		276		281		286	
301		306		311		316	
331		336		341		346	
371		376		381		386	
401		406		411		416	
431		436		441		446	
461		466		471		476	
491		496		501		506	
521		526		531		536	
551		556		561		566	
581		586		591		596	
611		616		621		626	
641		646		651		656	
671		676		681		686	
701		706		711		716	
731		736		741		746	
761		766		771		776	
791		796		801		806	
821		826		831		836	
851		856		861		866	
881		886		891		896	
911		916		921		926	
941		946		951		956	
971		976		981		986	
1001		1006		1011		1016	
1031		1036		1041		1046	
1061		1066		1071		1076	
1091		1096		1101		1106	
1121		1126		1131		1136	
1151		1156		1161		1166	
1181		1186		1191		1196	
1211		1216		1221		1226	
1231		1236		1241		1246	
1261		1266		1271		1276	
1291		1296		1301		1306	
1321		1326		1331		1336	
1351		1356		1361		1366	
1381		1386		1391		1396	
1411		1416		1421		1426	
1431		1436		1441		1446	
1461		1466		1471		1476	
1491		1496		1501		1506	
1521		1526		1531		1536	
1551		1556		1561		1566	
1581		1586		1591		1596	
1611		1616		1621		1626	
1631		1636		1641		1646	
1661		1666		1671		1676	
1691		1696		1701		1706	
1721		1726		1731		1736	
1751		1756		1761		1766	
1781		1786		1791		1796	
1811		1816		1821		1826	
1831		1836		1841		1846	
1861		1866		1871		1876	
1891		1896		1901		1906	
1921		1926		1931		1936	
1951		1956		1961		1966	
1981		1986		1991		1996	
2001		2006		2011		2016	
2031		2036		2041		2046	
2061		2066		2071		2076	
2091		2096		2101		2106	
2121		2126		2131		2136	
2151		2156		2161		2166	
2181		2186		2191		2196	
2211		2216		2221		2226	
2231		2236		2241		2246	
2261		2266		2271		2276	
2291		2296		2301		2306	
2321		2326		2331		2336	
2351		2356		2361		2366	
2381		2386		2391		2396	
2411		2416		2421		2426	
2431		2436		2441		2446	
2461		2466		2471		2476	
2491		2496		2501		2506	
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2551		2556		2561		2566	
2581		2586		2591		2596	
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2631		2636		2641		2646	
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2951		2956		2961		2966	
2981		2986		2991		2996	
3001		3006		3011		3016	
3031		3036		3041		3046	
3061		3066		3071		3076	
3091		3096		3101		3106	
3121		3126		3131		3136	
3151		3156		3161		3166	
3181		3186		3191		3196	
3211		3216		3221		3226	
3231		3236		3241		3246	
3261		3266		3271		3276	
3291		3296		3301		3306	
3321		3326		3331		3336	
3351		3356		3361		3366	
3381		3386		3391		3396	
3411		3416		3421		3426	
3431		3436		3441		3446	
3461		3466		3471		3476	
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3521		3526		3531		3536	
3551		3556		3561		3566	
3581		3586		3591		3596	
3611		3616		3621		3626	
3631		3636		3641		3646	
3661		3666		3671		3676	
3691		3696		3701		3706	
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3891		3896		3901		3906	
3921		3926		3931		3936	
3951		3956		3961		3966	
3981		3986		3991		3996	
4001		4006		4011		4016	
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4061		4066		4071		4076	
4091		4096		4101		4106	
4121		4126		4131		4136	
4151		4156		4161		4166	
4181		4186		4191		4196	
4211		4216		4221		4226	
4231		4236		4241		4246	
4261		4266		4271		4276	
4291		4296		4301		4306	
4321		4326		4331		4336	
4351		4356		4361		4366	
4381		4386		4391		4396	
4411		4416		4421		4426	
4431		4436		4441		4446	
4461		4466		4471		4476	
4491		4496		4501		4506	
4521		4526		4531		4536	
4551		4556		4561		4566	
4581		4586		4591		4596	
4611		4616		4621		4626	
4631		4636		4641		4646	
4661		4666		4671		4676	
4691		4696		4701		4706	
4721		4726		4731		4736	
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4781		4786		4791		4796	
4811		4816		4821		4826	
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5001		5006		5011		5016	
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5521		5526		5531		5536	
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5581		5586		5591		5596	
5611		5616		5621		5626	
5631		5636		5641		5646	
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5721		5726		5731		5736	
5751		5756		5761		5766	
5781		5786		5791		5796	
5811		5816		5821		5826	
5831		5836		5841		5846	
5861		5866		5871		5876	
5891		5896		5901		5906	
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5951		5956		5961		5966	
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6001		6006		6011		6016	
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6181		6186		6191		6196	
6211		6216		6221		6226	
6231		6236		6241		6246	
6261		6266		6271		6276	
6291		6296		6301		6306	
6321		6326		6331		6336	
6351		6356		6361		6366	
6381		6386		6391		6396	
6411		6416		6421		6426	
6431		6436		6441		6446	
6461		6466		6471		6476	
6491		6496		6501		6506	
6521		6526		6531		6536	
6551		6556		6561		6566	
6581		6586		6591		6596	
6611		6616		6621		6626	
6631		6636		6641		6646	
6661		6666		6671		6676	
6691		6696		6701		6706	
6721		6726		6731		6736	

