

05-413281

P 50770B

A 40776

DISTRICT 5th

INDEXED

DATE 7-11-95

DATE SYSTEM APPROVED 7/14/95

INSPECTOR *M. R. F. Kio*

~~XXXXXXXX~~ 313-2640

Dickson Plumbing

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7114 Dogwood Road, Woodlawn, MD 21244 PHONE 265-7003

SUBDIVISION The Warfields LOT 12 ROAD 14843 View Way Court

PROPERTY OWNER Michael and Kay Fabrizius

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 220 feet up the left lot line (463.86') and 85 feet off that same lot line when facing the lot from View Way Court. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/1/95 DKS

PLANS APPROVED BY Amy McMillen DATE 02/02/95

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

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

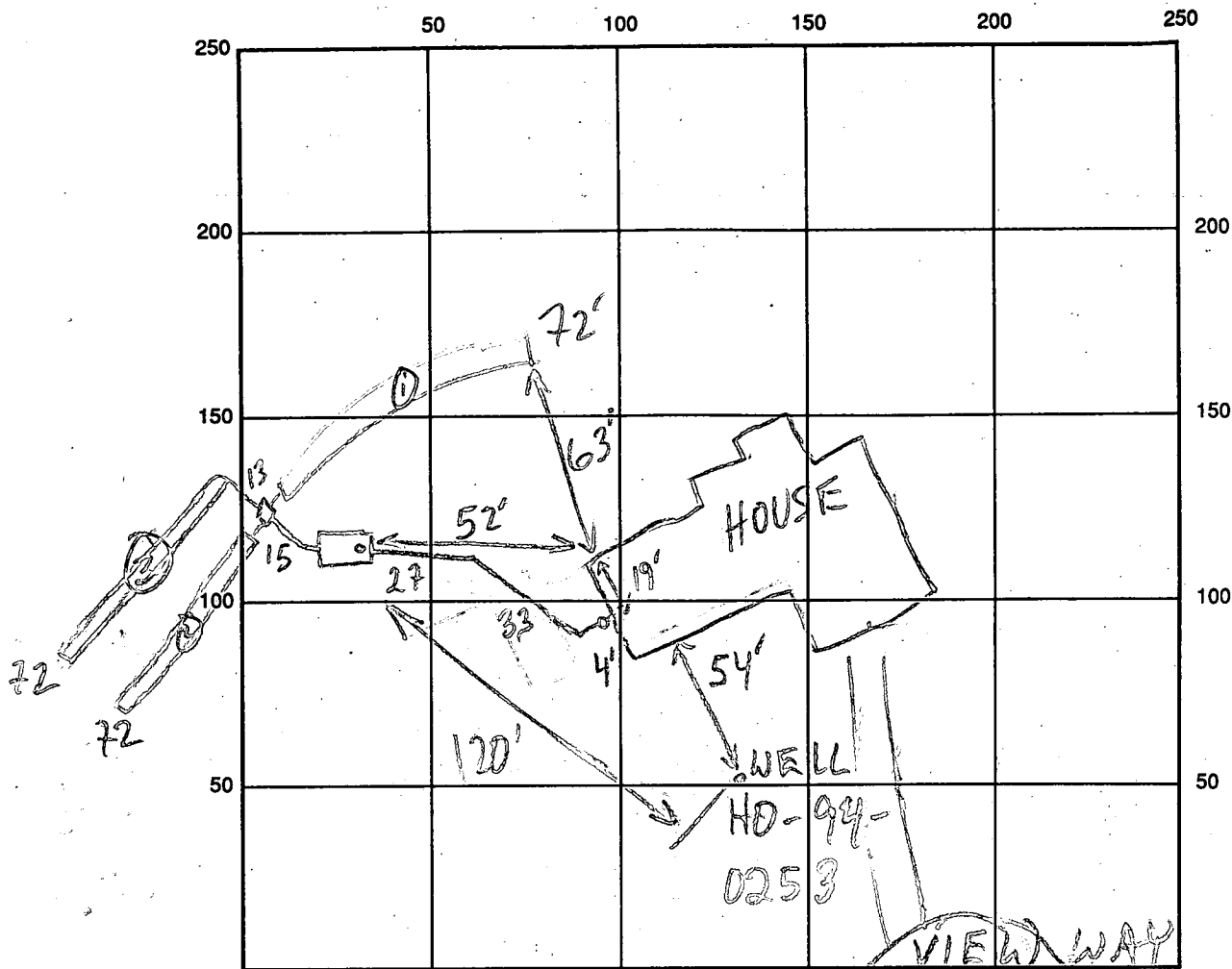
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

