

PERMIT 03-314596

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50691

A 39584

DISTRICT 3rd

DATE 5-11-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-1813~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 6/2/95

INSPECTOR Mark Gange

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7110 Woodbine Road, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION Crystal Clear LOT 26 ROAD 13835 Kennard Drive

PROPERTY OWNER Paul Lang

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 4½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 125 feet from the front-right (149') lot line and 110 feet from the right (454') lot line. Run trenches along contour toward left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/7/95 DKS

PLANS APPROVED BY C. Williams DATE 03/20/95

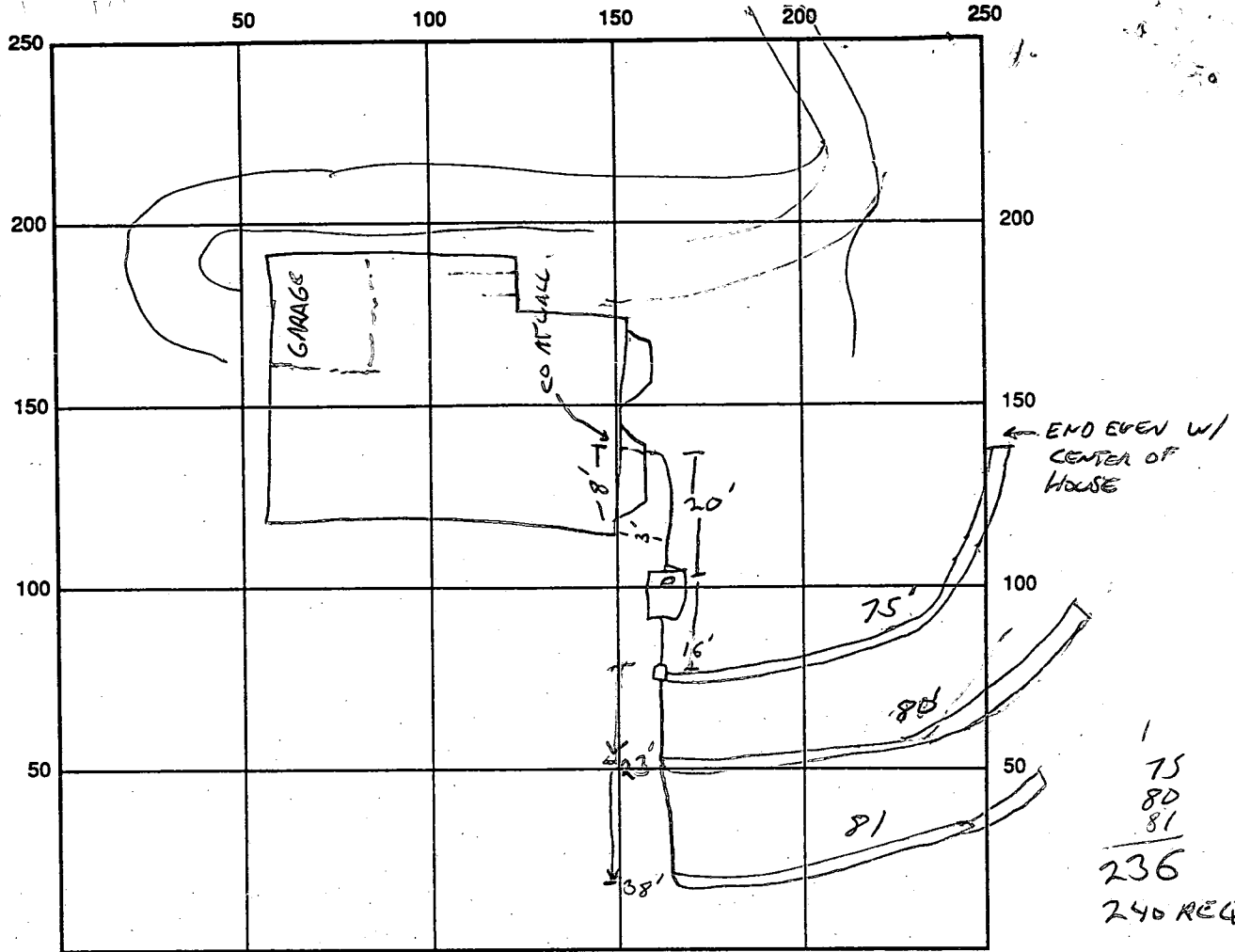
- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.
- 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. Under 1-570 gal propane tank
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 11/8/96
Serial # B01102958

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

11 39584

↑ TO KENNARD DRIVE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 6'x8'6" CLEANOUTS 6' ON TANK

DISTRIBUTION BOX LEVEL OK SPEED LEVELERS INSTALLED, BAFLE IN

DRAIN FIELD/TITLE DEPTH NA FT. TRENCH WIDTH 3 FT. INLET DEPTH 4'6" FT.

EFFECTIVE GRAVEL DEPTH NA FT. TOTAL LENGTH 236 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 708 SQ. FT.

DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET 2 FT.

ABSORBENT AREA NA SQ. FT.

