05-391326

PERMIT

P_37083

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

ELLICOTT CITY DISTRICT_5th DATE 5/28/86

Dave Hopkins IS PERMITTED TO INSTALL X ALTER
ADDRESS 2724 Jennings Chapel Road, Woodbine, Md. PHONE 831-5788
SUBDIVISION Kennard Warfield Property ROAD 4280 TEN CAKS RD LOT 5
PROPERTY OWNER
ADDRESS 4280 Ten Oaks Rd.
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES NO _X
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4
TRENCHES - 158 sq. ft. per bedroom. Trenches to be 2 feet wide. Inlet 3 feet below
grade. Bottom maximum depth 9 feet below grade. Effective area begins at
3 feetbelow original grade. 6 feet of stone below the distribution pipe.
LOCATION - Place the distribution box or place the trench 320 feet from the back corner of the 456.91 ft. lot line and 285.38 ft. lot line and 400 feet
from the left (1263.85') lot line as seen when facing the lot from Ten Oaks Rd. Run trench(s) on contour toward the same back corner. NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before and aft gravel is installed. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank. May install trench in one 106 foot length.
PLANS APPROVED BY Sid Abel DATE 3/6/86
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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
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 THREE 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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

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

*CALL 992, 2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

		0 10	20 1	50	100	280	
280	GARAGE	Well well				200	
Privewa		69	ltouse			. 150	
23 8 4 A			710'			100	
]33	- 106			
50							
PERMIT CARD SEPTIC TANK, LEVE DISTRIBUTION BOX	15006	A /	CLEAN	OUTS	37		
TILE FIELD, DEPTH	EL DEPTHG	FT. TRENCH	and the second section	TOM-AREA	_FT. 636‡		
	SORBENT AREA	636	SQ. FT.			_r · .	
d							

S. Aul

6-2-86

DATE SYSTEM APPROVED __

SUBDIVISION: KENDARD WARFIELD PROP. LOT NUMBER: 5

*				• • •	
0	•		S(q. ft./bedroom	
	Sep	tic Tank	Minimum Total so	quare Feet	
3 bedroom	100) gallon			
4 bedroom	125) gallon		·	
5 bedroom	150	gallon			
Inlet	feet belo	v original grade	•		
Bottom max	ximum depth	feet below	original grade.	•	
Effective	area begins at	feet b	elow original grade	e.	ı
gro No	ound and leavea! trench is to ex	foot earth buff eed 100 feet in feet o	bent area, run the er between dry well length. Trench in f stone below distr	l and trench. nlet to be same	
		TRE	NCHES		
				q. ft./bedroom	
Trench to	be wio	le.			
Inlet	feet below	original grade	•	4BR	
Bottom max	cimum depth 9	feet below	original grade.	NO DISPOSAL	
			elow original grade	OK TO USC OVE A	of them
6	feet of stone be	low distributio	n pipe.		
NOTE: (1) (2) (3) (4) (5)	If more than of Trenches to be Call for inspect Provide 6"-8" tank and drywell If a Garbage of	e installed on 1 ection of trench diameter cleano 11 .	a distribution box evel ground. before gravel is i ut and cap to grade , increase septic t	·	
LOCATION:	PLACE The dis,	niburion box	OR SMRT THE.	TRANCH 320 Ft F	KOM
The SACK	CORNER OF	The 456,91	LOT LINE AND	285.38 Ft LOT	LINE
AND 400	Ft FROM TH	e loft lize	.3.88') LOT LIN	E BS SEEN WHE I	FACING
The LOT	FROM TEN OF	HKS Ad. RUN	moved (s) o	N CONTOUR TOWN	HRD
The sm	ME RACK COP	RNOR, 3-6-	86 SAleel		
				BLDG. PERMIT SIGNED	las
				AND RETURNED 6/3	## ×
				Jun # 7/142	

