

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

P 510632

A 50905-J

DISTRICT 3rd

DATE 8/19/98

DATE SYSTEM APPROVED 9/3/98

INSPECTOR *bx5*

03-325687

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Quarterfield III LOT 9 ROAD 11656 Whitetail Lane

PROPERTY OWNER John Safren

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SEE APPROVED SITE PLAN DRAWING 7/16/98. Place distribution box 65 feet from back property line and 125 feet from left property line. Install trenches on contour in both directions from distribution box.

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

PLANS APPROVED BY Ronald J. Pinkley *OK 7/27/98* DATE 7/16/98

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

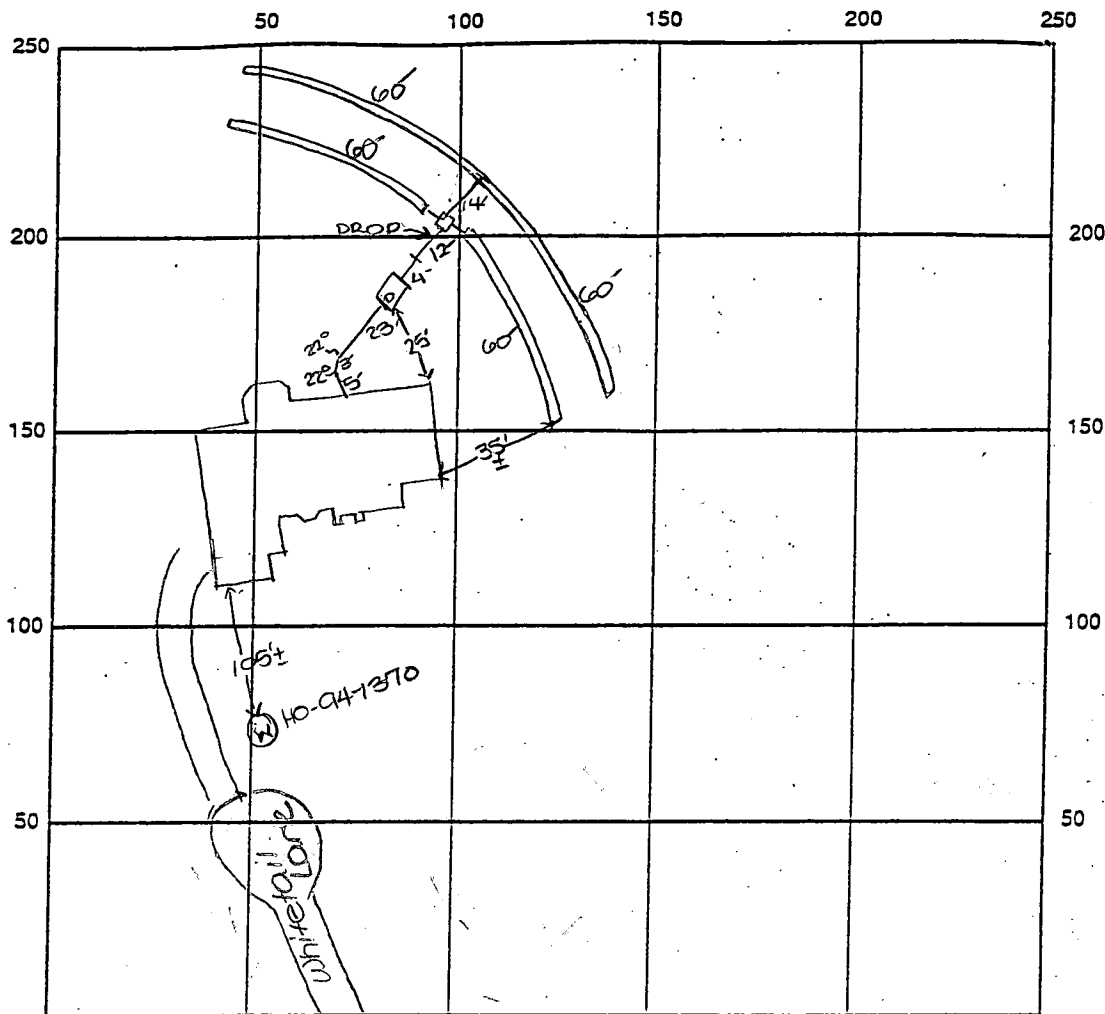
PERMIT VOID AFTER TWO YEARS

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

50905-5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal

CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 4 x 60 FT. → 240

NUMBER OF TRENCHES 4

ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 9/3/98 OK to cover from house to diet box and continue. DKS

