

8/19/87  
2PM - 3PM

8/20/87  
AM

04-344782

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED  
I. C. O. P.  
{ Time expired }

P 3955

A 31253

DISTRICT 4th

DATE 8/13/87

DATE SYSTEM APPROVED 8-20-87

INSPECTOR SEN

Fogle's Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 659, Woodbine, Maryland 21771 PHONE 795-5674

SUBDIVISION Patapsco Overlook II ROAD 643 Weller Drive LOT 19

PROPERTY OWNER Edward Grim

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 179 ft trench

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 170 sq. ft. per bedroom. 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 first trench 400 feet from the front (140') lot line and 85 feet from the right (120') lot line as seen when facing the property from Weller Drive. Run trenches along contour toward back of property.

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

BLDG. PERMIT SIGNED

AND RETURNED 2-24-98

Sent to Broom to go garage

PLANS APPROVED BY C. Williams DATE 12/29/86

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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

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

PERMIT VOID AFTER TWO YEARS.

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

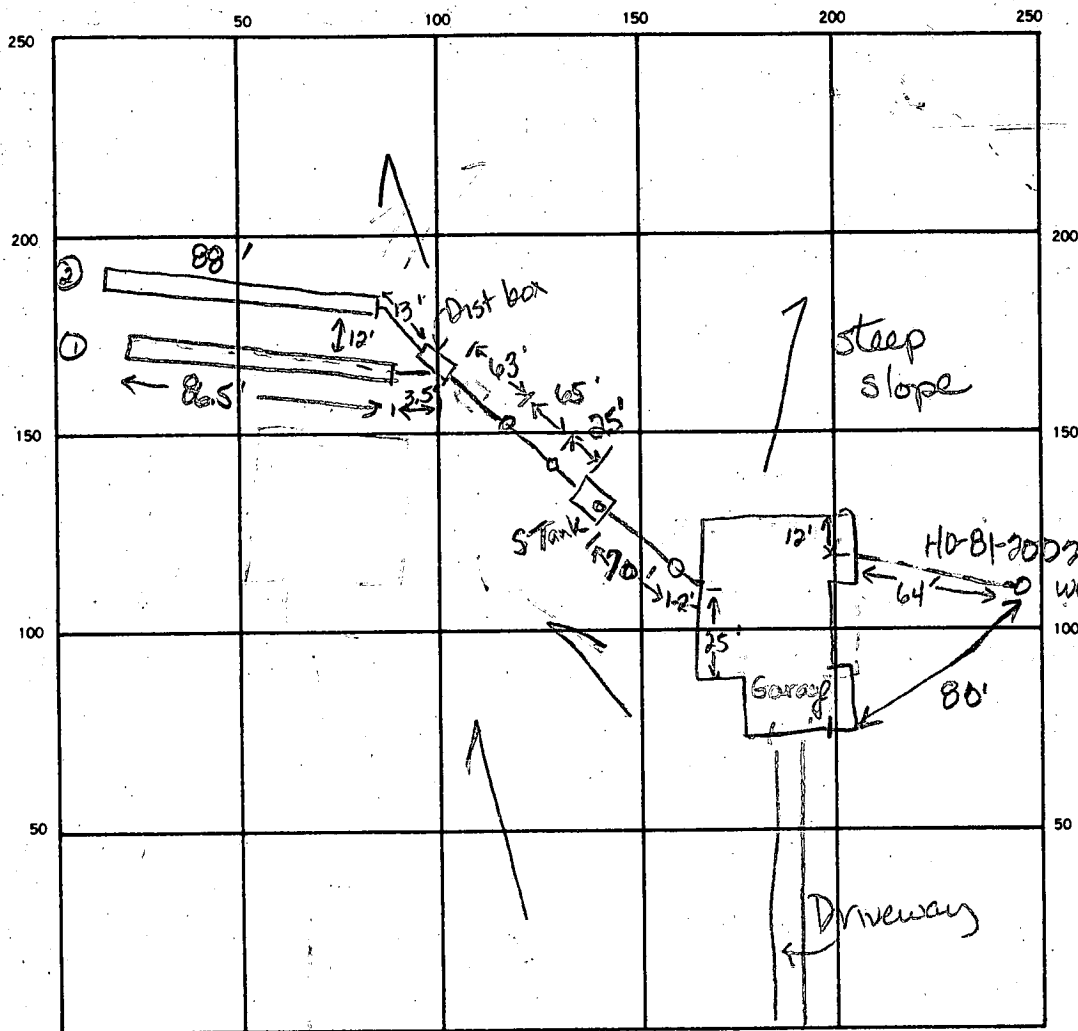
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A 31253



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Weller Drive

SEPTIC TANK LEVEL 1250 gsf ✓ CLEANOUTS 1 in line from house, 1 @ ST, 2 in line to DB

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 7 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 3 FT.

