

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE 4/28/88

DATE SYSTEM APPROVED 6/18/88

INSPECTOR RH

Wesmar Corporation

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13990 Triadelphia Mill Road, Dayton, Maryland 21036 PHONE 531-2166

SUBDIVISION Bruffey Property ROAD 14750 Triadelphia Mill LOT 2

PROPERTY OWNER Jack C. Wallace

ADDRESS

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. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet from the left (318.63') lot line and 225 ft. from the front lot line as seen when facing the lot from Triadelphia Mill Road. Run trenches on contour toward the front left corner of lot.

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

6/17/88 - LIMEY CHANGED TO 4 FT DEPTH RH

PLANS APPROVED BY Sid Abel DATE 7/10/86

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: 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.

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.

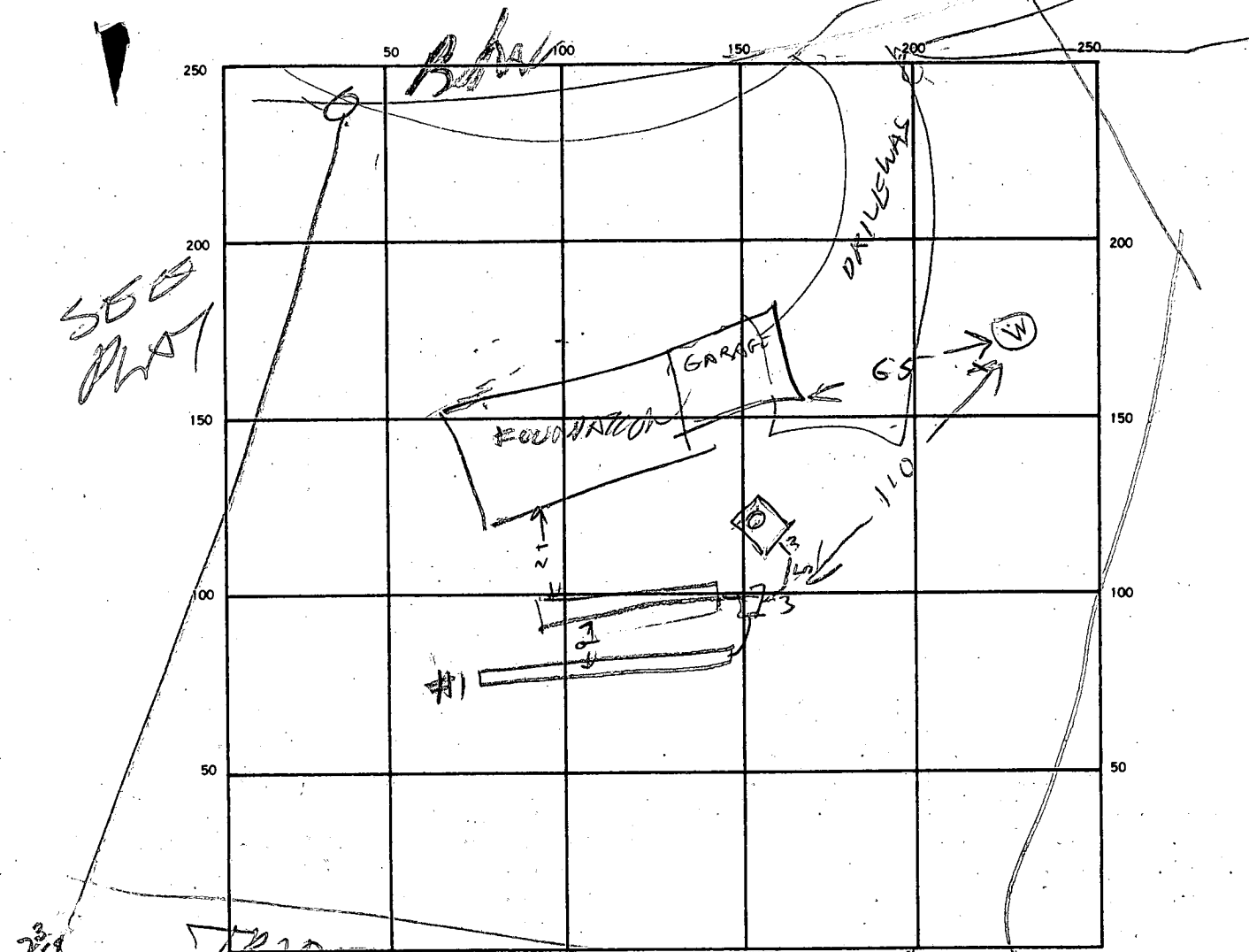
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36613



SEPTIC TANK LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 9/9 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 4/4 FT.

EFFECTIVE GRAVEL DEPTH 3/3 FT. TOTAL LENGTH 77/57/12 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 385/255 SQ. FT. TOTAL 640

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

ABSORBENT AREA 640 SQ. FT.

REMARKS 5/7/88 LOCATION OK PER PLAN TRENCH #1 DUG

EFFECTIVE AREA BEGINS 4 FT BELOW GRADE. ADD STONE TO TRENCH #1

DIG TRENCH #2 RH

6/8/88 - GROUND FILLED ABOUT 1-2 FT OVER TRENCHES

TRENCH #1 FINISHED TRENCH #2 DUG RH

6/9/88 TRENCH #2 FINISHED

SYSTEM APPROVED 6/8/88 INSPECTOR Raymond Hodges

SUBDIVISION: Bruffey PropertyLOT NUMBER: 2TRIA Mill Rd. DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</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.