REMARKS: HOUSE CLEANOUT NOT CEMENTED, TRENCHES 4' SHORT OF REQUIRED LENGTH,

POSSIBLY DUE TO METHOD OF MEASUREMENT. 6-2-95

6/2 CALLED ARNOLD'S BACKHOE & SEPTIC, NOTIFIED THEM OF THE NEED

TO CEMENT THE HOUSE CLEANOUT. BACKHOING OK'D. PERMIT CARD NEEDS

TO BE SIGNED SINCE NEITHER CONTRACTOR OR THE PERMIT WERE ON

SITE DURING INSPECTION

DATE SYSTEM APPROVED 6-2-95 INSPECTOR GLEN SAVAGE

3/2/95
87

APPLICATION

PERCOLATION TESTING

A 50559

P _____

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

*PROPOSED OK
TO ADJUST SEPTIC AREA
RG' BY PROPOSAL
RE PAID FEE ONLY (CW)*

DISTRICT _____

DATE 3/3/95

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 Crystal Clear Partnership Paul Lang

ADDRESS _____ PHONE (301) 975-1020

AGENT OR PROSPECTIVE BUYER Tim Feaga

ADDRESS 3619 Sycamore Valley Run PHONE (410) 442-8236

PROPERTY LOCATION:

SUBDIVISION Crystal Clear LOT NO. 26

ROAD AND DESCRIPTION 13835 Kennard Drive

**BLDG. PERMIT SIGNED
AND RETURNED 3/2/95
Serial # 58145
SFD - 4 Bedroom**

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 PERCS OK, HOLD FOR PERC CERT MR. 3/4/95

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

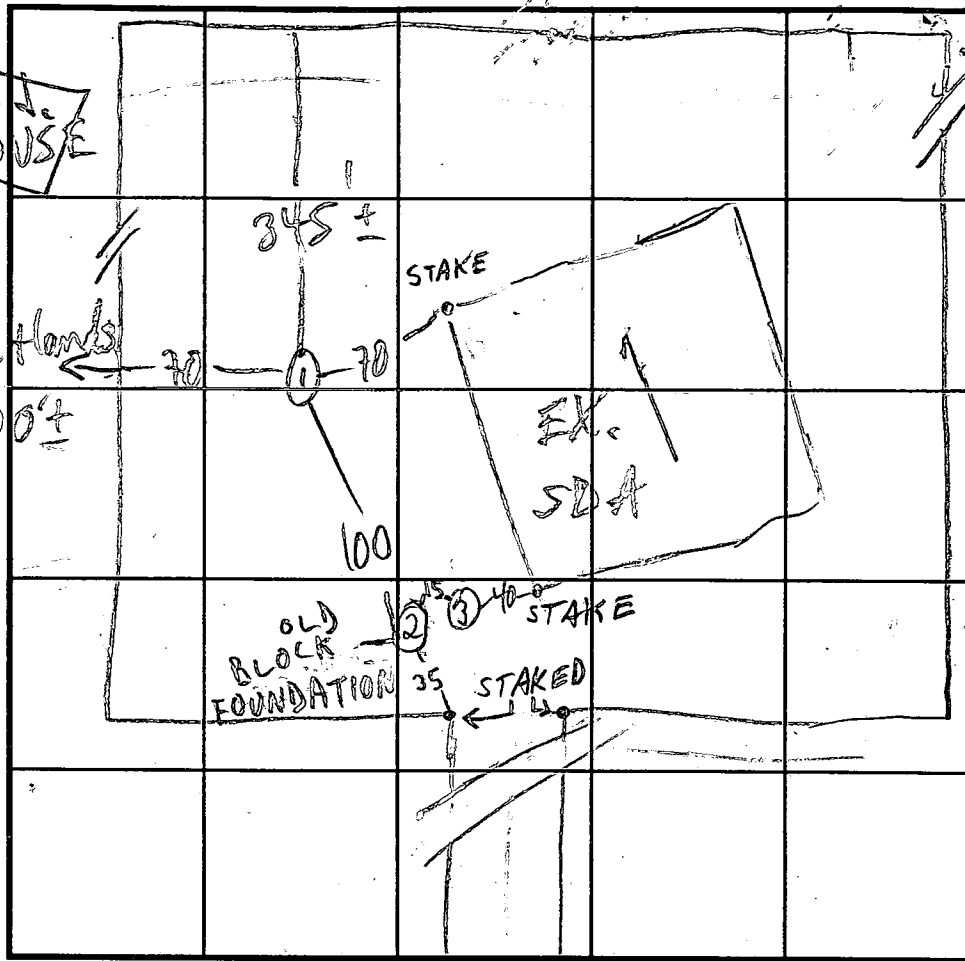
50559

COUNTY #

SOIL PROFILE

0'
 ①
 brn org saccl lm
 5
 wet hands
 20'±
 12
 ②
 org yel saccl lm
 4
 yel pink
 5-6
 sa lm
 20-25% frags
 11'±
 ③
 red org si cl lm
 4 1/2
 tan yel si lm
 12 1/2
 10-20% frags

AD HOUSE



SOIL PROFILE

0'

KENNARD DRIVE INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/95	1 S	5'	2:33	2:40	NO MOVEMENT		9
	1 V	5'8"	3:48	3:52	3:52	4:01	
	2 S	5'3"	2:44	2:45	2:45	2:48	3
	2 M	9'	3:11	3:12	3:12	3:13	1
	2 D	9'	H ₂ O DRAINING FAST		OUT OF HOLE AS THE POURING-FAIL		AS
	3 S	5'3"	3:35	3:42	3:42	3:50	8
	3 V	12'3"					

REMARKS Ex. SDA STAKES OFF BY 25'-45' ON PER PLAN
 TYPE OF SOIL USE 1987 HOLES ①-②-③ AND 1995 HOLES ①②
 TESTED BY M. Ripkin ALSO PRESENT T. Feaga H. Marker
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3 hoe man
 INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 39584

P _____

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

DISTRICT 5TH

DATE 6-12-87

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 Kennard Warfield Jr.