EFFECTIVE GRAVEL DEPTH 4 4 FT. TOTAL LENGTH 86.5 88 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 316 352 SQ. FT.

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

ABSORBENT AREA 698 SQ. FT.

REMARKS 8-19-87 continue to excavate trenches. JEN. 8-19-87 OK to add stone, pipe & paper to both trenches. Cover all work to distribution box. Call for final JEN. 8-20-87 OK to cover all work. JEN

DATE SYSTEM APPROVED 8-20-87 INSPECTOR Gene E. Nadeau

# 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 31253  
P \_\_\_\_\_

DISTRICT 4th

DATE 3/24/81

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 Georgia Avenue Properties, Inc. Edward GRIM

Jack Boender

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE 465-7777

PROPERTY LOCATION:

SUBDIVISION Georgia Avenue LOT NO. 19

ROAD AND DESCRIPTION Route 94 and Old Frederick Road 643 Weller DR.

SIZE OF LOT 3 acres m/1 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/ Jack Boender for E. Brooke Lee, III

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 5-13-82

BP11774

SAH

# THIS IS NOT A PERMIT

6601

① ③  
SOIL PROFILE

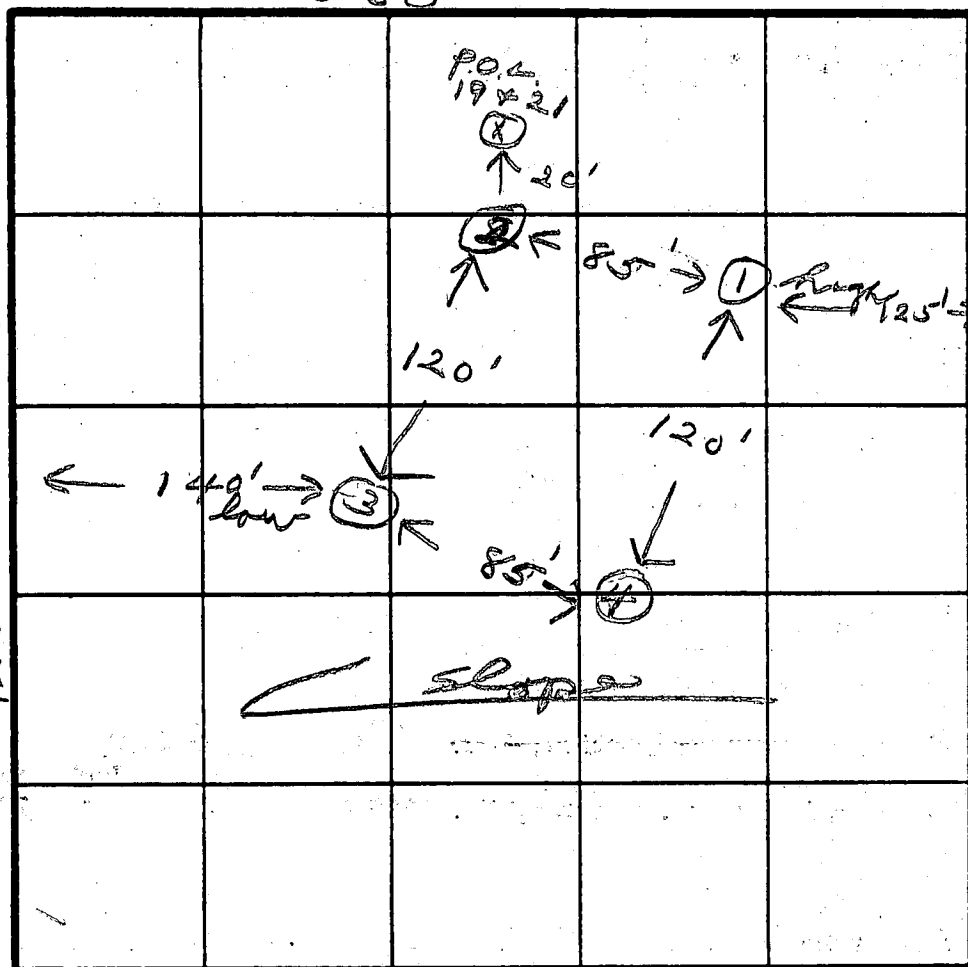
### SOIL PROFILE

A hand-drawn stratigraphic column within a rectangular border. It consists of three horizontal layers. The top layer is labeled 'clay' and has '3'' written below it. The middle layer is labeled 'sandy loam' and has '14'' written below it. The bottom layer is blank and has '14'' written below it.

