

1/27/99
ASAP
1-28-99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09-357183

P 511131

A 49482-W

DISTRICT _____

DATE 12.3.98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 1/28/99

INSPECTOR DKS

INDEXED

Jack Fyock Septic Services

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P.O. Box 89, Triadelphia Rd. Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Warfields Grant LOT 26 ROAD 16012 Fields End Court

PROPERTY OWNER Trinity Builders, Michael & Diane Reilly

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 200 feet up the right (324.69") lot line and 15 feet off that same lot line as seen when facing the lot from Field's End Court. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Amy McMillen/Glen Savage REVISED DATE 11-12-98

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.

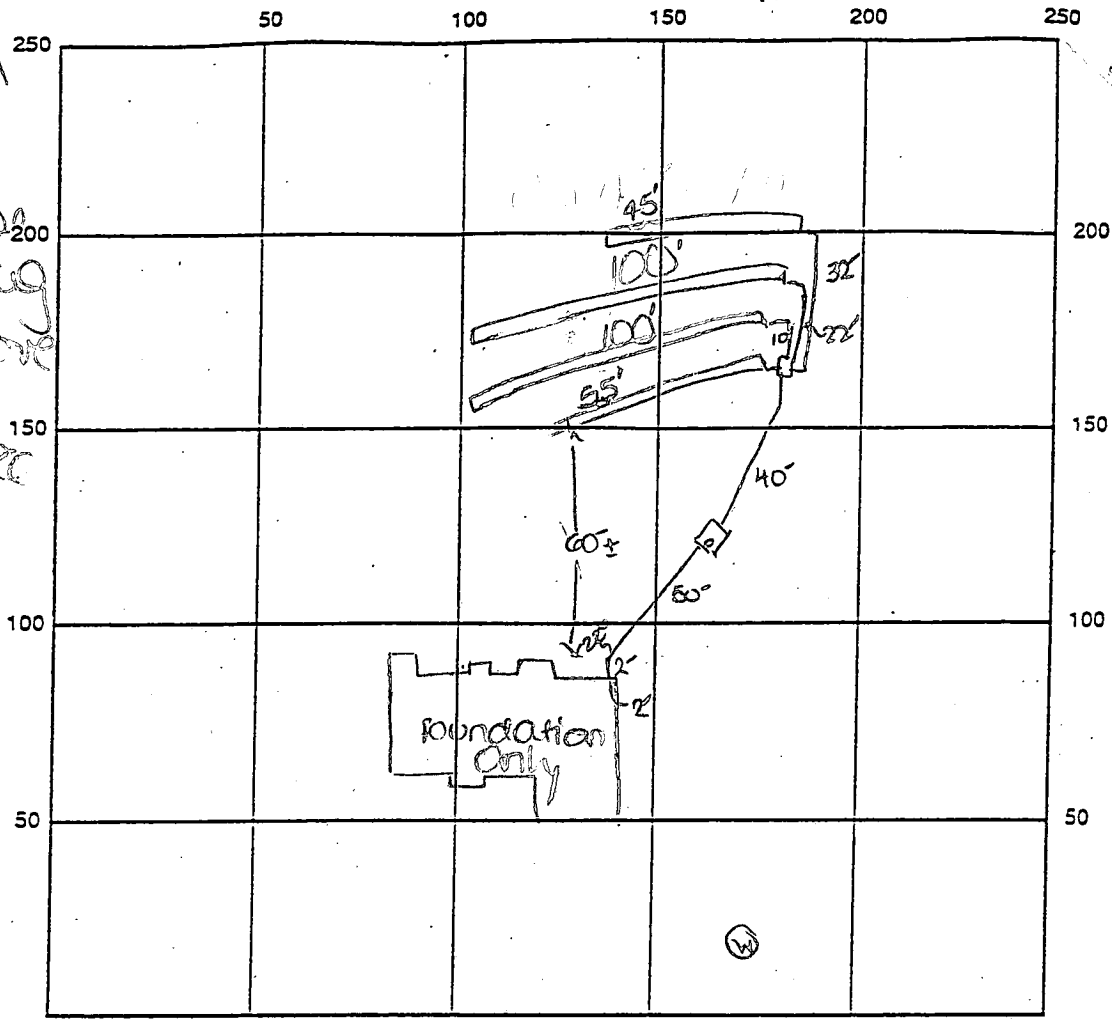
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