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Crystal Clear LOT NO. LOT 26 Preliminary
Existing House

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(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.

Mal A. Hill
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

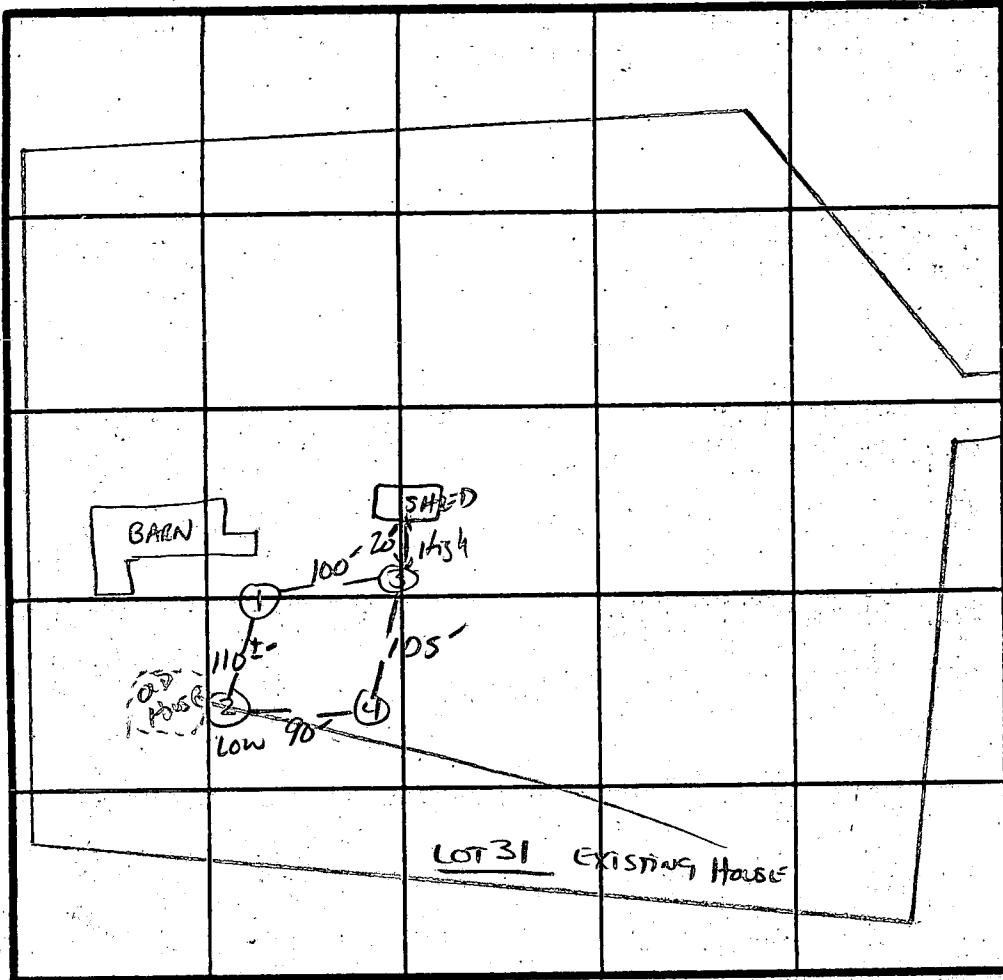
REASONS FOR REJECTION OR HOLDING 7/30/87 Perc Satisfactory hold for subdivision Plat SBW

THIS IS NOT A PERMIT

① - ④
SOIL PROFILE

0"	AP
8"	Yellow BR Silty CLAY LOAM 10-15% FRAGS
3'	Yellow BR Silty LOAM w/ coarse FRAGS 10-20%

12.5-13'



X Fence 4 min
160' x 160'
INLET 35'
BOTTOM 75'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WORKY REL.