② ④

clay  
3'  
loam  
8'

225



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

3BR house

170  $\phi$  / BR

INLET 3'

Bottom 7'

Specs given to owner

[illegible]

min  
2-64 LF  
OF PROCH

EH-12-1079

OK

REMARKS

TYPE OF SOIL

TESTED BY

**ALSO PRESENT**

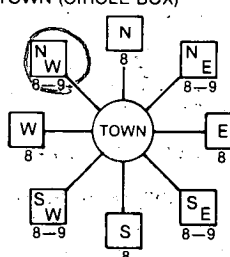
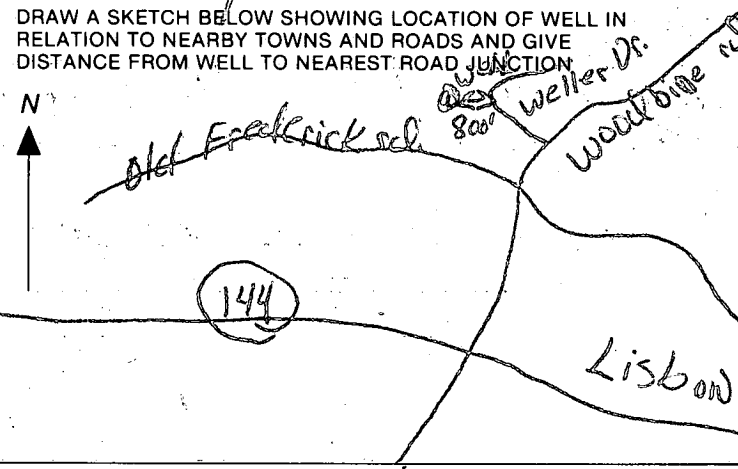
[illegible]

elimino ok  
8/8/12

BP 11774  
SMB

Scale  $1" = 100'$

Edward P. Ginn

B 7 <b>1798</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>HC-81-2002</b> <small>fill in this form completely</small>
Date Received <b>465-1834</b> <b>1-1-87</b> OWNER INFORMATION 15 Last Name <b>GPIM</b> Owner <b>Eward</b> First Name <b>Eward</b> 36 <b>931</b> Street or RFD <b>Montgomery St</b> 57 <b>1011</b> Town <b>1</b> State <b>2</b> Zip <b>1207</b>		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 23 SUBDIVISION <b>HaroldSCO Overlook</b> SECTION <b>2</b> LOT <b>19</b> 52 NEAREST TOWN <b>Lisbon</b> MILES FROM TOWN (enter 0 if in town) <b>1</b>	
DRILLER INFORMATION Driller's Name <b>Bernard Frezer</b> 77 License No. <b>270</b> Firm Name <b>16009 Fred. R. Lisbon Md.</b> <b>17 Tri County</b> 21765 Address <b>17 Tri County</b> Signature <b>Bernard Frezer</b> Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <b>Weller Drive</b> 30 NORTH <b>W</b> 32 <b>E</b> WEST EAST SOUTH 34 <b>800</b> 37 DISTANCE FROM ROAD ENTER <b>17</b> or MI <b>AT</b>	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <b>3</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> COUNTY NAME <b>A3253</b> COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED <b>10/01/87</b> <b>CH0187 B Nifon</b> CO SIGNATURE <b>10/01/87</b> EXP. DATE NORTH GRID <b>553 000</b> EAST GRID <b>0749 000</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>2' - casing</b> 2. <b>2' - gravel</b> 3. <b>18' - open</b> <b>6 - bags cement</b> <b>4/3/87</b> WRITE THE BOX NUMBER FROM THE MAP HERE E <b>7709</b> N <b>5503</b>	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30. <b>AIR-ROTary</b> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) 37. <b>CABLE</b> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39. <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPMEN 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 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER <b>GAP</b>			
FORCE <b>Am</b> WRITE INITIALS IN BOX PERMIT No. <b>HC-81-2002</b>			
SPECIAL CONDITIONS			