TRENCHES158 sq. ft./bedroomTrench to be 2 wide.Inlet 5 feet below original grade.Bottom maximum depth 9 feet below original grade.Effective area begins at 5 feet below original grade.4 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 200 FT FROM THE LEFT(318.63') LOT LINE AND 285 FT FROM THE FRONT LOT LINE ASSEEN WHEN FACING THE LOT FROM TRIADELPHIA Mill Rd. RUN TRENCHESON CONTOUR TOWARD THE FRONT LEFT CORNER OF LOT. S.W. 7/10/86

APPLICATION

PERCOLATION TESTING

A 366/13

P _____

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

DISTRICT _____

DATE 3/5/86

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 Margaret A. Bruffey JACK Wallace

ADDRESS 14790 Triadelphia Mill Road Dayton, Md. 21036 PHONE 854-3143

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Bruffey Property LOT NO. 2

ROAD AND DESCRIPTION 14750 Triadelphia Mill Road

TAX MAP 27 PARCEL # 20

SIZE OF LOT 3 Ac. TYPE BLDG. Single Family
(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. Donald B. Gachet agent for M.A. Bruffey
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-3-86 Perc Results SATISFACTORY; Hold for Certified
Waste Location, House + Well SITE. S. Aul

BLDG. PERMIT SIGNED
AND RETURNED 4-28-88

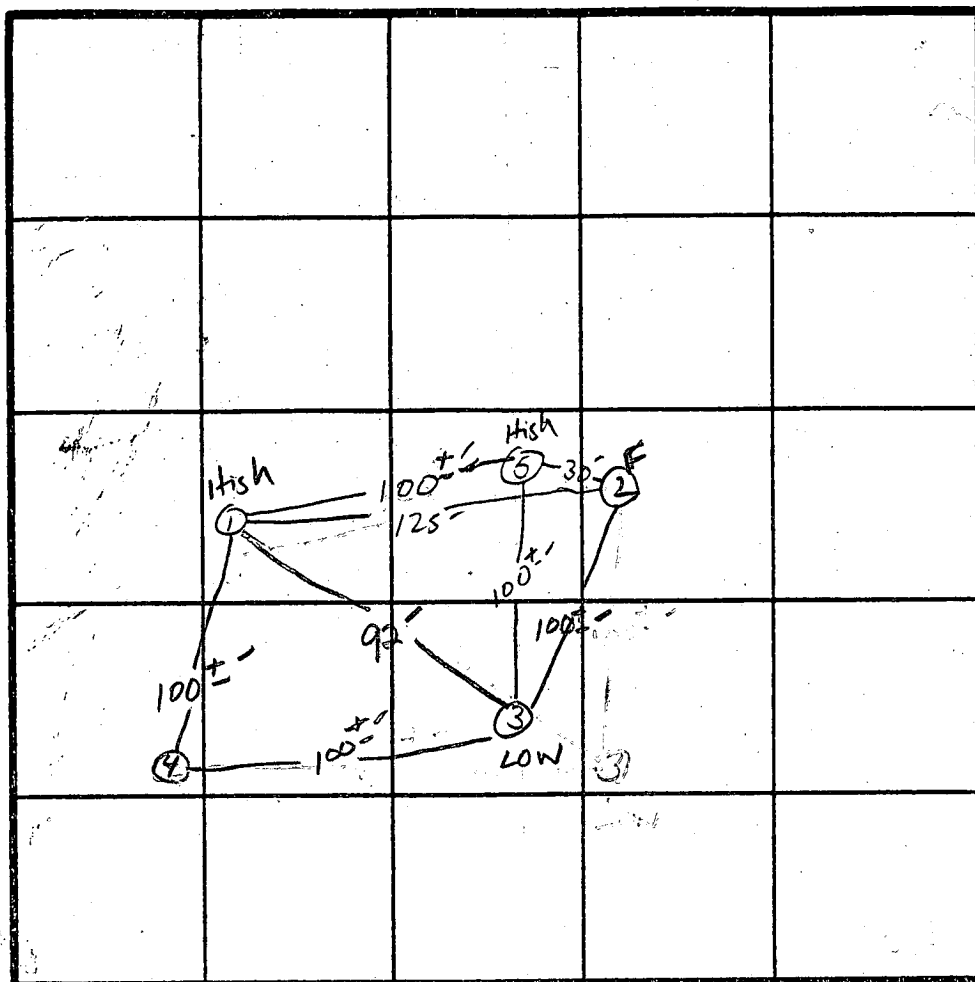
BP18117 SA

THIS IS NOT A PERMIT

① ⑤
SOIL PROFILE

0'	A-1-3
6"	Yellow BR SANDY CLAY LOAM 10% FRAGMENTS
4'	BR. Yellow Silty SAND LOAM 10% FRAGMENTS
10'	BR. Yellow SAND LM. 20-30% FRAGMENTS

0'	④ A-1-3
6"	BR. SANDY CLAY LOAM w/ HARD ROCK LENSE 12-18" THICK
4'	Yellow BROWN SAND LOAM NO ROCK 10-20% COARSE FRAGMENTS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TRIADELPHIA Mill Rd.