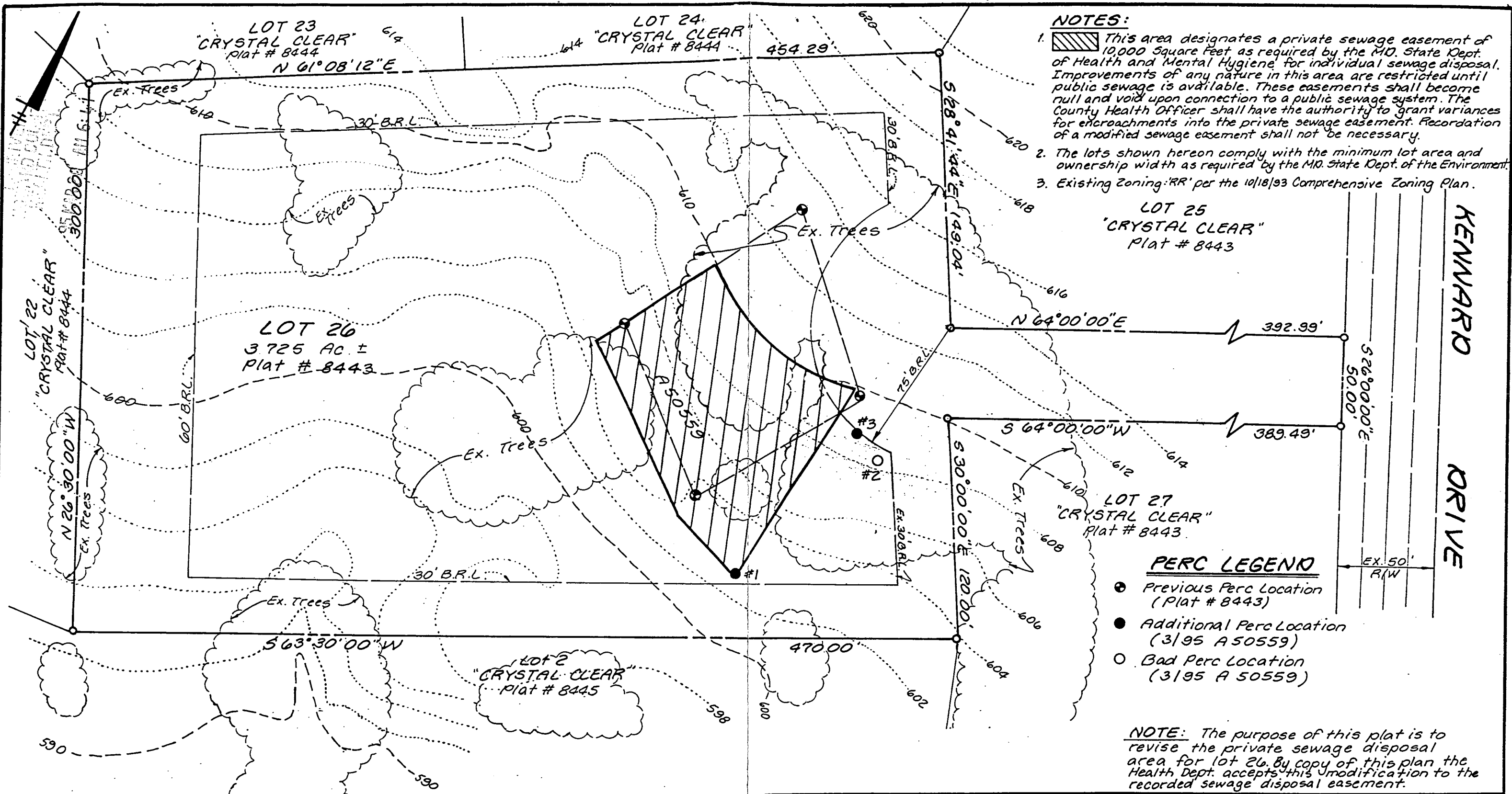
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/30/67	1 S	3.5	10:36	10:37	10:37	10:39	2 min
	1 V	12.5	UNIFORM Soils below ~ 3.5-4.0'				
	2 S	4.0	10:39	10:40	10:40	10:42	2 min
	2 V	12.5	UNIFORM Soil below 3.0'				
	3 S	3.5	10:46	10:48	10:48	10:53	5 min
	3 M	9.0	10:45	10:46	10:46	10:51	
	3 V	12.5	UNIFORM Soil below 3'				
	4 V	13	UNIFORM Soil below 3'				

REMARKS _____

TYPE OF SOIL Chaston

TESTED BY S. Abel ALSO PRESENT K+K, mack

EH-12-1079



- NOTES:**
1. This area designates a private sewage easement of 10,000 Square Feet as required by the MD. State Dept. 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.
 2. The lots shown hereon comply with the minimum lot area and ownership width as required by the MD. State Dept. of the Environment.
 3. Existing Zoning: 'RR' per the 10/18/93 Comprehensive Zoning Plan.