48776 A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CT

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS S.T. + INLINE - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 30 72 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 216 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 648 SQ. FT.

REMARKS: 7/5/95 CONFIRMED SEPTIC LAYOUT w/ CONTRACTOR MR
7/14/95 OK TO COVER ALL MR

7/14/95 Pitless Adaptor OK 4' B.G. MR

DATE SYSTEM APPROVED 7/14/95 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 40776

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr. Michael & Kay Fabrizius

ADDRESS 14663 Triadelphia Rd PHONE 988-0355
442-2337

PROSPECTIVE BUYER N/A

ADDRESS View Way Court PHONE _____

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS LOT NO. LOT 12 Preliminary
Sapling Range 11

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
(14843 View Way Court)

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres 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. Myrdal Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-1-88 Pmt Satisfactory - Hold for Subdivision Plat. S. Ab

BLDG. PERMIT SIGNED

AND RETURNED 2/5/95

Serial # 58002 - SFD -

3 Bedroom

THIS IS NOT A PERMIT

A1-3

A1-3

Red Br.
Silt + Clay
loam
10-15%
Frags

Yellow
Br. Silt
loam
Highly
micaceous
w/ Red
loam
BANDS

LOT 10

L.O.S.2

LOT 12

LOT 11

COURT A

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ to TRIADelphia Rel.

[illegible]

REMARKS

Holes APPROX PLAT

TYPE OF SOIL

maior

TESTED BY

S. Abel

ALSO PRESENT

O. KITTERMAN

MARK K. 82

\bar{x} Perc 14 min

210 Δ / BN

INLOT 3.5'

Bottom S.O'

EH-12-1079

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">5931</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">HO-88-1470</div>
---	-------------------------------	--	---

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

fill in this form completely

Date Received (APA)

062289

OWNER INFORMATION

LENN DESIGN AND DEVL

8309 MAIN STREET

ELLICOTT CITY MD 21043

DRILLER INFORMATION

Frank Delph 453

Frank Delph Well Drillers Inc.

18234 Penn Shop Rd. Mt Airy Md.

Frank Delph 6/19/89

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

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)
- ☐ 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 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 DEEPEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63

FORCE MR PERMIT No. HO-88-1470

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

8 COUNTY THE WARFIELDS

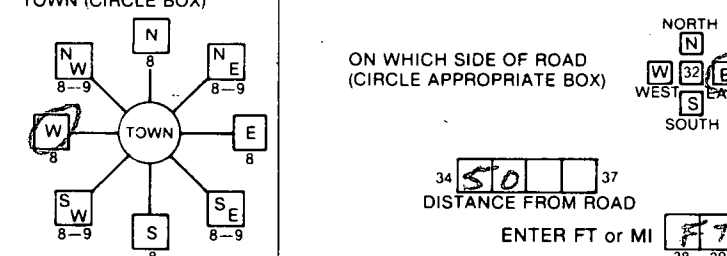
23 SUBDIVISION

SECTION 44 46 LOT 12 48 50

52 NEAREST TOWN DARTON 71

MILES FROM TOWN (enter 0 if in town) 4 M 1

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A-40776

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

080690 Mark E. Riffin 2/6/91

NORTH GRID 514000 EAST GRID 0796000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

