

11/18/99
10-11
2/3/00 (PUMP)
10-116 (TEST)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513109

A 32467

DISTRICT _____

DATE 11/8/99

DATE SYSTEM APPROVED 2/3/00

INSPECTOR BB

INDEXED

04-332047

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~410-313-2640~~ 410-313-2640

D & W Excavators Contractors Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3033 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION Middle Trail LOT 9B ROAD 16505 Old Frederick Road

PROPERTY OWNER John L. & Carla P. Stocksdale

ADDRESS _____
TOP SEAMED TANK **PUMPED SEPTIC SYSTEM PROPOSED**

SEPTIC TANK CAPACITY 1000 GALLONS

INSTALL: 1-1000 Gallon Top-Seamed Pump Chamber

NUMBER OF BEDROOMS 3

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 80 feet from the (114') front lot line and 100 feet from the (321') left lot line as seen when facing property from end of pipestem access. Run trenches along contour initially toward the rear lot line, then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/29/99 OK AC

PLANS APPROVED BY C. Williams/AmY McMillen

DATE : 7/21/1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

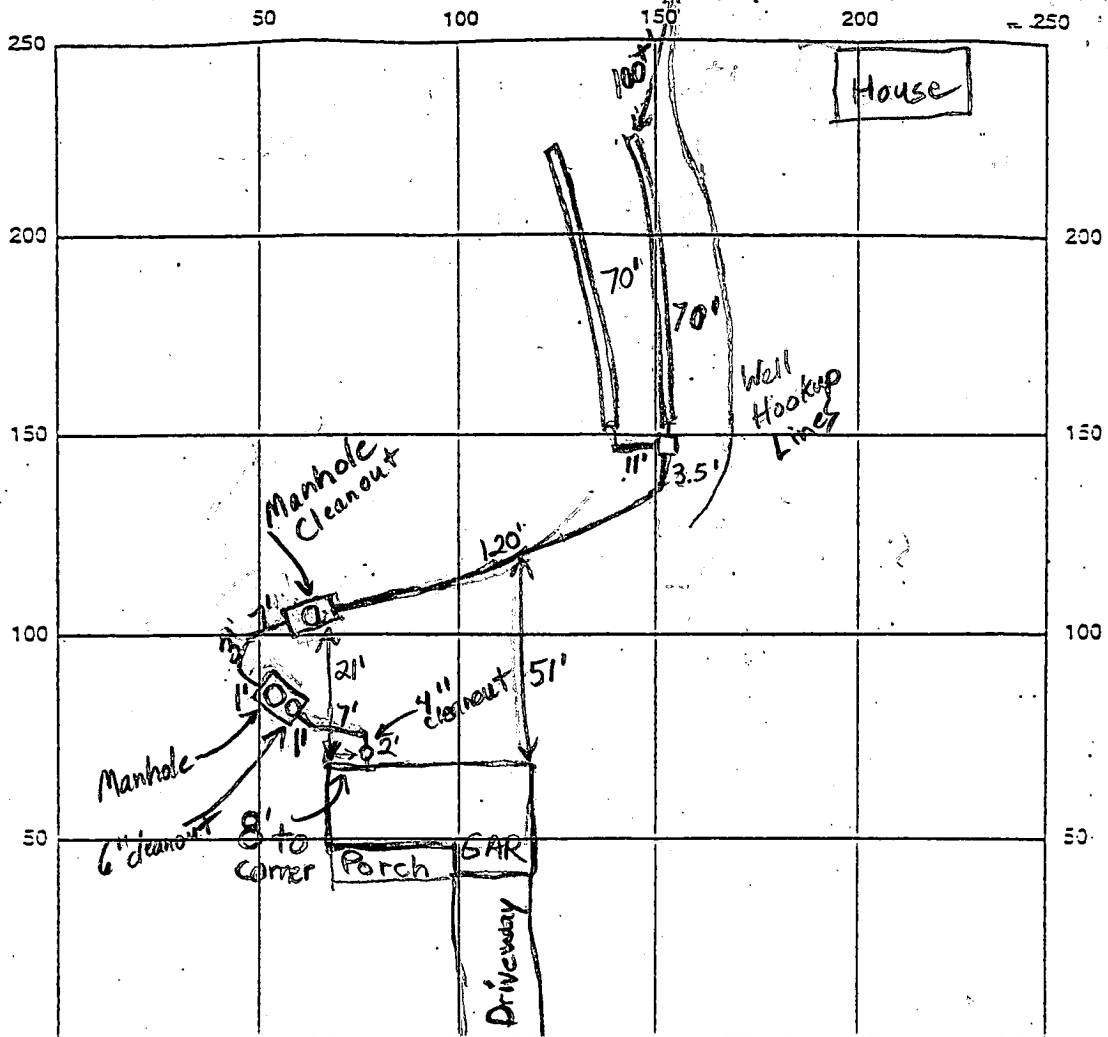
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