9/3/98 P.M. FINAL INSD - OK to cover all work - DKS

9/10/98 WPI - well line, P.A. 40" below grade, well casing 2' above

grade, 2-pc vented cap installed, PVC conduit pipe, OK-OK TO COVER

8/24/98 - Not done (Hitting holes in Whitetail Lane - Delayed) 8/24/98 Not done Ad

DATE SYSTEM APPROVED 9/3/98

INSPECTOR [Signature]

Approved Septic System Plan Howard County Health Department

000112964

Signature

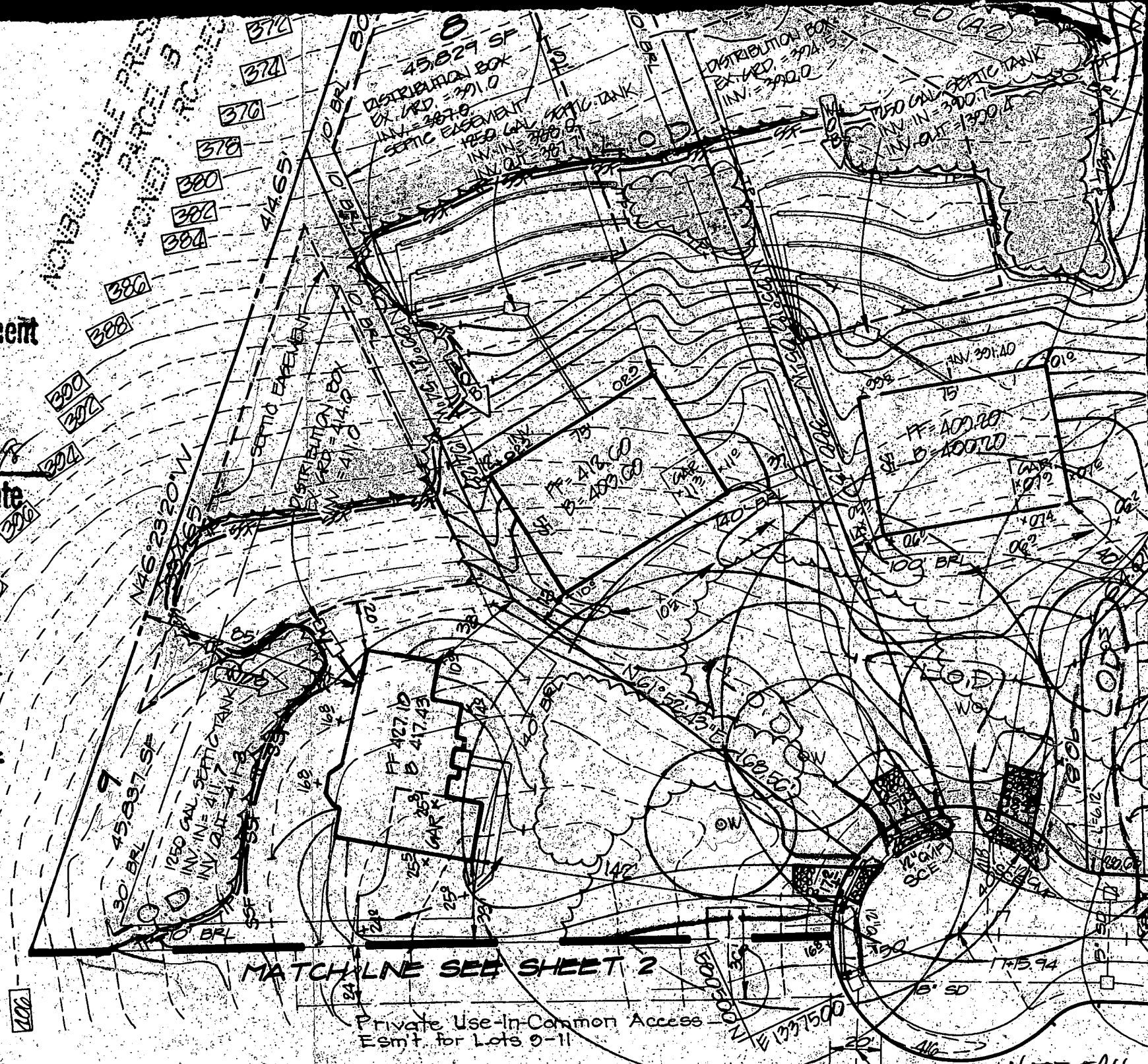
Date

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet



Reviewed for HOWARD S.C.D.

and meets Technical Requirements

Cliff K. ... 11-18-97

Signature Date

U.S. Natural Resources Conservation Service

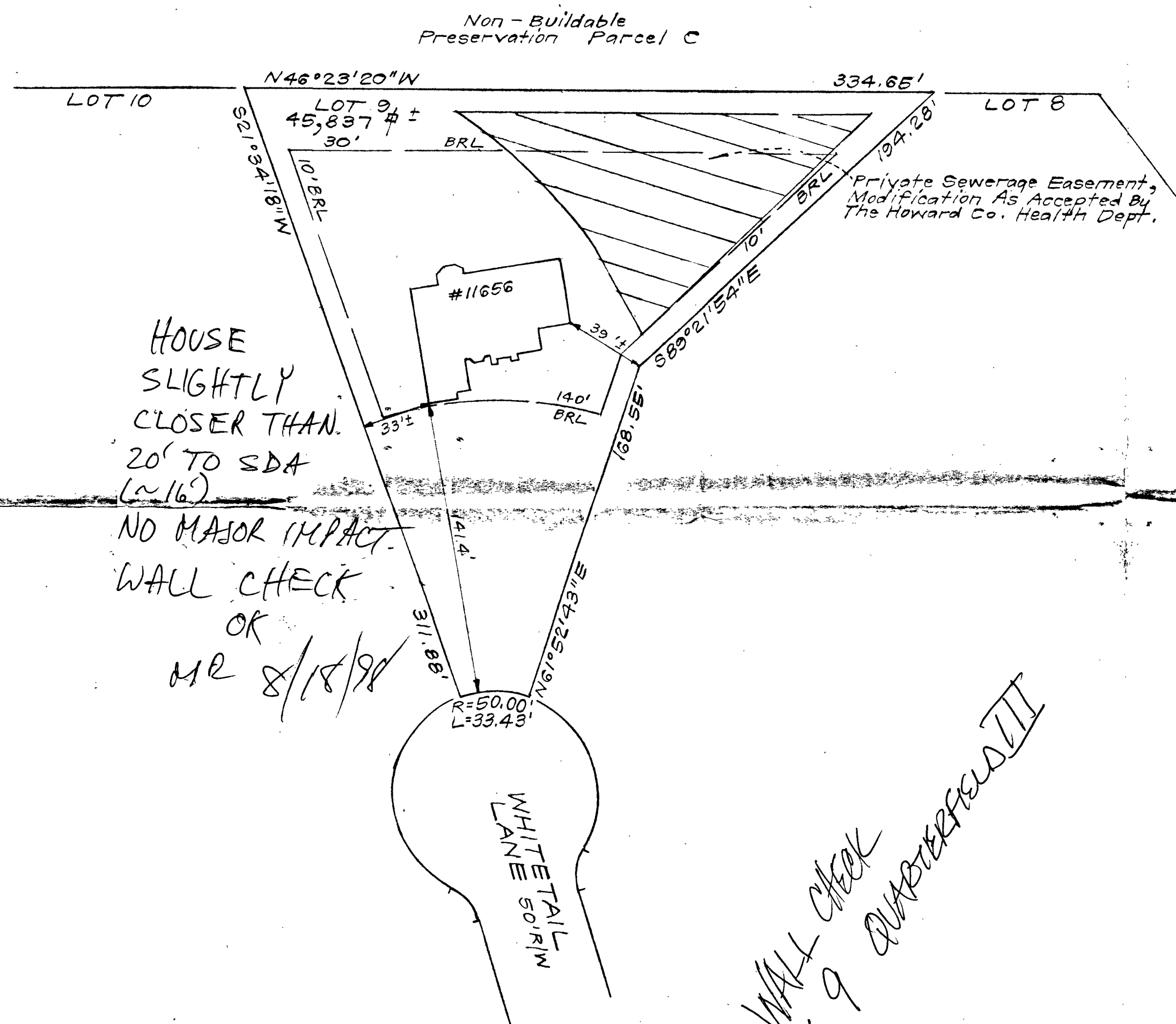
THIS DEVELOPMENT PLAN IS APPROVED
FOR SOIL EROSION AND SEDIMENT
CONTROL BY THE HOWARD SOIL
CONSERVATION DISTRICT.

