5/21/91 11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47560

A 43749

DISTRICT 5th

DATE 10/17/91

DATE SYSTEM APPROVED 8/22/91

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
05-410645

Jack Fyock, Jr. Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Twelve Hills LOT 29 ROAD 13064 Twelve Hills Road

PROPERTY OWNER Seth Blom

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - 210 sq. ft. bedrooms. 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 right-of-way as seen when facing the lot from Twelve Hille Rd. place the distribution box 130 feet dwon the front lot line (515.02') and 120 ft. off the same line. Run trenches on contour toward the left front lot corner. Maintain 100 feet minimum 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. O/K 6/3/91 RH

PLANS APROVED BY Jane E. Nadeau cm DATE 04/25/89

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, 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.

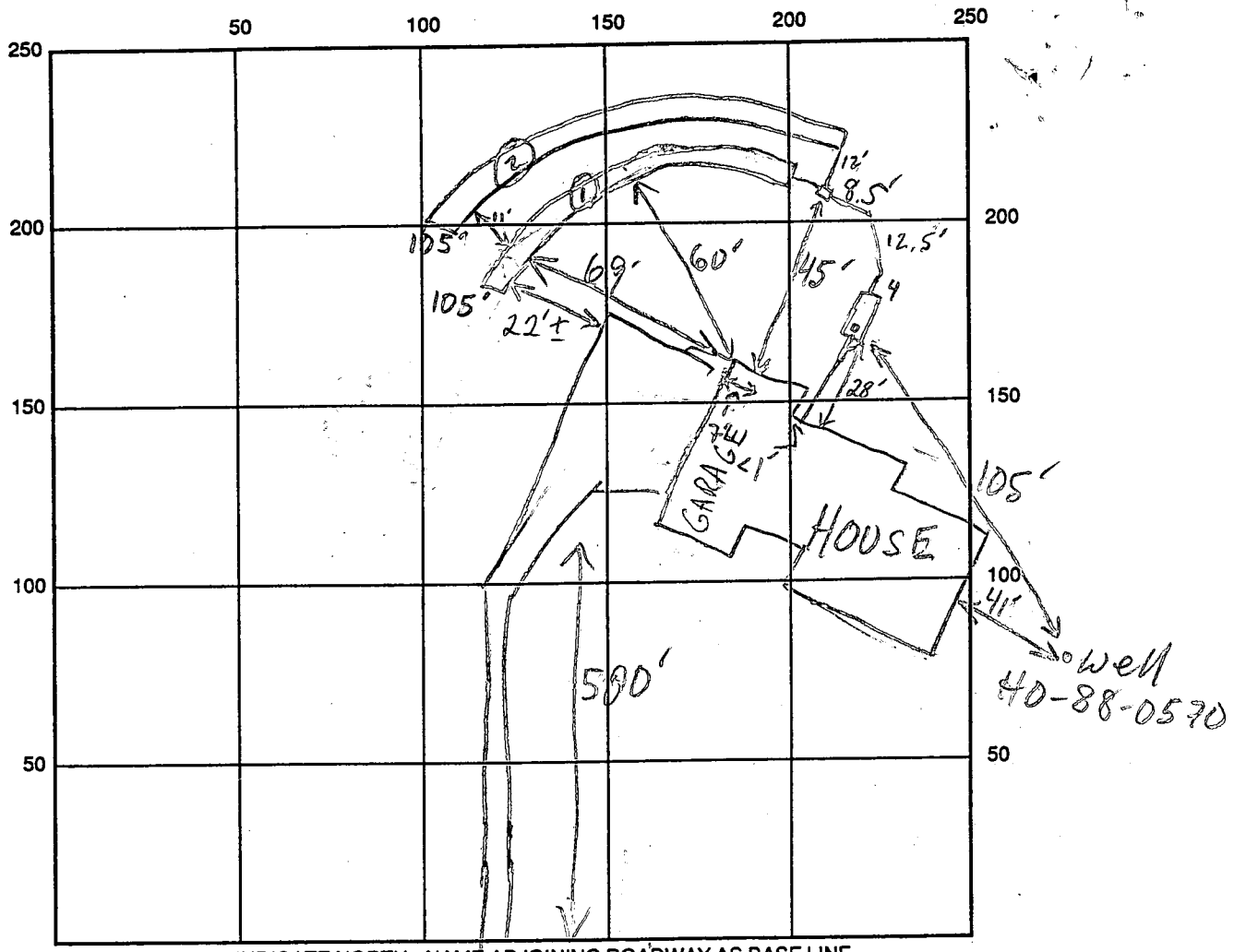
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 43749