X Perc
8 min

INLET 51

0'	A-1-3
6"	BROWN Silty CLAY LOAM 10% FRAGMENTS
5.5'	BROWN w/PINK CASTS SANDY LOAM 10-20% FRAGMENTS
	PINK CASTS ARE CLAYEY LOAM

0'	A-1-3
6"	Yellow BR Silty CLAY LM. 10% FRAGMENTS
3'	OLIVE BR Silty CLAY LM. 10% FRAGMENTS
6"	BROWN w/PINK CASTS SAND LOAM - PINK CAST CLAYEY LM. 20% FRAGMENTS INCREASED TO 40% AT BOTTOM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/31/84	1 S	5'	1:18	1:21	1:21	1:24	3min
	1 M	8'	1:19	1:20	1:20	1:22	2min
	1 V	15'	VARYING SOIL STRUCTURE		see profile		
	2 S	6'	1:37	1:57	1:57	2:45	Less than 1" movement
	2 V	13'	VARYING SOIL STRUCTURE		see profile		
	3 S	6'	1:26	1:30	1:30	1:49	19min
4/2/86	3 V	13'	uniform soil below 5.5'				
	4 S	4'	10:22	10:27	10:27	10:37	10min
	4 V	13'	same as hole #1				
	5 S	3.5'	10:26	10:29	10:29	10:34	5min
	5 V	17'	see profile for description				

REMARKS NO VISABLE LOT LINES - PERC POSTPONED - EQUIPMENT FAILURE.

TYPE OF SOIL MANOR LOAM / GLENELG SAND LOAM

TESTED BY S. Abel

ALSO PRESENT JACK Fyock & Co.
Coffey, Joe-KUBAS

APPLICATION

PERCOLATION TESTING

A 366/13

P _____

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

DISTRICT _____

DATE 3/5/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Margaret A. Bruffey

ADDRESS 14790 Triadelphia Mill Road Dayton, Md. 21036 PHONE 854-3143

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Bruffey Property LOT NO. 2

ROAD AND DESCRIPTION Triadelphia Mill Road

TAX MAP 27 PARCEL # 20

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Ronald Bruffey agent for M.A. Bruffey.
(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

[illegible]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

HD - 81

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ellicott City, Maryland 21043

Phone: 461-_____

To:

F. F.

BRUFFEY PROP. - FINAL PLAT
SATISFACTORY - REPAIR AREAS OF
EXISTING LOTS ARE ADEQUATE.
OK FOR SIGNATURE.

S. Abel.

6/13/86

From: _____

Date: _____

OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

SIGNATURE APPROVAL

File No. F-86-211

Bruce J. Sullivan
(Name)

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

OPZ

Date Received

Date Forwarded

Jim Bourn
Reviewing Agent

12-18-86

12-17-86

Rejected For: _____

DPW/HEALTH

Date In

Date Forwarded

Reviewing Agent

Rejected For: _____

HEALTH/DPW

Date In

Date Forwarded

F. Lommet
Reviewing Agent

12-17

12-30-86

Rejected For: orig & c 2

OPZ

Date Received

Owner/Engineer
Notified

Reviewing Agent

Actions or Revisions Needed: _____

April 16, 1986

Mrs. Margaret Bruffey
14790 Triadelphia Mill Road
Dayton, Maryland 21036

RE: Percolation Testing
Bruffey Property
Tax Map 27 Parcel 20
Lots 1 - 4

Dear Mrs. Bruffey:

Percolation testing conducted April 2, 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/SA:JR

Enclosure



CLARK • FINEFROCK & SACKETT

ENGINEERS • PLANNERS • SURVEYORS

11315 LOCKWOOD DRIVE • SILVER SPRING, MD. 20904 • (301) 593-3400

Howard County Environmental Health	DATE Feb. 13, 1986 JOB NO.
3525 Suite H Ellicott Mills Drive	RE: Bruffey Property
Ellicott City, MD 21043	Lots 1 Thru 4
ATTENTION: Mr. Fred Fromelt	Howard County, MD

GENTLEMEN:

WE ARE SENDING YOU ATTACHED UNDER SEPARATE COVER THE FOLLOWING ITEMS:

- ☐ TRACINGS ☒ PRINTS ☐ COMPUTATIONS ☐ DESCRIPTIONS ☐ SPECIFICATIONS
☐ APPLICATIONS ☐ COPY OF LETTER ☐ _____

VIA: ☐ MAIL ☐ INSURED ☐ BY HAND ☐ MESSENGER ☐ PICK UP

COPIES	DATE OR NO.	DESCRIPTIONS
2	85-104 R	Proposed Record Plat
2	85-104	Plan showing proposed septic areas with existing topography

THESE ARE TRANSMITTED AS CHECKED BELOW:

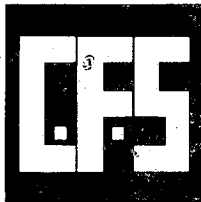
- | | |
|--|---|
| <input type="checkbox"/> FOR APPROVAL | <input type="checkbox"/> AS APPROVED BY _____ |
| <input checked="" type="checkbox"/> FOR REVIEW | <input type="checkbox"/> AS SUBMITTED FOR APPROVAL TO _____ |
| <input type="checkbox"/> FOR YOUR USE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> AS REQUESTED BY _____ | <input type="checkbox"/> PLEASE RETURN TO US AFTER USING |

REMARKS: Please call me when you have reviewed these plans. We would like to file the applications for testing and schedule inspection as soon as possible.

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

CC: Peggy Bruffey

SIGNED: 
Donald B. Sackett, R.L.S.