PLAN
BY CFS

WHITETAIL
PUBLIC DRAINAGE LA
AND UTILITY EASEMENT

"We certify
to this plan of
that all respons
Certificate of
Training Program
the project, I a
Soil Conservati
necessary"

Wall Check: 8-14-98
Top of Wall Elev.: 425.5

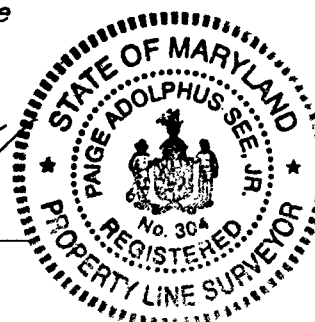


SCALE: 1" = 30'

- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

8-17-98
DATE



NOTE: 1. The setback distance accuracy = 1%

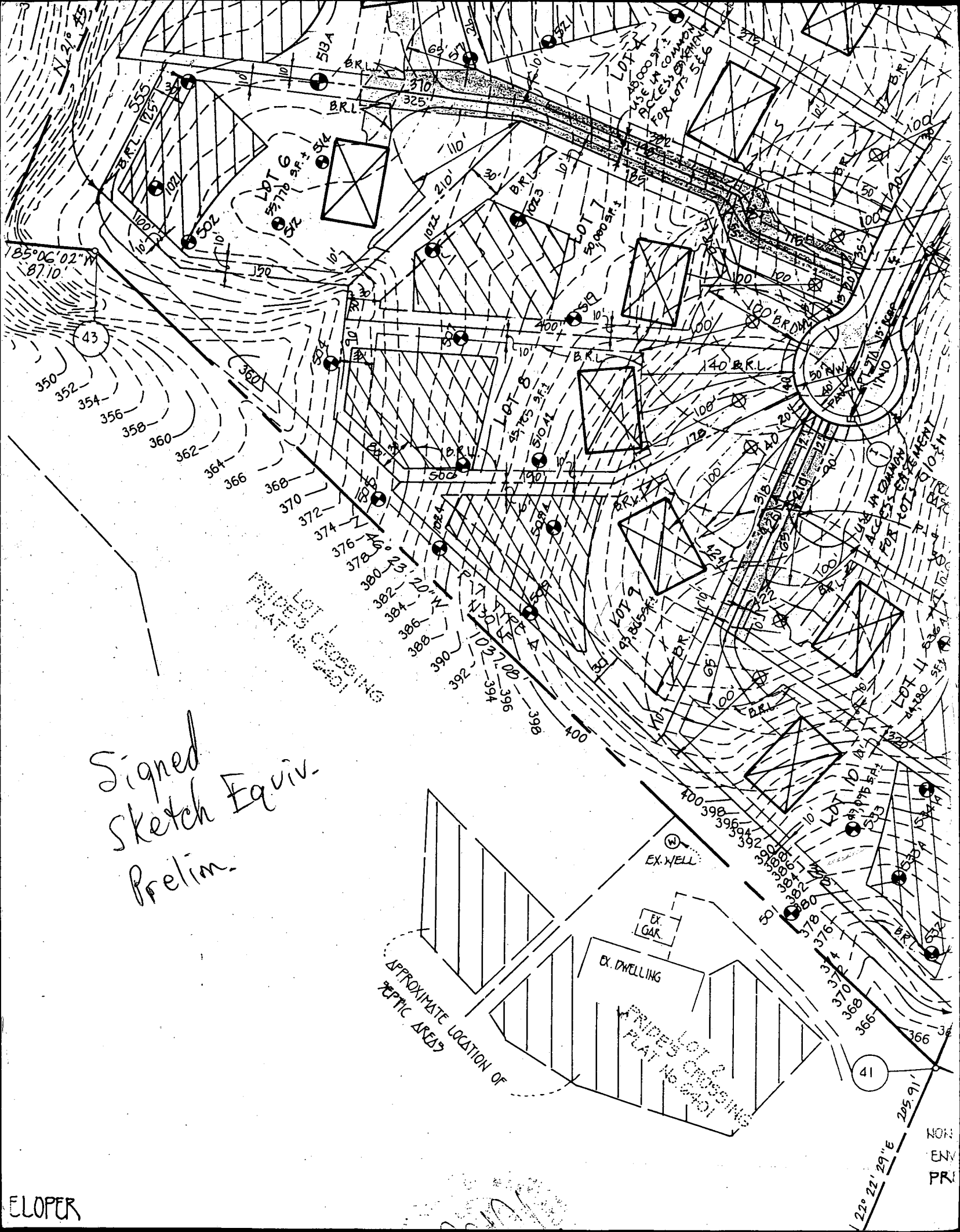
Plat Reference: PLAT No. 13131



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

DESIGNED	LOCATION DRAWING 11656 WHITETAIL LANE LOT 9	SCALE 1"=50'
DRAWN KWC	QUARTERFIELD SECTION 3, LOTS 1 THRU 15 AND NON- BUILDABLE PARCELS 'B' THRU 'E' (RESUBDIVISION OF QUARTERFIELD SEC. 3 BUILDABLE PARCEL 'A' PLAT No. 12863)	DRAWING
CHECKED PAS	THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO.
DATE 8-17-98	FOR: GREENFIELD HOMES 1818 Liberty Road Eldersburg, Md. 21784	FILE NO. 96-140-0



Signed
Sketch Equiv.
Prelim.

APPROXIMATE LOCATION OF
OPTIC AREAS

EX. WELL

EX. GAR.

EX. DWELLING

PRIDELOT CROSSING
PLAT No. 2401

41

22°22'29"E 205.91'

NON
EX
PR

ELOPER

APPLICATION

PERCOLATION TESTING

A 50905J

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/12/95

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 MR TOM SCRIVENER John SATREN
~~CONTRACT PURCHASER~~

ADDRESS 5026 VERSEY HALL DRIVE #204 PHONE 964-5522
ELLICOTT CITY, MD 21042

AGENT OR PROSPECTIVE BUYER DONALD R. KENNER JR. LAND DESIGN & DEVELOPMENT, INC.
DEVELOPER

ADDRESS 10805 HICKORY RIDGE ROAD PHONE 740-2100
COLUMBIA, MD 21045

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. X 9 on P.C.

ROAD AND DESCRIPTION PROPOSED WHITETAIL LANE - THIRD ELECTION DISTRICT,
ADJACENT TO QUARTERFIELD I & II OFF OF FOREMAN ROAD

TAX MAP 23 PARCEL # 84 AND RETURNED 7-16-98
Serial # B0112904-4Bm

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILY DWELLING
(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. Robert H. Webster - AGENT-LED, INC.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/27/95 LOT LINE ADJ. NEC., HOLD FOR PLAT MR

