

05-404908

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42549

A 37255

DISTRICT

DATE 9/13/88

DATE SYSTEM APPROVED 9/19/88

INSPECTOR R/H

J. Allen Smith, Jr.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5918 Hunt Club Road, Elkridge, MD 21227 PHONE 796-7532

SUBDIVISION Thistledown ROAD 7225 Tall Pine Way LOT 14

PROPERTY OWNER Domenic Iamela

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet down the right (429') lot line and 35 feet off the right lot line as seen when facing the lot from Right-of-way off Tall Pine Way. Run trenches on contour toward the right rear lot corner line.

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

OK/cw

PLANS APPROVED BY Sid Abel DATE 1/12/87

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 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 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.

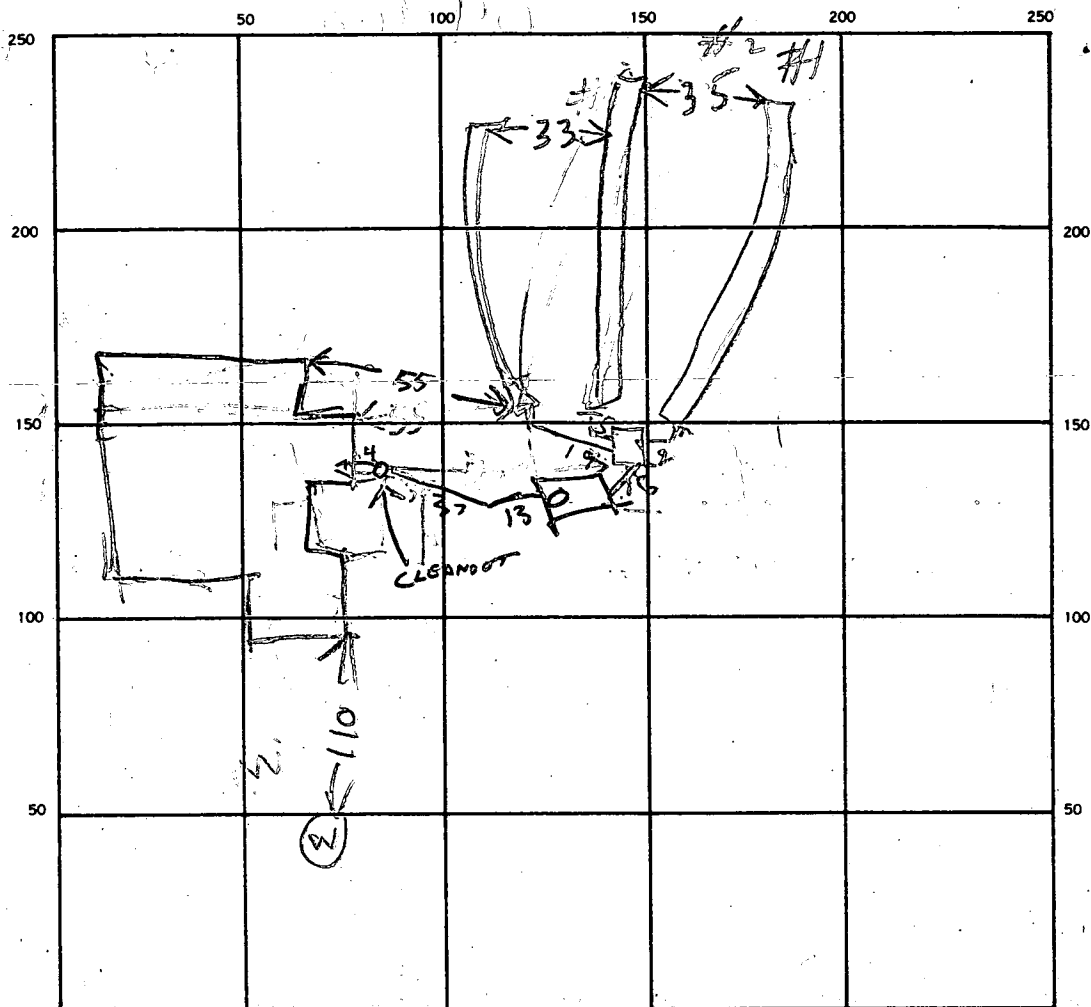
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-37255