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TWELVE HILLS RD

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 1: 7 2: 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1: 3 2: FT.

EFFECTIVE GRAVEL DEPTH 1: 4 2: 4 FT. TOTAL LENGTH ①105 ②105 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA ①420 ②420 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS: 8/22/91 #1 SDA HAD FILL COVER BY BUILDER, BUT WAS REMOVED (PER FYOCK); OK TO FINISH & COVER TRENCH ①, DIG TRENCH ② MR

8/22/91 #2 OK FINISH STONE & COVER MR

DATE SYSTEM APPROVED 8/22/91 INSPECTOR M. RAPKO

APPLICATION

A 43749

PERCOLATION TESTING

P _____

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

DISTRICT 5TH

DATE 3-8-89

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~~ Seth Blum

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION 12 HILLS SECTION ~~II~~ LOT NO. 4 Preliminary RE-PERC

ROAD AND DESCRIPTION [13064 Twelve Hills Road] Lot-29 Final

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. Rea
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-9-89 Pending perc hole locations and subdivision plat approval. DEN

BLDG. PERMIT SIGNED AND RETURNED 5/30/91

37893/S.F. & 4 Bedrooms

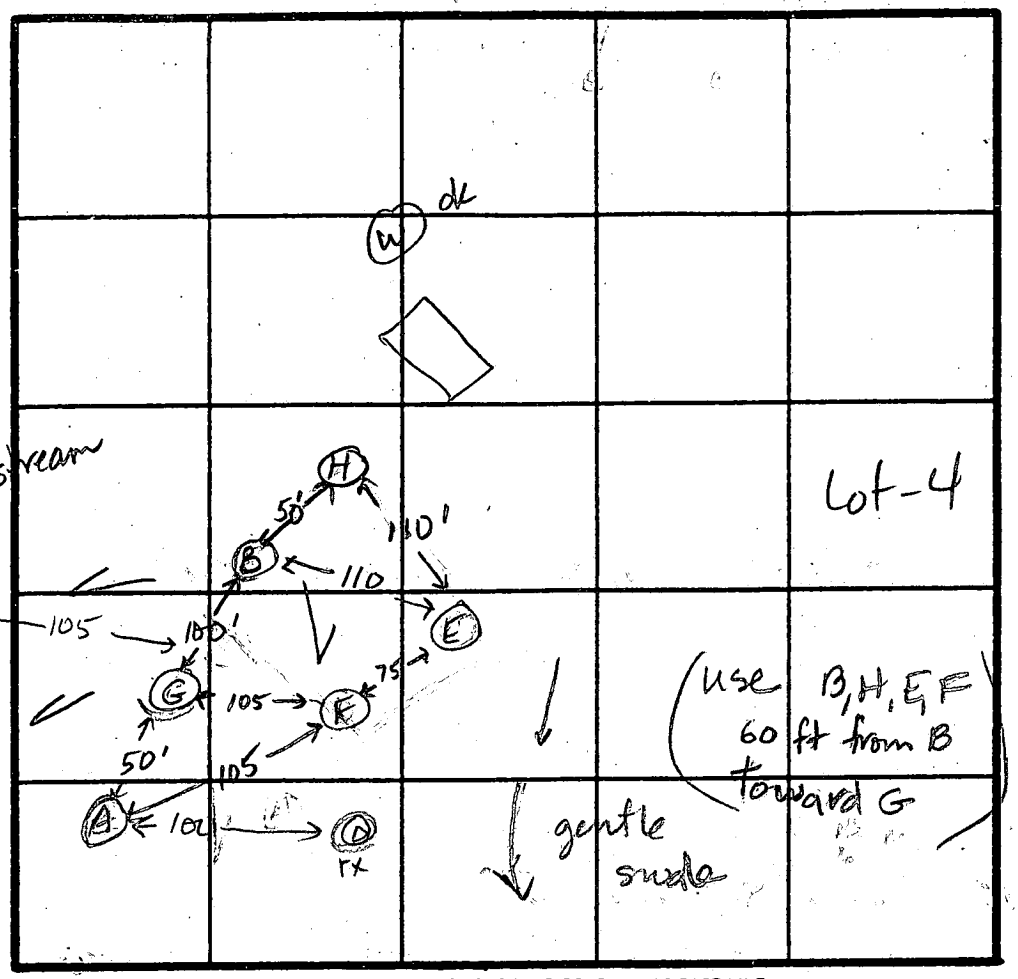
HD-216

THIS IS NOT A PERMIT

A 43749

(G)
SOIL PROFILE

0	
0–2.0	Rd-br sa cl sa lm