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

A 50905 J
COUNTY #

SOIL PROFILE

0' ALL HOLES

brn
sac/m

3 1/4

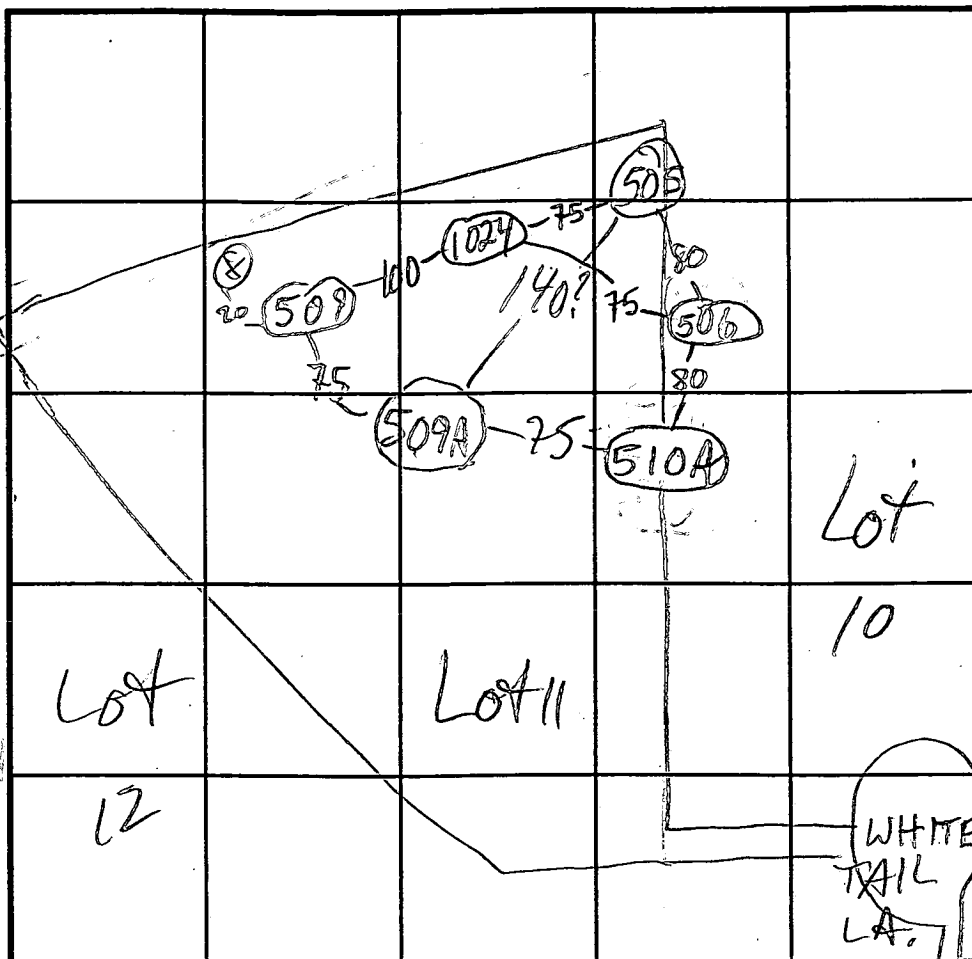
tan
beige
sand
<5%
frass

9 1/2

11' 50' 50'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/95	509 s	5 1/2	4:58 5:01	5:02	5:02	5:04	2
	509 v	9 1/2	OK see profile				
	509A s	4 1/2	5:07 5:08:40	5:07:20 5:09:40	5:07:20 5:09:40	5:08 5:11:40	40 sec 2
	509A v	9 1/2	OK see profile				
10/27/95	505 s	4	2:41	2:42	2:42	2:44	2
	505 v	10	OK see profile				
	506 s	5 1/2	2:46	2:48	2:48	2:51	3
	506 v	11	OK see profile				
	510A s	4 1/2	2:54	2:56	2:56	3:00	4
	510A v	11	OK see profile				

REMARKS HOLES PER PLAN (EXCEPT 509A)

TYPE OF SOIL

TESTED BY H. Ripkin

ALSO PRESENT Assoc. Ext. Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

3

TRENCH WIDTH

3

INLET DEPTH

3

MAXIMUM BOTTOM DEPTH

5

SQ. FT/BEDROOM

180

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Quarterfield LOT NO. 11

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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 WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(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' (1024)
brn
sa cl
lm
3
tan
gray
sa lm
5%
frags
9

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/96	1024 S	5	12:40	12:42	12:42	12:42	5
	1024 V	9	OK see profile				

