

05-404916

File

## PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 42330

A 37256

DISTRICT 5th

DATE 8/11/88

DATE SYSTEM APPROVED 8/16/88

INSPECTOR C.B.D.

Dave Hopkins & Son IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Thistledown ROAD 7220 Tall Pine Way LOT 15

PROPERTY OWNER John Garrison

ADDRESS

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

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. 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 205 feet down the right (233.28') lot line and 100 feet off the right lot line as seen when facing the lot from Tall Pine Way. Run trenches on contour toward the left lot 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/ry

Updated

PLANS APPROVED BY Sid Abel DATE 5/06/88

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. 300/27280 SCREENED PORCH

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.

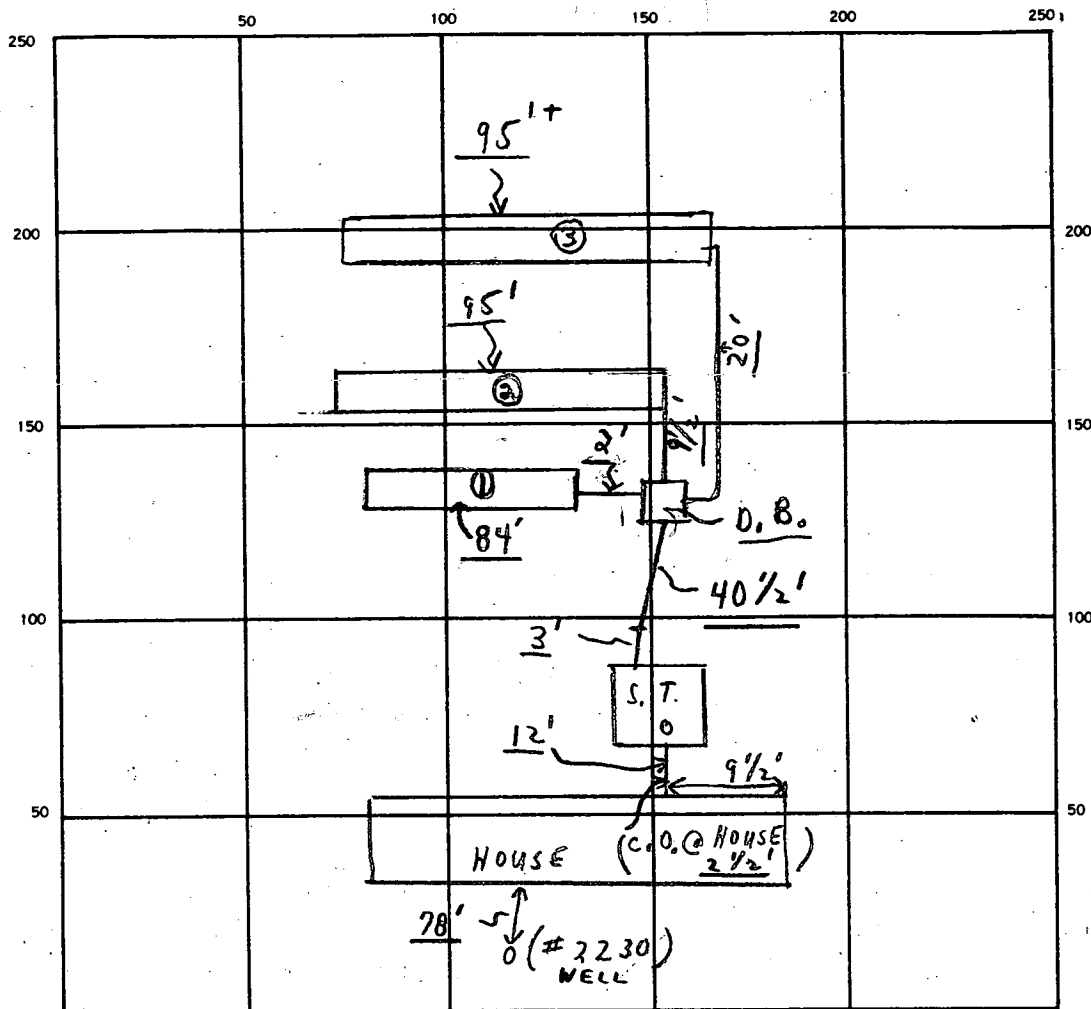
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37256



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL OK TALL PINE WAY CUL DE SAC CLEANOUTS S.T. ok C.O. @ house ok

DISTRIBUTION BOX. LEVEL OK with baffle.