2.0–6.0	Rd-br mica sa si lm
6.0–11.5	White to brown mottled mica sa si lm
	Water at 10.5 ft
11.5	Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(H)

0–3.0	Rd-br si cl lm
3.0–7.5	Tan mica sa si lm
7.5–13.5	White mica sa si lm
13.5	Bottom

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-9-89	G	2.5 S	1:57	2:05	2:05	2:14	9 min
↓		11.5 D	Bottom	(Water at 10.5', mottles at 6.0') No			
↓	H	13.5 V	Bottom	(Dry)			ok

REMARKS Use holes B, E, F, H and stay 40 ft above # G.

TYPE OF SOIL 0–2.5 Rd-br si cl lm, 2.5–7 Tan mica sa si lm, 7–13.5 White mica sa si lm

TESTED BY Jane E. Nadeau ALSO PRESENT Dave, John Renwer

APPLICATION

A 39922

PERCOLATION TESTING

P

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

9-4-87 Perc ok pending Plat approval JEN

DISTRICT 5th

DATE 8-19-87

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 Alfred Bussler

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. Lot 29 Final ~~30~~ ~~33~~ LOT 4 Preliminary ~~No. 33~~

ROAD AND DESCRIPTION Linden Church Rd

TAX MAP 28 PARCEL # 49

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. Mark D Reid
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-4-87 for perc hole location and subdivision plat approval. Limited house & well site JEN

THIS IS NOT A PERMIT

A 39922

Highest

B
A
E
F
D

Low

(A)

