

8/18/97
ADP
9-8-97
C.D. [unclear]
later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358805

P 58907

A 49918-M

DISTRICT 4th

DATE 08-07-97

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 9/8/97

~~XXXXXXXX~~

INSPECTOR DS

INDEXED

Ted Ruberti IS PERMITTED TO INSTALL ALTER

ADDRESS 37 Cross Country Ct. Gaithersburg PHONE _____

SUBDIVISION Royal Hollow LOT 7 ROAD 16001 Lady Camarin Court

PROPERTY OWNER Theodore & Roberti

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 4½ feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 140.00' and 380.00' lot lines, begin trenches 175 feet up the 380.00' lot line and 100 feet off that same lot line.

Run trenches on contour toward the 380.00' lot line.
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/28/97 ALM

PLANS APPROVED BY Amy McMillen DATE 5/21/97

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

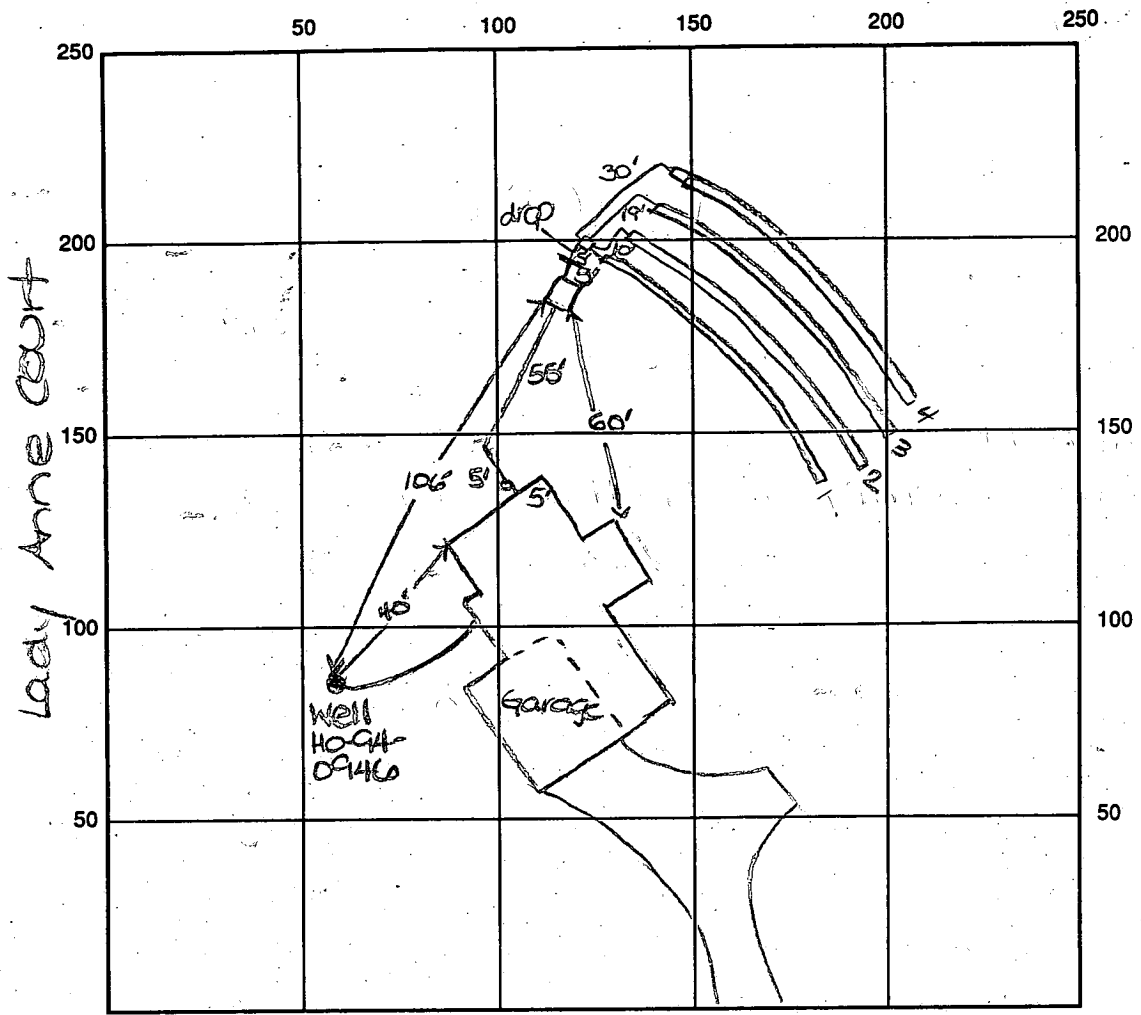
PERMIT VOID AFTER TWO YEARS

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**

A 49918-M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Lady Camarin Court

SEPTIC TANK LEVEL OK CLEANOUTS one at house, one on s.i.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 43 FT. TOTAL LENGTH 280 @ 80 FT. → 320'

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 1280 SQ. FT.