LOT 25
"CRYSTAL CLEAR"
Plat # 8443

LOT 27
"CRYSTAL CLEAR"
Plat # 8443

PERC LEGEND

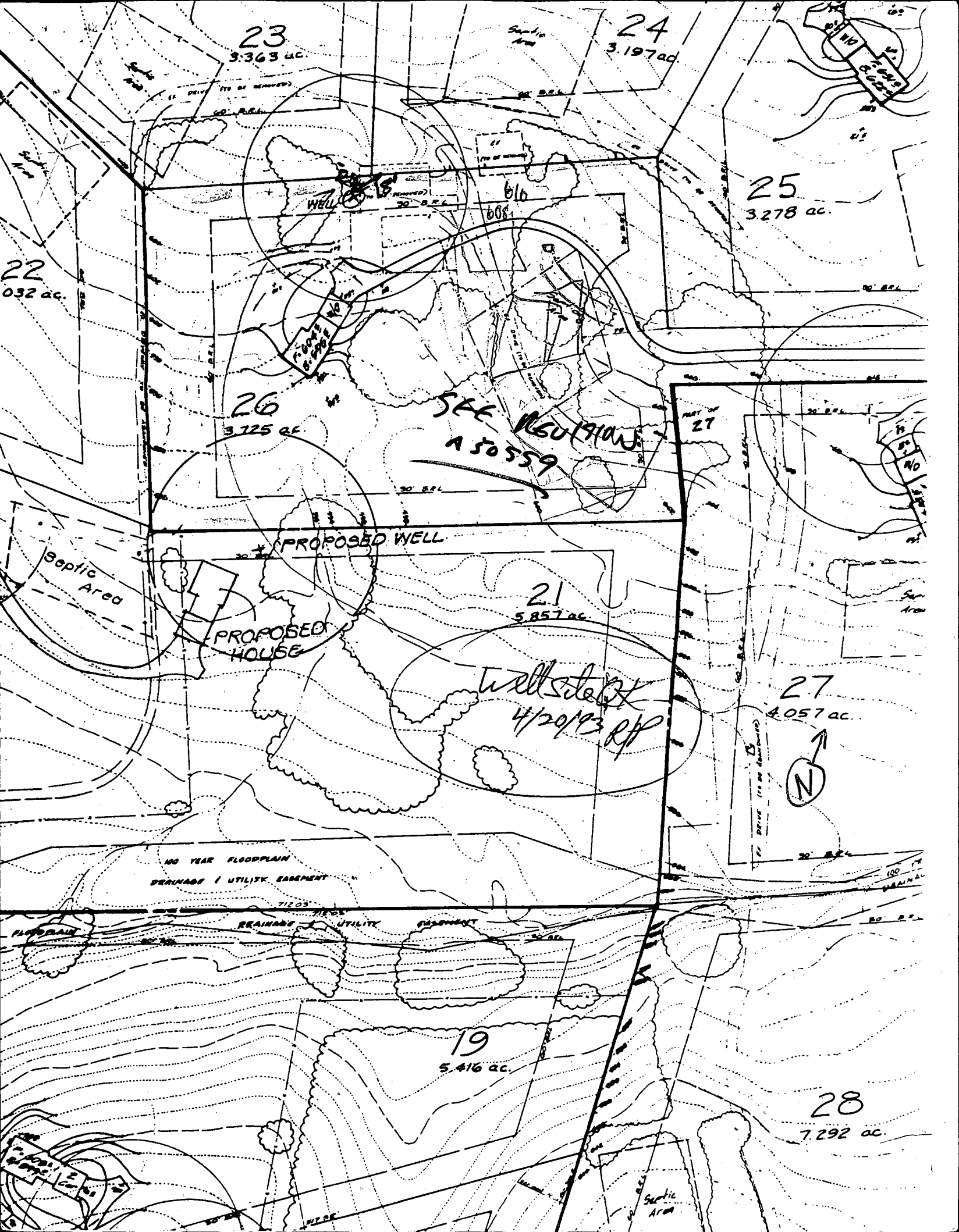
- Previous Perc Location (Plat # 8443)
- Additional Perc Location (3/95 A 50559)
- Bad Perc Location (3/95 A 50559)

NOTE: The purpose of this plat is to revise the private sewage disposal area for lot 26. By copy of this plan the Health Dept. accepts this modification to the recorded sewage disposal easement.

APPROVED: For Private Water and Private Sewage Howard County Health Department.
Joyce M. Boyd 3/20/95
Howard County Health Officer (CW) Date

LDE, INC.
8835 Columbia 100 Parkway
Unit N
Columbia, MD 21045
(410) 715-1070
(410) 715-0681 (fax)

PERC PLAT		
LOT No. 26 CRYSTAL CLEAR		
3rd Election District; Howard County, MD.		
Date: Feb. 1995	Drawn: KBW	Rev. Mar. 16, 1995
Scale: 1" = 50'	LDE Job No. 95-018	Sheet: 1 of 1



23
3,363 ac.

24
3,197 ac.

25
3,278 ac.

22
0.32 ac.

26
3,725 ac.

SEE REGULATIONS
A 50559

21
5,857 ac.

27
4,057 ac.

well site
4/20/93 RP

19
5,416 ac.

28
7,292 ac.