CLARK • FINEFROCK & SACKETT

ENGINEERS • PLANNERS • SURVEYORS

11315 LOCKWOOD DRIVE • SILVER SPRING, MD. 20904 • (301) 593-3400

Howard County Health Department	DATE March 4, 1986 JOB NO. 85-104
P.O. Box 476	RE: Lots 1 - 4
Ellicott City, MD 21043	Bruffey Property
ATTENTION:	

GENTLEMEN:

WE ARE SENDING YOU ATTACHED UNDER SEPARATE COVER THE FOLLOWING ITEMS:

- ☐ TRACINGS ☐ PRINTS ☐ COMPUTATIONS ☐ DESCRIPTIONS ☐ SPECIFICATIONS
☒ APPLICATIONS ☐ COPY OF LETTER ☒ Check for \$220.00

VIA: ☐ MAIL ☐ INSURED ☐ BY HAND ☐ MESSENGER ☐ PICK UP

COPIES	DATE OR NO.	DESCRIPTIONS
2		Lot #1 Percolation Test Application
2		Lot #2 " " "
1		Lot #3 " " " (Repair)
1		Lot #4 " " " "
1		Print of Proposed Record Plat

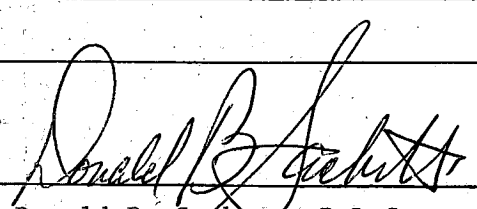
THESE ARE TRANSMITTED AS CHECKED BELOW:

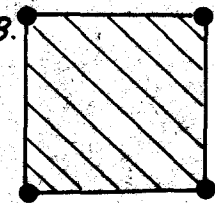
- ☒ FOR APPROVAL ☐ AS APPROVED BY _____
☐ FOR REVIEW ☐ AS SUBMITTED FOR APPROVAL TO _____
☐ FOR YOUR USE ☐ _____
☐ AS REQUESTED BY _____ ☐ PLEASE RETURN TO US AFTER USING

REMARKS: The Percolation Test have been scheduled for March 19, 1986.

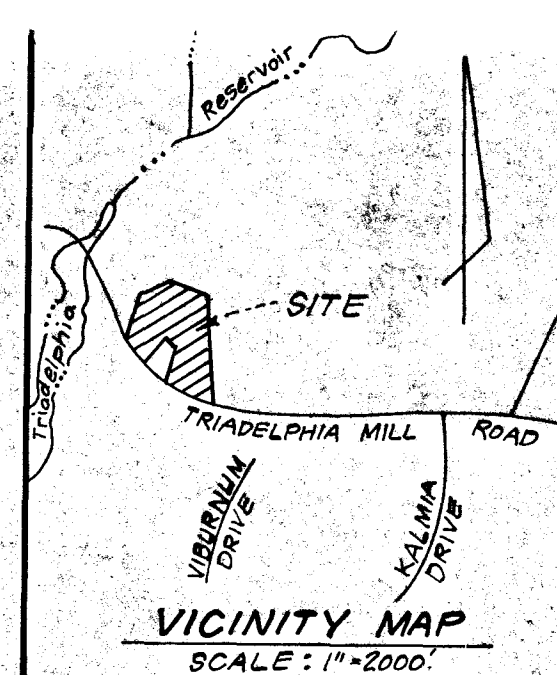
IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

CC: M.A. Bruffey

SIGNED: 
Donald B. Sackett, R.L.S.