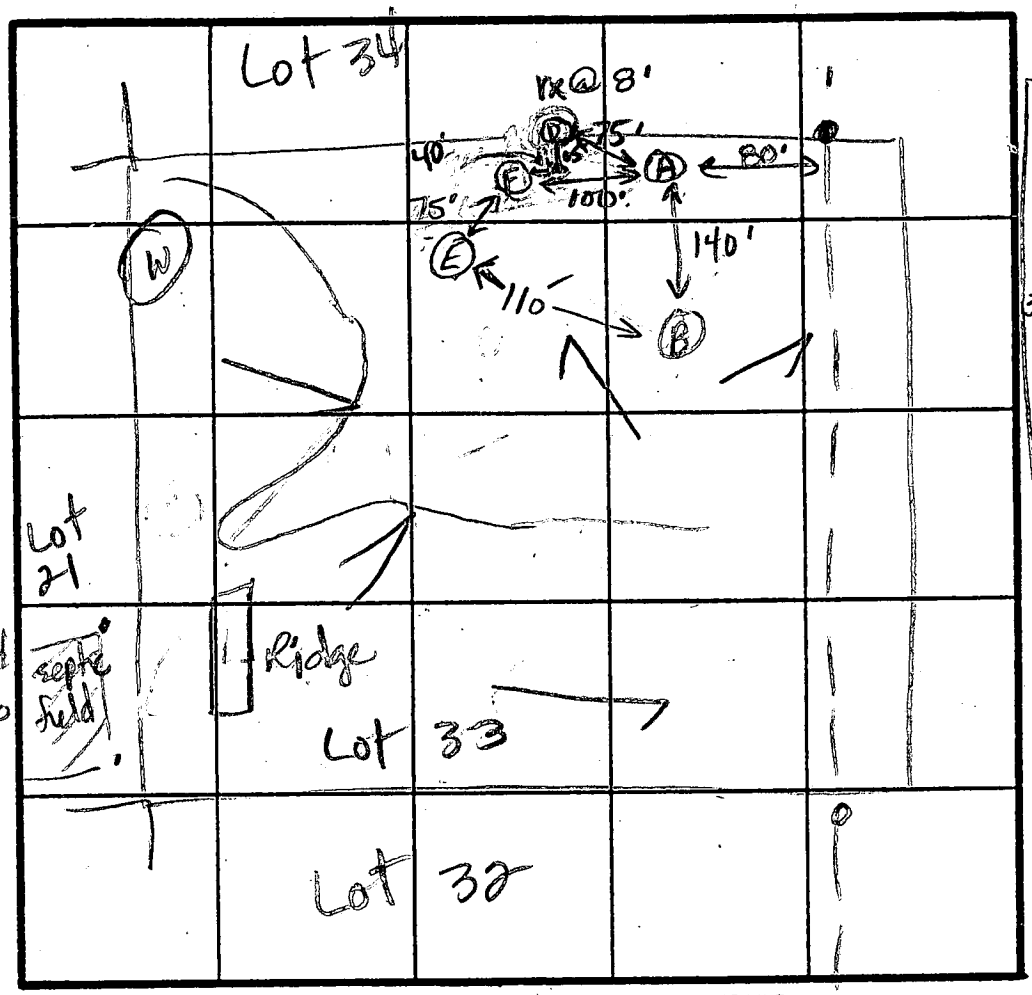
SOIL PROFILE

0

0-2.5 Tan micaceous sa si lm

2.5-11.5 Brown micaceous sandy silty loam, trace of decomposed rock, ∠10%

11.5 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(E)

0-3.5 Tan sa si cl loam, trc gvl ∠10%

3.5-12.0 Brown to white sa si loam, trc decomp rock ∠40%

12.0 Bottom

(F)

0-3.5 Red-tan mica sa si loam

3.5-11.0 Tan mica sa si lm, trc of decomp. rock ∠20%

11.0 Bottom

(D)

0-5.5 Tan mica sa si lm

5.5-8.0 Brown gvl sa lm, broken rock ∠50%

8.0 Refusal

(B)

0-5 Orange brown sa cl si loam

5-13.5 Tan mica sa si lm, trc of saprolite ∠10%

13.5 Bottom

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9-4-87	A	3.0 S	2:10	2:12	2:12	2:14	2
		11.5 D	Bottom (see profile)				
	(D)	8.0 V	(See profile)			failed	
	B	3.5 S	2:23	2:25	2:25	2:30	5
		13.5 D	Bottom (see profile)				
perc stone at 6" in hole →	E	3.0 S	2:41	2:44	2:44	2:49	5
		6.0 M	2:41	2:47	2:47	1:10±	27±
		12.0 D	Bottom (see profile)				
	F	11.0 V	(See profile)				ok