APPLICATION

PERCOLATION TESTING

A	34493
P	

DISTRICT 5

DATE 2-5-86

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 2104
TELEPHONE: 461-9933

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.
PROF	ERTY OWNER Kerraid Waifield, Jr. CAPITANO
	ADDRESS 14663 Dreadelphia Rd- Glerely PHONE 442-2337
PROS	PECTIVE BUYER actiony & Nancy Capitais
	ADDRESS 12741 Folly Quarter Pd. PHONE 988-9178
PROF	ERTY LOCATION: Clevely 21043
SUBE	IVISION Sat 5- Den Dakes Rev- LOT NO.
ROAL	AND DESCRIPTION Den Oaks Rd - 1/2 mile south of Jen Oaks &
Ų	headelphia Intersection Look for Thee Narsengsey
TAX	MAP 22 028 PARCEL # 2
SIZE	OF LOT 20th-acres TYPE BLDG
	(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
WITI	ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT BEAUTY L. HESCH for arthory
	(SIGNATURE OF APPLICANT)
	// Capitan
APPR	OVED BY DATE
REJE	TED BY DATE
HOLD	PENDING FURTHER TESTSDATE
	ons for rejection or Holding Reic OK Hold by Certifican Roles
KEAD	Must Wite Letter 12 1 AD Francy
-	BLDG FIETURE SIGNER
	ia nome in the internal in the internal

THIS IS NOT A PERMIT

SOIL PROFILE

O

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

	,		PRE	-WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	· START	STOP	TIME
			<u> </u>		·		
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REMARKS	 		
NEWATING			
TYPE OF SOIL			· · · · · · · · · · · · · · · · · · ·
TESTED BY	 	ALSO PRESENT	

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 🖦	36493
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5	

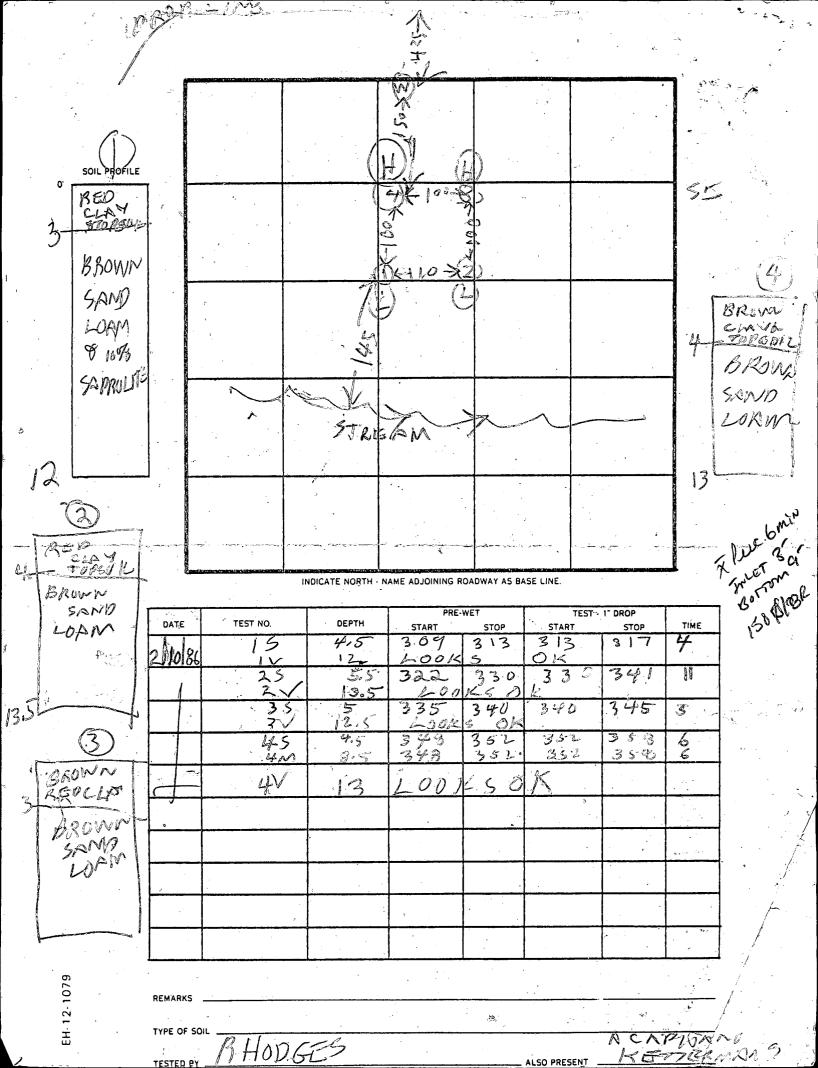
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