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

ABSORBENT AREA 1280 SQ. FT.

REMARKS: 8/18/97 A.M. OK to cover from house to septic tank. layout of trenches confirmed w/contractor.
9/9/97 OK to stone trenches 1, 3 & 4 A.M. 9/8/97 A.M. OK to cover DKS
trenches 1, 3, 4. DKS 9/8/97 P.M. FINAL-OK to cover as compl. DKS
8/18/97 WPI- well line, P.A. 3' b.g. well casing 1' a.g.
2pc cap installed. OK to cover. DKS

DATE SYSTEM APPROVED 9/8/97 INSPECTOR T. J. MACK, JCR

* Homeowner to install c.o. on septic tank *

APPLICATION

PERCOLATION TESTING

A 49918M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/10/94

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 MISSLER FARM JOINT VENTURE 40 LOG INC. Theodore Roberti

ADDRESS LEE PLAZA, SUITE 200 8601 GA. AVE. SILVER SPRING, MD PHONE (301) 585-7000

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE BLDG. PERMIT SIGNED AND RETURNED

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 7

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD. (1670 / Lady Camarin Court)

TAX MAP 7 PARCEL # 84 BLDG. PERMIT SIGNED AND RETURNED 5-21-97 Sewall # 517105665

SIZE OF LOT 1 AC. I TYPE BLDG. SFD - 4 Bm
(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. Theodore Roberti FOR VMA
(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