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 # 47132
Date 5/22/91
Telephone 725-2392

Name of Installer T&R Plumbing And Heating Inc

License Number 7079

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner CAP. TAYO CONST. Telephone 989-9555
Subdivision 12 Hills Lot # 39 Well Tag # HO-88-0606
Site Address 14015 12 OAKS CT.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make JACUZZI
3. Model # _____
4. Capacity 7 GPM

Motor

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

Pitless Adapter

1. Make Hand
2. Model # _____
3. Depth 4'

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 15 gal
2. Pressure relief valve? yes

Piping

1. Type Polybut
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3'

Well data

1. Depth 125 ft.
2. Yield 10 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? No

P.A. 4' B.G. - OK
MR 5/23/91

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: _____

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

10 gal per min

MARYLAND STATE
GRID

BASSLIUS, INC.
5/16/763

PROPOSED
BURIED
SEPTIC
TANK
APPROX.
15'
12' x 10' House

S - S - SILT FENCE
SCE - STABILIZED
CONSTRUCTION
ENTRANCE

NOTE: CONTRACTOR TO
PROVIDE POSITIVE
DRAINAGE AWAY FROM
FOUNDATION AT ALL
TIMES.

FIRST FLOOR ELEV. = 440.75
BSMT FLOOR ELEV. = 431.75
INV. OUT OF HSE. ELEV. = 434.90

SEPTIC TANK
EXIST. ELEV. = 431.00
INV. IN. = 433.15
INV. OUT. = 432.90

DISTRIBUTION BOX
EXIST. ELEV. = 435.00
INV. IN. = 432.00

PLOT PLAN

LOT # 39 - SECT. #3
"TWELVE HILLS"
PLAT # 8516

FIFTH ELECTION DIST.
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' - DATE: 2-28-91

VITTI, ROBEL & ASSOC, INC.
SUITE 2-B - 1717 YORK RD.
BETHESDA, MD. 20814
(301) 252-4552



I HEREBY CERTIFY THAT THE
ABOVE MEASUREMENTS AND
ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

Mark L. Robel 2-28-91
MARK L. ROBEL, DATE

R = 50.00' - L = 26.18'
TWELVE OAKS
COURT
(50' R/W)

REVISED

house plans
Date: 3-6-91
14015 Twelve Oaks Ct
Comments: 28973

PLANS OK 90-017
FOR PROBAND
TANK BP39550
9/6/91 RW