LOG PERMIT SIGNED
AND RETURNED 5-3-99
Serial # 270117381
Burg 1-500 gallon
suppon tank

49482-70

3x12 H
 3' long
 houses
 the casing
 comp labor
 RA
 4' pipe



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Field's End Court

SEPTIC TANK LEVEL OK CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1x55' N45' + 300

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 1/28/99 FINAL INSP-OK to cover all work. DKS

DATE SYSTEM APPROVED 1/28/99 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49482W

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter
Trinity Builders

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS + CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 26

ROAD AND DESCRIPTION Daisy Road (16012 Fields End Court)
BLDG. PERMIT SIGNED AND RETURNED 11-12-98
Serial # 114284

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 5 Units
(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. Zacharia Y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49482 W

COUNTY #

SOIL PROFILE

0' 5
red/brn
C

3
Si Miel
red/
brn

6
red/brn
C

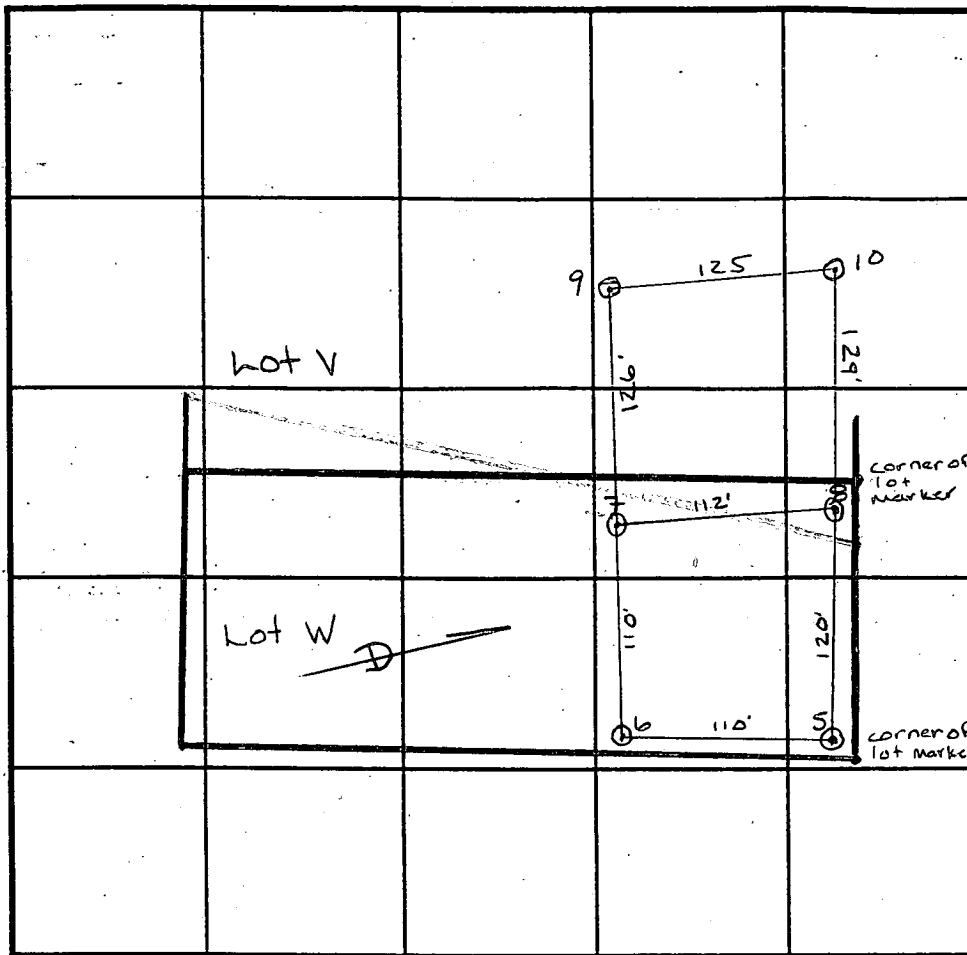
4
Si Miel
red

5 90 red

7
red/brn
C

4
Sandy
10 am
yellow

%
rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 8
red
C

5
red
Miel

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/93	6	VII 5'	10:34	10:36	10:36	10:38	2
		9'	10:26 ³⁰	10:28	10:28	10:44	16
	5	VIO 6'	10:28	10:31	10:31	10:34	3
	8	VIZ 5'	10:31	10:33	10:33	10:36	3
	7	VII 6'	10:46	10:48	10:48	10:51	3
		9'	10:46	10:50	10:50	11:00	10
	9	VIII 6'		11:09	11:19		2
							9