lot 7
49918 M
COUNTY #

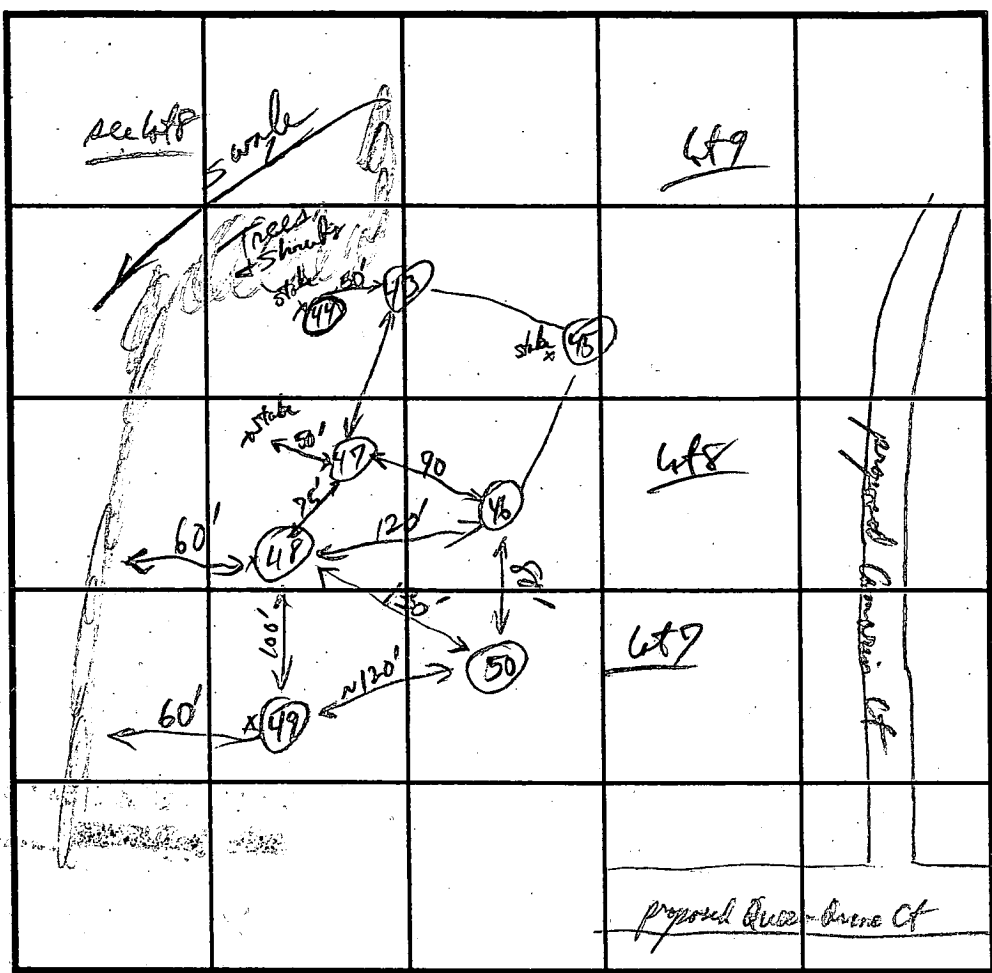
SOIL PROFILE 46

0' Red Clay
23' yel red - Red Brn loam
6-7' yel-yell red ch SL
20-30% str mica
12'

48
Red Clay - hCL
Red Brn ch loam

7
paler Red Brn - yel Red ch SL

49
Red Brn hCL + Red Clay
4-5' Red Brn ch loam
8' lighter red brn - yel red ch SL
12'



SOIL PROFILE 50

0' Red Clay
2 1/2' other Brn
4' Red hCL - SCL
6 1/2' Red Brn ch hCL loam
9-10' Red-yell Red ch loam
40% str mica
12 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/94	48	4 1/2'	3:46:50	4:01:30	4:01:30	4:22:30	21 min
		v12 1/2 8 1/2'	3:46:40	missed	50	4:01:30	8 min
	49	6'	3:52:00	missed		4:22	20 min
	43	v12 8 1/2'	3:52:00	covered @ 3:58	about 1/2 way out (we are here of others)		OK
	50	8 1/2'	4:10:30	4:23:00	4:23	4:38:00	15 min
		v12 9 1/2'	4:10:40	4:19:00	4:19:00	4:34:00	15 min
	46	4 1/2'					26 min
		v12 8 1/2'					26 min

REMARKS _____
 TYPE OF SOIL 60% clay
 TESTED BY RFP ALSO PRESENT Dwyer + Russell
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 17 min TRENCH WIDTH 2
 INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 9 1/2 SQ. FT./BEDROOM 240