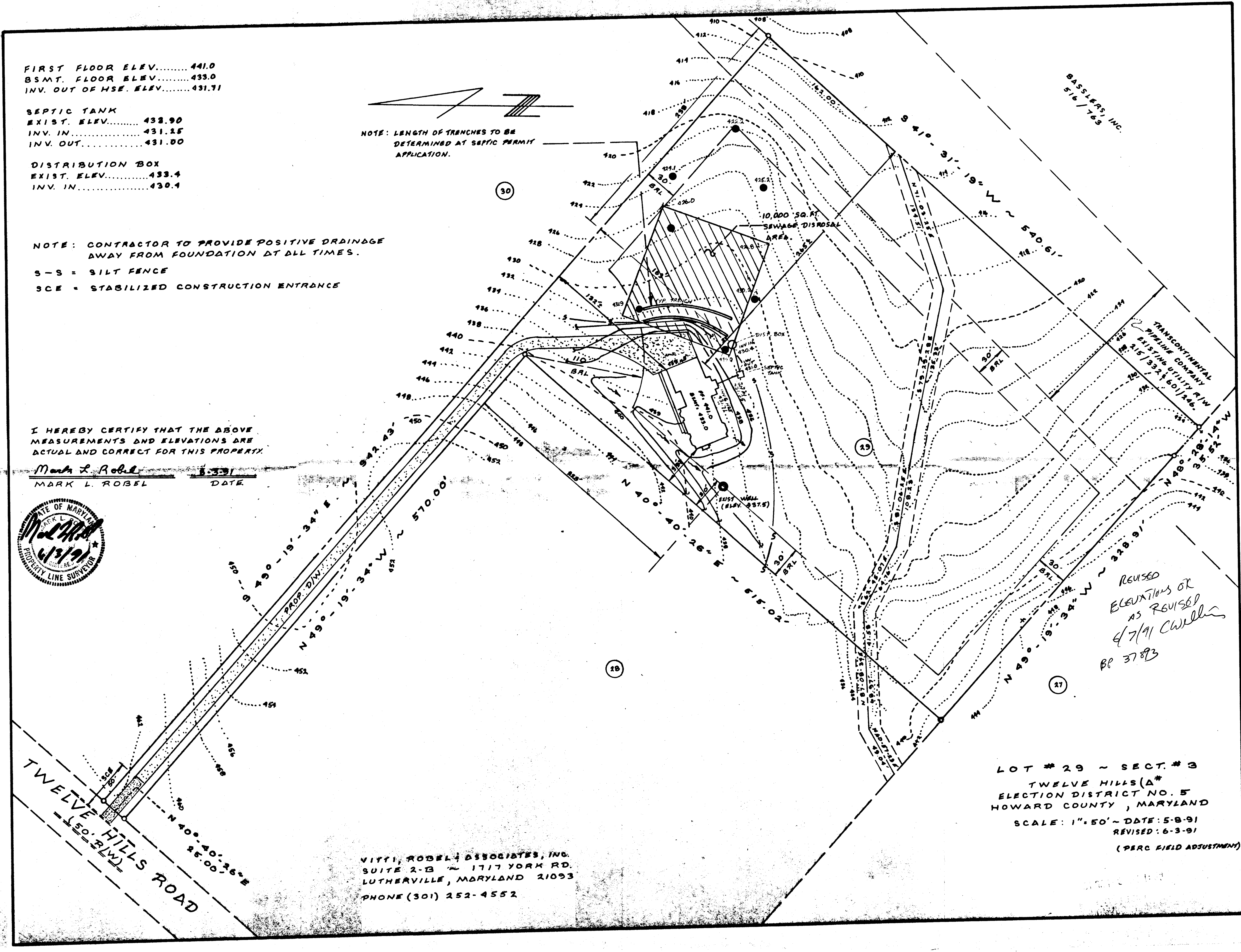
X PERC
10 MIN
190 #/BR
INLET 30'
BOTTOM 7.0'