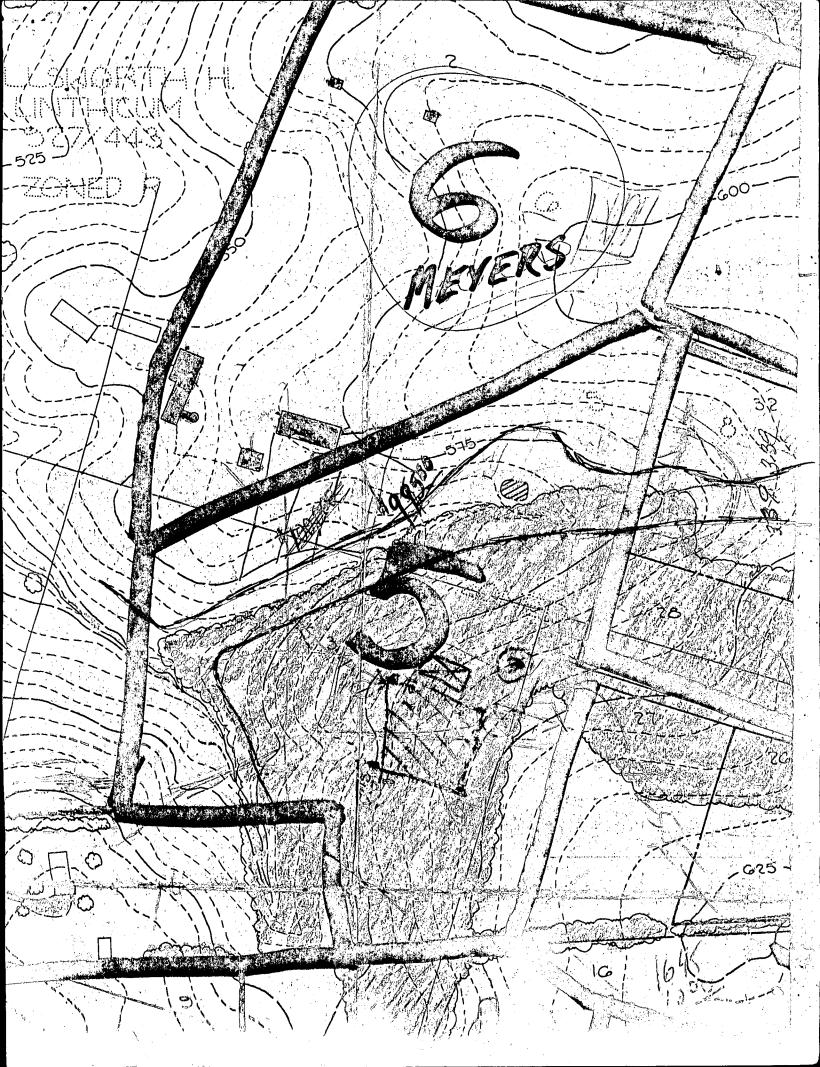
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

DATE 2-5-86

			•
TO: THE COUNTY HEALTH OFFICER		· .	
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PROPERTY OWNER KILL and Way	lield, Jr		
ADDRESS 14663 Dreadelph	in RN- Glenel	F PHONE 442-	2 337
	ney Capitani)	
ADDRESS 12741 Folly Qua	1 2		9178
PROPERTY LOCATION:			. 2.
SUBDIVISION get 5- Den Oak	JRV.	LOT NO	
ROAD AND DESCRIPTION Den Oake Ro	1- 1/2 mile ,	south of Jen	Oaks +
Treadilphia Intersect	Lon		
TAX MAP 22028 PARCEL # 2			
SIZE OF LOT 20th- acres	n	YPE BLDG.	
	And the second s	(SINGLE FAMILY DW	ELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACC	CEPTABLE ONLY UNTIL PUBLIC FACIL	LITIES BECOME AVAILABLE. I FI	JLLY UNDERSTAND THE
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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS I	10 Chevisia	L. Kench &	or lexthose
		NATURE OF APPLICANT)	Capitan
APPROVED BY	FOR	DATE	
REJECTED BY	FOR	DATE	· .
HOLD PENDING FURTHER TESTS			. XI
		DATE	
REASONS FOR REJECTION OR HOLDING			
<u> </u>			

THIS IS NOT A PERMIT





10:30 pm - 3 hrs. 12:10 Norw - Grout (11:60)

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Page	of	(r)	
Date	Februa	1.1 25	1903
	P '	 • ,	1. 1.