32467

Ho-94-0910



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Top Seamed 1-1500 tank, 1-1000 pump CLEANOUTS 1-4" line, 1-6" tank, 1-manhole tank,
 DISTRIBUTION BOX LEVEL O.K. 1-manhole pump chamber
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2x70 FT. (140' total)
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 560 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 11/10/99 House connection made. O.K. to cover everything. Final approval pending until pump performance and alarm tests. (BB)
2/3/00 Pump and Alarm O.K. (BB)

DATE SYSTEM APPROVED 2/3/00 INSPECTOR B. Baber

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 32407

P _____

DISTRICT 4th

DATE 2/7/83

Prep
8/22/83
9:30 A.M.

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 Howard Associates John & Carla Stockdale

ADDRESS 10194 Baltimore National Pike, Ellicott City, Md PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Middle Trail LOT NO. 9B

ROAD AND DESCRIPTION Old Frederick Road

16505 Old Frederick Road

APPROV. PERMIT SIGNATURE
AND RETURNED 2-21-83
Serial # B10119076
SFD - 3 Bedroom

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Don Reuwer for Howard Associates
(SIGNATURE OF APPLICANT)

APPROVED BY Craig Williams FOR TRENCHES DATE 1-10-84

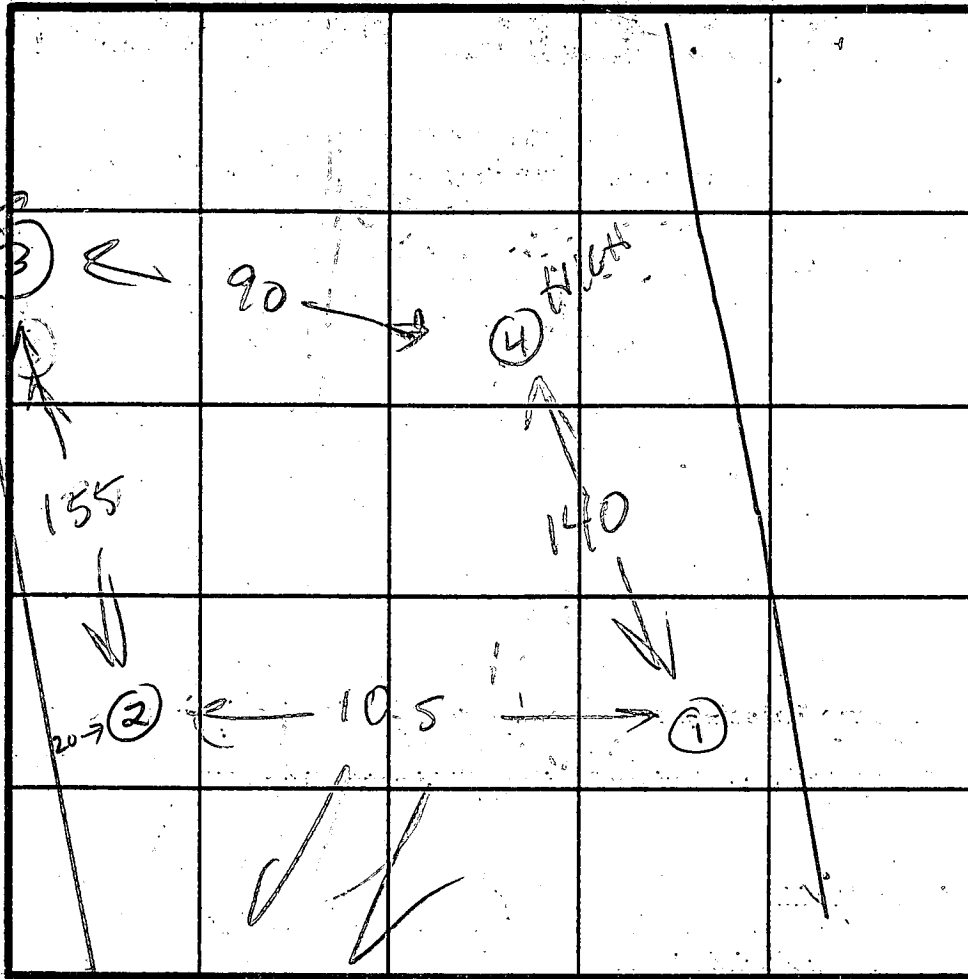
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Craig Williams DATE 8-29-83

REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS.

THIS IS NOT A PERMIT

Route 20



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-29-83	1	8 SANDS 13	HOLE 3 ON 90				2 MIN
	2	3 8 13	11:45 11:45	11:47 11:47	11:49 11:49	11:51 11:51	2 MIN 2 MIN
	3	3 8 12	11:59 11:59	12:01 12:01	12:01 12:01	12:03 12:03	2 MIN 2 MIN
	4	3 8 13	12:20 12:20	12:22 12:22	12:22 12:22	12:24 12:24	2 MIN 2 MIN

REMARKS

TYPE OF SOIL

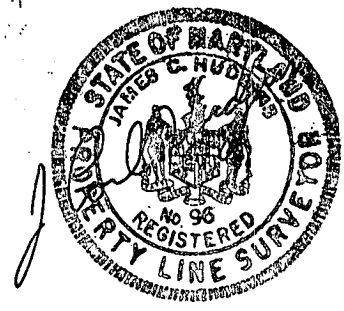
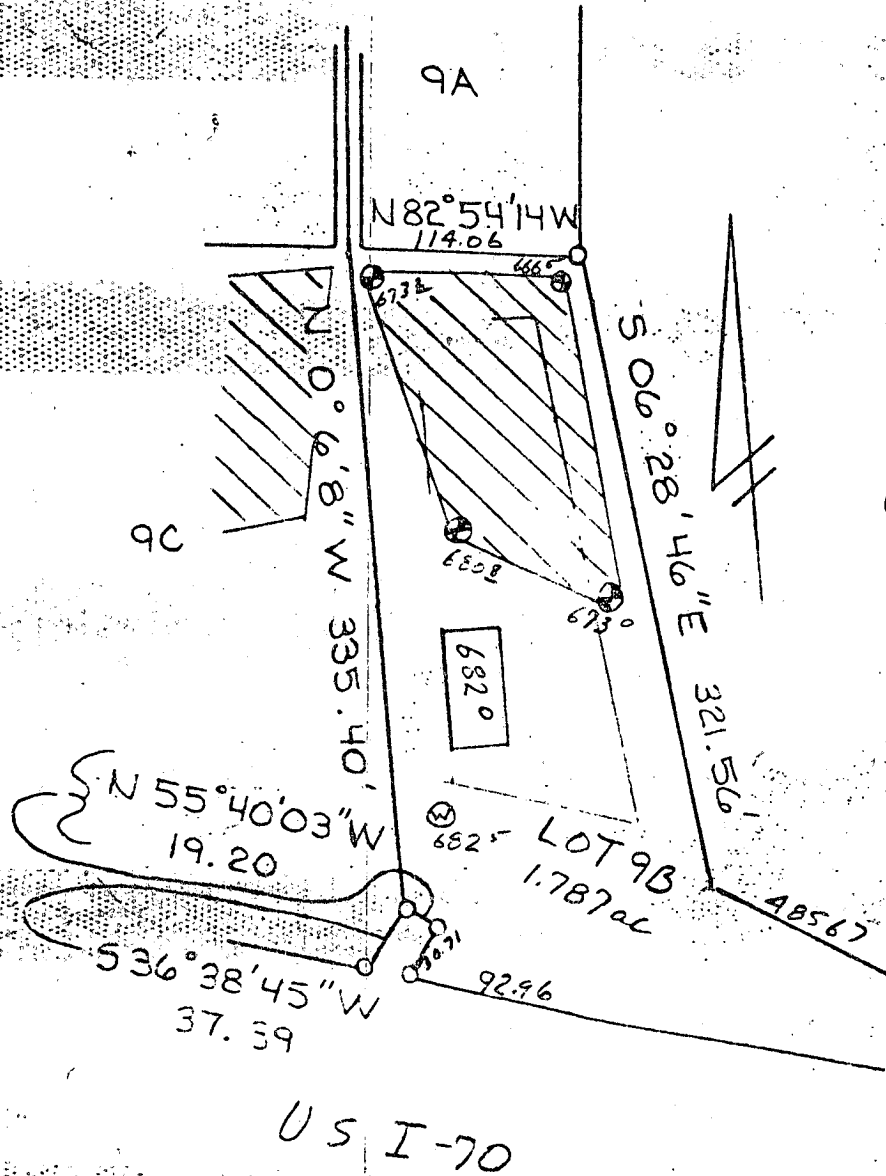
MICA SAND THRU-OUT


TESTED BY

C. William

ALSO PRESENT

OBO KETTERMAN
KARL ANDERSON



 This area designates a private sewage easement of 0,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall 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 "⊙".

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.

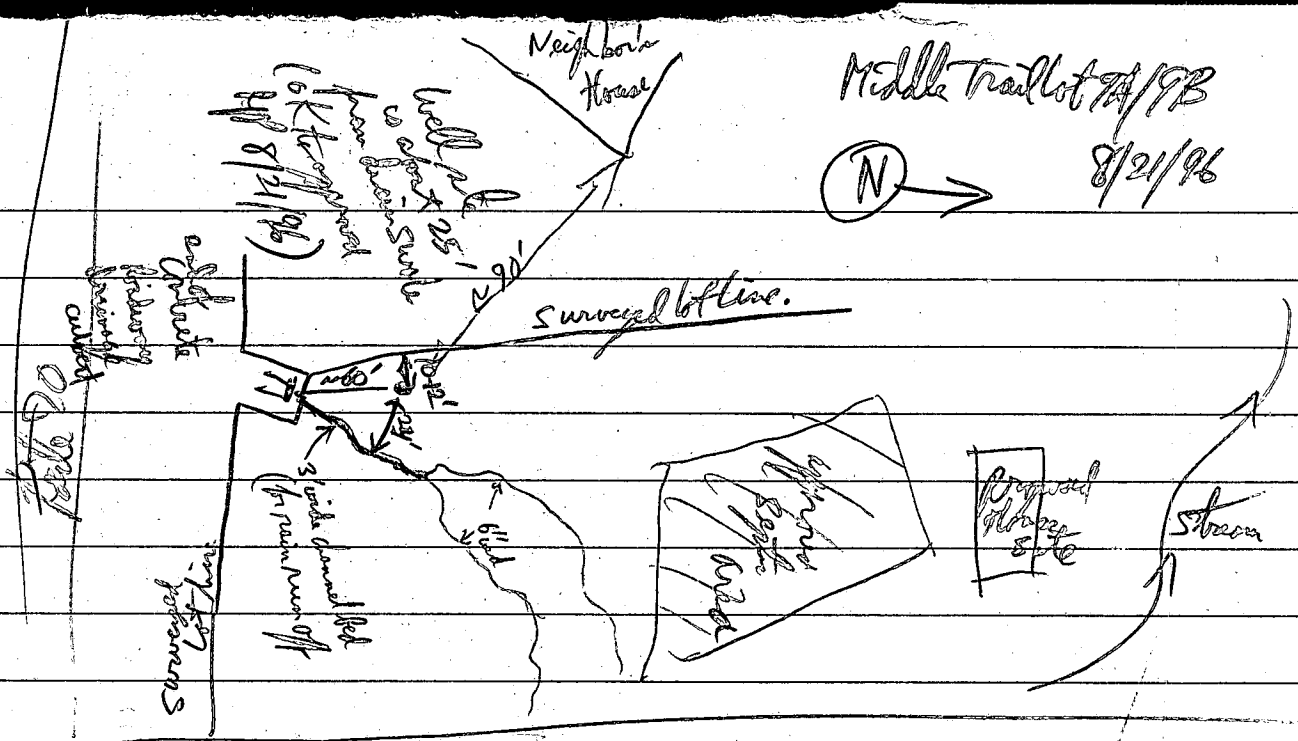
Percolation areas and water wells for adjoining lots have been shown where pertinent.