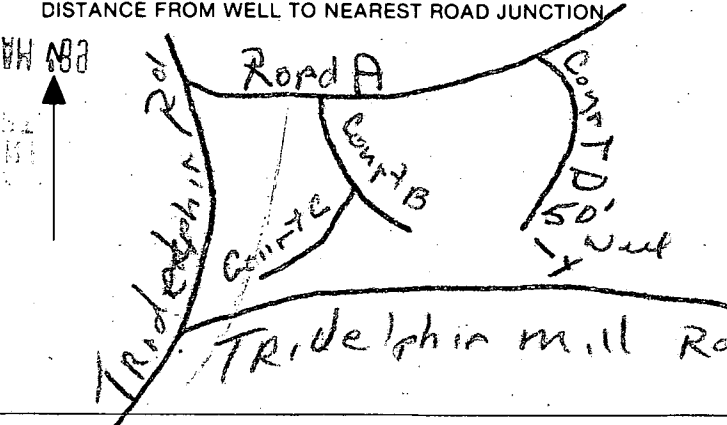
2.

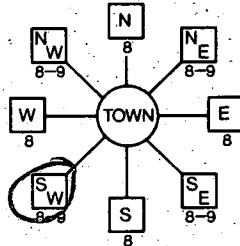
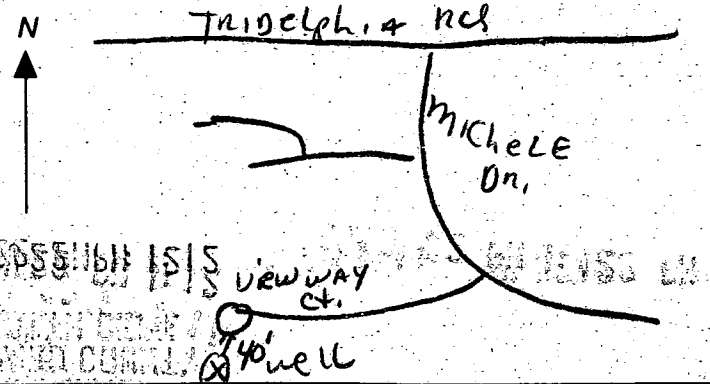
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7986 N 5184

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 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1259</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-99-0253</div> <small>70 fill in this form completely 79</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">11/22/97</div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> <small>8 COUNTY</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">THE WARFIELDS</div> <small>23 SUBDIVISION</small> SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6LENELE6</div> <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">I</div> <small>73 76 77 78</small>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">LAND DESIGN DEVELOP</div> <small>15 Last Name</small> <small>Owner</small> <small>First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10805 HICKORY 2106E</div> <small>36</small> <small>Street or RFD</small> <small>55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLICOTT CITY MD 21044</div> <small>57</small> <small>Town</small> <small>70 State</small> <small>72</small> <small>Zip</small> <small>76</small>		DRILLER INFORMATION MSD/MGD/MWD <div style="border: 1px solid black; padding: 2px; display: inline-block;">RALPH MAYNE</div> <small>Driller's Name</small> <small>77 License No.</small> <small>80</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">RALPH MAYNE (well drilling)</div> <small>Firm Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9120 Brown Church Rd. Mt. Airy</div> <small>Address</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Mayne</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11/22/97</div> <small>Signature</small> <small>Date</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <small>8</small> <small>12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> <small>14</small> <small>20</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">VIEW WAY CT.</div> <small>11</small> <small>30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div> <small>34</small> <small>37</small> DISTANCE FROM ROAD ENTER FT OR MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT.</div> <small>38</small> <small>39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY, (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> <small>COUNTY NAME</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A40796</div> <small>COUNTY NO.</small> STATE SIGNATURE _____ DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">120297</div> <small>43</small> <small>48</small> <small>CO SIGNATURE</small> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">515000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0796000</div> <small>50</small> <small>55</small> <small>57</small> <small>63</small>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">150</div> FEET <small>24</small> <small>28</small> APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6"</div> INCH <small>NEAREST</small>		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">590</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">510</div> <small>000</small> <small>000</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jettied & DRIVEN <small>30</small> <small>37</small> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <small>39</small> <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52</div>	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> <small>54</small> <small>63</small> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">RA</div> WRITE INITIALS IN BOX <small>67</small> <small>68</small> PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-99-0253</div> <small>70</small> <small>71</small> <small>72</small> <small>73</small> <small>74</small> <small>75</small> <small>76</small> <small>77</small> <small>78</small> <small>79</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;">  </div>	
SPECIAL CONDITIONS <div style="border: 1px solid black; padding: 2px; display: inline-block;">240-2100 MARK REICH</div> NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