Review	•

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Will Permit No. HO - 8/- 1353 William of property (road) Ten Oaks	Road		
abdivision Kennard Warfield	Lot 5 Block	Plat S	Sec.
well Driller Ralph Mayne	Owner Tony Ca	pitanes	
Depth of well 200 Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P.	ve ground 2F	7	- (g)
:. High rate pumping reservoir drawdown			Įv.
Time pump started 1100 Total time $15M/N$ to reach pumping of	Pumping rate	ft. below M.	P.

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill & gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1200	28	6 SEC		10
1215	28	6506		1000m
1230	28	6550		196PM
			•	
			'	
		· .		
				*
<u> </u>				
5 am	A.B.	- Din	A lall 1	

SPECIAL CONDITIONS

OF Hyllere Had

2/2/186

1) 21 FT CASING 2 FT OUT OF GROUND

- 2 18.5 FROM HOLL
- (3) LOCATION OK

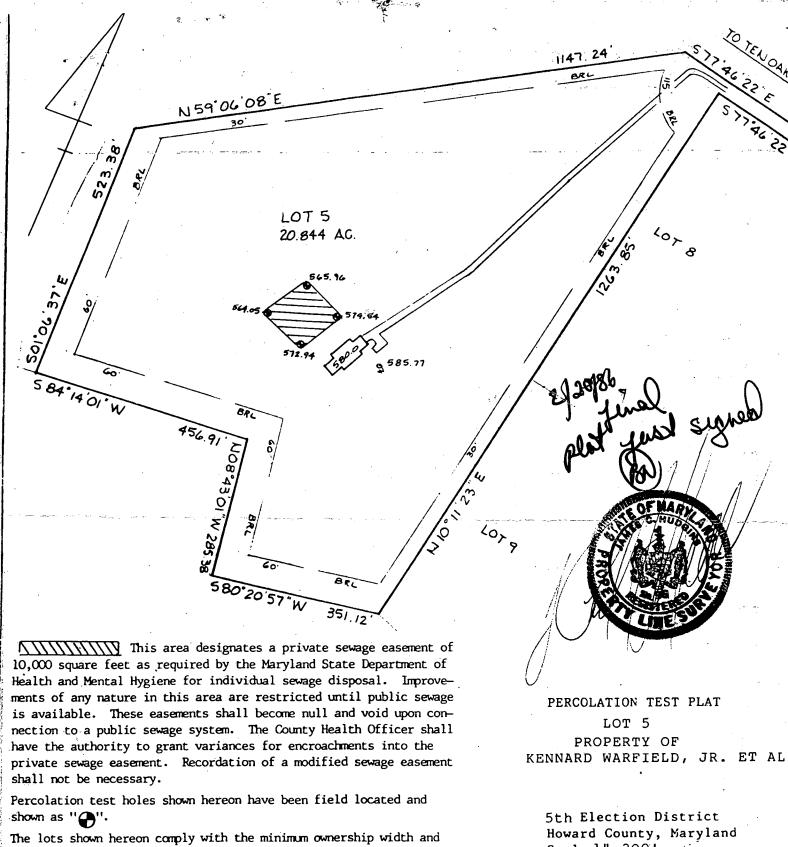
\$ 5BDG5

AC NOISIVIO ENVIRONNEATAL HT IATH

(5) WELL OF

18. M9 TO S 02 83

HOWARR CEDUTY



lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

County Health Officer

Date

Scale 1"=200' Date 2/13/86

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, MD 21771 (301) 442-2031

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

Jory Capitings

(Name)