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 15.00 CLEANOUTS ST/SEWER
OK OK

DISTRIBUTION BOX. LEVEL 11.23

DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 3/4 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 20 FT. 218

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 4 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/19/88 LOCATION OK PER PLANS - REPLACE TAR
PAPER WITH RED ROSIN PAPER, CONNECT TANK TO
HOUSE PUT CLEANOUT ON TANK & CALL RH
9/20/88 - TANK CONNECTED & RED ROSIN PAPER INSTALLED

DATE SYSTEM APPROVED

9/20/88

INSPECTOR

Raymond Rodger

SUBDIVISION: TRISTLEDOWNLOT NUMBER: 14DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u> <u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES.180 sq. ft./bedroom220 sq ft/bedroom with G.D.Trench to be 3 wide.Inlet 3.5 feet below original grade.Bottom maximum depth 5.0 feet below original grade.Effective area begins at 3.5 feet below original grade.1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 170 FEET DOWN THE RIGHT (429') LOT LINE
AND 35 FEET OFF THE RIGHT LOT LINE AS SEEN WHEN FACING THE LOT
FROM RIGHT OF WAY OFF TALL PINE WAY. RUN TRENCHES ON
CONTOUR TOWARD THE RIGHT REAR LOT ^{LINE} ^(C.W.) ~~REAR~~ 1-12-87 S. Auhl

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 37255

P _____

DISTRICT _____

DATE 4/25/86

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 Estate of Grace E. Tager Domenic Lamele
c/o Tom Lloyd
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 18 14 on Prelim
ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.
7225 TALL PINE WAY

SIZE OF LOT 4.0 acres TYPE BLDG. Residential
(NUMBER OF BEDROOMS)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow test, field DATE 1-12-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

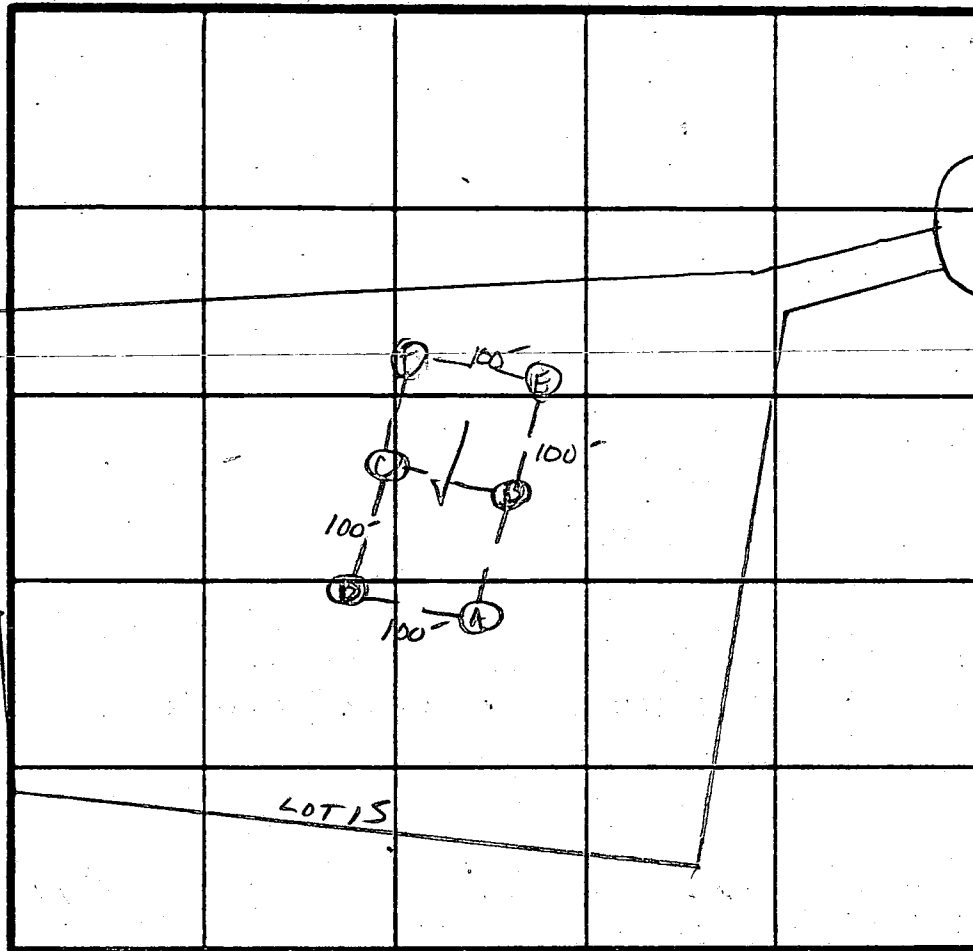
REASONS FOR REJECTION OR HOLDING 7/18/86 PERC SATISFACTORY; 1600 FOR SUBDIVISION PLAT; SHALLOW
SYST. ONLY;