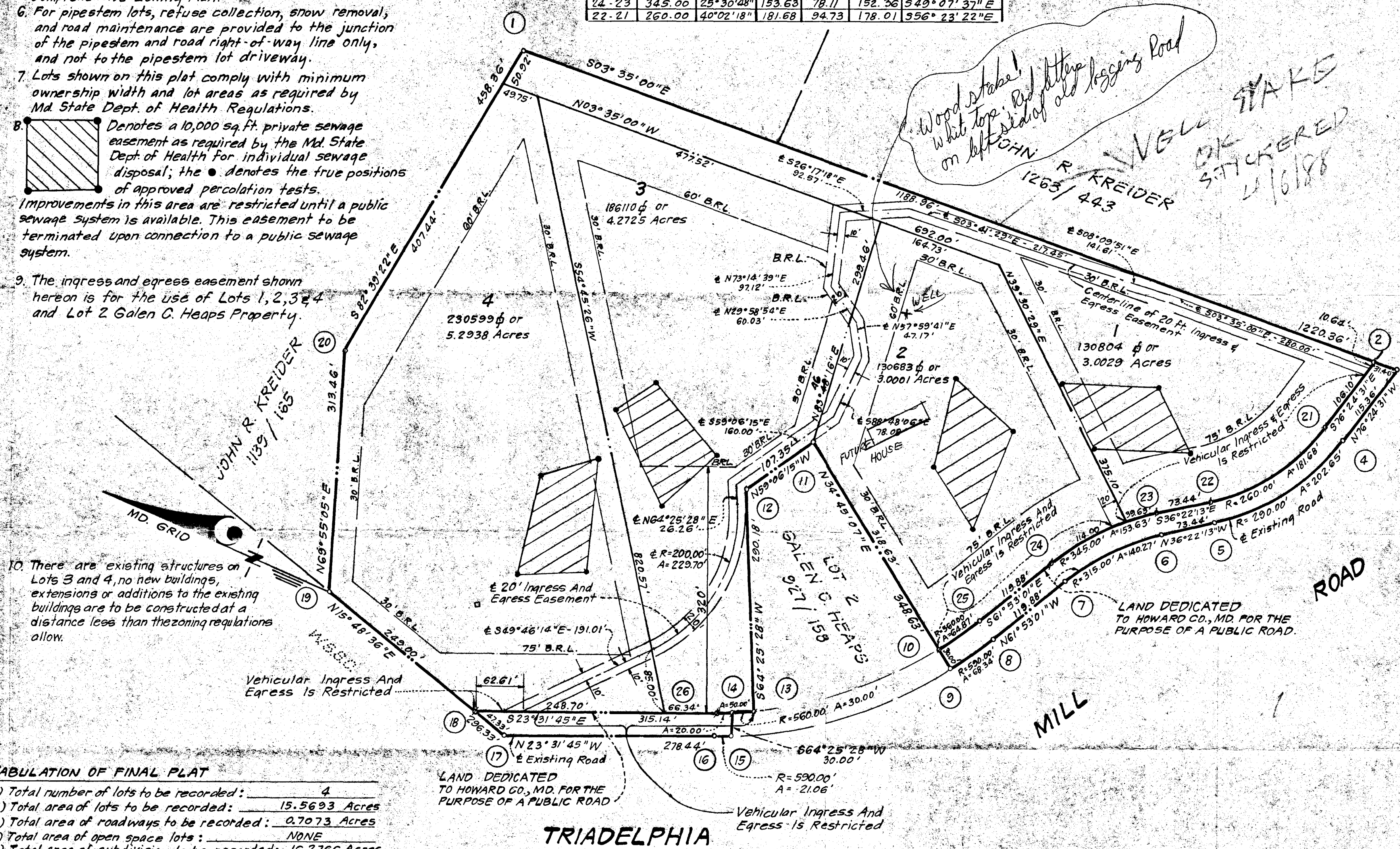
- NOTES:
1. 4"x4"x36" Concrete monuments shown thus: \square
 2. Iron pins shown thus: \circ
 3. Tax Map No. 27, Parcel No. 20
 4. All coordinates are based on the Maryland State Plane as projected by Howard Co. Monuments # 2833001-R & 2733001
 5. Subject property is zoned: R per 8-2-85 Comprehensive Zoning Plan.
 6. For pipestem lots, refuse collection, snow removal, and road maintenance are provided to the junction of the pipestem and road right-of-way line only, and not to the pipestem lot driveway.
 7. Lots shown on this plat comply with minimum ownership width and lot areas as required by Md. State Dept. of Health Regulations.
 8.  Denotes a 10,000 sq. ft. private sewage easement as required by the Md. State Dept. of Health for individual sewage disposal; the \bullet denotes the true positions of approved percolation tests. Improvements in this area are restricted until a public sewage system is available. This easement to be terminated upon connection to a public sewage system.
 9. The ingress and egress easement shown hereon is for the use of Lots 1, 2, 3 & 4 and Lot 2 Galen C. Heaps Property.
 10. There are existing structures on Lots 3 and 4, no new buildings, extensions or additions to the existing buildings are to be constructed at a distance less than the zoning regulations allow.

CURVE DATA						
NO.	RADIUS	Δ	ARC	TAN.	CHORD	BEARING
4-5	290.00	40°02'18"	202.65	105.66	198.56	N56°23'22"W
6-7	315.00	25°36'48"	140.27	71.32	139.11	N49°07'37"W
8-9	590.00	06°38'12"	68.34	34.21	68.31	N58°33'55"W
15-16	590.00	02°02'43"	21.06	10.53	21.06	N24°33'07"W
26-14	560.00	02°02'43"	20.00	10.00	19.99	S24°33'07"E
13-14	560.00	03°04'10"	30.00	15.01	30.00	N27°06'20"W
10-25	560.00	06°38'12"	64.87	32.47	64.84	S58°33'55"E
24-23	345.00	25°30'48"	153.63	78.11	152.36	S49°07'37"E
22-21	260.00	40°02'18"	181.68	94.73	178.01	S56°23'22"E



VICINITY MAP
SCALE: 1"=2000'

COORDINATE TABLE		
NO.	NORTH	EAST
1	509604.55	793046.47
2	508417.92	793120.78
3	508386.58	793122.74
4	508413.69	793010.61
5	508523.60	792845.25
6	508582.73	792801.70
7	508673.76	792696.52
8	508730.26	792590.78
9	508765.89	792532.50
10	508790.54	792549.60
11	509052.33	792731.23
12	509107.45	792639.12
13	508982.18	792377.37
14	509008.89	792363.70
15	508995.94	792336.63
16	509015.10	792327.88
17	509270.39	792216.73
18	509315.93	792229.63
19	509555.51	792297.46
20	509663.14	792591.87
21	508442.85	793017.36
22	508541.39	792869.41
23	508600.52	792825.86
24	508700.23	792710.66
25	508756.72	792604.92
26	509027.08	792355.39



TABULATION OF FINAL PLAT	
(1) Total number of lots to be recorded:	4
(2) Total area of lots to be recorded:	15.5693 Acres
(3) Total area of roadways to be recorded:	0.7073 Acres
(4) Total area of open space lots:	NONE
(5) Total area of subdivision to be recorded:	16.2766 Acres

