

4/16/99
210D

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511515

A 49993-R

DISTRICT _____

DATE 4/15/99

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 4/16/99

INSPECTOR [Signature]

05-425751

INDEXED

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Easternview LOT 12 ROAD 11715 Janney Court

PROPERTY OWNER Dr. John Ondov

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS ***MANOLE CLEANOUT REQUIRED***

NUMBER OF BEDROOMS 3

*BP revision bdf #
(informed by DILP)

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280 210

TRENCHES - Trench to be 3 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 60 feet up the right (206.38') lot line and 85 feet off that same lot line as seen when facing the lot from Janney Court. Run trenches on contour toward Janney Court.

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

PLANS APPROVED BY Amy McMillen DATE 02-03-99

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 25/40 PVC OR ABS

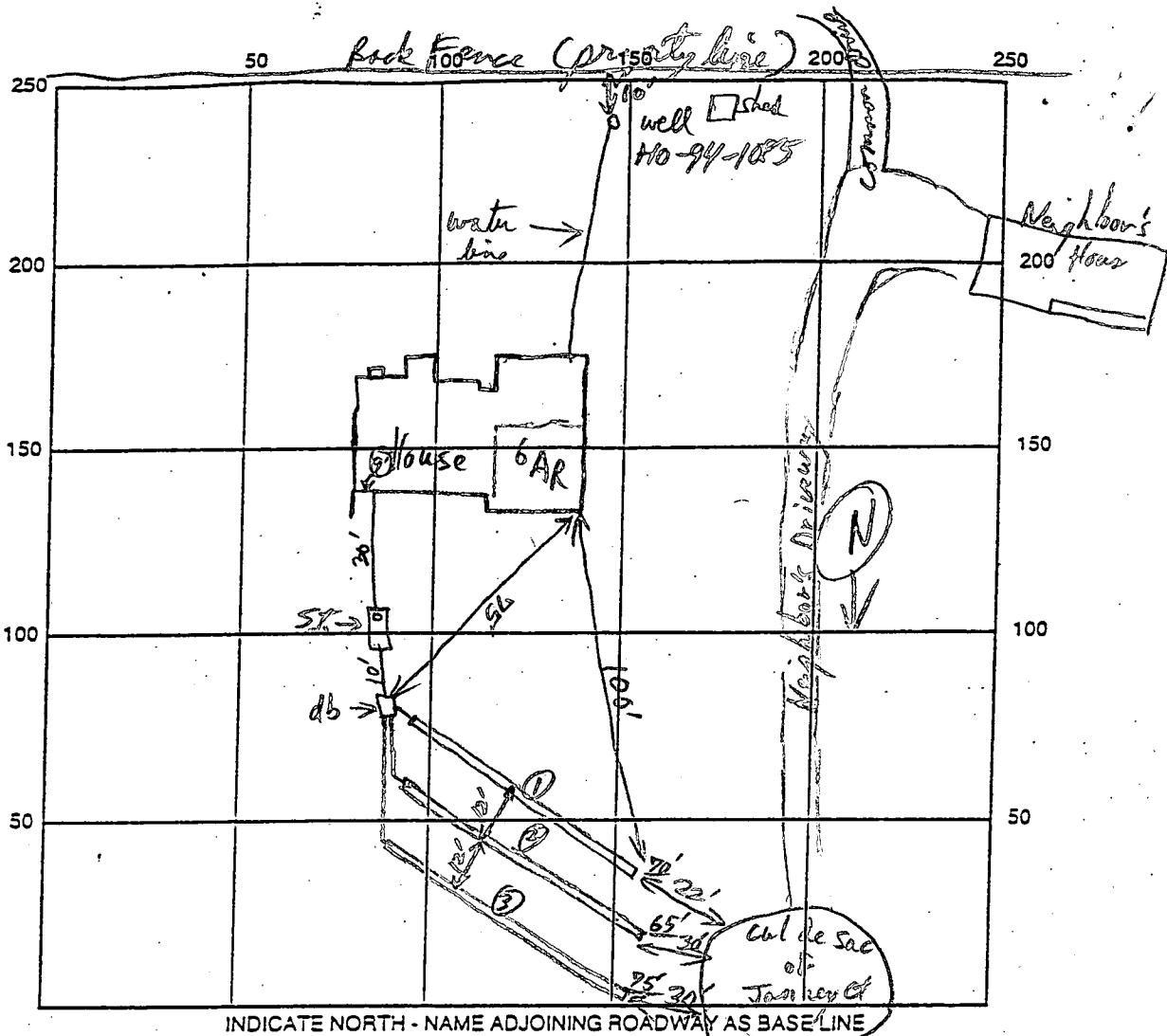
PERMIT VOID AFTER TWO YEARS

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**

4/16/99



SEPTIC TANK LEVEL 1500 gal Mid Sealed S.T. CLEANOUTS S.T.