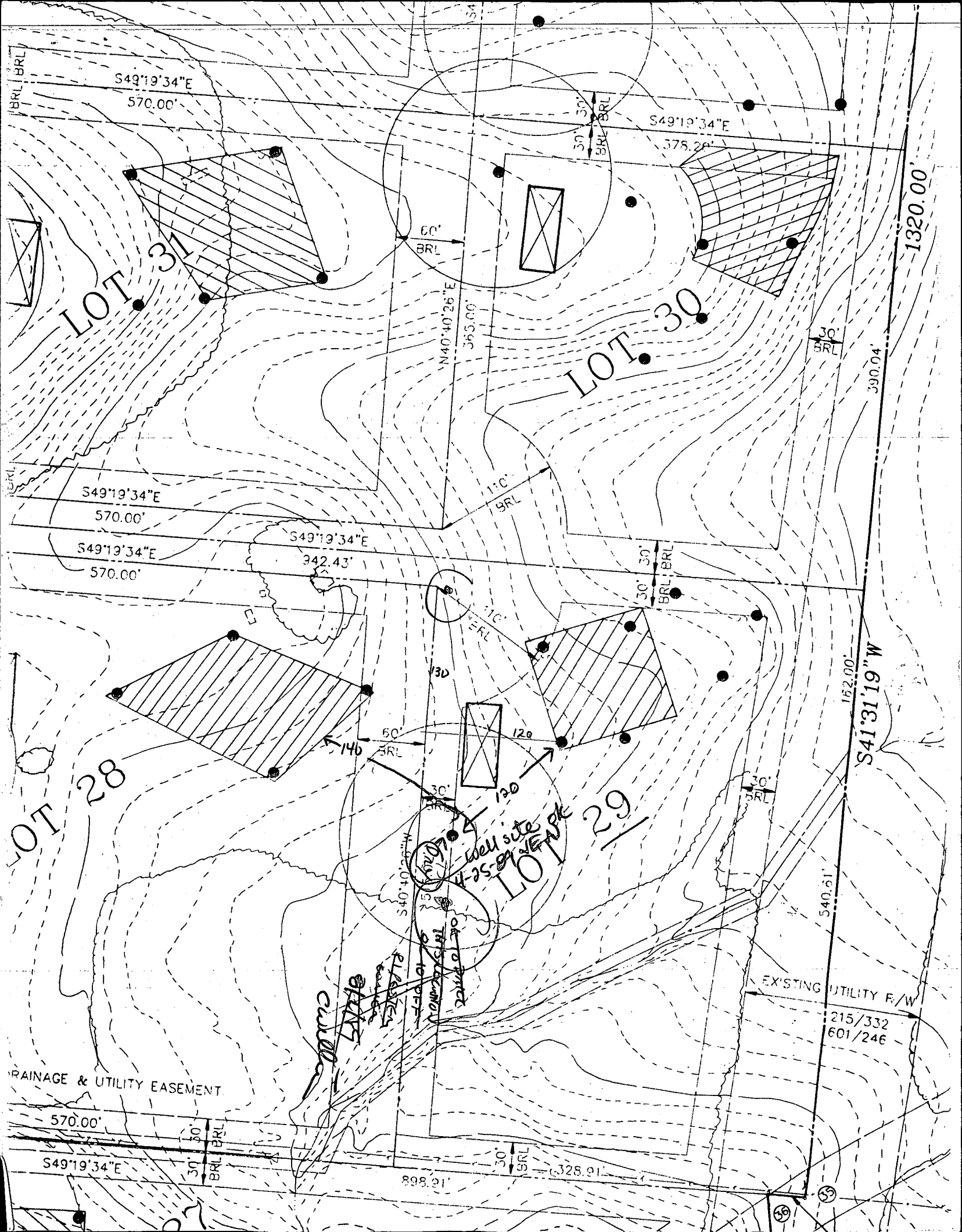
REMARKS All holes moved uphill from gas line. Limited house & well site.

TYPE OF SOIL 0-4' Tan mica sa si lm, 4'-13' Tan mica sa si lm trc saprolite/decomp rock ∠20%

TESTED BY JE Nadeau ALSO PRESENT Olenik, Mark L.