PROPOSED WELL

PROPOSED HOUSE

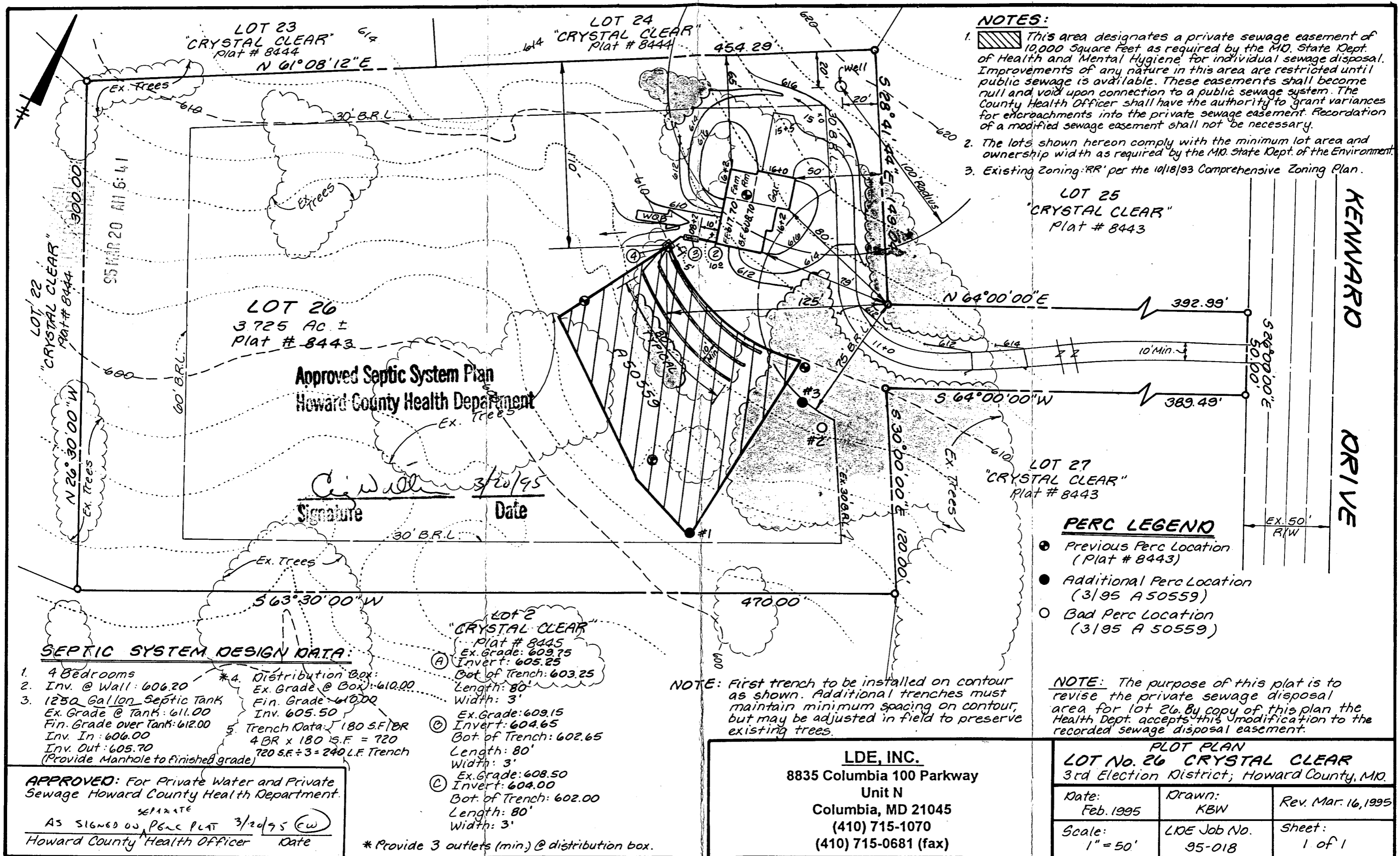
Septic Area

100 YEAR FLOODPLAIN
DRAINAGE / UTILITY SEGMENT

RAINAGE / UTILITY SEGMENT

Septic Area





- NOTES:**
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 - The lots shown hereon comply with the minimum lot area and ownership width as required by the MD. State Dept. of the Environment.
 - Existing Zoning: RR' per the 10/18/93 Comprehensive Zoning Plan.

LOT 25
"CRYSTAL CLEAR"
Plat # 8443

LOT 27
"CRYSTAL CLEAR"
Plat # 8443

Approved Septic System Plan
Howard County Health Department

C. Wall 3/20/95
Signature Date

PERC LEGEND

- Previous Perc Location (Plat # 8443)
- Additional Perc Location (3/95 A 50559)
- Bad Perc Location (3/95 A 50559)

NOTE: The purpose of this plat is to revise the private sewage disposal area for lot 26. By copy of this plan the Health Dept. accepts this modification to the recorded sewage disposal easement.

NOTE: First trench to be installed on contour as shown. Additional trenches must maintain minimum spacing on contour, but may be adjusted in field to preserve existing trees.

SEPTIC SYSTEM DESIGN DATA:

- 4 Bedrooms
- Inv. @ Wall: 606.20
- 1250 Gallon Septic Tank
Ex. Grade @ Tank: 611.00
Fin. Grade over Tank: 612.00
Inv. In: 606.00
Inv. Out: 605.70
(Provide Manhole to finished grade)
- Distribution Box:
Ex. Grade @ Box: 610.00
Fin. Grade: 610.00
Inv. 605.50
- Trench Data: 180 S.F./BR
4 BR x 180 S.F. = 720
720 S.F. ÷ 3 = 240 L.F. Trench

LOT 2
"CRYSTAL CLEAR"
Plat # 8445
Ex. Grade: 609.75
Invert: 605.25
Bot. of Trench: 603.25
Length: 80'
Width: 3'

Ex. Grade: 609.15
Invert: 604.65
Bot. of Trench: 602.65
Length: 80'
Width: 3'

Ex. Grade: 608.50
Invert: 604.00
Bot. of Trench: 602.00
Length: 80'
Width: 3'

* Provide 3 outlets (min.) @ distribution box.