12741 Folley Durton Ref

VELLICOTT ON MD

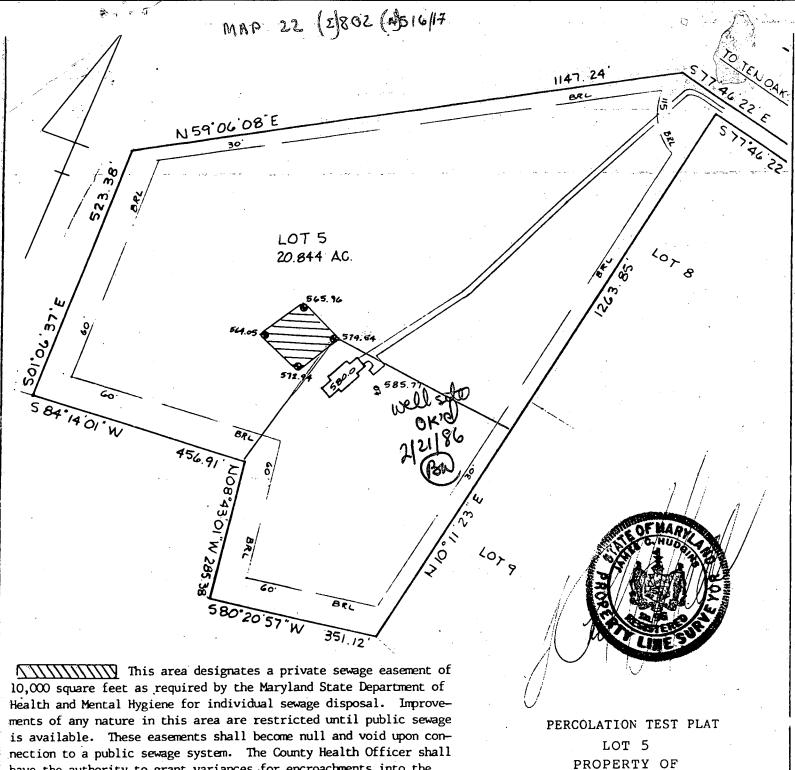
21043

NO 81 1353

(OEP Well Permit Number)

Feb A 1986

(Date)



have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "4".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

KENNARD WARFIELD, JR. ET AL

5th Election District Howard County, Maryland Scale 1" = 200' Date 2/13/86

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, MD 21771 (301) 442-2031

SUBDIVISION: KEN WARFIELD PROPERTY

LOT NUMBER: 5

		. \		DRY WEL	L OR DRY	WELL A	ND TRENC	<u>н</u>	
C RECORDS AVAIL ABLE	THIS	DATE		*	,			sa. ft	./bedroom
A D A TO TO TO TO		<i>,,,</i> , ,, ,		c Tank		Minim	num Total	•	
3 bedroom				gallon				390010	
4 bedroom				gallon					
5 bedroom				gallon					
Inlet		feet l	nelow	origina	ıl grade				
Bottom max				_	_	ori gina	l arade		
Effective		_							
gro No	ound ar trench	nd leav	rea5:	foot ear eed 100	th buffe feet in	r betwe length.	en dry w Trench	ell and inlet	ch on level trench. to be same ion pipe.
				i	TREN	CHES			
							180	_sq. ft	./bedroom
Trench to	be	2	wide						
Inlet 3		·· · · · · · · · · · · · · · · · · · ·	-		ıl grade.	•			
Bottom max				•			ıl grade.		•
Effective		_							
,					- :ribution				
(3) (4) (5)	If m Trem Call Prov tank	nore the chest for it f	nan on nspec '-8'' d lrywel	ne trendinstalletion of liameter l. is sposal	ch used, led on le trench cleanou	a distrivel grobefore t and concrea	ribution ound. gravel i cap to gr	s insta ade or	required. 11ed. above on septic capacity by 50%
LOCATION:		ALT	TH	C FIN	ST TA	EVCH	410' FO	em t	HE
LIGET (1263,	8') 4	-01	LINE	AND	2751	FROM	THE	INTERSECTION
	HE -	BACK	(4:	56,9	AND 2	85,3) LOT L	INES.	RUJ
OF T								_	
	4 (5) x	1 CONG	Con	JOUR	TOWAL	o Re	M OF F	NOPENT	-У,
TRENCH	4(5) x	llong	Con	JOUR	TOWAN	o ike	AL OF 1	nopen	y, willia-