DISTRIBUTION BOX LEVEL level to Baffle OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 1/2/3
90/65/75 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 630 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: House Connection OK, Septic Tank OK, Trenches & Ktr cover all work R/P 4/16/99

Trench for water line open, No plumbing work yet, 2 piece Cap OK, No wires, conduit pipe set R/P 4/16/99

DATE SYSTEM APPROVED 4/16/99 INSPECTOR R. P. Wiley

APPLICATION

PERCOLATION TESTING

A 49993 R

P _____

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

DISTRICT 1

DATE 4/26/94

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 John M. Janney Dr. John Ondov
MD 21029

ADDRESS 7346 Pindell School Rd. Clarksville PHONE (301)725-5885

AGENT OR PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, MD 21041 PHONE (410)442-1045

PROPERTY LOCATION:

SUBDIVISION BRENDA'S CHOICE LOT NO. 16 U. 12

ROAD AND DESCRIPTION West side Pindell School Rd. @ Johns Hopkins Rd.

(11715 JANNEY COURT)

**LDG. PERMIT SIGNED
AND RETURNED 23-89
Serial # B00115959**

TAX MAP 41 PARCEL # 143

SIZE OF LOT 1 Acre TYPE BLDG. Single Family - 4 Br
(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 PERG 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.

Ronald J. Carter, GENERAL PARTNER
(SIGNATURE OF APPLICANT) CARMAN ASSOC.

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

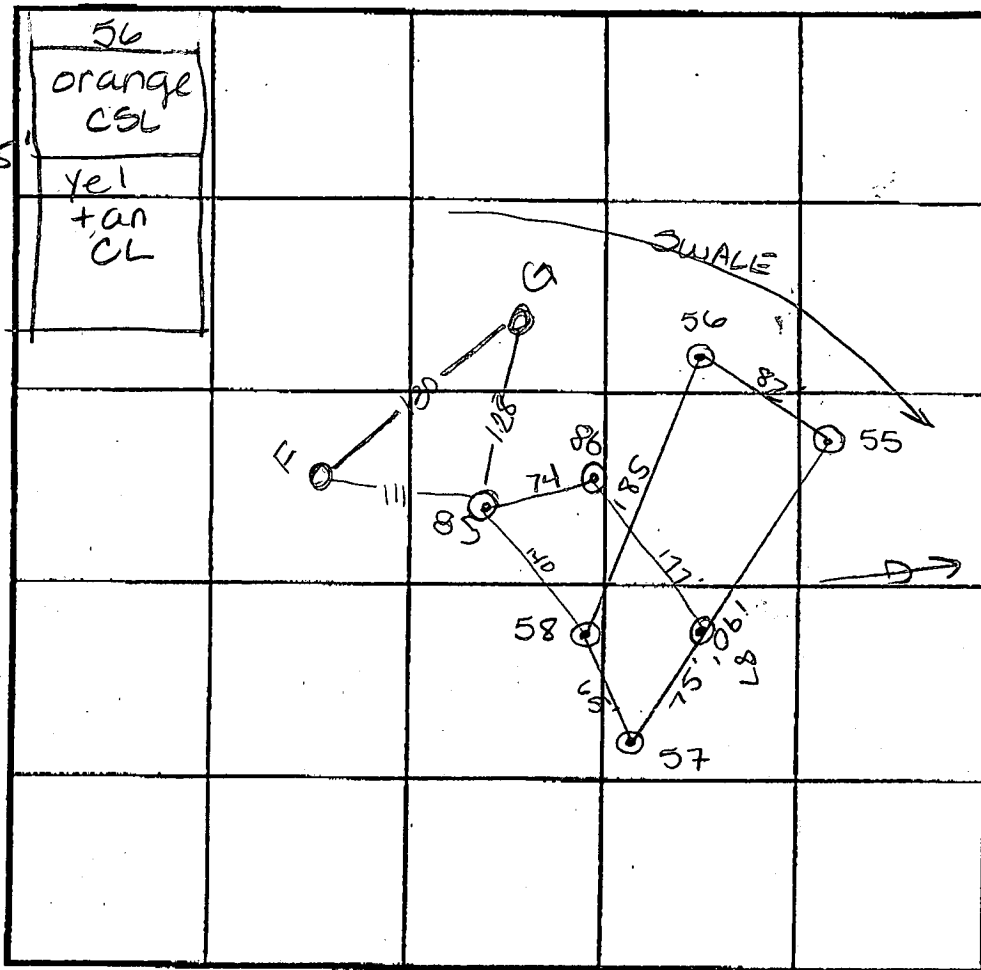
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