C1 5914

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 40776

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

121594

Depth of Well

22 245 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

10-94-0253

OWNER

STREET OR RFD

SUBDIVISION

Land Design Development
last name first name

first name

TOWN

Glenely

SECTION

LOT 12

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

Top Soil

0 2

Sandy

2 80

Sand Stone

80 85

MICKA

85 125

Sand Stone

125 130

MICKA

130 245

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 20

NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

90

EACH
CASING

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open holeinsert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

EACH
SCREEN

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.
to nearest gal.)

6

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

45

WHEN PUMPING

67

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:CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

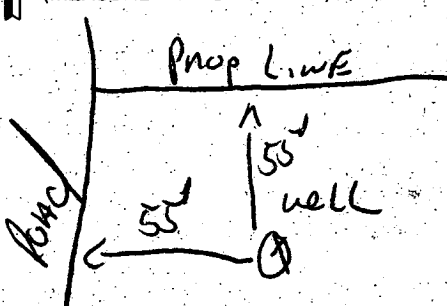
43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above
- below

LAND SURFACE

2 (nearest
foot)

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)IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes
Yno
N

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
WELLI HEREBY 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

116

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

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 # 0
Date 7/14/95

Name of Installer DICKSON PCB+HTR

Telephone 265-2003

License Number 1680

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner MIKE + KAY FABRUS Telephone
Subdivision WOLFIELDS Lot # 12 Well Tag #
Site Address 14843 VIEWWAY CT

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Goulds
3. Model # 56505412
4. Capacity 5 GPM

Motor

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

Pitless Adapter

1. Make Hartel
2. Model # BP10X
3. Depth 49"

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 WX308
2. Pressure relief valve? yes