DESIGNED: For Private Water and Private Sewage Systems

James C. Hudson
 County Health Officer, U.S.
 1-25-84
 Date

PERCOLATION TEST PLAT
 LOT 9B
 MIDDLE TRAIL LISBON
 Property of
 Howard Associates
 4th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 9-26-83

NTI Associates
 101 Sterrett Place
 Columbia, MD 21044
 321-0307



Remind - well to stay 25' from drainage stream bed

10/26/96 Pump Test, GROUT WELL APPEARS
TO BE DRILLED AS APPROVED - JH

2/20/96
1130

APPLICATION

change in well intake or
100' AS to septic is maintained R/W 2/20/96
block under site
wells on lot 0

410-288-2932
Gary McNamee

PERCOLATION TESTING

A 56442
P _____

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

9A/9B ARE OWNED
IN COMBINATION

DISTRICT _____
DATE 2/12/94

PROPOSAL IS TO
MOVE SEPTIC DOWNHILL

PARTIALLY ONTO 9A TO 100' TO STREAM
TO ACCOMMODATE PREFERRED HOUSE SITE. (CW)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER "WILL CALL" New owner as of 8/14/96 Gary McNamee (410-288-2932)

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER John Larry Stockdale

ADDRESS 1674 Kirkwood PHONE 298-6010

PROPERTY LOCATION:

SUBDIVISION Middle trail Union LOT NO. 9A 9B

ROAD AND DESCRIPTION Old Fredrick Rd TO Past White Church
go to end of road lot in front of you

TAX MAP _____ PARCEL # 9A

SIZE OF LOT 9A - 1.04 9B - 1.78 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. John Stockdale
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

SOIL PROFILE

0'