EH 12-1079


FIRST FLOOR ELEV.........441.0
BSMT. FLOOR ELEV.........433.0
INV. OUT OF HSE. ELEV.........431.71
SEPTIC TANK
EXIST. ELEV.........432.90
INV. IN.................431.25
INV. OUT...............431.00
DISTRIBUTION BOX
EXIST. ELEV............433.4
INV. IN..................430.4
NOTE: LENGTH OF TRENCHES TO BE DETERMINED AT SEPTIC PERMIT APPLICATION.
NOTE: CONTRACTOR TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
S-S = SILT FENCE
SCE = STABILIZED CONSTRUCTION ENTRANCE
I HEREBY CERTIFY THAT THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
MARK L. ROBEL
6-3-91
DATE
STATE OF MARYLAND
PROPERTY LINE SURVEYOR
6/3/91
BASSLERS, INC.
516/763
10,000 SQ. FT. SEWAGE DISPOSAL AREA
TYP. TRENCH
DISP. BOX
SEPTIC TANK
EXIST. WELL (ELEV. 437.5)
TRANSCONTINENTAL PIPELINE COMPANY EXISTING UTILITY R/W 215/332 & 601/246
S 41°-31'-19" W ~ 540.61'
N 40°-40'-26" E ~ 615.02'
S 49°-19'-34" E ~ 942.43'
N 49°-19'-34" W ~ 570.00'
N 49°-19'-34" W ~ 328.91'
N 40°-40'-26" E 25.00'
162.00'
30' BRL
PROP. D/W
SCE
TWELVE HILLS ROAD (50' R/W)
30
29
28
27
REVISED ELEVATIONS OK AS REVISED 6/7/91
BP 37893
LOT # 29 ~ SECT. # 3
TWELVE HILLS (A*
ELECTION DISTRICT NO. 5
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' ~ DATE: 5-8-91
REVISED: 6-3-91
(PERC FIELD ADJUSTMENT)
VITTI, ROBEL & ASSOCIATES, INC.
SUITE 2-B ~ 1717 YORK RD.
LUTHERVILLE, MARYLAND 21093
PHONE (301) 252-4552


S49°19'34"E
570.00'
S49°19'34"E
378.26'
1320.00'
LOT 31
LOT 30
N40°40'26"E
365.00'
30' BRL
60' BRL
390.04'
S49°19'34"E
570.00'
S49°19'34"E
342.43'
S49°19'34"E
570.00'
110' BRL
30' BRL
S41°31'19"W
162.00'
LOT 28
LOT 29
146
120
120
60' BRL
30' BRL
well site
11-25-89
S40°40'26"W
540.61'
EXISTING UTILITY R/W
215/332
601/246
DRAINAGE & UTILITY EASEMENT
570.00'
S49°19'34"E
898.91'
328.91'
53
56

EMERGENCY/TEMP NO. IF ANY

B 1 6830 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER: HO-88-0570

fill in this form completely

Date Received (APA): 121688

OWNER INFORMATION

Last Name / Owner / First Name: ALTOGETHER LTD PART

Street or RFD: 10176 BALT NAT PIKE

Town / State / Zip: ELLICOTT CITY MD 21043

DRILLER INFORMATION

Driller's Name: Frank Delph — License No.: 453

Firm Name: Frank Delph Well Drillers Inc.

Address: 18234 Penn Shop Rd. Mt. Airy Md

Signature: Frank Delph — Date: 12/14/88

B 2 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) — circled
- 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 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) · JETTED · Jetted & DRIVEN · AIR-ROTary · AIR-PERcussion · (ROTARY (Hydraulic Rotary)) — circled · CABLE · REVerse-ROTary · DRive-POINT · other ______

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- 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 DEEPENED (IF AVAILABLE): ______

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

APPROP. PERMIT NUMBER: GAP

FORCE: SA (WRITE INITIALS IN BOX) — PERMIT No. HO-88-0570

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: TWELVE HILLS

SECTION: 3 — LOT: #29

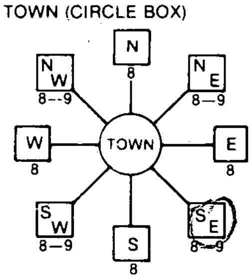
NEAREST TOWN: DAYTON

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

NEAR WHAT ROAD: Twelve Hills RD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

DISTANCE FROM ROAD: 600 (~~700~~) — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL 43749

COUNTY NAME: HOWARD — COUNTY NO.: R# ~~39932~~

STATE SIGNATURE ______ INSERT S

DATE ISSUED: 092589 — CO SIGNATURE: gk Sidney Abel — EXP. DATE: 10/24/89

NORTH GRID: ~~5~~ 510000 (5) — EAST GRID: 0 ~~8~~ 810000 (8)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

8/3/89 WELL GROUTED SEE OTHER SIDE

SOURCES OF DRILLING WATER

1.