A499935

COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 86
 0' tan/yel CL
 3' reddish brn SIL
 mica rock frags and Saprolite 15-20% OK

85 87
 3' red/orange CL
 7' brn w/ reddish tint SL
 mica some Saprolite >5% OK

58
 3 1/2' orange CL
 12' red w/ white mica flecks SSIL
 some large rocks 5" 41% OK

SOIL PROFILE 57
 0' orange CL
 3 1/2' reddish SL
 25% rock frags

55
 7' yel tan C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-16-94	85	3 1/2' VI2	8:55	8:55 ³⁵	8:55 ³⁵	8:56 ¹⁵	45sec
	86	4' VI2	9:00	9:01 ¹⁵	9:01 ¹⁵	9:03 ¹⁵	2min
	87	3 1/2' VII 1/2	9:09 ⁵	9:09 ³⁰	9:09 ³⁰	9:10 ⁴⁵	1 1/4 min
	87	6 1/2' VII 1/2	9:08 ³⁰	9:09	9:09	9:11	2min
	58	4 1/2' VI2	7:53	7:53 ³⁰	7:53 ³⁰	7:54	30sec
	58	8' VI2	7:52 ³⁰	7:53	7:53	7:55	2min
	57	4' VI2	7:57 ³⁰	7:57 ⁵⁰	7:57 ⁵⁰	7:59	1 1/4 min
	57	8' VI2	7:57 ⁵⁰	7:57 ⁴⁵	7:57 ⁴⁵	7:59	1 1/4 min
	56	Visual to 12'					F
	55	Visual to 7'					F

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Dan / Phil
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 2'
 INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' 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 _____ LOT NO. _____