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 0 FT. TOTAL LENGTH 84' + 95' + 95' = 274 FT.

NUMBER OF TRENCHES 3 ONE 822 SQ. FT.

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

ABSORBENT AREA 822 SQ. FT.

REMARKS 8/16/88 OK to cover to 2<sup>nd</sup> trench; ② ok to cover entire system.

DATE SYSTEM APPROVED 8/16/88 INSPECTOR Charles Bryan W. Hester

SUBDIVISION: THISTLEDOWNLOT NUMBER: 15DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>
3 bedroom	1000 gallon	<u>                    </u>
4 bedroom	1250 gallon	<u>                    </u>
5 bedroom	1500 gallon	<u>                    </u>

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.

TRENCHES200 sq. ft./bedroomTrench 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 205 FT DOWN THE RIGHT (233.28) LOT LINE  
AND 100 FT OFF THE RIGHT LOT LINE AS SEEN WHEN FACING THE LOT  
FROM TALL PINE WAY. RUN TRENCHES ON CONTOUR TOWARD THE  
LEFT LOT LINE. 1-12-87 S. HALL

SPECS UPDATED 5-6-88 SA

# 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 37256

P \_\_\_\_\_

DISTRICT

5 TH

DATE

6/25/86

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. Iager John GARRISON

c/o Tom Lloyd

ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE \_\_\_\_\_  
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 16 15 on Parcel

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

7220 TALL Pine Way

SIZE OF LOT 3.1 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 Shellen to fields DATE 1-12-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

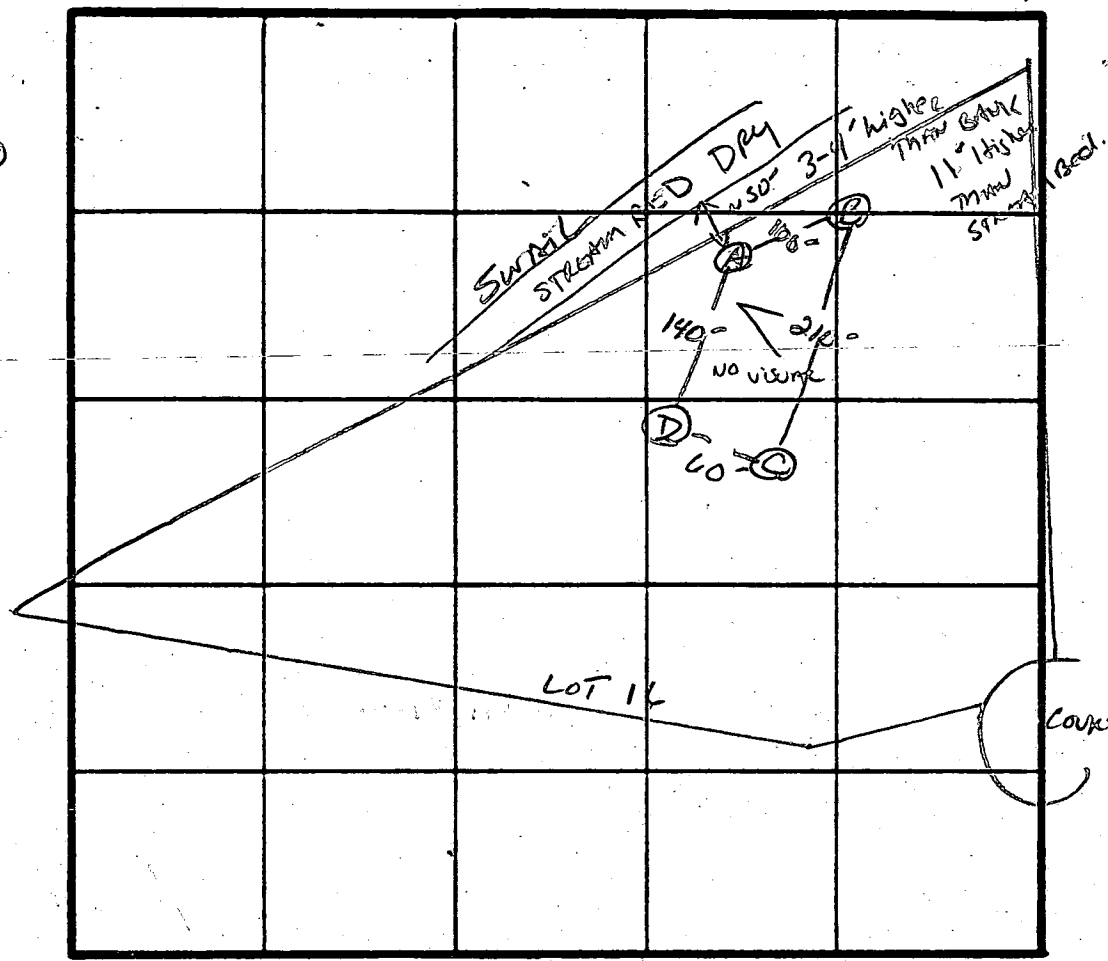
REASONS FOR REJECTION OR HOLDING 7-17-84 PERC SATISFACTORY; SHALLOW, SEWER ONLY; HOLD FOR SUBDIVISION  
PLAT.