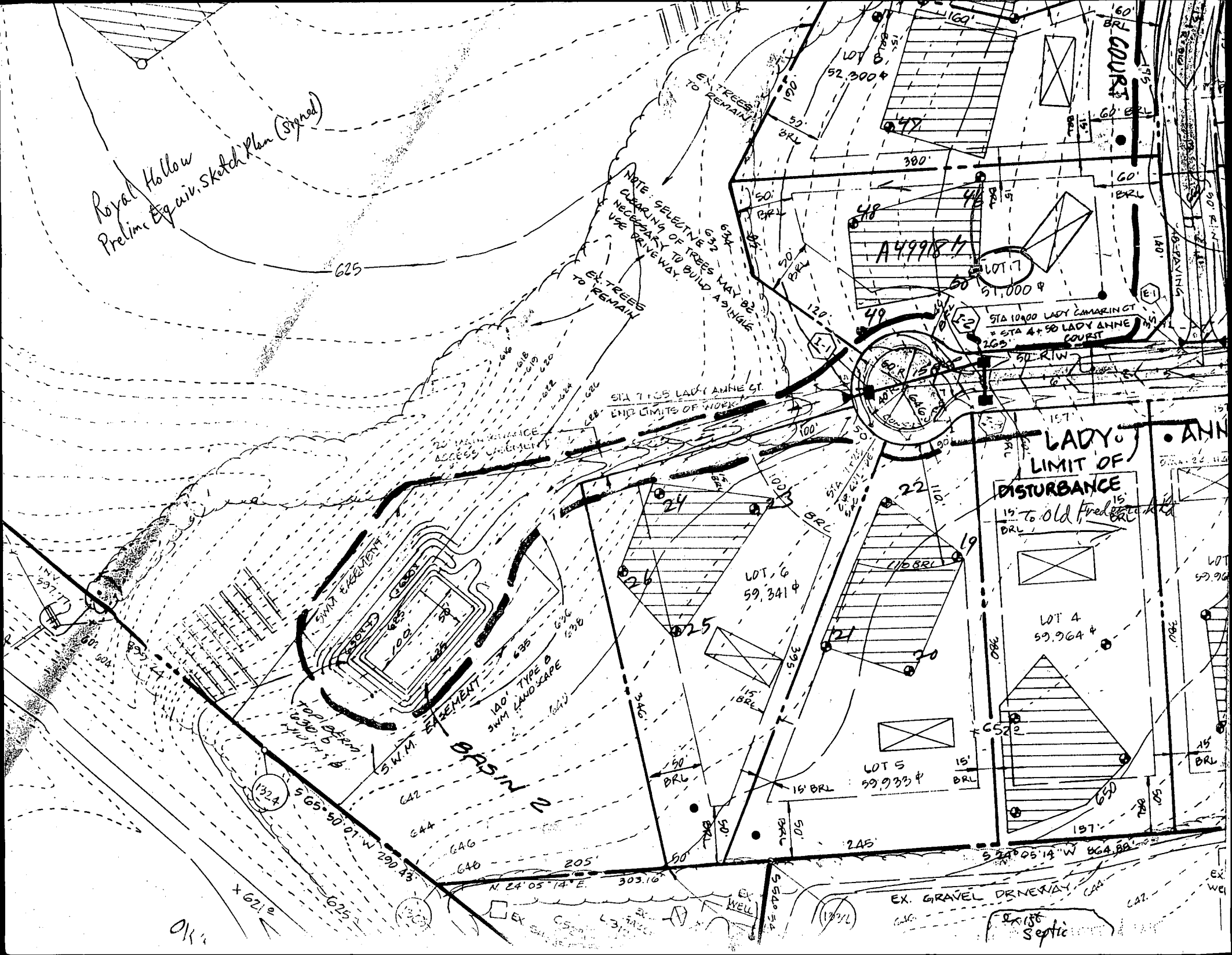
17
7/19/99

Royal Hollow
Prelim. Equiv. Sketch Plan (Signed)

NOTE: SELECTIVE
CLEARING OF TREES MAY BE
NECESSARY TO BUILD A DRIVE
USE DRIVEWAY.