Piping

1. Type NT 160
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 48"

Well data

1. Depth 245 ft.
2. Yield 8 GPM
3. Static water level 20 ft.
4. Will water supply be disinfected by installer? yes

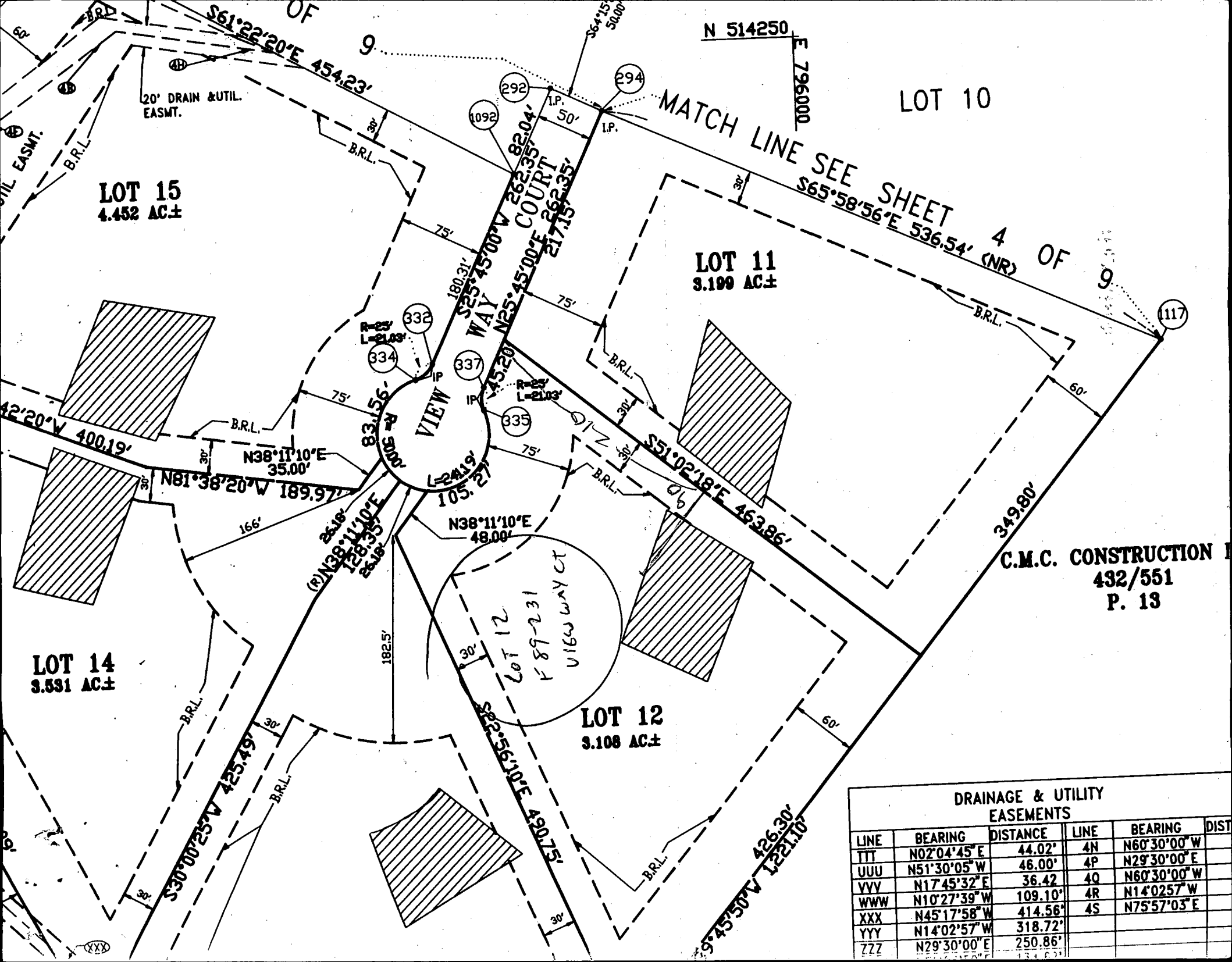
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

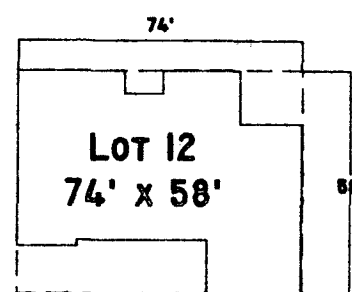
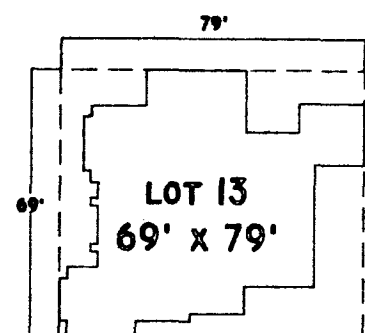
All information given above is true to the best of my knowledge.