2.

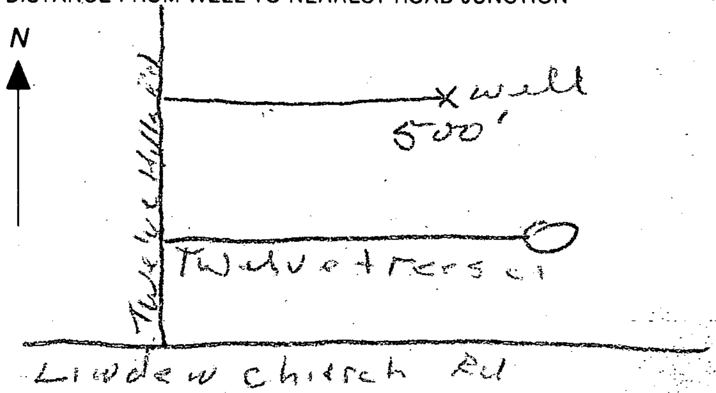
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

811 E: ~~570~~ 0

514 N: ~~510~~ 0

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

COUNTY

2 AUG 89

(1) Well already counted Got info from F
(2) 50 Fr pipe
(3) 35 Fr open hole
(4) 14 Bags
(5) Location OK

B Hodges

C 1 6705 (1 2 3 6) 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 # 43749

DATE Received (8–13)

DATE WELL COMPLETED: 6 7 0 7 4 9 (15–20)

Depth of Well (22–26): 3 6 5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": A 0 - 8 8 - 0 5 7 0 (28–37)

OWNER ALTOGETHER LTD. PART.

STREET OR RFD (last name) TWELVE HILLS RD (first name) TOWN DAYTON

SUBDIVISION TWELVE HILLS SECTION 3 LOT #29

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
Topsoil	0	2	
Shale	2	35	L
Mika	35	55	
Sandstone	55	60	L
Mika	60	160	
Sandstone	160	165	L
Mika	165	365	

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

TYPE OF GROUTING MATERIAL

CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 36 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L (60 61)	6 (63 64)	360 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C 2 (1 2)

EACH SCREEN	DEPTH (nearest ft.)		
1	1 1 0 (8 9)	3 5 0 (11 15)	3 1 5 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 1 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 12 (17 20)

WHEN PUMPING 25 (22 25)

TYPE OF PUMP USED (for test)

(A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

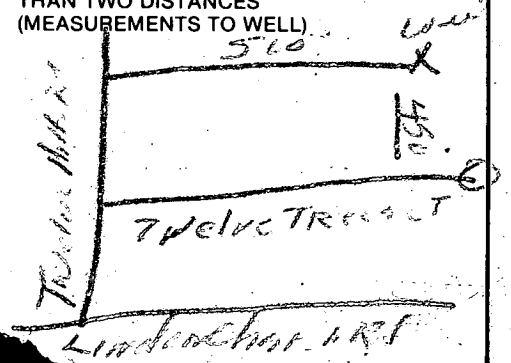
PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) / (−) below (49) LAND SURFACE

2 (nearest foot) (50 51)

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)



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 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. 453

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

3/20/92
WOW

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 X
Replacement ____

Receipt # 47930
Date 3-19-92

Name of Installer T&R Plumbing & Heating Telephone 725-2392

License Number 7079
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Capitano Custom Homes Telephone 988-9178
Subdivision Twelve Hills Lot # 29 Well Tag # Ho-88-0570
Site Address 13064 Twelve Hills Rd
Clarksville, MD. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make Jacuzzi
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 X

Pitless Adapter
1. Make Hamna
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? yes

P.A. OK @ 4' B.G.
MR 3/20/92

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

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? no

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: [signature]

Date: 3-19-92

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

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