STA 7105 LADY ANNE ST.
END LIMITS OF WORK

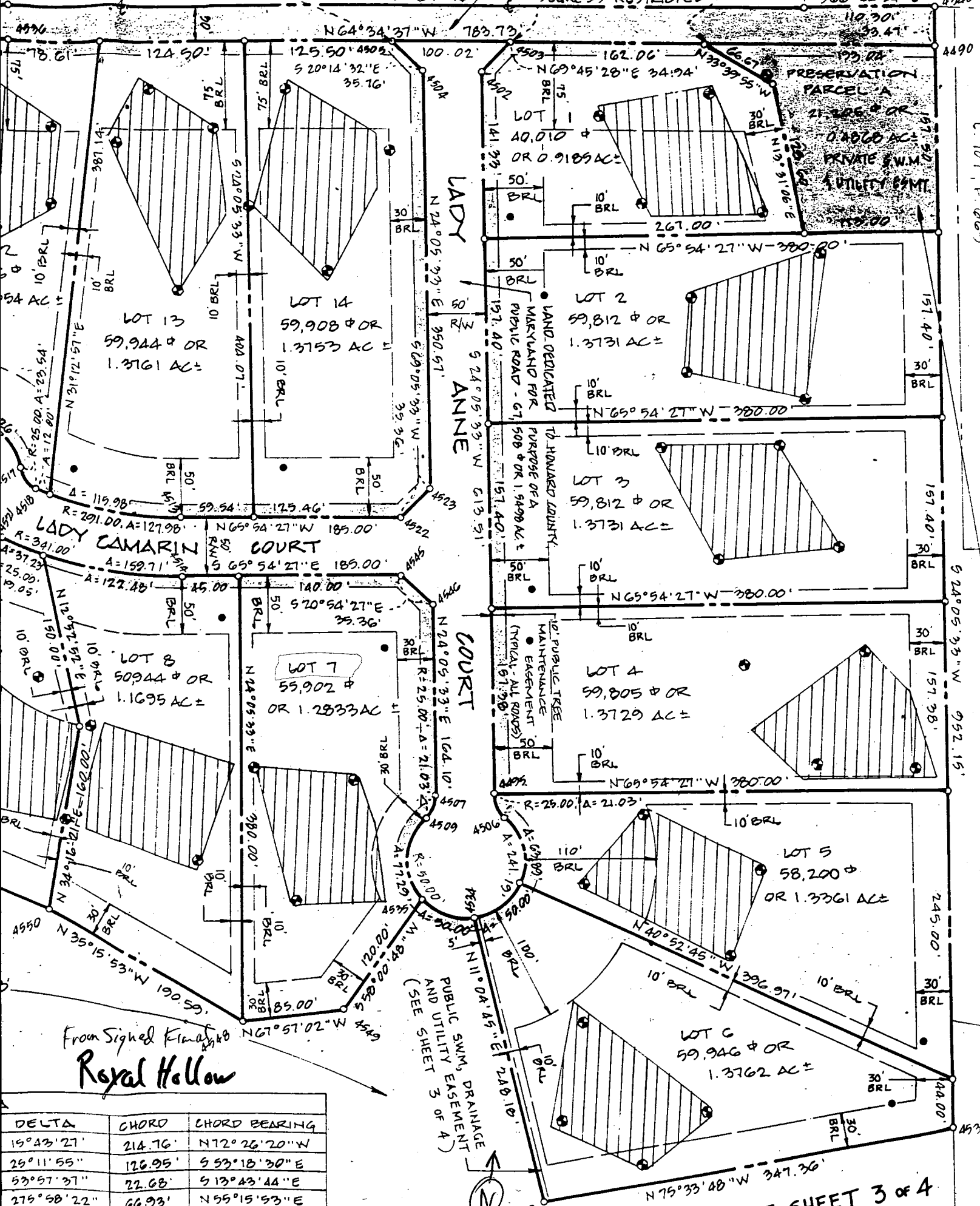
LADY ANN
LIMIT OF
DISTURBANCE
15' to Old Fred