REMARKS Tests 9 & 10 are in A49482V
 TYPE OF SOIL Glenelg
 TESTED BY Amy McMillen Powell ALSO PRESENT Cissie/Andres
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

20 LF 12" CMP
16 ga. '6

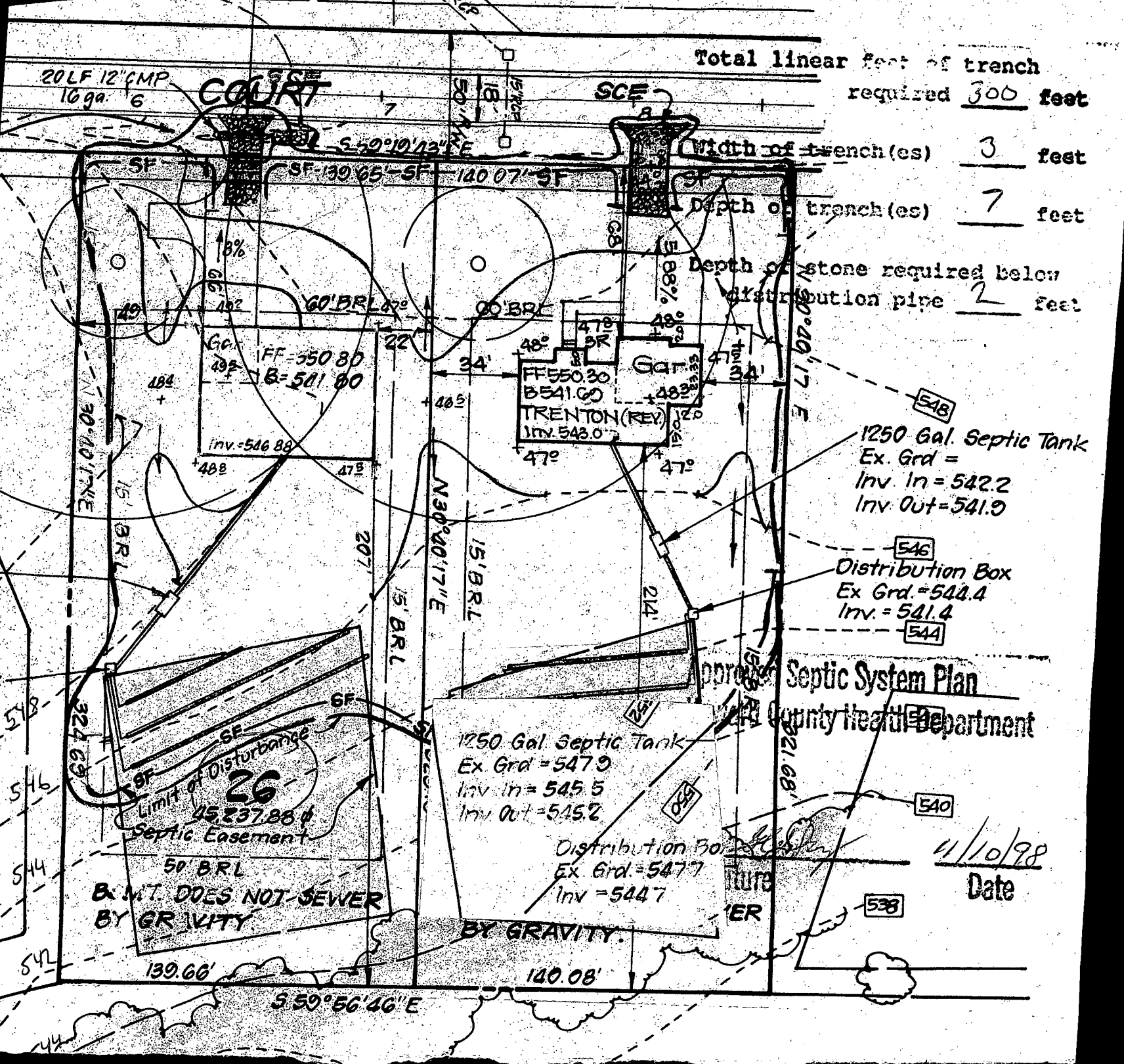
COURT

Total linear feet of trench
required 300 feet

Width of trench(es) 3 feet

Depth of trench(es) 7 feet

Depth of stone required below
distribution pipe 2 feet



FF 550.80
B=541.80
Inv. = 546.88

FF 550.30
B=541.60
TRENTON (REV)
Inv. 543.0

1250 Gal. Septic Tank
Ex. Grd. =
Inv. In = 542.2
Inv. Out = 541.9

Distribution Box
Ex Grd. = 544.4
Inv. = 541.4

1250 Gal. Septic Tank
Ex Grd. = 547.9
Inv. In = 545.5
Inv. Out = 545.2

Distribution Box
Ex Grd. = 547.7
Inv. = 544.7

Limit of Disturbance
26
45,237.88 sq ft
Septic Easement

50' BRL
B.M.T. DOES NOT SEWER
BY GRAVITY

BY GRAVITY

Approved Septic System Plan
Health Department

4/10/98
Date

139.66'

140.08'