REMARKS _____

TYPE OF SOIL _____

TESTED BY

M. Ritkin

ALSO PRESENT

Assoc. Exc. crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

C1

7752

SEQUENCE NO.
(MDE 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 50905 J

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
3/5/98
8 13

DATE WELL COMPLETED
MM 3 DD 2 YR 98
15 20

Depth of Well
22 380 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1370
28 29 30 31 32 33 34 35 36 37

OWNER Greenfield Homes
STREET OR RFD Whitetail Lane TOWN West Friendship
SUBDIVISION Quartered SECTION 3 LOT 9

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	
Sand	0	63	
Gray mica Rock	63	380	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes ☒ Y no ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 65 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ ST STEEL ☐ CO CONCRETE
☐ PL PLASTIC ☐ OT OTHER

MAIN CASING TYPE ST

Nominal diameter
top (main) casing
(nearest inch) 6

Total depth
of main casing
(nearest foot) 69

OTHER CASING (if used)

diameter depth (feet)
inch from to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

☒ ST STEEL ☐ BR BRASS ☐ HO OPEN
☐ PL PLASTIC ☐ OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ Y ☐ N

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 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.

DRILLERS LIC. NO. 1 M S D O 24

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

C2

DEPTH (nearest ft.)

66 380

E A C H S C R E E N

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3 3

DIAMETER
OF SCREEN (NEAREST
INCH)

56 60

from to

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

70 72 74 75 76

TELESCOPE
CASING LOG
INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 89 ft.

WHEN PUMPING 104 ft.

TYPE OF PUMP USED (for test)

☐ A air ☐ P piston ☐ T turbine
☐ C centrifugal ☐ R rotary ☐ O other
☐ J jet ☒ S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) ☒ 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. 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

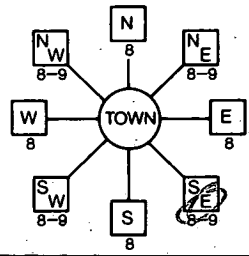
PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

☒ + above 49
☐ - below 3 (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)

B 1 9489 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO - 94 - 1370</u> <small>fill in this form completely</small>
Date Received (APA) <u>02 09 98</u> 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Greenfield</u> Owner First Name <u>Homes</u> 34 36 <u>16656 Luoto Drive</u> 55 Street or RFD <u>Highland Md. 20777</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Quarterfield</u> 42 SECTION <u>3</u> LOT <u>9</u> 44 46 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M 11 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M S D <u>24</u> 76 License No. 81 Firm Name <u>Joseph L. Mayne and Drilling</u> Address <u>5512 Ridge Rd. Mt Airy Md 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>2/7/98</u> 34		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>Whitetail Lane</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <u>25</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co.</u> <u>A50905J</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>01 06 98</u> <u>ATM-McOles</u> <u>1/6/99</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>520 000</u> EAST GRID <u>025 000</u> 50 55 57 63	
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) 22 <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 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. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820</u> N <u>520</u> 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. <u>West Friendship</u> <u>Quarterfield Dr.</u> <u>Whitetail Lane</u> <u>Running Springs</u> <u>used</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____	
REPLACEMENT OR DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>54</u> G A P <u>63</u> FORCE <u>Am</u> WRITE INITIALS IN BOX PERMIT No. <u>HO - 94 - 1370</u> 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Gartland Plumbing Inc.

Telephone 410-875-5303

License Number _____

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber X

Name of Property Owner Greenfield Homes

Telephone _____

Subdivision Quarterfield

Lot # 9

Well Tag # HO-94-020

Site Address West Whitetail Lane

Pump

1. Type _____

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible X

2. Make Grundfos

3. Model # 26S10422

4. Capacity 2 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other Yes

Motor

1. Horsepower 1

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220 10

Pitless Adapter

1. Make Hurval

2. Model # 41 800

3. Depth 42"

Tank

1. Capacity 2250

2. Pressure relief valve? yes

Piping

1. Type Poly

2. Size 1"

3. NSF and/or BOCA

Code approved yes

4. Depth of supply

line 42

Well data

1. Depth 360 ft

2. Yield 2 GPM

3. Static water

level 300 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: _____

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