C 1 00889 SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 23 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3.6 ON ALL CARDS)		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A - 36493	
DATE Received	DATE WELL CO	MPI ETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE Received		86	22 21.00 26	MO-1811-11353
OWNER (CAPITA	<u>00</u>	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD	last name	CAKS	first name TOWN	GLENELE
SUBDIVISION KEAD	NARDW	TARY	15.LD SECTION	LOT
WELL Not required fo			WELL HAS BEEN GROUTED (Circle Appropriate Box)	<u>C</u> 3
STATE THE KIND OF PENETRATED, THE			(Circle Appropriate Box)	PUMPING TEST
THICKNESS AND IF	WATER BEARI	NG Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)		if water bearing	NO. OF BAGS	PUMPING RATE (gal. per min. / C 15 to nearest gal.)
T . C /			GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO BE BE Kafe
100 3016	0 2		from (7) ft. to [78] ft.	WATER LEVEL (distance from land surface)
Top Soil	1.5	2)	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
		* .	casing CASING RECORD types Insert ST CO	WHEN PUMPING 25
Smud Stone	11 18	,	appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
Micka	100		code below PLASTIC OTHER	A air piston T turbine
	18 50		MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
SAWel Stowe	20 25	·	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	J jet Submersible
			60 61 63 64 66 70	27
Micky	25 200)	E OTHER CASING (if used) A diameter depth (feet)	
		1	inch from to	PUMP INSTALLED
			l s l l l l l l l l l l l l l l l l l l	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
			ß	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
			screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O)
:			insert appropriate STEEL BRASS OPEN OPEN OPEN OPEN OPEN OPEN OPEN OPEN	IN BOX-SEE ABOVE: 29 CAPACITY:
			code below BRONZE HOLE PL OT	GALLONS PER MINUTE (to nearest gallon)
			PLASTIC OTHER	PUMP HORSE POWER 37 41
		4	DERTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	3	- 1	E' HO 119 1 299	CASING HEIGHT (circle appropriate box
				LAND SURFACE
CIRCLE APPRO	PRIATE I STTE	<u> </u>	S 23 24 26 30 32 36 R	below below foot)
A WELL WAS ABAN WHEN THIS WELL V	DONED AND SE	ALED	E 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBT			SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVER	RTED TO PRODU	JCTION	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 10 AND IN CONFORMANCE WITH AL	.17.13 "WELL CONS	TRUCTION"	from to	Paul Liure
ABOVE CAPTIONED PERMIT, A PRESENTED HEREIN IS ACCURAT OF MY KNOWLEDGE.	ND THAT THE INF	ORMATION	IF WELL DRILLED WAS FLOWING WELL INSERT	The state of the s
DRILLERS IDENT. NO.	223	٠	F IN BOX 68 68 OEP USE ONLY	180' Road
Haph,	Mayue		(NOT TO BE FILLED IN BY DRILLER)	1801
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	RE ON APPLICA	TION)	T (E.R.O.S.) WQ	heil
SITE SUPERVISOR ISSE	of driller or least	novman	70 72 TELESCOPE LOG OTHER DATA	/
SITE SUPERVISOR (sign. responsible for sitework if			CASING INDICATOR	