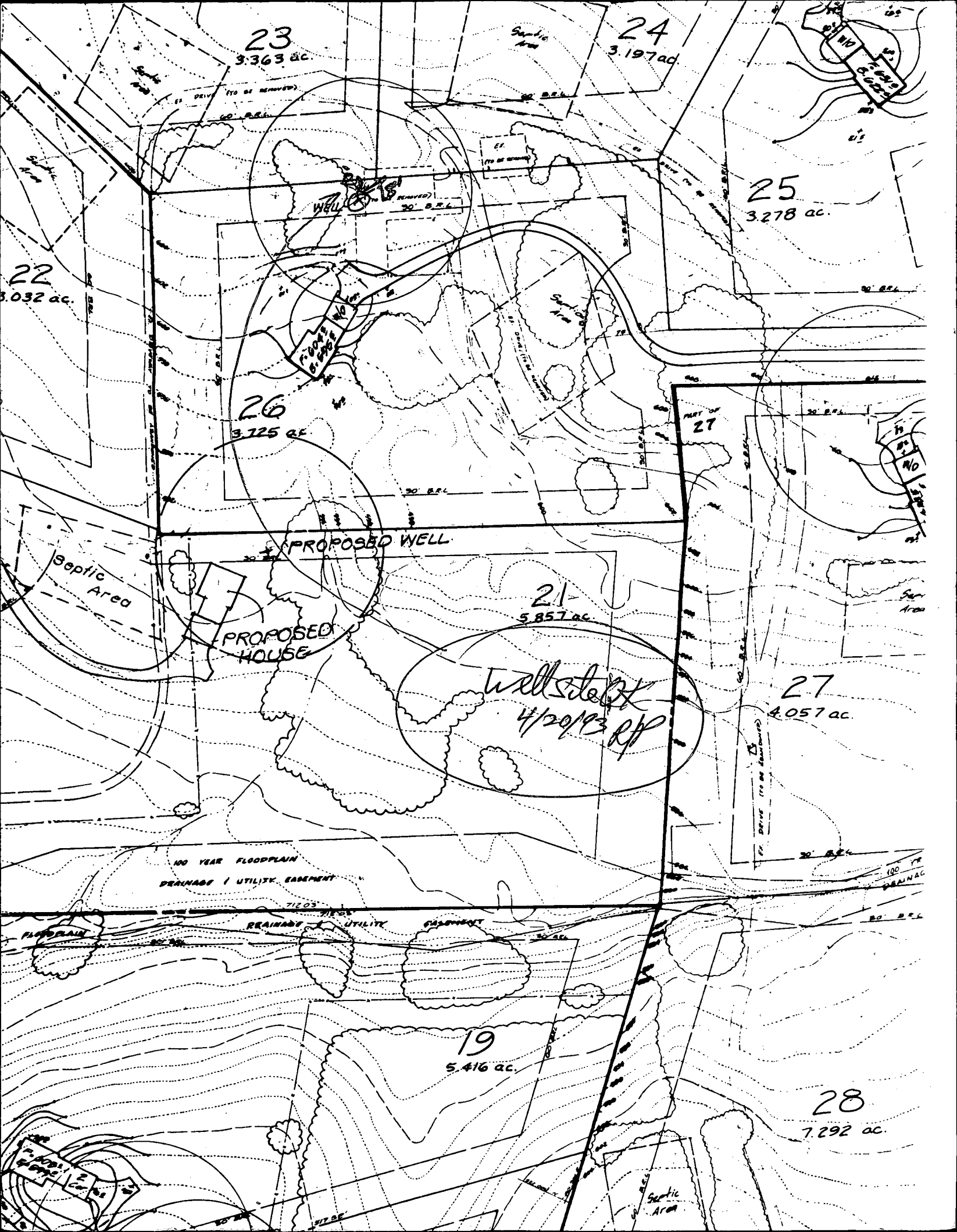
APPROVED: For Private Water and Private Sewage Howard County Health Department.
SEPARATE
AS SIGNED ON PERC PLAT 3/20/95 (CW)
Howard County Health Officer Date

LDE, INC.
8835 Columbia 100 Parkway
Unit N
Columbia, MD 21045
(410) 715-1070
(410) 715-0681 (fax)

PLOT PLAN		
LOT No. 26 CRYSTAL CLEAR		
3rd Election District; Howard County, MD.		
Date: Feb. 1995	Drawn: KBW	Rev. Mar. 16, 1995
Scale: 1" = 50'	LDE Job No. 95-018	Sheet: 1 of 1

BUILDING PERMIT No. 58145

KENNARD DRIVE



23
3,363 ac.

24
3,197 ac.

25
3,278 ac.

22
3,032 ac.

26
3,725 ac.

PART OF
27

21
5,857 ac.

27
4,057 ac.

19
5,416 ac.

28
7,292 ac.