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

James B. Berlin 12-30-86
COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

James L. Berlin 1-5-87
DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY OFFICE OF PUBLIC WORKS

James L. Berlin 1-5-87
DIRECTOR DATE

OWNER'S DEDICATION

I, Margaret Anne Bruffey, owner of the property shown and described hereon, hereby adopt this plan of subdivision and in consideration of the approval of this final plat by the Office of Planning & Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns: (1) the right to lay, construct and maintain sewers, storm drains, water pipes and other municipal utilities and services in and under all roads and street right-of-ways and the specific easements shown hereon (2) the right to require dedication for public use the beds of the streets and/or roads and flood plains and open space where applicable and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and flood plains, storm drain facilities and open space where applicable, (3) the right to require dedication of waterways and drainage easements for the specific purpose of their construction, repair and maintenance, and (4) that no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

Witness our Hands this 4th day of June, 1986.

Kathleen M. Mahon Witness
Margaret Anne Bruffey Margaret Anne Bruffey

SURVEYOR'S CERTIFICATE

I hereby certify that the final plan shown hereon is correct; that it is a subdivision of all of the land conveyed to Margaret Anne Bruffey from Robert C. Bruffey and Margaret Anne Bruffey, by a deed dated September 5, 1985 and recorded among the Land Records of Howard County, Maryland in Liber 1381 at Folio 66; and that all monuments are in place, or will be in place, prior to the acceptance of the streets in the subdivision by Howard County, as shown in accordance with the Annotated Code of Maryland, as amended.

June 4, 1986
Date

Donald B. Sackett
Registered Land Surveyor
Md. No. 6059

RECORDED AS PLAT 7052
ON 1/06/87, AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

BRUFFEY SUBDIVISION
LOTS 1 THRU 4

TAX MAP No. 27 PARCEL No. 20
SHEET 1 OF 1

5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
SCALE: 1"=100' JUNE 4th 1986

CLARK, FINEFROCK & SACKETT INC.
ENGINEERS-PLANNERS-SURVEYORS
11315 LOCKWOOD DRIVE
SILVER SPRING, MARYLAND 20904

Elev at time of perc 468'
 Exist elev at trench 468'
 Elev of sewer at house 466'
 Elev at tank inv. 464.58'
 Elev at tank exist. 464.25'
 Elev at trench inv. 463'

I certify that all elev. are actual
 and correct for this property.