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Page			of
Date	£	E	B 251886

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Review	or po	•

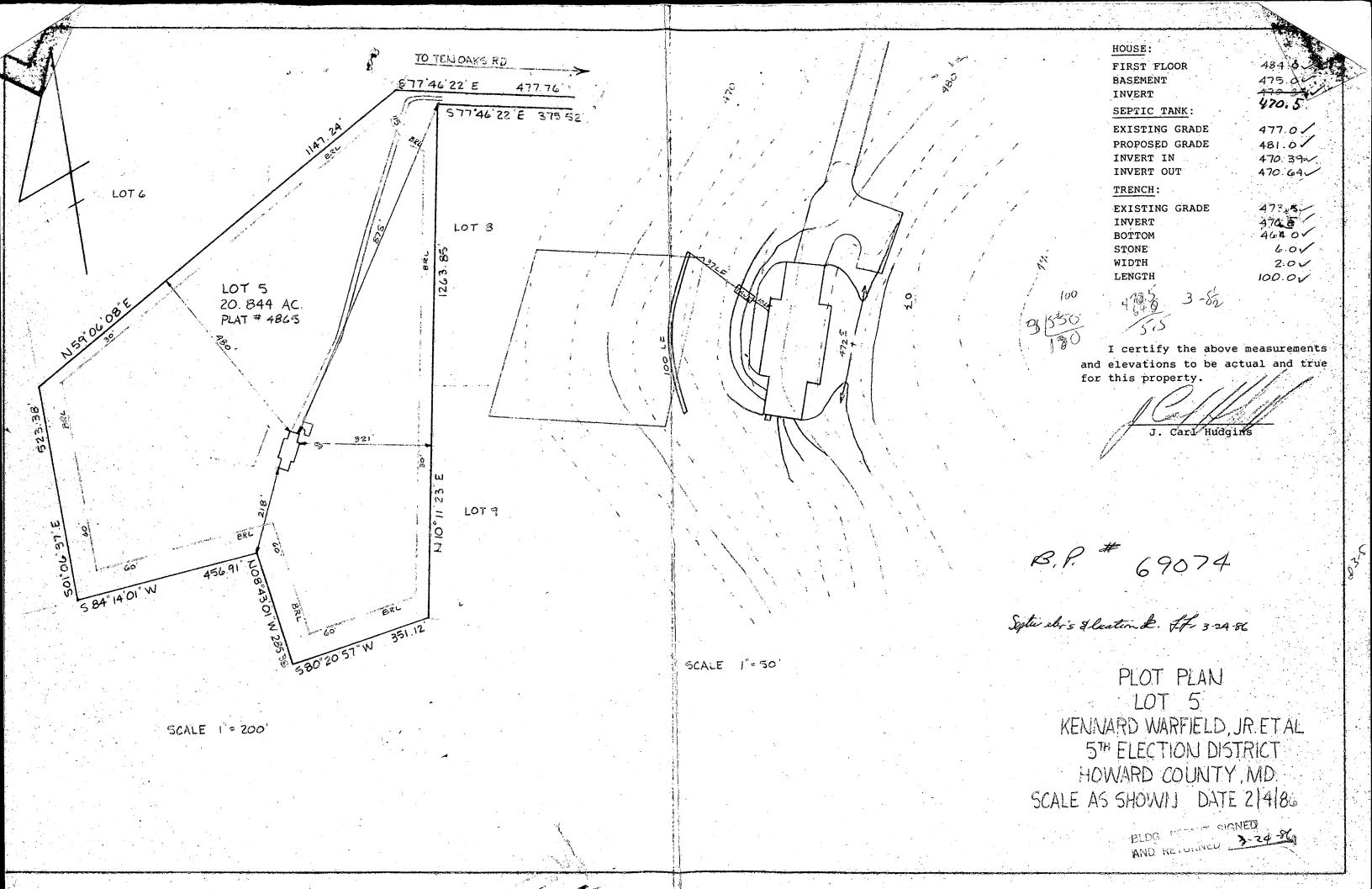
FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8 - 1353 Exaction of property (road) TSN GAKS RD Abdivision KINNARD WARFILLS YR Lot 5 Block Plat Sec. Well Driller RALPH MAYNE Owner CAPITANO TONY	
Depth of well 200ff Distance of measuring point (M.P.) above ground 2ff Static water level (S.W.L.) below M.P. 25 ff	
High rate pumping reservoir drawdown Time pump started // OO Pumping rate 10 bifing Total time 1590 to reach pumping water level 28 ft. below M.P.	•

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:15	28 st	6 200	\	10 G.P.M
11: 30	28 11	6 sec		10 6.p.m
11: 45	28 Ft	6 sec		10 GP m
12:00	28 #t	6 osc		10 P. P. m
12:15	28 Ft	6 sec		10 6, P.M
12:30	28 F+	6 see		10 6.P. B
12: 45	28 Ft	C nes	X	10 -1. P. M
1: 00	28 #t	6 per		10 6.8.00
1: 15	28 ft	6 per		10 6, pm
1:30	28 Fr	6 026		10 C.P.M
1:45	28 Ft	6. 22		10 Gelegy
2:08		6 sec		16 6. P.M
2:15	28 Ft 28 Fr	6 rue		10
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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

February 13, 1986

Mr. Anthony Capitano 12741 Folly Quarter Road Glenelg, Maryland 21043

RE: Kennard Warfield
Subdivision - Lot 5
Ten Oaks Road

Dear Mr. Capitano:

Percolation testing conducted February 10, 1986 on the above referenced lot indicated satisfactory soil conditions.

Approval of the lot is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director Water and Sewerage Program

CW/RH:JR

PLAT RECEIVED AND REVIEWED SATISFACTORILY 2/13/86 C.W.