PROPOSED WELL

PROPOSED HOUSE

Septic Area

100 YEAR FLOODPLAIN
DRAINAGE / UTILITY EASEMENT

DRAINAGE / UTILITY EASEMENT

Well site
4/20/13 R/P

Septic Area

Ci 7836

SEQUENCE NO. (DENV 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

A27584

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-92-0344

OWNER Pottit last name GRIFFIN E first name STREET OR RFD Kennard Dr TOWN Glenoldy SUBDIVISION Crystal Clear SECTION LOT 26

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, Sand Silt, Clay mixed gravel, Sand Stone, gray Mica, Sand Stone, gray Mica, Sand Stone, gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 34 NO. OF POUNDS 3400 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to-nearest foot) from 0 ft. to 40 ft.

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) ST 6 124

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

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

DEPTH (nearest ft.) 140 122 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 7 METHOD USED TO MEASURE PUMPING RATE current WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 147 TYPE OF PUMP USED (for test) 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) above below LAND SURFACE (nearest foot)

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.

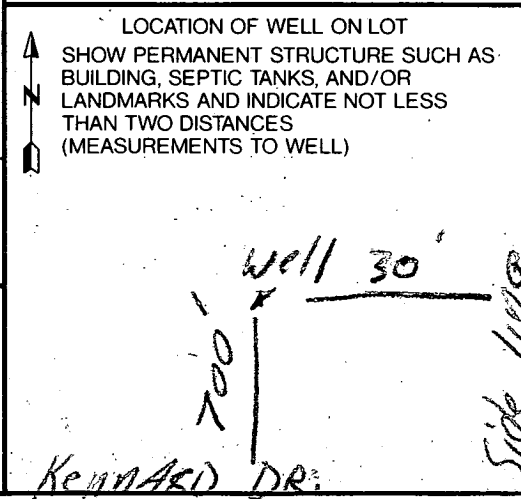
DRILLERS IDENT. NO. 440

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 (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **05407** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-92-0344
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **032693**
 Last Name **PETTIT** Owner **GRIFFIN** First Name
 Street or RFD **18205 D FLOWER HILL**
 Town **CATHERS BUNG** MD **20879** Zip

LOCATION OF WELL
 HOWARD COUNTY
 CRYSTAL CLEAR SUBDIVISION
 SECTION **26** LOT **26**
 ALENELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Driller's Name **George F. Easterday** License No. **0**
 L. Franklin Easterday, Inc.
 Firm Name **Brown Church Rd., Mt. Airy Md. 21771**
 Address **Brown Church Rd.** Signature **George F. Easterday** Date **3-24-93**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 NEAR WHAT ROAD **KENNARD DR.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **700** FT

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A 39584**
 STATE SIGNATURE **Howard** DATE ISSUED **042193** EXP. DATE **04-21-94**
 NORTH GRID **522000** EAST GRID **0802000**

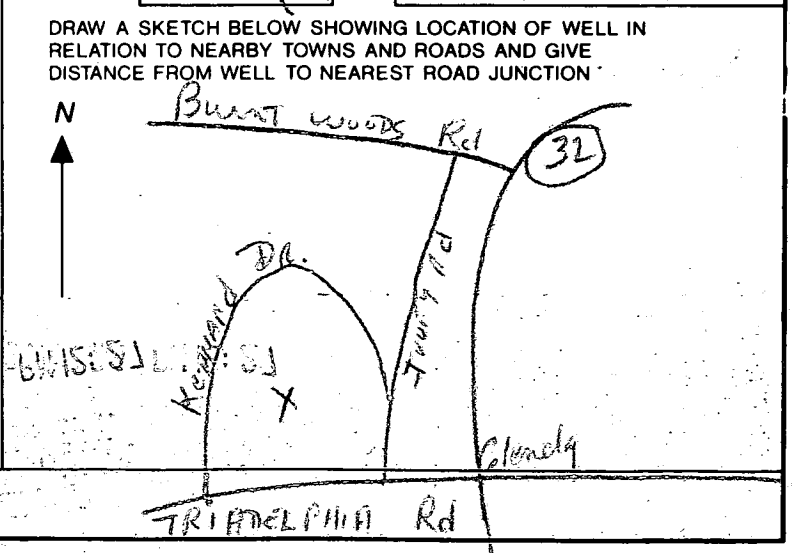
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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
 E **8002**
 N **5202**

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORGE WRITE INITIALS IN BOX
 PERMIT No. **HD-93-0344**
 SPECIAL CONDITIONS

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
Replacement

Receipt # _____
Date _____

Name of Installer Winnoughby Plumb, Inc.

Telephone 410 781-7051

License Number _____

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Mr. Lane

Telephone _____

Subdivision CRYSTAL GEAR

Lot # 26

Well Tag # HO-92-0344

Site Address 13835

HOWARD DRIVE

GREENSBORO, MD. 21737

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter

1. Make HARVARD
2. Model # _____
3. Depth 7 FT.

2. Make JACOBS

3. Model # _____

4. Capacity 7 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 IBCF

Tank

1. Capacity 40 gal.
2. Pressure relief valve? YES

Piping

1. Type PRESTLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FT.

Well data

1. Depth 300 ft.
2. Yield 7 GPM
3. Static water level 25 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: Chris J. Winnoughby

Date: 5/15/95

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

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