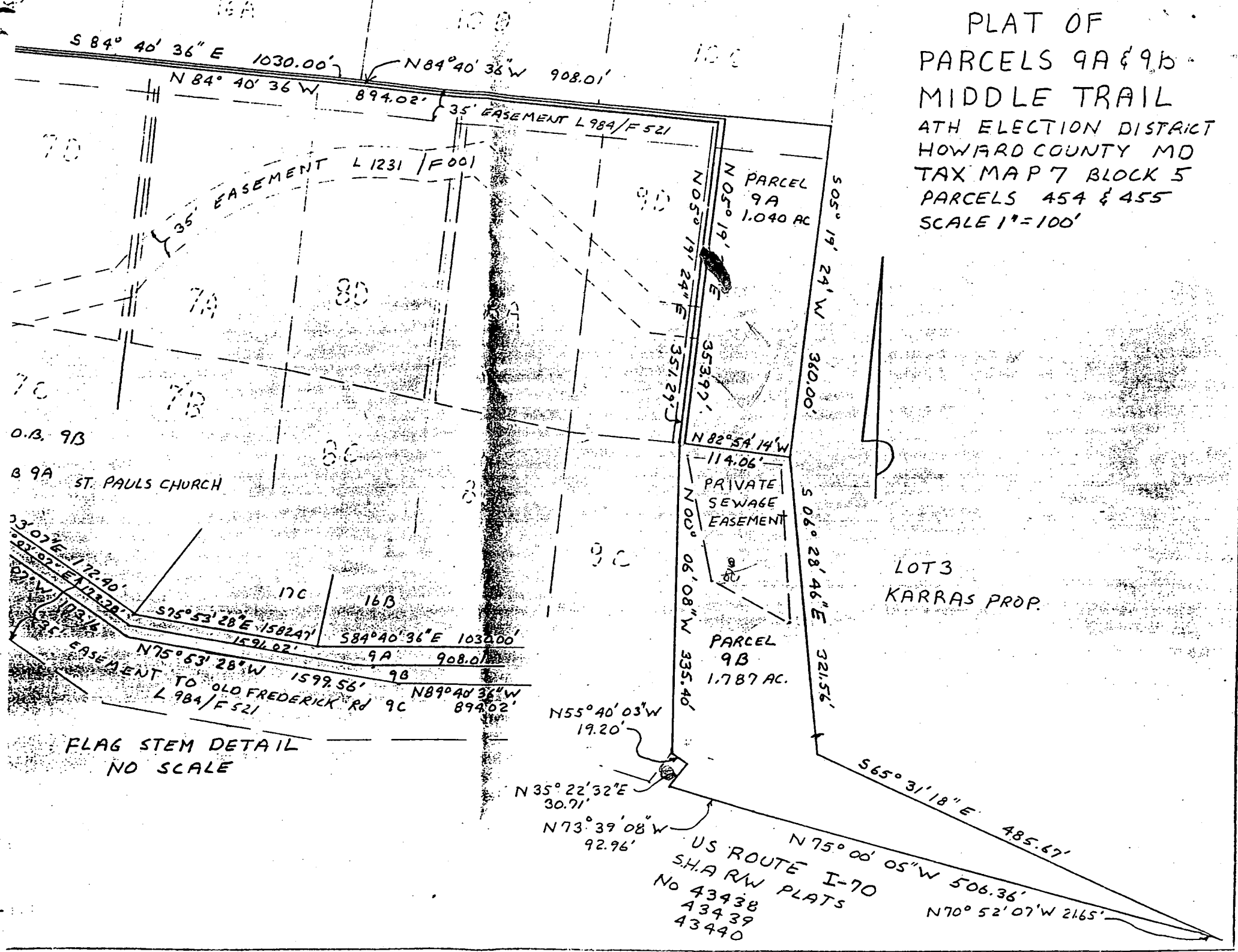
Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS No Tests Performed - owner elected to retain original Septic
 TYPE OF SOIL Area after Consultation with Mr Ketterman - RD 3/20/96
 TESTED BY (probably due to low lying - nearness to stream site) ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

PLAT OF
 PARCELS 9A & 9B
 MIDDLE TRAIL
 4TH ELECTION DISTRICT
 HOWARD COUNTY MD
 TAX MAP 7 BLOCK 5
 PARCELS 454 & 455
 SCALE 1"=100'