S 59° 56' 46" E

Signed
Preliminary
Plan

LIMIT OF WORK
STA. 5+50

SHEET

OF

5

END

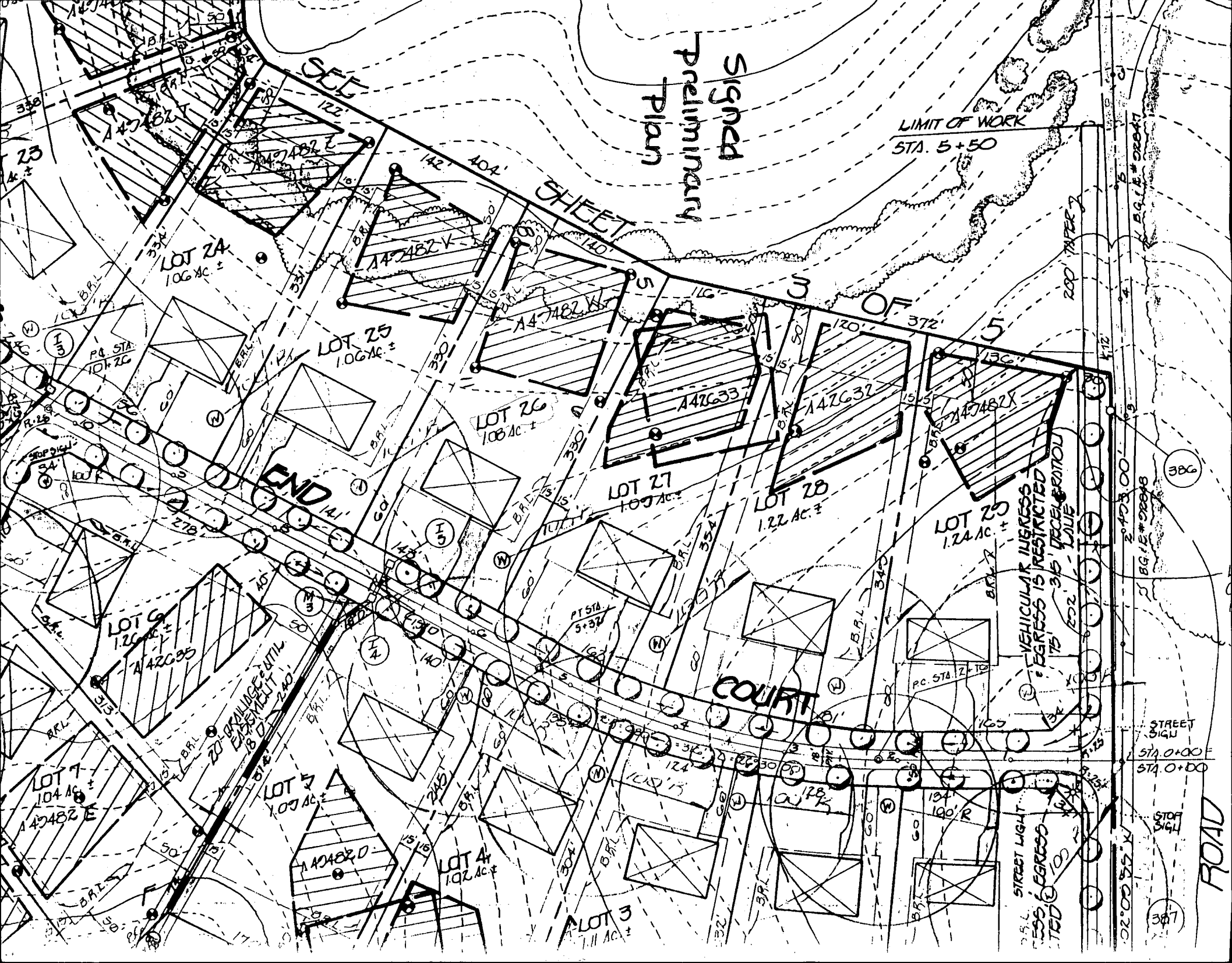
COURT

VEHICULAR INGRESS
EGRESS IS RESTRICTED
75' 3/4" DECELERATION
200' TAPER

STREET
SIGN
STA. 0+00
STA. 0+00

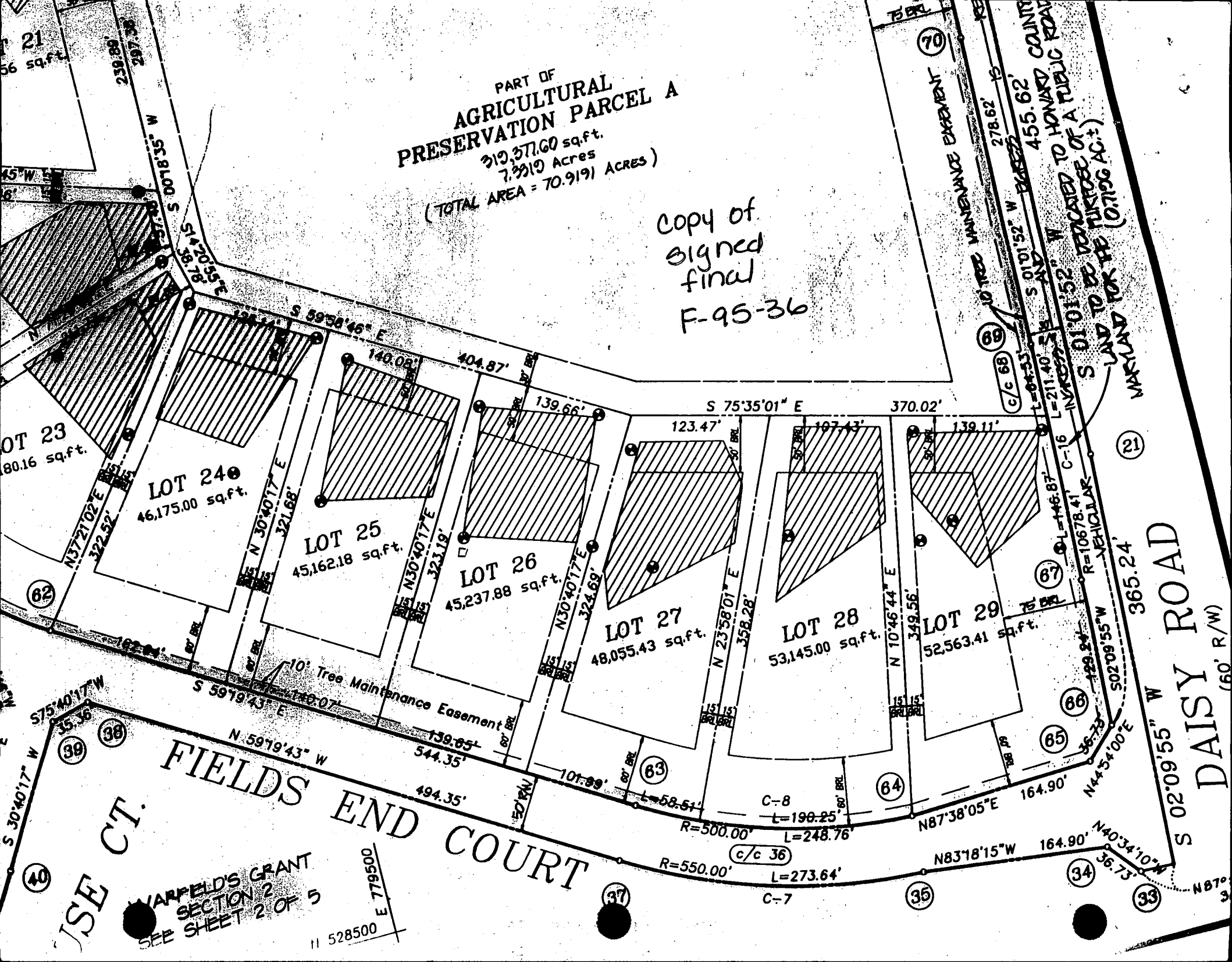
STOP
SIGN

ROAD



PART OF
**AGRICULTURAL
 PRESERVATION PARCEL A**
 219,571.60 sq.ft.
 7.9919 Acres
 (TOTAL AREA = 70.919 ACRES)

Copy of
 signed
 final
 F-95-36



JOSE CT.
 FIELDS END COURT
 WARPELDS GRANT
 SECTION 2
 SEE SHEET 2 OF 5

DAISY ROAD
 (60' R/W)

10' TREE MAINTENANCE EASEMENT
 455.62'
 AND
 LAND TO BE DEDICATED TO HOWARD COUNTY
 AS A PUBLIC ROAD
 (0.7106 AC.)
 WAREHOUSE FOR THE (0.7106 AC.)

528500
 E 779500

B 1	2410	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1794 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) **10 19 98**

8 MM DD YY 13

Trinity Custom Homes

15 Last Name Owner First Name 34

6212 Devon Dr.

36 Street or RFD 55

Columbia MD 21044

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard**

8 COUNTY 21

WARFIELDS Grant

23 SUBDIVISION 42

SECTION **2** LOT **26**

44 46 48 50

DAISY

52 NEAREST TOWN 71