6/2/86 ME

PERMIT

P 37083

A 36493

SEWAGE DISPOSAL SYSTEM

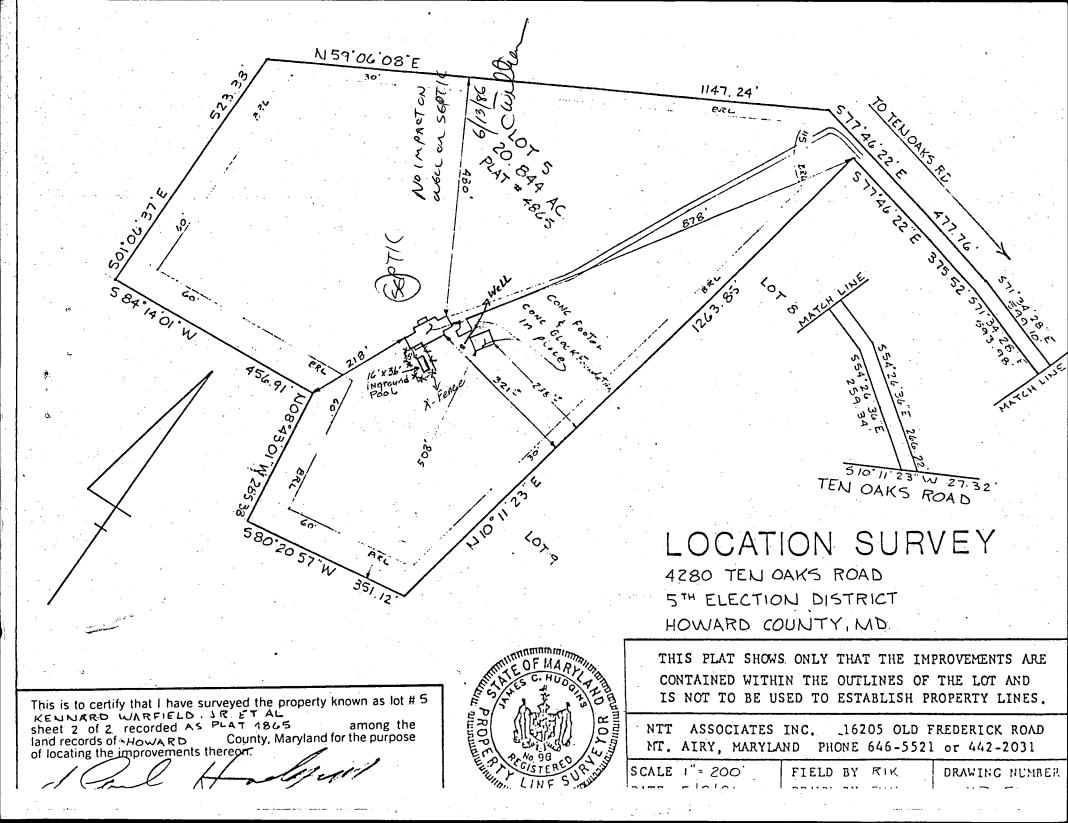
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2530 461-9933

DISTRICT___5th____

DATE 5/28/86

Dave Hopkins	_ IS PERMITTED TO INSTALLX ALTER
ADDRESS2724 Jennings Chapel Road, Woodbine, Md.	PHONE831-5788
SUBDIVISION Kennard Warfield Property ROAD ROAD	
PROPERTY OWNERCapitano Builders	
ADDRESS 4280 Ten Oaks Rd.	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND A	BSORPTION AREA BY 22%.
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or above on septic tank.	
May install trench in one 106 foot len	gth. MgQ
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6/11/86 = " A

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department Bureau of Environmental Health 3525-H Ellicott Mills Drive Court House Square Ellicott City, Md. 21043

461-9933 6/1/84 Cannot access property- Road just paved and blocked SAles Receipt # Replacement Date Name of Installer 1de Plunibing Heating Inc Telephone 125-2392 License number 7079 Certified Well Pump Installer ____ Well Driller ____ Registered Plumber Name of Property Owner Anthony Capitano Telephone 988-9178
Subdivision Lot # Parcel Well tag # _____ Site Address 4280 Jen Mark Dayton and 21031 Motor

1. Horsepower 1/2

2. RPM

1. Make Horvard

2. Model # Pitless Adapter Pump 1. Type a. Deep well jet____ b. Shallow well jet____ 3. Voltage___ 3. Depth____ `c. Submersible_____ a. 110__ 2. Make DCUZZI b. 220 / (3) Mode I #___ □ GPM 4. Capacity_ 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_ Piping Well data 1. Capacity 4290 Equil.
2. Pressure relief
valve? (100)
3. NSF and/or BOC Depth<u>ao</u>ft. Yield /O GPM

3 Static water value? (OD) 3. NSF and/or BOCA Code approved 1100 level 25 ft. 4. Depth of supply
line 4'
be disenfected 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: <u>Sune 10,1986</u>

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