BEDG. PERMIT SIGNED
AND RETURNED 5-11-88

BP 18446 SK

THIS IS NOT A PERMIT

SOIL PROFILE
 4' 11" A-1-3
 Yellow RED
 SANDS: 11
 <10% FRAGS
 9-12% CLAY
 3.5' BROWN TO
 Yellow BL
 Silt SAND
 <10%
 FRAGMENTS



X Perc
 2min
 180°/BL
 INLET 3.5'
 BOTTOM 5.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

11 R+32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/18/86	D V	MOTTLED	AT 2.5'	WAIT AT 6			
	B S	4'	11:14	11:15	11:15	11:17	2min
	B V	12'	uniform	soil below 3.5'			
	C S	4'	11:19	11:20/30	11:20/30	11:24/30	4min
	C V	13'	uniform	soil below 3.5'			
	E S	3.5'	11:26	11:27	11:27	11:28	1min
	E M	18'	11:26	11:27	11:27	11:29	2min
	E V	12'	uniform	soil below 3'			
	F S	4'	11:30	11:31	11:31	11:32	1min
	F V	12'	uniform	soil below 3'			

REMARKS: 1 HOLES DIFF. THAN PLAT - FLIP UP 100' / SHALLOW SYST. ONLY
 TYPE OF SOIL: Glenelg / Bail
 TESTED BY: S. Abel
 ALSO PRESENT: MARK ALLEN
 BACKLOG

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 4/25/86

A 37253
P _____

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 Estate of Grace E. Iager
c/o Tom Lloyd
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 15

ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.

SIZE OF LOT 4.0 acres TYPE BLDG. Residential
(NUMBER OF BEDROOMS)

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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