BLDG. PERMIT SIGNED  
AND RETURNED 5-6-88

BP 18327  
S-AC

# THIS IS NOT A PERMIT

② ③ ④ ⑤  
 SOIL PROFILE  
 4-1-3  
 Yellow Red  
 Silty loam  
 9-12% clay  
 10% frags  
 Yellow BR  
 Silty sand  
 <10%  
 Fragments  
 4"  
 3.5"  
 12"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

UR 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/17/86	A S V	4" 13"	11:59 uniform soil below	12:01 3.5"	12:01 12:07		6 min
	B S V	4" 12"	11:47 uniform soil below	11:50 3.5"	11:50 11:59		9 min
	C S M	4" 9.5"	12:17 12:17	12:18 12:19	12:18 12:19	12:20 12:25	8 min 6 min
	C V	14"					
	D S V	3.5" 12"	12:08 uniform soil below	12:10 3.5"	12:10 12:16		6 min

REMARKS: Holes Per PLAT/Shallow Syst  
 TYPE OF SOIL: Glenelg  
 TESTED BY: S. Abel  
 ALSO PRESENT: MARK/Allen Brumbe

8/12 10/9

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DATE 6/25/86

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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 \_\_\_\_\_

EE-12 10/9

B 7 3334

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

OEP PERMIT NUMBER

HO-81-2230

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

please print or type

fill in this form completely

Date Received

8 13

## OWNER INFORMATION

HCCO 15 Last Name Owner First Name 34

11311RD-11311RD-11311RD 36 Street or RFD 55

COLUMBIA 57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

Joseph L. Mayne 238 77 License No. 80

Joseph L. Mayne 5512 Ridge Rd. Mt. Airy, Md 21771

Address

Joseph L. Mayne 7/16/87 Date

B 2

## 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)

- ☒ 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 24 28 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)

- ☐ 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE 67-68 WRITE INITIALS IN BOX PERMIT NO. HO-81-2230 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 3

## LOCATION OF WELL

11311RD 8 COUNTY 21

11311RD 23 SUBDIVISION 42

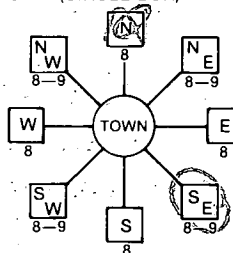
SECTION 1 44 46 LOT 13 48 50

CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



tall pine way 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



60 34 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

HOWARD A 37256

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 08/14/87 B. N. N. 02/14/88

NORTH GRID 491000 EAST GRID 0823000

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

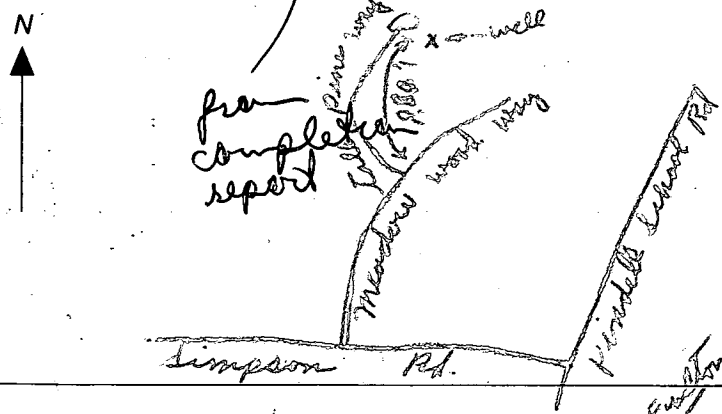
2.

3.