VEHICULAR INGRESS
 RESTRICTED
 3667

Route 99

MARYLAND FOR PURPOSE OF A PUBLIC
 ROAD - 91.402 ± OR 0.1227 AC ±
 VEHICULAR INGRESS AND
 EGRESS RESTRICTED



DELTA	CHORD	CHORD BEARING
19°43'27"	214.76'	N72°26'20"W
29°11'55"	126.95'	S53°18'30"E
53°57'37"	22.68'	S13°43'44"E
279°58'22"	66.93'	N55°15'53"E
43°38'54"	18.59'	N60°53'51"W

From Signed Plat
Royal Hollow

SEE SHEET 3 OF 4

Approved Septic System Plan
Howard County Health Department

COURT

LADY ANNE COURT

Signature
Date 5/21/97

S20°54'27"E
140.00'

EXISTING WELL
PER RECORD PLAT

10' PUBLIC TREE MAINT. ESPT.

S24°05'33"W
164.10'

L.O.D.

SEE ATTACHED
FOR ELEVATIONS

** SEE
EXA
TO

1,500 GALLON
SEPTIC TANK

DISTRIBUTION
BOX

SEPTIC AREA
PER PLAT

R = 25.00'
L = 21.03'

50.00'
77.29'

N24°05'33"E
380.00'

10' BRL
50' BRL

30' BRL

GARAGE

FF=662.2
B=659.4
G=660.9

100' MIN.
WELL
RADIUS

5.0%
(1st 10')
W/Ox
652.9

5'
@2.4%

50'
@2.0%

652.5
(SPOT)

652.0

662

18' RCP

41/6
30' x 30' x 15'

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GENERAL NOTES

- 1) 2-FOOT CONTOUR TOPOGRAPHY PER PRELIMINARY EQUIVALENT SKETCH BY VANMAR ASSOCIATES, INC.
- 2) HOUSE ELEVATIONS:

FIRST FLOOR	=	662.2
GARAGE	=	660.9
BASEMENT	=	653.4
HOUSE INVERT AT WALL	=	651.2
MINIMUM BASEMENT ELEVATION	=	653.4
- DISTRIBUTION BOX (FINISHED GRADE = EXISTING GRADE = 652.0)

TOP	=	650.8
INVERT IN	=	648.7
INVERT OUT	=	648.4
- SEPTIC TANK (FINISHED GRADE = 652.5)

INVERT IN	=	650.2
INVERT OUT	=	649.9
3. TRENCHES TO RUN PARRALLEL TO CONTOURS.
4. TRENCH LENGTH AND LOCATION TO BE DETERMINED BY THE HOWARD COUNTY HEALTH DEPARTMENT PERMIT AND INSPECTOR.
5. PLAT NUMBER - 12305
SP-94-05