Signature of Applicant: Fred Ellick

Date:

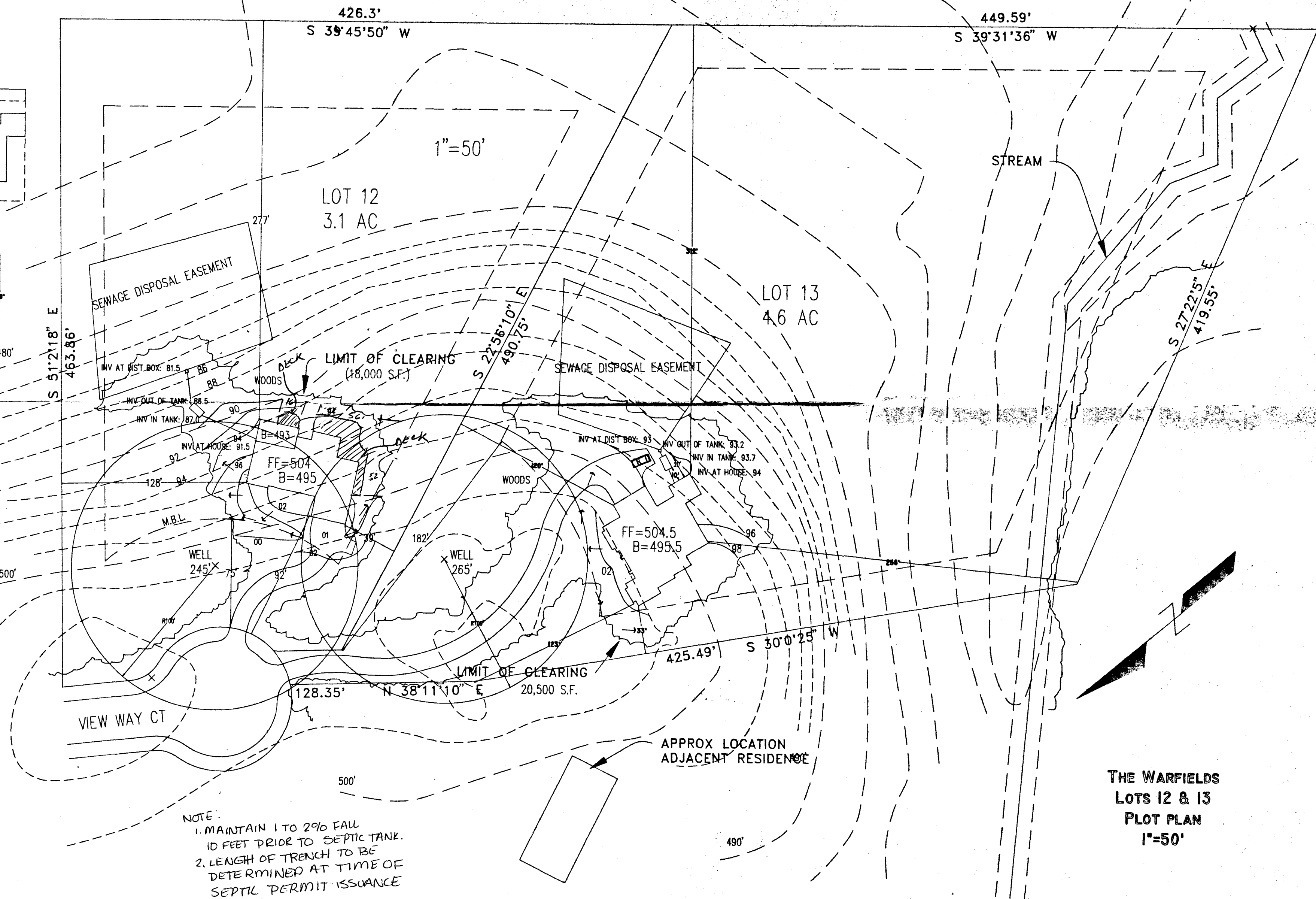
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.





Approved Septic System Plan
Howard County Health Department

Amy M. Miller 12-15-95
Signature Date



NOTE:
1. MAINTAIN 1 TO 2% FALL
10 FEET PRIOR TO SEPTIC TANK.
2. LENGTH OF TRENCH TO BE
DETERMINED AT TIME OF
SEPTIC PERMIT ISSUANCE

THE WARFIELDS
LOTS 12 & 13
PLOT PLAN
1"=50'