<b>C1</b> 2334		SEQUENCE NO. (OEP USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER <b>A-31253</b>			
DATE RECEIVED		DATE WELL COMPLETED		Depth of Well				PERMIT NO.			
<div>8 9 10 11 12 13</div>		<div>14 15 16 17 18 19 20</div>		<div>21 22 23 24 25 26</div>				<div>27 28 29 30 31 32 33 34 35 36 37</div>			
OWNER		last name		first name		TOWN		LOT			
STREET OR RFD		SUBDIVISION		SECTION		LOT					
GRIM		WILLER DR.		EDWARD		LISBON		19			
PATAPSCO OVERLOOK		SECTION 2		LOT 19							
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C 3</b>		<b>PUMPING TEST</b>		<b>PUMP INSTALLED</b>		<b>LOCATION OF WELL ON LOT</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		YES <input checked="" type="radio"/> NO <input type="radio"/>		HOURS PUMPED (nearest hour)		DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
TYPE OF GROUTING MATERIAL		CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)			
CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
NO. OF BAGS 8 NO. OF POUNDS 152		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
GALLONS OF WATER 18		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
DEPTH OF GROUT SEAL (to nearest foot)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
from 0 ft. to 18 ft.		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
(enter 0 if from surface)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
casing types insert appropriate code below		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
ST CO PL OT		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
STEEL CONCRETE PLASTIC OTHER		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
MAIN Nominal diameter Total depth		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
CASING top (main) casing of main casing		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
TYPE (nearest inch) (nearest foot)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
ST 4 20		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
OTHER CASING (if used)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
diameter depth (feet)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
inch from to		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
screen type or open hole		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
insert appropriate code below		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
ST BR HO PL OT		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
STEEL BRASS BRONZE PLASTIC OTHER		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
C 2		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
DEPTH (nearest ft.)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
H 0 18 225		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
SLOT SIZE 1 2 3		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
DIAMETER OF SCREEN		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
56 60		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
GRAVEL PACK		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
T (E.R.O.S.) W Q		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
70 72 74 75 76		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
TELESCOPE CASING LOG INDICATOR OTHER DATA		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
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.		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
DRILLERS IDENT. NO.		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
DRILLERS SIGNATURE		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
(MUST MATCH SIGNATURE ON APPLICATION)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMPING RATE (gal. per min. to nearest gal.)		METHOD USED TO MEASURE PUMPING RATE		TYPE OF PUMP USED (for test)					

Well Permit No. HO - 81- 2002  
Location of property (road) Wetter Drive  
Subdivision Pkt. Overlook Lot 19 Block      Plat      Sec. 2  
Well Driller Bernard Feczer Owner Edward Frim

Depth of well 225'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 55'

Time pump started 12:30 Pumping rate 12  
Total time 1 hr 30 min to reach pumping water level 10 ft. below M.P.

[illegible]



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 # 39734  
Date 7/27/87

Name of Installer R. Wood

Telephone 381-4823

License number 7000  
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner EDWARD GRIM

Telephone 265-1834

Subdivision PATASCO OVERLOOK

Lot # 19

Well tag # -

Site Address 643 WELLS DR

WOODBINE

YES

Pump

1. Type
  - a. Deep well jet ☐
  - b. Shallow well jet ☐
  - c. Submersible ☒
2. Make GOULDS
3. Model # 7000
4. Capacity 7 GPM GPM

Motor

1. Horsepower 1/2
2. RPM 1750
3. Voltage 110
  - a. 110 ☐
  - b. 220 ☒

Pitless Adapter

1. Make GOULDS
2. Model # PRESSMAN
3. Depth 4 ft

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 5 GPM
2. Pressure relief valve? YES