Signature

Shirley McCall

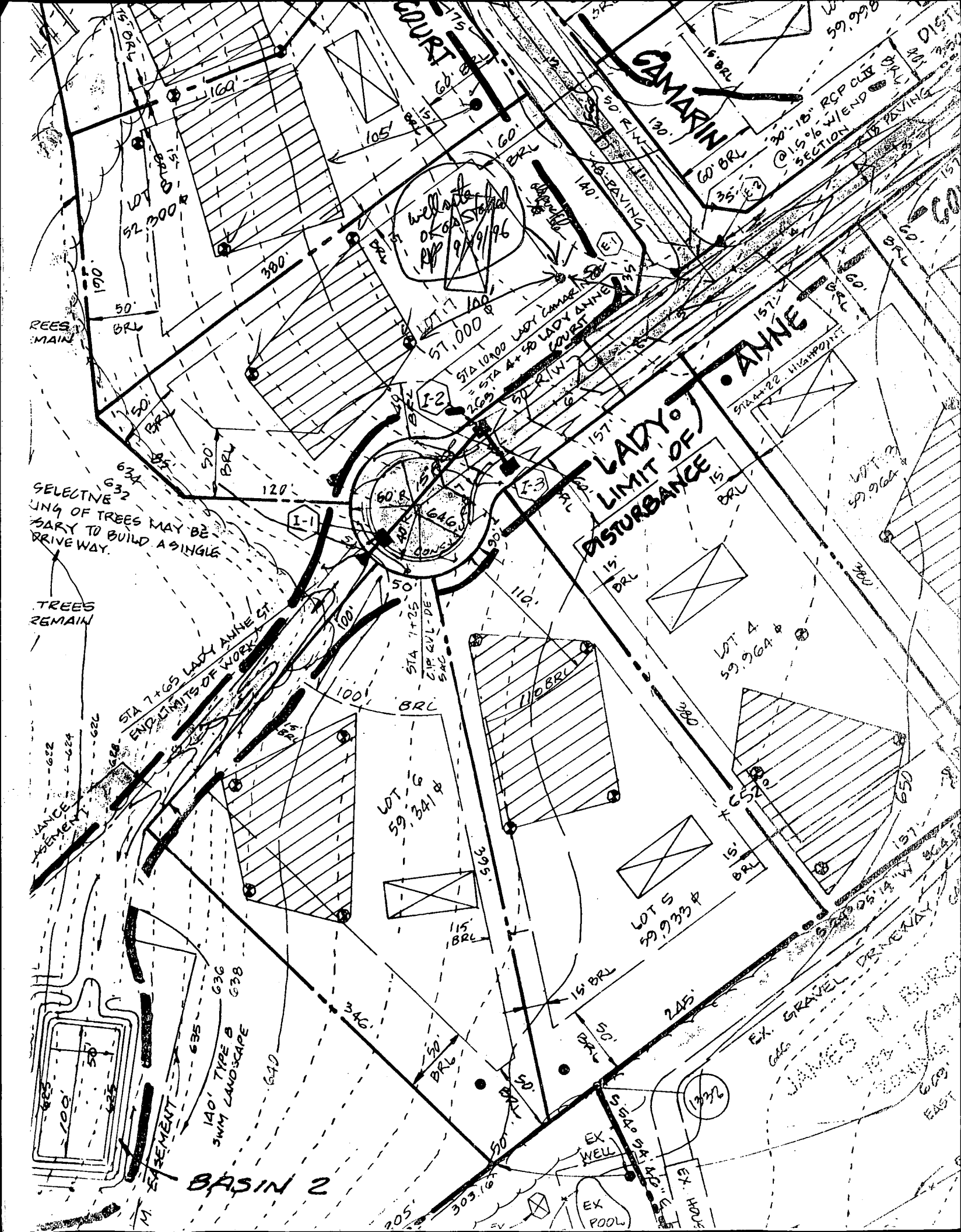
Date

5/27/97

Approved Septic System Plan
Howard County Health Department

HOWARD SOIL CONSERVATION DISTRICT STANDARD SEDIMENT CONTROL NOTES

1. A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1855).
2. ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERETO.
3. FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: A) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, B) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
4. ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 7 OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
5. ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING, SOD TEMPORARY SEEDING, AND MULCHING (SEC. G). TEMPORARY STABILIZATION WITH MULCH ALONE SHALL ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
6. ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
7. SITE ANALYSIS:
TOTAL AREA OF SITE



CAMARIN

LADY OF ANNE
LIMIT OF DISTURBANCE

LOT 5
59,933

LOT 6
59,341

WELL SITE
OF 80' DIAMETER
9/19/96

BASIN 2

SELECTIVE
REMOVAL OF TREES MAY BE
NECESSARY TO BUILD A SINGLE
DRIVEWAY.