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

73 76 77 78

DRILLER INFORMATION

Ralph MAYNE MS D 116

Driller's Name 76 License No. 81

Ralph MAYNE well DRILLING

Firm Name

9120 Brown Church Rd Mt Airy

Address

10-5-98

Signature Date

4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

FIELDS END CT

11. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50

34 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL: _____

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO **A419482W**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S. _____

DATE ISSUED **10/20/98** **A M McCall** **10/20/99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **1530 000** EAST GRID **780 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET

24 28

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)

30 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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **10/22/98 9:30**

SOURCES OF DRILLING WATER

1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

280

530

000 000

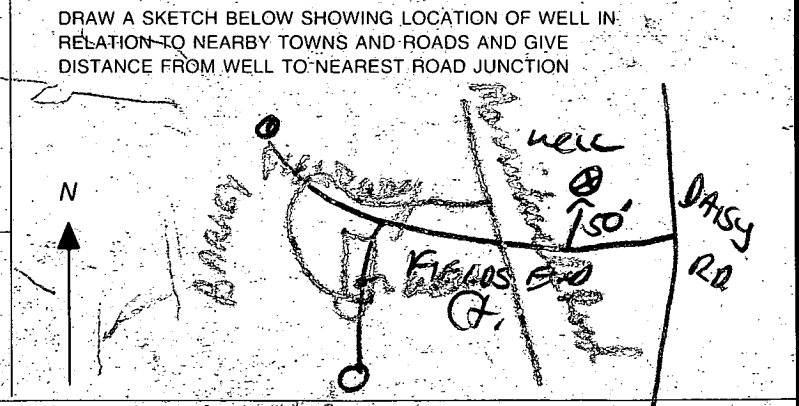
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G A P _____

54 63

PERMIT No. **HO-94-1794**

70-71 72-73 74 75 76 77 78-79



C1 **4335** (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A49482-W**

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 10 21 98
 Depth of Well
 22 205 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1794
 28 29 30 31 32 33 34 35 36 37

OWNER Trinity Custom Homes
 STREET OR RFD Fields End Ct TOWN Daisy
 SUBDIVISION Wanfields Grant SECTION # LOT 26

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	60	✓
Brown Slate	60	65	
Blue Slate	65	90	
Brown Slate	90	95	✓
Blue Slate	95	205	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 20 NO. OF POUNDS 2200
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD
 casing types (insert appropriate code below)
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 20
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE **OT** OTHER
PL PLASTIC

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED: yes no **Y** **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 WELL

I 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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 116
Ralph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MSD 112
Ralph Wayne