FLAG STEM DETAIL
 NO SCALE

PARCEL 16A

PARCEL 10D

PARCEL 10C

9A
1.258 AC

8D
1.761 AC

8A
1.258 AC

9A
1.09 AC

9D
1.003 AC

MIN. FF
6LUG

BC
1.258 AC

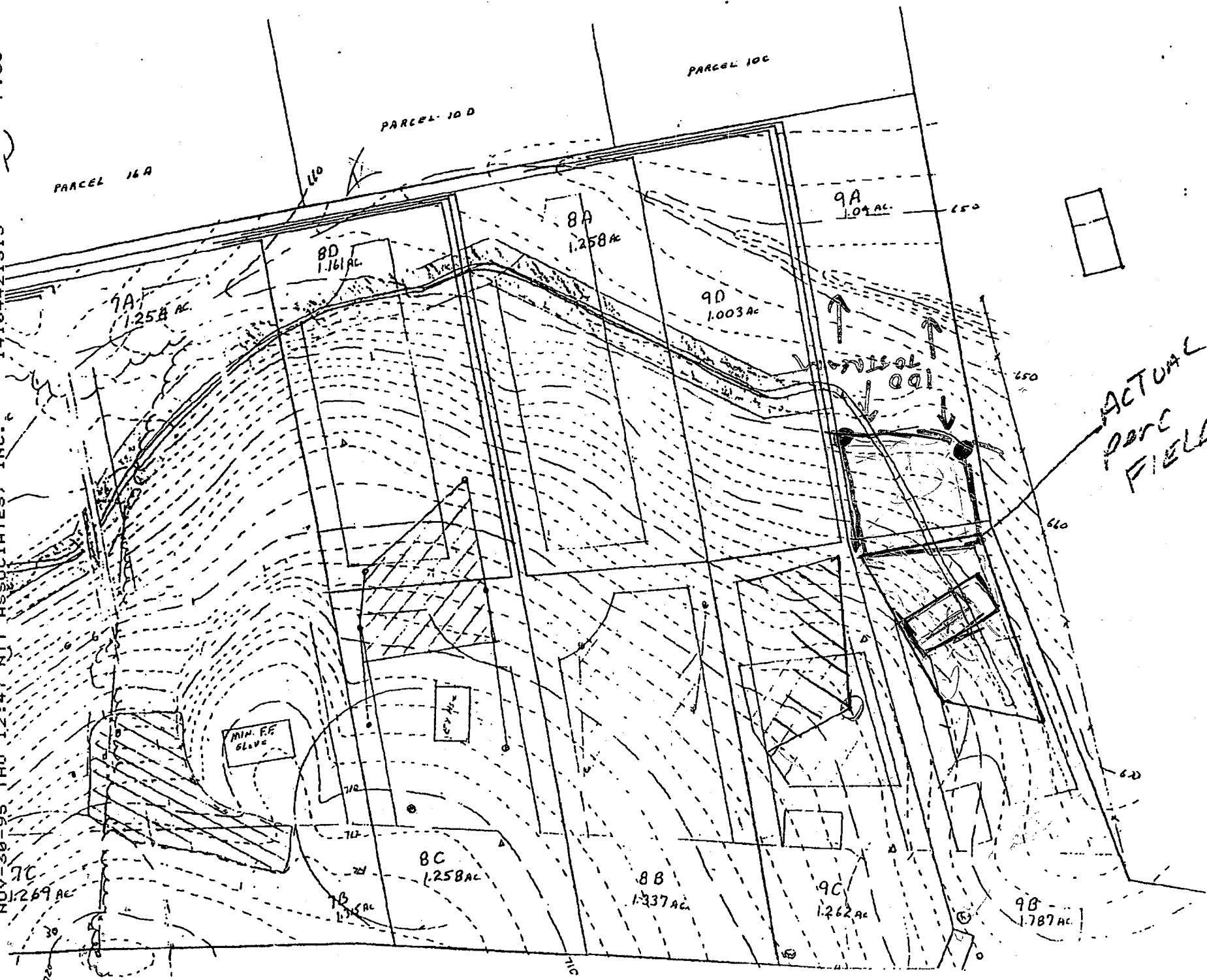
8B
1.337 AC

9C
1.262 AC

9B
1.787 AC

ACTUAL
perc
FIELD

Vertical
0.91



C-1 7808

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 56442

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

102896

400

H0-94-0910

OWNER Mc Namara Gary STREET OR RFD Old Frederick TOWN Middle Trails SECTION LOT 9A+B combined