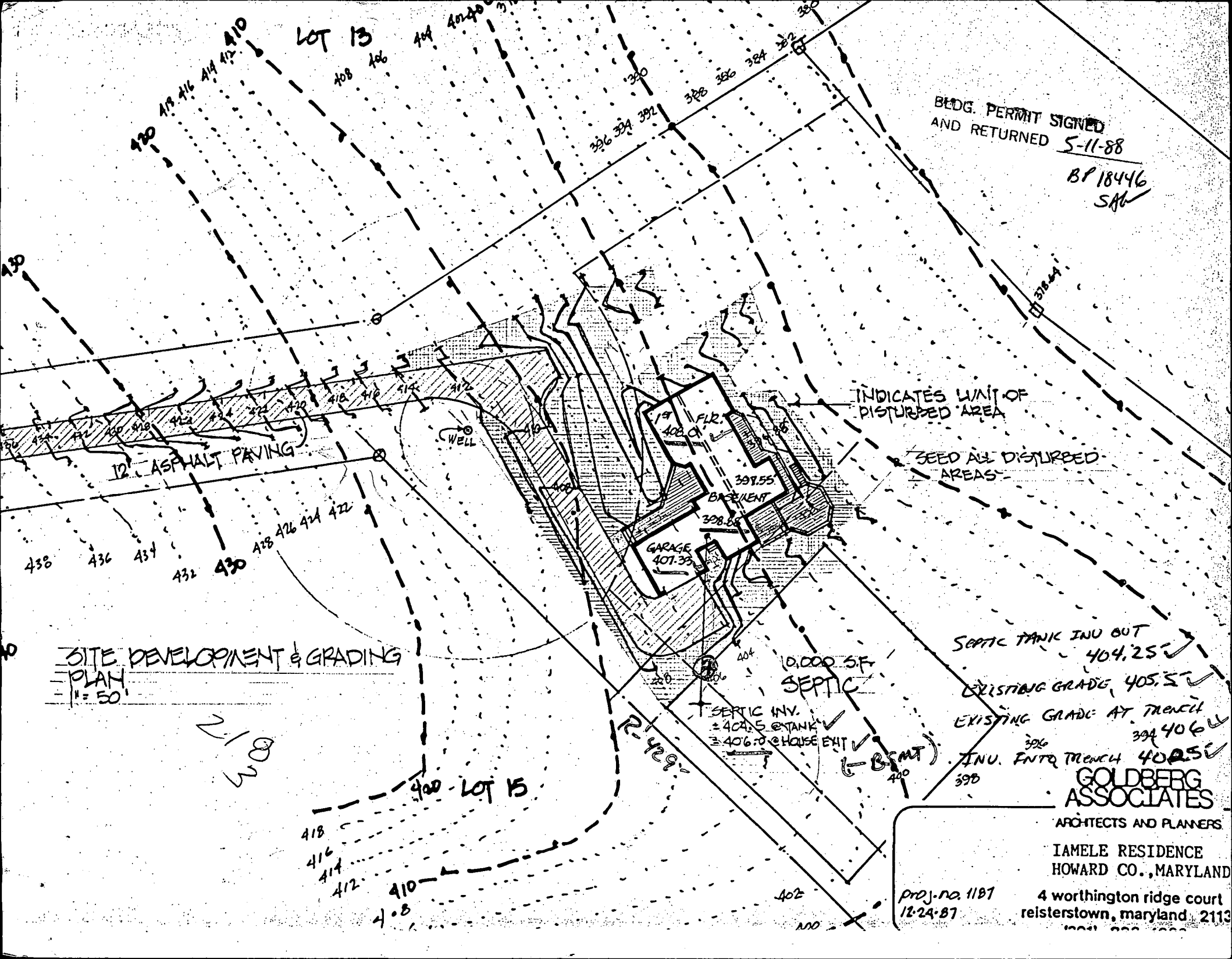
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

E012 10/9

BDDG. PERMIT SIGNED
AND RETURNED 5-11-88

BP 18446
SAB



INDICATES LIMIT OF
DISTURBED AREA

SEED ALL DISTURBED
AREAS

12 ASPHALT PAVING

SITE DEVELOPMENT & GRADING
PLAN
1" = 50'