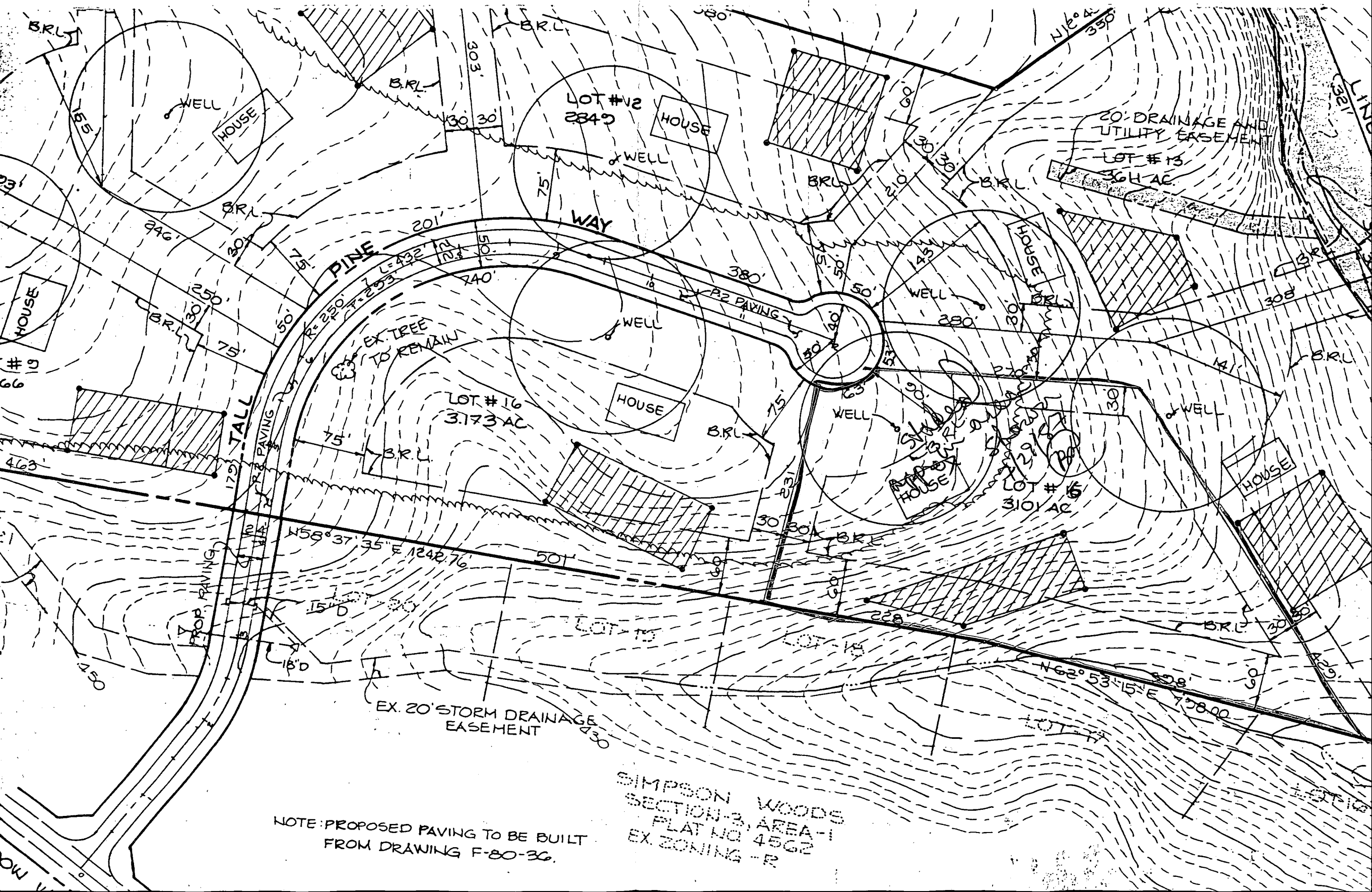
WRITE THE BOX NUMBER FROM THE MAP HERE

E 020 3 N 491 1

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







NOTE: PROPOSED PAVING TO BE BUILT  
FROM DRAWING F-80-36.