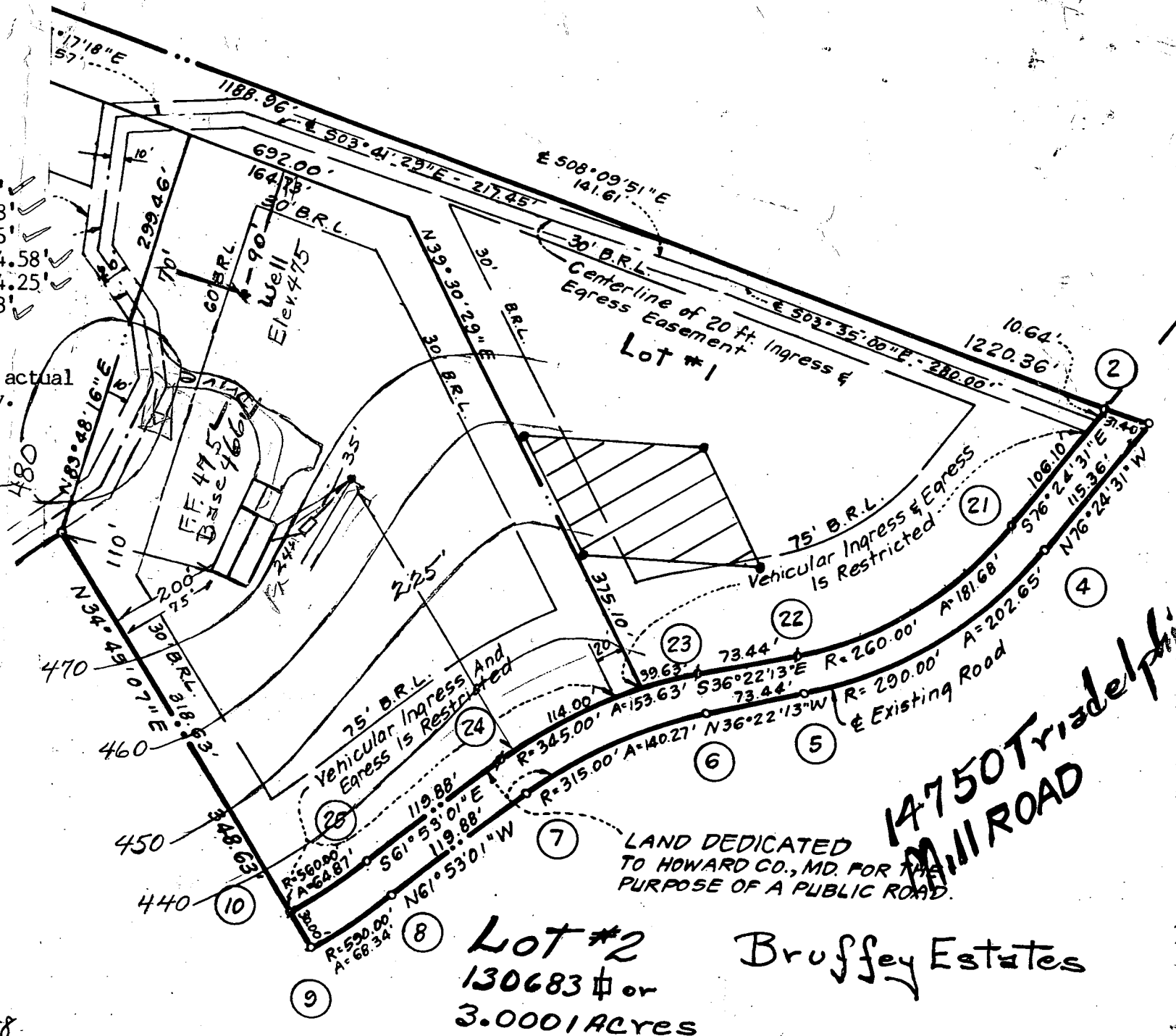
Donald E. Souder
 Donald E. Souder

Mr. & Mrs. Jack C. Wallace
 11901 Basswood Drive
 Laurel, Md. 20708

Lot # 2
 Bruffey Estates
 14750 Triadelphia Mill Rd.
 Dayton, Md. 21036

4/28/88
 M. W. Anderson
 S.A.

BLDG. PERMIT SIGNED
 AND RETURNED 4-28-88
 BP18117
 SA



Lot #2
 130683 ± or
 3.0001 Acres

Bruffey Estates

14750 Triadelphia
 MILL ROAD

B 1	4932	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2663</div> <small>fill in this form completely</small>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">031088</div>		B 3 LOCATION OF WELL		
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">WALLACE JACK</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>		
15 Last Name Owner First Name 34 <div style="border: 1px solid black; padding: 2px; display: inline-block;">11901 BASSWOOD DR.</div>		23 SUBDIVISION 42 <div style="border: 1px solid black; padding: 2px; display: inline-block;">BRUKKEY</div>		
36 Street or RFD 55 <div style="border: 1px solid black; padding: 2px; display: inline-block;">LAUREL</div>		SECTION 44 46 LOT 48 50 <div style="border: 1px solid black; padding: 2px; display: inline-block;">DAYTON</div>		
57 Town 70 State 72 Zip 76 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD 20708</div>		52 NEAREST TOWN 71 <div style="border: 1px solid black; padding: 2px; display: inline-block;">DAYTON</div>		
DRILLER INFORMATION Driller's Name 77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Mayne</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">273</div>				
Firm Name Address Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Mayne Well Drilling</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9120 Brown Church Rd. Mt Airy</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Mayne</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2/28/88</div>				
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>				
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL 24 28 FEET <div style="border: 1px solid black; padding: 2px; display: inline-block;">150</div>				
APPROXIMATE DIAMETER OF WELL INCH. <div style="border: 1px solid black; padding: 2px; display: inline-block;">6"</div>				
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVerse-ROTary DRive-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2663</div>				
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT NO. 70 71 72 73 74 75 76 77 78 79 <div style="border: 1px solid black; padding: 2px; display: inline-block;">CW</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2663</div>				
SPECIAL CONDITIONS W-595-6580 <div style="border: 1px solid black; padding: 2px; display: inline-block;">H-776-3720</div>				
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 				
NEAR WHAT ROAD 30 <div style="border: 1px solid black; padding: 2px; display: inline-block;">TRINITY HILL ROAD</div>				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 32 EAST <input type="checkbox"/> WEST <input checked="" type="checkbox"/> SOUTH				
DISTANCE FROM ROAD 34 37 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000</div>				
ENTER FT or MI 38 39 <div style="border: 1px solid black; padding: 2px; display: inline-block;">F</div>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A36613</div>				
STATE SIGNATURE INSERT S 41 <div style="border: 1px solid black; padding: 2px; display: inline-block;">C. W. Wall</div>				
DATE ISSUED CO SIGNATURE EXP. DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">041188</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C. W. Wall</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10/1/88</div>				
NORTH GRID 50 55 EAST GRID 57 63 <div style="border: 1px solid black; padding: 2px; display: inline-block;">508000</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0792000</div>				
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="border: 1px solid black; padding: 2px; display: inline-block;">790</div> 2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> 8 000 000				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 				

C177451236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(OEP USE ONLY)

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
NUMBERA 36613

DATE Received
813

DATE WELL COMPLETED
041888
1520

Depth of Well
2216526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-81-2663
28293031323334353637

OWNER
last namefirst nameT. ADOLPH A. JACKTOWNDayton MD.
SUBDIVISIONBRUFFY PROPERTYSECTIONLOT2

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	
Sandy	2	20	✓
Sand Stone	20	75	
MICKA	75	85	
Sand Stone	85	90	✓
MICKA	90	165	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS18NO. OF POUNDS1800
GALLONS OF WATER108
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to50ft.
48525458

CASING RECORD
casing
types
insert
appropriate
code
below
STEELSTCONCRETE
PLASTICPLOTHER
MAIN Casing TYPE
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)
PL685
606163646670

OTHER CASING (if used)
diameter
inch
depth (feet)
fromto
EACH CASING

screen type
or open hole
insert
appropriate
code
below
STEELSTBRASSBRONZE
PLASTICPLOTHER
SCREEN RECORD

DEPTH (nearest ft.)
14083145
EACH SCREEN
18911151721
232426303236
383941454751
SLOT SIZE 123
DIAMETER
OF SCREEN (NEAREST
INCH)
5660
fromto