SEPTIC TANK INU OUT
404.25'
EXISTING GRADE 405.5'
EXISTING GRADE AT TRENCH
394 406'
INU. ENTR TRENCH 400.5'
396 390

10,000 SF
SEPTIC

SEPTIC INV.
± 402.5' TANK
± 406.0' HOUSE EXIT

GOLDBERG
ASSOCIATES

ARCHITECTS AND PLANNERS

IAMELE RESIDENCE
HOWARD CO., MARYLAND

4 worthington ridge court
reisterstown, maryland 2113

proj. no. 1187
12-24-87

400 LOT 15

418
416
414
412

410

408

402

400

B 1 5531 SEQUENCE NO. (OEP USE ONLY) <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-2260 <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name </div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div> </div>	B 3 LOCATION OF WELL R 39843 <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div> <div style="margin-top: 5px;"> MILES FROM TOWN (enter 0 if in town) 4 M </div>	
DRILLER INFORMATION Driller's Name George F. Easterday, INC Firm Name L.F. Easterday, INC Address 9265 Brown Ch. Rd., Mt. Airy, MD. 21781 Signature George F. Easterday 7/13/87 Date	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>	<div style="border: 1px solid black; padding: 5px;"> Tall Pine way NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div> </div> <div style="margin-top: 10px;"> DISTANCE FROM ROAD ENTER FT or MI 200 FT </div>
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) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> COUNTY NAME HOWARD OEP SIGNATURE B. N. Nolen DATE ISSUED 03/03/88 </div> <div> COUNTY NO. A 37255 STATE HEALTH INSERT S 03/03/88 EXP. DATE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> NORTH GRID 491000 EAST GRID 0823000 </div> </div>		
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL _____ INCH	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="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px;"> E 821 3 </div> <div style="border: 1px solid black; padding: 5px;"> N 491 1 </div> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> CABLE </div> <div> JETTED <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> REVERSE-ROTary </div> <div> Jetted & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> Drive-POINT </div> </div>	REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) HO-81-2260	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P FORCE B7 INITIALS HO-81-2260 PERMIT No. HO-81-2260 SPECIAL CONDITIONS		

REC'D
JUL 29 1987
F. EASTERDAY, INC

SECRET

20 DRAINAGE AND
UTILITY EASILY

LOT 412

AC

140554

LOT # 15

LOT 4/4

467

Lot 14

Thistle down

$$100' = 11$$

10-7-87 Grout 2:00-3:00 pm

Lot 14 Thistle Downs

47 ft open hole (measured w/string by Joe-grout man)

47 ft casing

✓ 50 bags cement

2 ft above ground

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUL 31 3 42 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

HD-224

C 1 6063

SEQUENCE NO.
(OEP 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 TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-37255

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

1	2	3	4	5	6
8					13

10	0	7	8	7
15				20

22	4	0	0		26
(TO NEAREST FOOT)					

28	29	30	31	32	33	34	35	36	37
HE-81-2200									

OWNER

JAMES L. DOMINICK

STREET OR RFD

TALL PINE WAY

first name

TOWN

CLARKSVILLE

SUBDIVISION

THISTLE DOWN

SECTION

LOT

14

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 TOCheck
if water
bearing

Top Soil

0

1

RED MICA

1

16

BR. MICA

16

43

GRAY MICA

43

140

Pink MICA

140

145

GRAY MICA

145

400

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes	no
<input checked="" type="radio"/>	<input type="radio"/>
44	44

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☐ BC

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from	0	TOP	52	ft.	to	44	BOTTOM	58	ft.
(enter 0 if from surface)									

casing
types
insert
appropriate
code
below

CASING RECORD

<input checked="" type="radio"/> ST	<input type="radio"/> CO
STEEL	CONCRETE
<input type="radio"/> PL	<input type="radio"/> OT
PLASTIC	OTHER

MAIN Casing Nominal diameter Total depth
Casing top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

<input checked="" type="radio"/> ST	60 61	16	63 64	47	66 67	70
-------------------------------------	-------	----	-------	----	-------	----

OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

<input checked="" type="radio"/> ST	<input type="radio"/> BR	<input type="radio"/> HO
STEEL	BRASS	OPEN
<input type="radio"/> PL	<input type="radio"/> OT	<input type="radio"/> HO
PLASTIC	OTHER	HOLE

C 2

DEPTH (nearest ft.)									
1	8	9	11	15	17	21			
2									
3									
4									
5									
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47									
48									
49									
50									
51									

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

T	(E.R.O.S.)	WQ
70	72	74 75 76
TELESCOPE	LOG	OTHER DATA
CASING	INDICATOR	

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 6

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

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 74

WHEN PUMPING 188

TYPE OF PUMP USED (for test)

<input checked="" type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible	

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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:CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

LAND SURFACE (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)

TALL PINE WAY

RT. Lot line
200'
200' x 1/2"