SIMPSON WOODS  
SECTION 3, AREA 1  
PLAT NO. 4562  
EX. ZONING - R

9/11

HOLD for review  
? H<sub>2</sub>O sample

Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

Time pump started \_\_\_\_\_ Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

[illegible]

	H1169
picked up 149 single 9/1/87 145	
(small black silty particles)	

C1 6029

SEQUENCE NO.  
(OEP USE ONLY)1 2 3 6  
(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 37256

DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

09/01/87

Depth of Well

22 305 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HC-81-2230

OWNER

HOGG

SCANDZ

STREET OR RFD

TALL PINE WAY

first name

TOWN

CLARKSVILLE

SUBDIVISION

THISTLE DOWN

SECTION

1

LOT

15

## 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

SAND

0 75

GRAY MICA  
ROCK

75 305

OK

## 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 16

NO. OF POUNDS 1504

GALLONS OF WATER 196

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

STEEL CONCRETE  
PLASTIC OTHER

MAIN

Nominal diameter

Total depth

CASING

top (main) casing

of main casing

TYPE

(nearest inch)

(nearest foot)

S+ 60 61

A 63 64

S+ 66 70

EACH  
CASING

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowSTEEL BRASS OPEN  
HOLE  
PLASTIC BRONZE OTHER

C2

EACH  
SCREEN

DEPTH (nearest ft.)

1 40 11 305 21  
2 23 24 26 30 32 36  
3 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

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W.Q.

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

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

85 11 15

METHOD USED TO  
MEASURE PUMPING RATE

bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

58 17 20

WHEN PUMPING

92 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

## 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)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

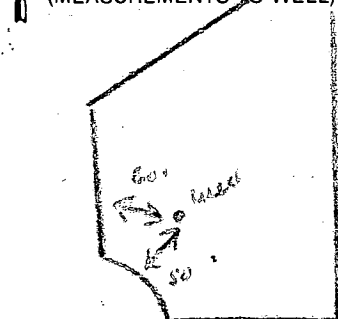
+ above

LAND SURFACE

- below

(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)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 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. 238

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

HEALTH

FD-224

8/24/88  
✓

9/7 Partial  
C.B.S.

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 # 42444  
Date \_\_\_\_\_

Name of Installer J.M.I.

Telephone 489-7197

License Number \_\_\_\_\_

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ✓

Name of Property Owner John Garson

Telephone \_\_\_\_\_

Subdivision Thistle Down's Lot # 15 Well Tag # 40-81-2230 ✓

Site Address 7220 Tall Pine Way ✓

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X

2. Make \_\_\_\_\_

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 3/4

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth 40+

Tank

1. Capacity 80-100

2. Pressure relief valve? ✓

Piping

1. Type 1 1/2

2. Size 1 1/2

3. NSF and/or BOCA Code approved \_\_\_\_\_

4. Depth of supply line \_\_\_\_\_

Well data

1. Depth 305 ft.

2. Yield 8.5 GPM

3. Static water level 58 ft.

4. Will water supply be disinfected by installer? \_\_\_\_\_

NO/NSP 8/24/88 C.W.

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: Edward W. North

Date: 8-25-88

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

HD-215

9/7 all complete but tank - needs inspection. C.B.S.

D: 370-8174  
Ed Hereth

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

TO: WHOM IT MAY CONCERN

FROM: CRAIG WILLIAMS

DIRECTOR - WATER AND SEWERAGE PROGRAM

RE: WATER TEST RESULT

WELL HO-81-2230

LOT 15 THISTLE DOWN

7220 TALL PINE WAY

REGRETTABLY, THE SUBMITTED SAMPLE  
IS NOT QUALIFYING FOR A CERTIFICATE OF POTABILITY  
LETTER.

THE TEST METHOD USED WAS NOT THE  
MULTIPLE TUBE METHOD WHICH WELL  
CONSTRUCTION REGULATIONS STIPULATE  
AS THE ONLY METHOD ACCEPTABLE  
FOR CERTIFICATION OF NEW WELLS.

\* ANICOP MAY BE ISSUED ON MY SIGNATURE (SOMEONE ELSE INITIAL)  
ONLY IF THE OWNER GIVES SEPARATE WRITTEN COMMITMENT  
TO HAVE THE TEST PERFORMED CORRECTLY & PROMPTLY.

JANE,

(LOT 15)

1/27

PREPARE A STANDARD ICOP  
FOR MY SIGNATURE, HAVE ANY SANITARIAN  
SEEN INITIAL IT.

\* BUT ONLY IF WRITTEN AGREEMENT  
IS OBTAINED TO PROMPTLY GET A  
MULTIPLE TUBE-TEST PERFORMED.