Piping

1. Type POLYBUT
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 150

Well data

1. Depth 150 ft.
2. Yield 65 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? yes

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: R. Wood

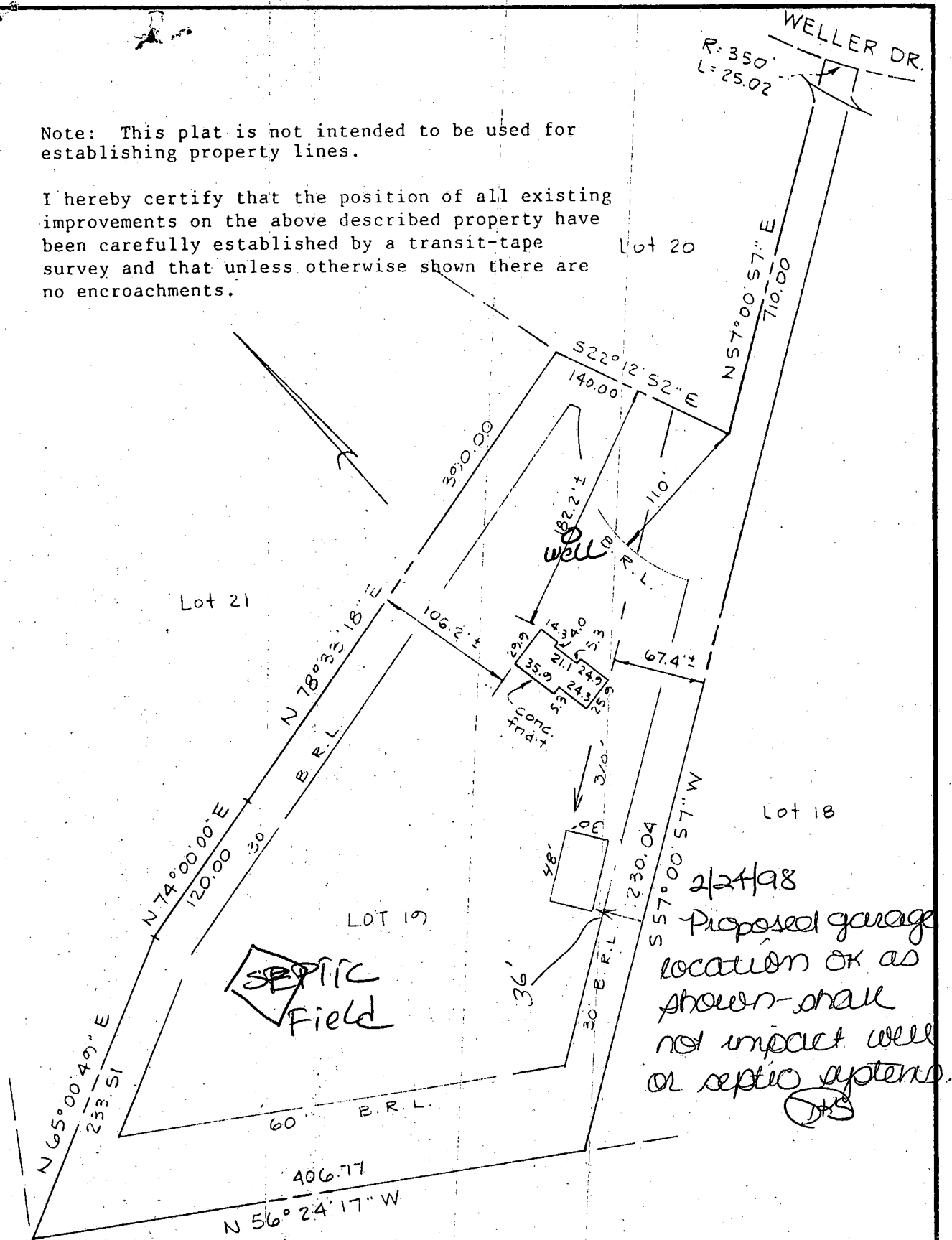
Date: 7-26-87

8/28/87 - STICKER APPLIED  
OK TO COVER OUT SIDE WORK  
PRESSURE TANK CAN BE CHECKED WHEN WATER  
Note: A sticker indicating approval status of the installation will be placed on the well casing at the time of the inspection.

TESTED R. Hodges

Note: This plat is not intended to be used for establishing property lines.

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown there are no encroachments.



LOCATION SURVEY

LOT 19 "Patapsco Overlook"  
Section 2 Plat Ref. #6783

4th Election District  
Scale: 1" = 100'

Howard County, Md.  
Date: 7-14, 1987

The **RBA** Group  
ENGINEERS · ARCHITECTS · PLANNERS

5485 HARPER'S FARM ROAD  
SUITE 200  
COLUMBIA, MARYLAND 21044