Date MC 14 J 12 of 10-8-87 Review OK SA 12-9-87
9:00 Thur

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2260
 Location of property (road) TALL PINE WAY
 Subdivision THISTLE DOWN Lot 14 Block Plat Sec.
 Well Driller GEORGE EASTERDAY Owner TAMULE, DOMENIC
 Depth of well 400 1 GPM
 Distance of measuring point (M.P.) above ground 3 ft
 Static water level (S.W.L.) below M.P. 36 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:25 Pumping rate 12 gpm
 Total time 35 min to reach pumping water level 189' ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00	189'	60 sec	NA	1 gpm
12:15	181'	60		
12:30	182	45	pump at 380'	1
12:45	181'	50	R. Hanan	1 gpm
1:00	182'	50		1
1:15	183'	50		1
1:30	184'	55		1
1:45	185'	55		1
2:00	185'	55		1
2:15	185'	55		1
2:30	185'	55		1
2:45	186'	55		1
3:00	186'	55		1
3:15	186'	55		1
3:30	186'	55		1
3:45	187'	55		1
4:00	187'	55		1
4:15	187'	55		1
4:30	187'	55		1
4:45	187'	55		1
5:00	188'	55		1
5:15	188'	55		1
5:30	188'	55		1
5:45	188'	55		1
HD-224 6:00	189'	55		1

B 1 8382

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-2388

please print or type 2748

fill in this form completely

Date Received

10/10/87

OWNER INFORMATION

TAMELE DOMENIC

10317 TWINE DEW

COLUMBIA MD 21044

DRILLER INFORMATION

George F. Easterday

Driller's Name

40

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name

9265 Br. Ch. Rd., Mt. Airy, Md. 21771

Address

George F. Easterday 10/9/87

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 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

☒ BORED (or Augered)☐ JETTED☐ Jetted & DRIVEN☒ AIR-ROTARY☐ AIR-PERCUSION☐ ROTARY (Hydraulic Rotary)☐ CABLE☐ REVERSE-ROTARY☐ DRIVE-POINT

other

REPLACEMENT OR DEEPEINED 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☐ THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER 1 G A P 18

FORCE 120 WRITE INITIALS IN BOX PERMIT NO. HO-81-2388

SPECIAL CONDITIONS

ADDITIONAL WELL (1ST WELL HO 812260)

DRILLER

LOCATION OF WELL

HOWARD

THISTLE DOWN

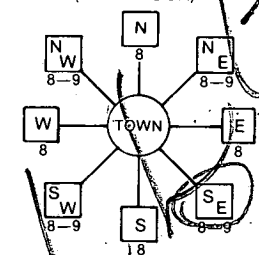
SECTION 44 46 LOT 48 50 WELL #2

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TALL PINE WAY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 300

ENTER FT or MI 67

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

110387

B Nylen

05/03/88

CO SIGNATURE

EXP. DATE

NORTH GRID 491000

EAST GRID 0823000

GRID 50 55

GRID 57 63

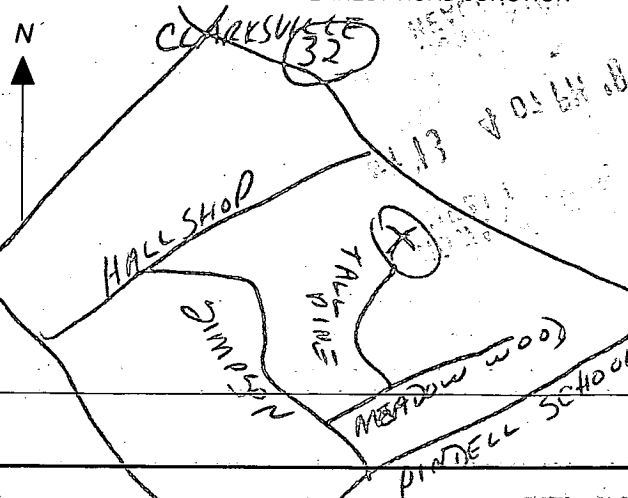
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