(DON'T COMPLICATE THE ICOP WITH  
REFERENCE TO THE AGREEMENT - JUST FILE IT)  
Cray

1-27-89

Craig,

Mr. Hereth stopped in to pick up sample. I do not understand your concern here unless the actual test form is lacking information. I called the lab and they confirmed the test was done by multiple tube method and results were negative.

Please discuss asap.

Thanks

Jane N



LOT 14

LOT 15  
3.020

GARRISON PORCH

PROPOSED 15'x23'  
SCREEN PORCH W/  
6'x8' DECK

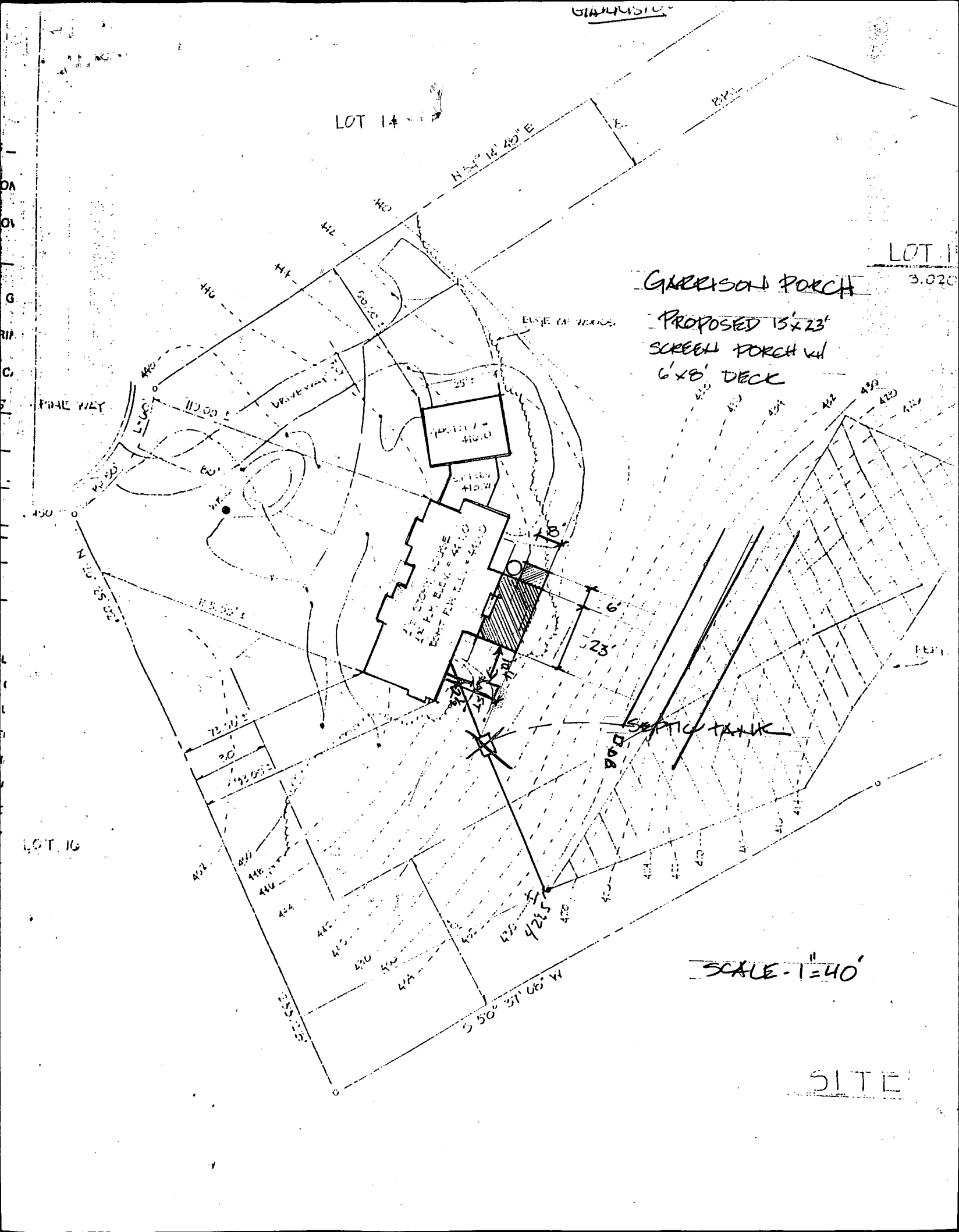
PAVE WAY

EDGE OF WOODS

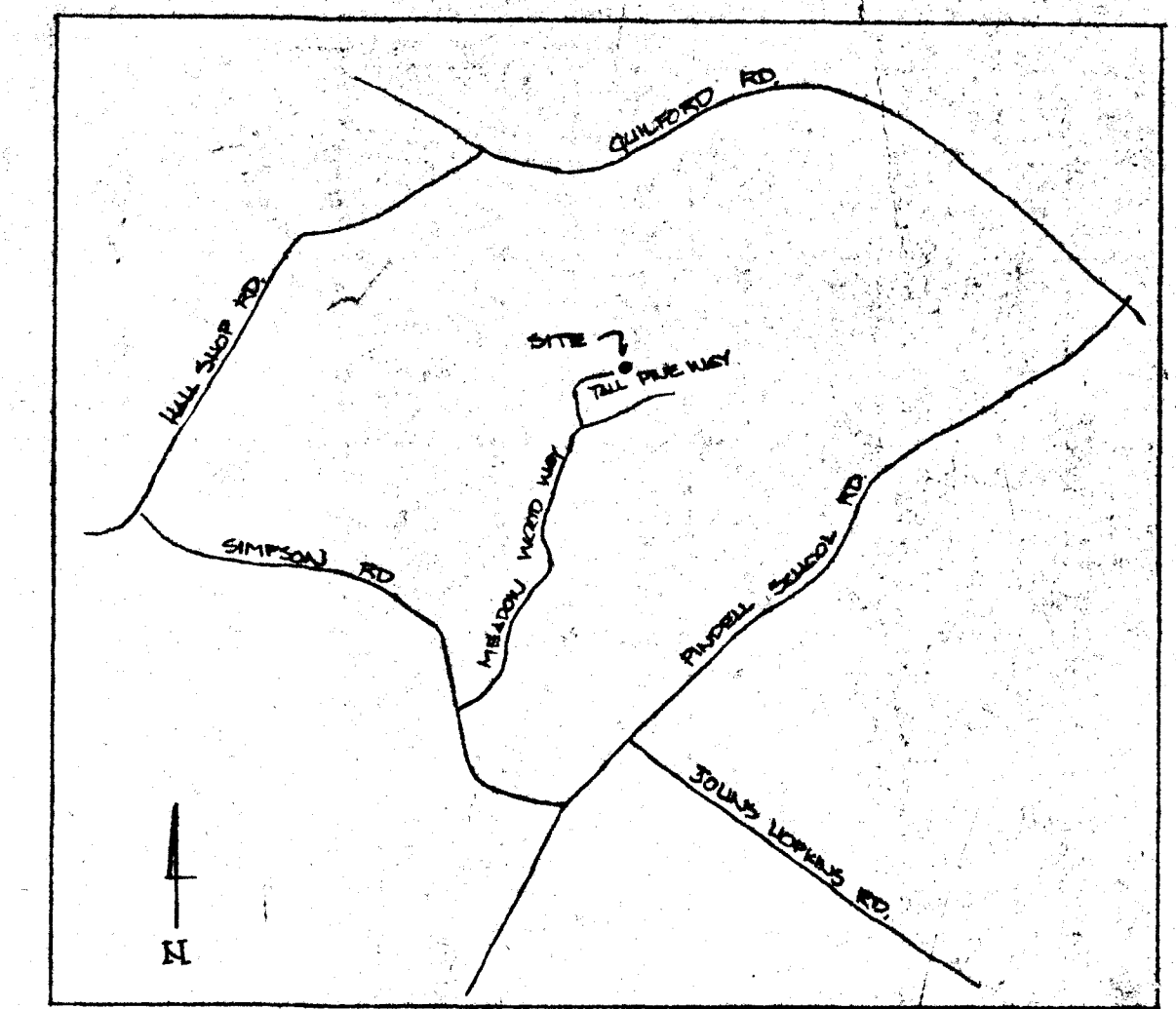
SEPTIC TANK

SCALE - 1" = 40'