TREES
REMAIN

STA 7+65 LADY ANNE ST
END LIMITS OF WORK

EX GRAVEL DRIVEWAY
JAMES M. BURROUGHS
LOT 5 59,933
LOT 6 59,341
LOT 7 57,000

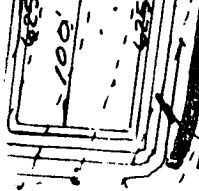
LANE
SEWER

140' TYPE &
SWIM LANDSCAPE

EX WELL

EX POOL

EX HOME



B 1 9005

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-0946

fill in this form completely

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

please print or type

Date Received (APA)

OWNER INFORMATION

Lee Development Group, 8601 Georgia Ave, Silver Spring MD 20910

LOCATION OF WELL

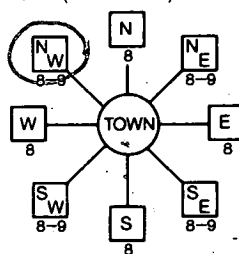
Howard, Royal Hollow, Lisbon

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

George P. Easterday, L. Franklin Easterday, Inc., 9265 Brown Church Rd., Mt. Airy, Md. 21777

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LADY CAMARIN CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 7 BLK: 6 PARCEL 84

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only), Farming, Industrial, Commercial, State and Federal Gov. Other, Public or private water company, Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A 49918M, DATE ISSUED 10/9/96, CO SIGNATURE, EXP. DATE 10/9/99

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED 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-contact local approving authority for policy on standby wells, This well will deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 94 GAP 016, FORCE RP, PERMIT No. HO-94-0946

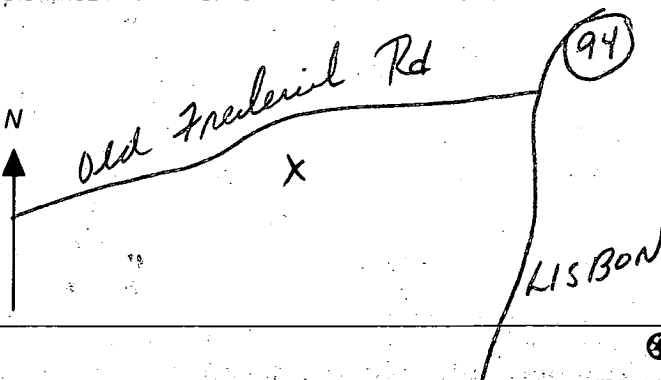
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. wells

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7729, N 5521

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 7830

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

A499184

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

ST/CO USE ONLY DATE RECEIVED

040797

DATE WELL COMPLETED

030797

Depth of Well

500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

NO-94-0946

OWNER

Lee Development Corp

STREET OR RFD

Lady Cameron Ct

TOWN

Lisbon

SUBDIVISION

Royal Hollow

SECTION

LOT

7

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. Includes entries like Top soil, Clay, Clay + Slate, Tan Slate, Green Slate, Br. Slate, Gray Slate, Flint, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 40 NO. OF POUNDS 4000

GALLONS OF WATER 200

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 90 ft.

CASING RECORD

casing types insert appropriate code below

STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT)

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL (ST), BRASS (BR), BRONZE (BR), PLASTIC (PL), OPEN HOLE (HO), OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE (MWD/MSD/MGD) 40

DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Easterday

LIC. NO. 386

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

DEPTH (nearest ft.)

110, 178, 500

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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 30 ft.

WHEN PUMPING 182 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 (CIRCLE) (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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

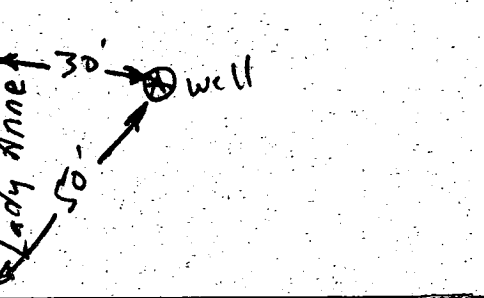
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (+ above, - below) (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)



COUNTY

Lady Cameron Ct.

8/18/97
WPI AM

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner _____ Telephone _____
Subdivision _____ Lot # _____ Well Tag # _____
Site Address _____

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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.