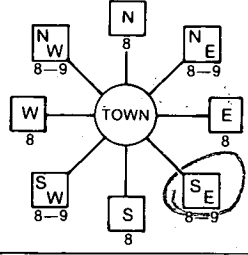

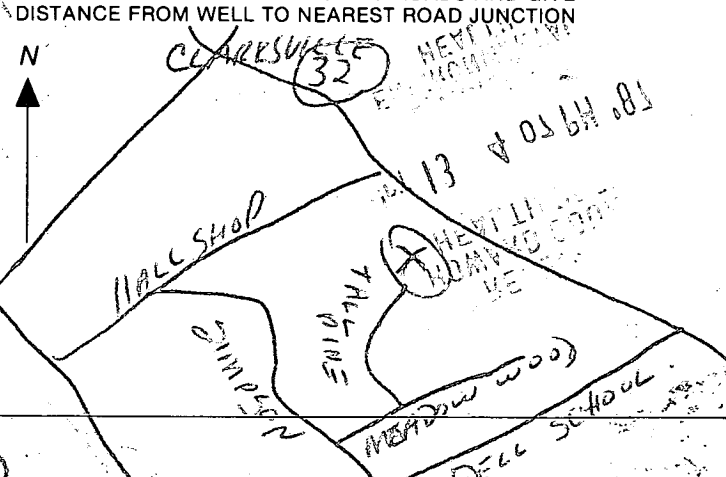
WRITE THE BOX NUMBER FROM THE MAP HERE

E 823
N 491

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



RECEIVED
NOV - 4 1987
L. FRANKLIN EASTERDAY, INC.

B 1 8382 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY) #40	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-2388 fill in this form completely
Date Received 10/27/87 OWNER INFORMATION 15 Last Name TAMALE Owner DOMENIC First Name 36 10317 TWINE DEW Street or RFD 57 COLUMBIA Town 70 State MD 72 Zip 21044 76		B 3 LOCATION OF WELL R 40355 HOWARD 8 COUNTY 21 THISTLE DOWN 23 SUBDIVISION 42 SECTION 14 LOT 14 WELL # 2 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Br. Ch. Rd., Mt. Airy, Md. 21771 Address George F. Easterday 10/9/87 Signature Date		B 4 TALL PINE WAY 11 30 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 300 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME OEP SIGNATURE B Nyman COUNTY NO. A 37255 DATE ISSUED 05/03/88 STATE HEALTH INSERT S 43 0507 48 CO SIGNATURE 0823 EXP. DATE NORTH GRID 491000 50 55 EAST GRID 0823000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 823 N 491 000 000	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		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 DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER HO-81-2388 54 63 FORCE 10 WRITE INITIALS IN BOX PERMIT No. HO-81-2388 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS ADDITIONAL WELL #1 (1ST WELL HO 81 2260)	

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 ☐ Well # WELL #2 Receipt # Y0356
Date 10/27/87
Name of Installer G. EASERDAY Telephone _____
License Number 40
Certified Well Pump Installer ☐ Well Driller ☒ Registered Plumber ☐
Name of Property Owner DOMENIC I AMELI Telephone _____
Subdivision THISTLE DOWN Lot # 14 Well Tag # HO-81-2388
Site Address TRAIL PINES WAY

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 400 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 1 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 36 ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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.

CANCELLED

9-20-88
MMA RW

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 # 42562
Date

Name of Installer J.A. Smith & Co Inc.

Telephone 796-7532

License Number 5581

Certified Well Pump Installer Well Driller Registered Plumber ✓

Name of Property Owner Domenic R. Samele Telephone
Subdivision Thistle Downs Lot # 14 Well Tag # HO-91-2260
Site Address 7225 Toll Pines Way Clarksville MO.

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible ✓
2. Make Cooulds
3. Model # 5ES07412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No X
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 3/4
2. RPM 3450
3. Voltage
 - a. 110
 - b. 220 X

Pitless Adapter

1. Make MORTINSON
2. Model # B10X
3. Depth 42"

Tank

1. Capacity 20
2. Pressure relief valve? yes

Piping

1. Type Coupled Jetting
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42"

Well data

1. Depth 400 ft.
2. Yield 40 GPM
3. Static water level 40 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: J. Allen Smith Jr.

9/20/88-TRENCH DUG & IS OK Date: 9/19/88

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