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.) WQ
7072747576
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3
PUMPING TEST
HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YESNO
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)
+above
-below
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)
PROP. LINE
80'
140'
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. 273
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C1 8419 SEQUENCE NO. (DENV USE ONLY)
1 2 3 4 5 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A-36613

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

041888

22 165 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
H0-81-2663

OWNER WALLACE JACK
STREET OR RFD last name Trinchella Mill Rd. first name TOWN Dayton MD
SUBDIVISION BUEFFY Prop. SECTION LOT 2

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	
Sandy	2	70	✓
Sand Stone	70	75	
MICKA	75	85	
Sand Stone	85	90	
MICKA	90	165	

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108 1692

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 85

OTHER CASING (if used)
diameter inch depth (feet) from to

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

C2
DEPTH (nearest ft.)
1 40 83 165
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

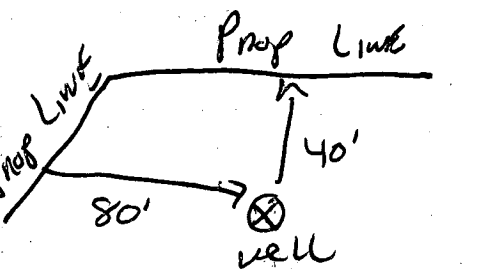
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 65
WHEN PUMPING 93
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)
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)



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. 273
Nash Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

ORIGINAL Howard County

4-3-89 JEN

Maryland Well Permit No. *H0-81-2663*

Owner or Applicant JACK WALLACE

Location of Property (road) off TRIOCEPHIA RD.

Subdivision Bu FKEY Prop

Lot 2 Block — Plat — Sec. —

Depth of Well 165' Height of Measuring Point Above Ground 2 ft

Static Water Level Below Measuring Point 65'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill I gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
	93 Ft	9 Sec		7 GPM
	93 Ft	9 Sec		7 GPM
	93 "	9 "		7 "
	93 "	9 "		7 "
	93 Ft	9 Sec		7 GPM
	93 Ft	9 Sec		7 GPM
	93 "	9 "		7 "
	93 "	9 "		7 "
	93 Ft	9 Sec		7 GPM
	93 Ft	9 Sec		7 GPM
	93 "	9 "		7 "
	93 Ft	9 Sec		7 GPM
	93 Ft	9 Sec		7 GPM

3/31/89
2nd Copy
No test know pumping time

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

Signature of Well Driller

C1 8419 <small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DENY USE ONLY)	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 A-36613
DATE Received <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center;"> </div>	DATE WELL COMPLETED 0411888	Depth of Well 22 165 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-2663

OWNER	WALLACE JACK		
STREET OR RFD	last name	first name	TOWN
SUBDIVISION	SECTION	LOT 2	

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	
Sandy	2 20	✓
Sand Stone	20 25	
MICKA	25 85	
Sand Stone	85 90	✓
MICKA	90 165	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES <input checked="" type="checkbox"/> Y	NO <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS	NO. OF POUNDS
18	1800
GALLONS OF WATER	
108	
DEPTH OF GROUT SEAL (to nearest foot)	
from	to
0	504
48 TOP	54 BOTTOM 58

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch) <input checked="" type="checkbox"/> PL <input type="checkbox"/> L <input type="checkbox"/> 63 <input type="checkbox"/> 64 Total depth of main casing (nearest foot) <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70

OTHER CASING (if used)	
EACH CASING	diameter inch depth (feet) from to

SCREEN RECORD	
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> OT OTHER

C2	
1 2	DEPTH (nearest ft.)
1	83 145
2	
3	
4	
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100	

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.	273
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	WQ
70	74 75 76
72	OTHER DATA
TELESCOPE CASING	LOG INDICATOR

C3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	3
PUMPING RATE (gal. per min. to nearest gal.)	7
METHOD USED TO MEASURE PUMPING RATE	Bucket
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	65
WHEN PUMPING	93
TYPE OF PUMP USED (for test)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible
T turbine	O other (describe below)

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 (nearest foot)	2

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)	

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

New Installation ☒
Replacement ☐

Receipt # 42780
Date 10-3-88

Name of Installer Kastner Pkg Htg.

Telephone 725-5000

License number 1862

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Jack Wallace Telephone 776-3720

Subdivision Bruffe Estates Lot # 2 Well tag # HO-81-2663

Site Address 14750 Triadelphia Mill Rd
Dayton, MD 21036

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒

2. Make Goulds

3. Model # 5R5054H2

4. Capacity 5 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 ☐

Pitless Adapter

1. Make ☐
2. Model # ☐
3. Depth ☐

Tank

1. Capacity 42 gal.
2. Pressure relief valve? Yes

Piping

1. Type #160 LB.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3 ft.

Well data

1. Depth ☐ ft.
2. Yield ☐ GPM
3. Static water level ☐ ft.
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: [Signature]

Date: 10/3/88

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

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

17081 2663
Ralph Mayne

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer KASTNER

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber KASTNER

Name of Property Owner W WALLACE

Telephone _____

Subdivision Bruffy Estates Lot # 2 Well Tag # HC-21-2663

Site Address 14750 TRIA. MILL ROAD, DAYTON, MD. RALPH MAYNE

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
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? _____

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.

50 G 88 OK TO COVER OUTSIDE WORK
HD-215 PRESSURE TANK NOT INSTALLED RH