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS, AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top soil, red clay, brown shale, brown slate, gray slate, brown slate, green slate, gray slate, brown slate, gray slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 29 NO. OF POUNDS 1900

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 163 ft. TYPE OF PUMP USED (for test) S submersible

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 66

OTHER CASING (if used)

SCREEN RECORD screen type or open hole ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.) 140 64 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

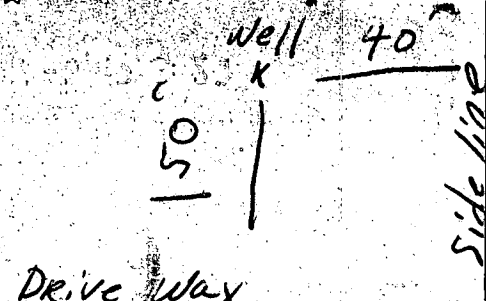
TYPE MWD/MSD/MGD DRILLERS LIC. NO. 040 George F. Eustead

DRILLERS SIGNATURE Charles R. Feller LIC. NO. MWD 501 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

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

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)



10/28/96
 9:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0910
 Location of property (road) Old Frederick Rd
 Subdivision Middle Trails Lot 9A+B Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Gary McManis

Depth of well 460 2 GPM
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15
 Total time 30 min to reach pumping water level 163 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	163'	25 sec		2
9:15	163	25	Pump 370'	2
9:30	163	25	AE	2
9:45	163	25		2
10:00	163	25		2
10:15	163	25		2
10:30	163	25		2
10:45	163	25		2
11:00	163	25		2
11:15	163	25		2
11:30	163	25		2
11:45	163	25		2
12:00	163	25		2
12:15	163	25		2
12:30	163	25		2
12:45	163	25		2
1:00	163	25		2
1:15	163	25		2
1:30	163	25		2
1:45	163	25		2
2:00	163	25		2
2:15	163	25		2
2:30	163	25		2
2:45	163	25		2

B 1 **00676** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-99-0910**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **08/07/96** **OWNER INFORMATION**
MCNamara, Gary
 15 Last Name Owner First Name
20 Franklin Tree Ct
 36 Street or RFD 55
Baltimore MD 21248
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard
 8 COUNTY 21
MIDDLETRAILS
 23 SUBDIVISION 42
 SECTION LOT **9A/B**
 44 46 48 50
Lisbon
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1 MI**
 73 76 77 78

DRILLER INFORMATION
George Easterday 77 License No. **90**
 Driver's Name
L. Franklin Easterday INC
 Firm Name
365 Brown Church Rd Md 21277
 Address
George F. Easterday **8-6-96**
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

OH Frederick Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **150**
 134 37 ENTER FT or MI **FT**
 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 5 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A 56442**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED **082296** **8/22/92**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **551000** EAST GRID **0775000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTary **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVERSE-ROTary** **DRIVE-POINT**
 other _____

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

 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

 142 ft
 Old Frederick Rd
 well
 Lisbon

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0910**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Maintain a minimum 25' distance from stream bed**

To Brian
410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer CARROLL Water Systems Telephone _____

License Number PE 074 Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner LARRY STOCKDALE Telephone _____

Subdivision _____ Lot # _____ Well Tag # -94-0910

Site Address 11505 Hill Road Ellicott City, MD

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

2. Make Grundfos

3. Model # 55B01422

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 3450

3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter

1. Make Carrroll

2. Model # 13-10

3. Depth _____

Tank

1. Capacity 82

2. Pressure relief valve? Yes

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved Yes

4. Depth of supply line 4'

Well data

1. Depth 400 ft.

2. Yield _____ GPM

3. Static water level _____ 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: _____

Date: 11/10/99

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