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
10	23	205			
7	8	9	11	15	17
23	24	26	30	32	36
38	39	41	45	47	51

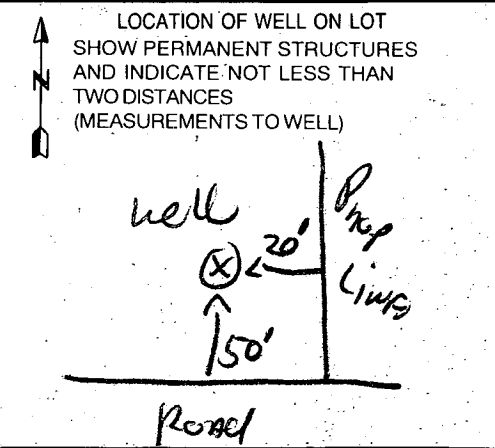
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 7.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 48 ft.
 WHEN PUMPING 85 ft.
 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 INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX 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 } LAND SURFACE
 below } 2 (nearest foot)



B 1 9234 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-0839
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA)
 8 TRINITY CUSTOM HOMES 13
 15 Last Name Owner First Name 34
 36 G212 DEVON DR. 55
 Street or RFD
 57 COLUMBIA MD21044 76
 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD / MGD / MWD
 Driller's Name RALPH MAYNE 77 License No. 116 80
 Firm Name Ralph Mayne Well Drilling
 Address 9120 Brown Church Rd. Mt. Airy
Wash Mayne 611396
 Signature Date

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)
 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)

APPROXIMATE DEPTH OF WELL 50 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)
 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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER GAP
 FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-0839
67 68 70 71 72 73 74 75 76 77 78 79

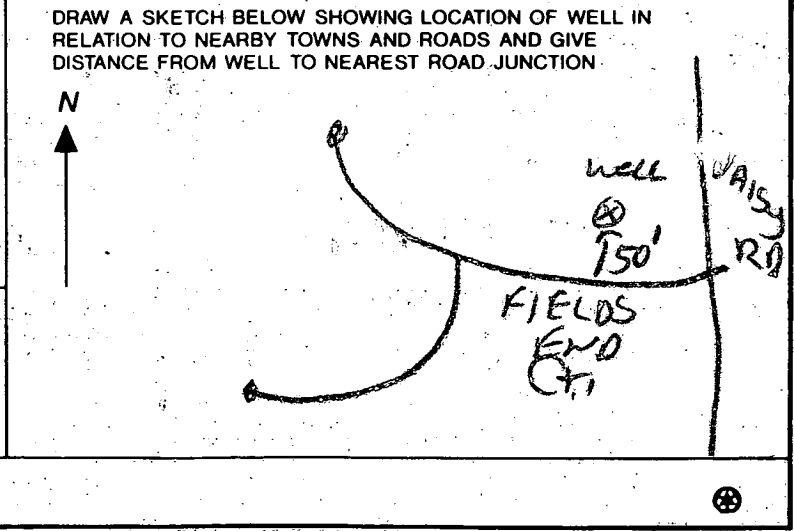
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL
HOWARD COUNTY
WARFIELD'S GRAVE SUBDIVISION
 SECTION 2 LOT 26
DATSY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 M I

B 4 FIELDS END CT. NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) SW
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST
 DISTANCE FROM ROAD 50 FEET
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD CO COUNTY NAME A 44482W COUNTY NO.
 STATE SIGNATURE EXTENDED TO 1/7/97 DATE ISSUED 07/08/96
A. W. MILLER CO. SIGNATURE 1/7/97 EXP. DATE
 NORTH GRID 30000 EAST GRID 0830000

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 580
 N 530



1/28/99

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 # _____ Date _____

Name of Installer S K Plumbing & Heating Telephone _____

License Number _____ Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____

Subdivision Warfield's Grant Lot # 26 Well Tag # _____

Site Address Fidd's End Ct

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

1/28/99

well line, p.a. 4.5' b.g.
well casing 2' a.g.
2pc cap installed
PVC conduit pipe OK

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.