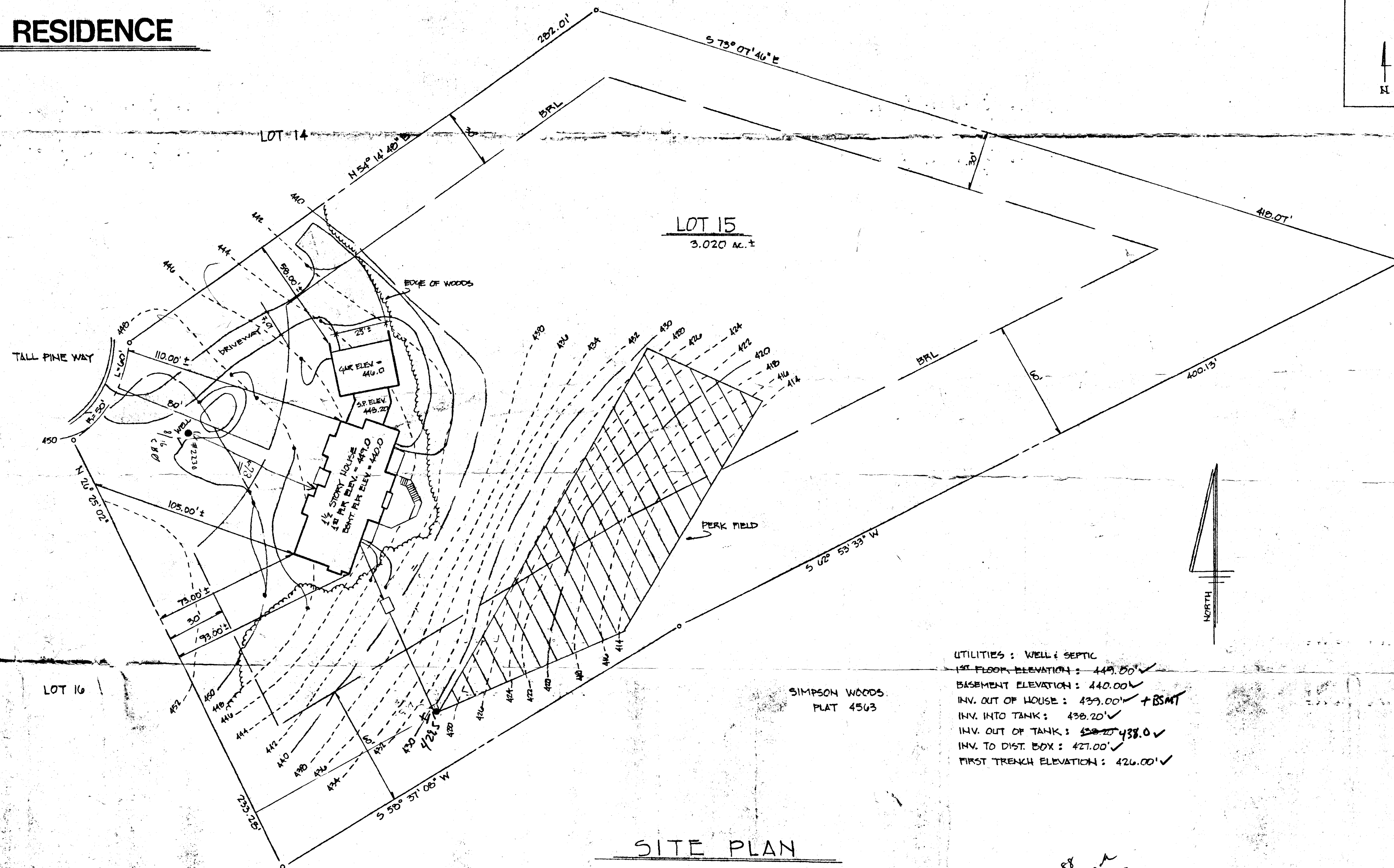
SITE



# GARRISON RESIDENCE



VICINITY MAP  
N.T.S.



## SITE PLAN

1" = 30'

UTILITIES : WELL & SEPTIC  
1ST FLOOR ELEVATION : 439.00' ✓  
BASEMENT ELEVATION : 440.00' ✓  
INV. OUT OF HOUSE : 439.00' + BSMT ✓  
INV. INTO TANK : 438.20' ✓  
INV. OUT OF TANK : 438.00' ✓  
INV. TO DIST. BOX : 427.00' ✓  
FIRST TRENCH ELEVATION : 426.00' ✓

7.5-6.88  
Elevation  
S.M.

BLDG. PERMIT SIGNED  
AND RETURNED 5-6-88  
BP18327  
SK

SINGLE FAMILY RESIDENCE  
LOT 15 - THISLEDOWN SUBDIVISION, SEC. ONE  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

APRIL, 1988