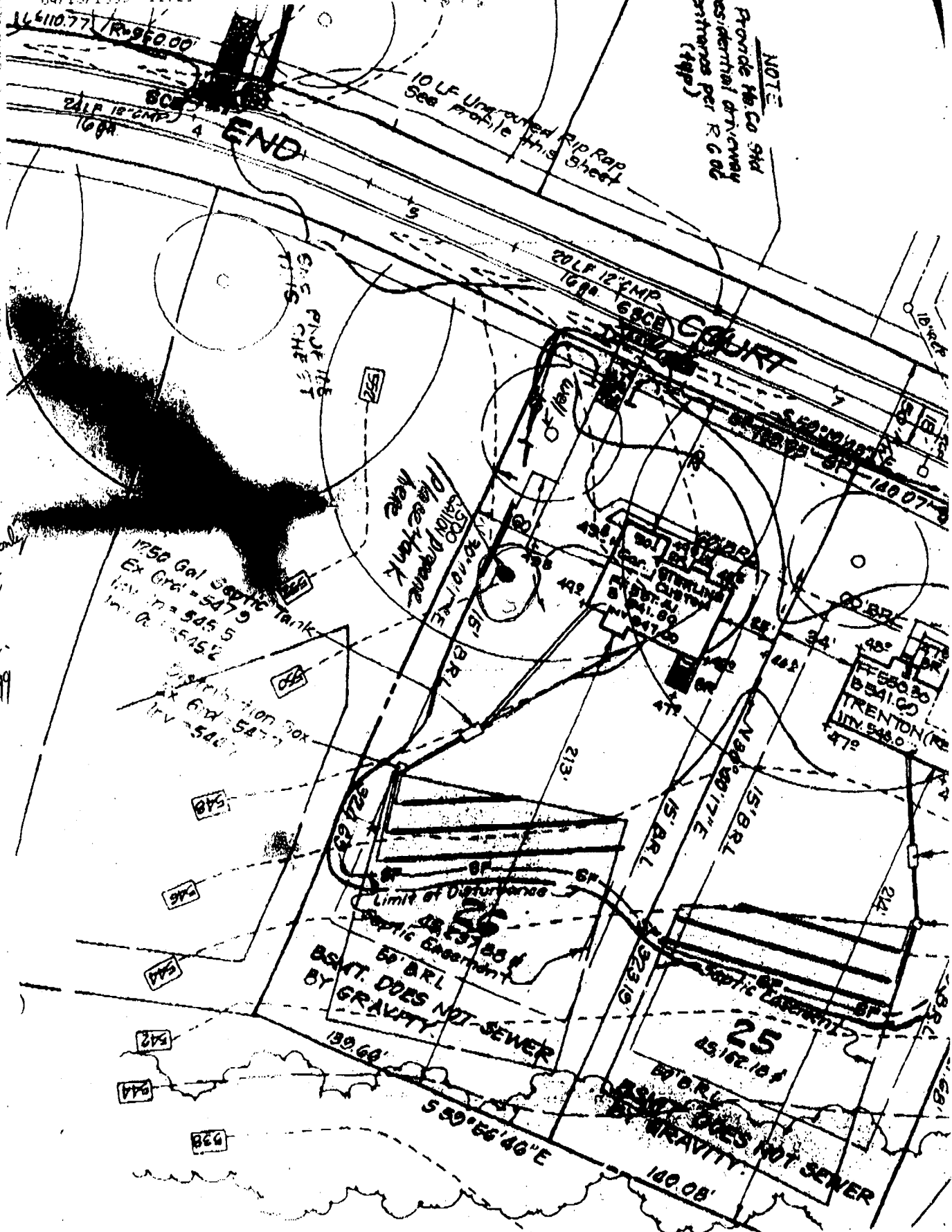
Signature of Applicant: _____

Date: _____

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

* At time of excavation for well line, the top 4' of well casing was hit - the plumber cut off that portion of casing and replaced it - I observed the repair - die go cover. DIS

NOTE
Provide No. 50 5/4
asidental driveway
entrance per R.C. 606
(4pp)



B0011738
propose tanks only
No conflict
well or septic
OK to issue
AP 4/13/99

1750 Gal Septic Tanks
Ex. Grid = 547.9
In. G. = 545.5
In. G. = 545.2
Distribution Box
Ex. Grid = 547.7
In. G. = 546.0

3000
Please place
septic tank
here

Limit of Disturbance
Septic Easement
60' B.R.L.
BSMT. DOES NOT SEWER
BY GRAVITY.

Septic Easement
25
60' B.R.L.
BSMT. DOES NOT SEWER
BY GRAVITY.