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 _____

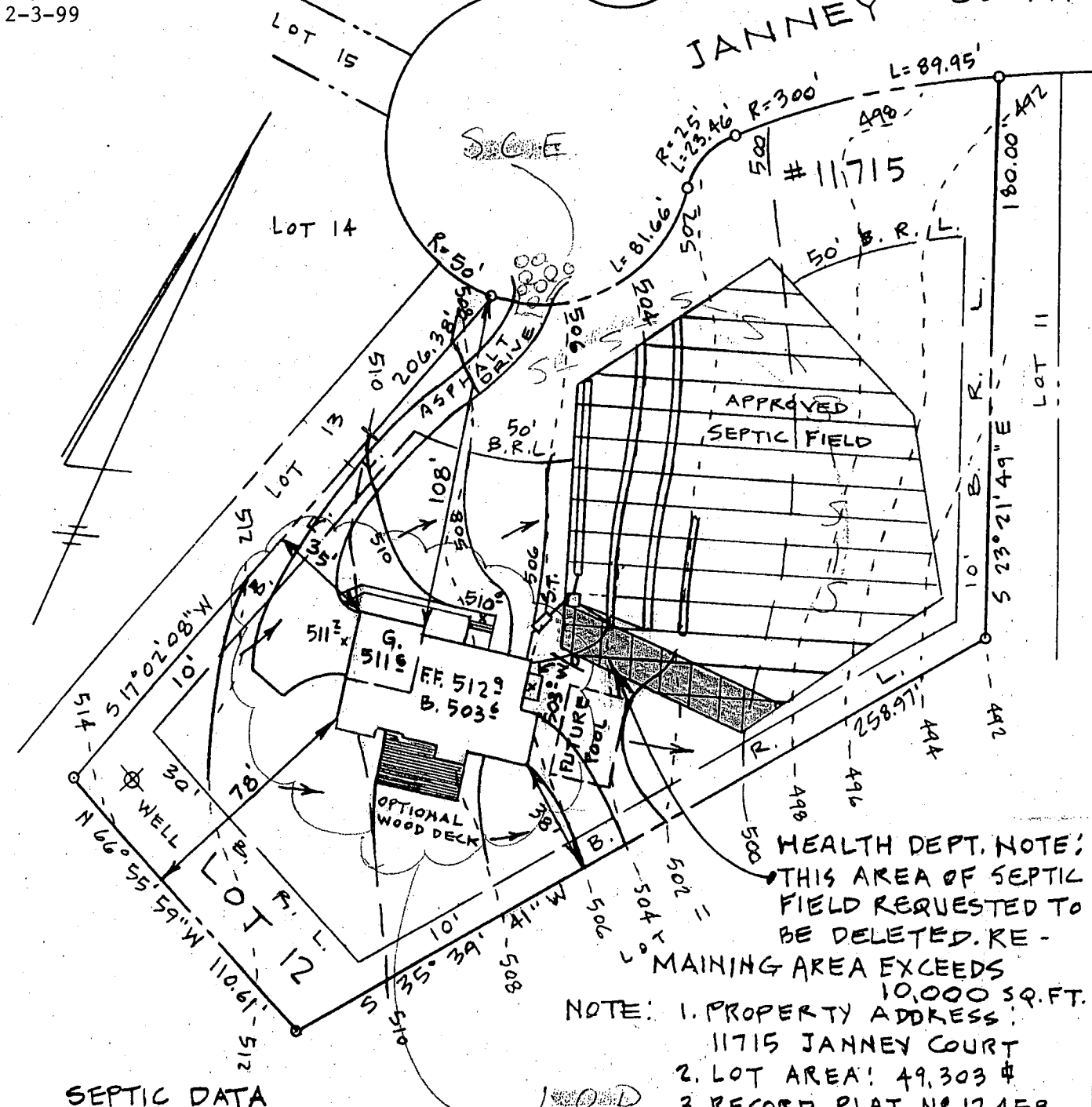
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

By copy of this plan, the Health Department accepts this modification to the recorded sewage disposal easement.

Amy Mc Millen

Amy Mc Millen, R.S.
2-3-99



HEALTH DEPT. NOTE:
THIS AREA OF SEPTIC FIELD REQUESTED TO BE DELETED. REMAINING AREA EXCEEDS 10,000 SQ. FT.

- NOTE:
1. PROPERTY ADDRESS: 11715 JANNEY COURT
 2. LOT AREA: 49,303 #
 3. RECORD PLAT # 12458

SEPTIC DATA

HOUSE F.F.	5129
" BSM'T	5036
" SEWER INV.	5013
SEPTIC INV. IN.	5010
TANK INV. OUT	5001
" FIN. GR.	5052
DISTR. INV. IN	5005
BOX FIN. GR.	5055
WATER EX. GR.	5135
WELL FIN. GR.	"
TRENCH DATA:	210' / B.R.
"	TO BE 3' WIDE
"	" 70 L.F. / B.R.

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

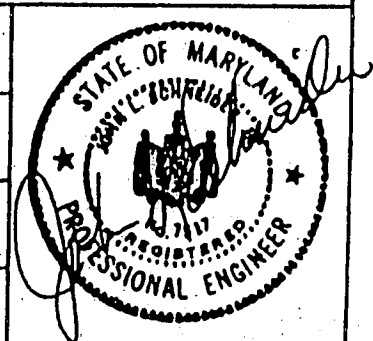
GRADING STUDY

LOT 12 "EASTERN VIEW"

5th ELECTION DISTRICT
HOWARD COUNTY - MARYLAND

SCALE: 1" = 50'

DATE: DEC. 30, 1998





JAMESTOWN
BUILDERS

February 23, 1999

Howard County Dept of Insp., Lis. & Permits
Attention: Ms. Avis Corbin
3430 Courthouse Drive
Ellicott City, Maryland 21043

Dear Avis:

Please amend permit number B00115959 using the grading study prepared by our engineer dated December 15, 1998. The homeowner elected to make this change after we submitted our permit application using the grading study dated December 30, 1998. Thank you for your cooperation.

Sincerely,

Chris Carlyle
Member

CC/tjp
Enclosure

2/23/99 Health Dept. finds no objection
w/ proposed change in house location.
(Site plan received from Mr. Carlyle)

Total linear feet of trench required 280 feet

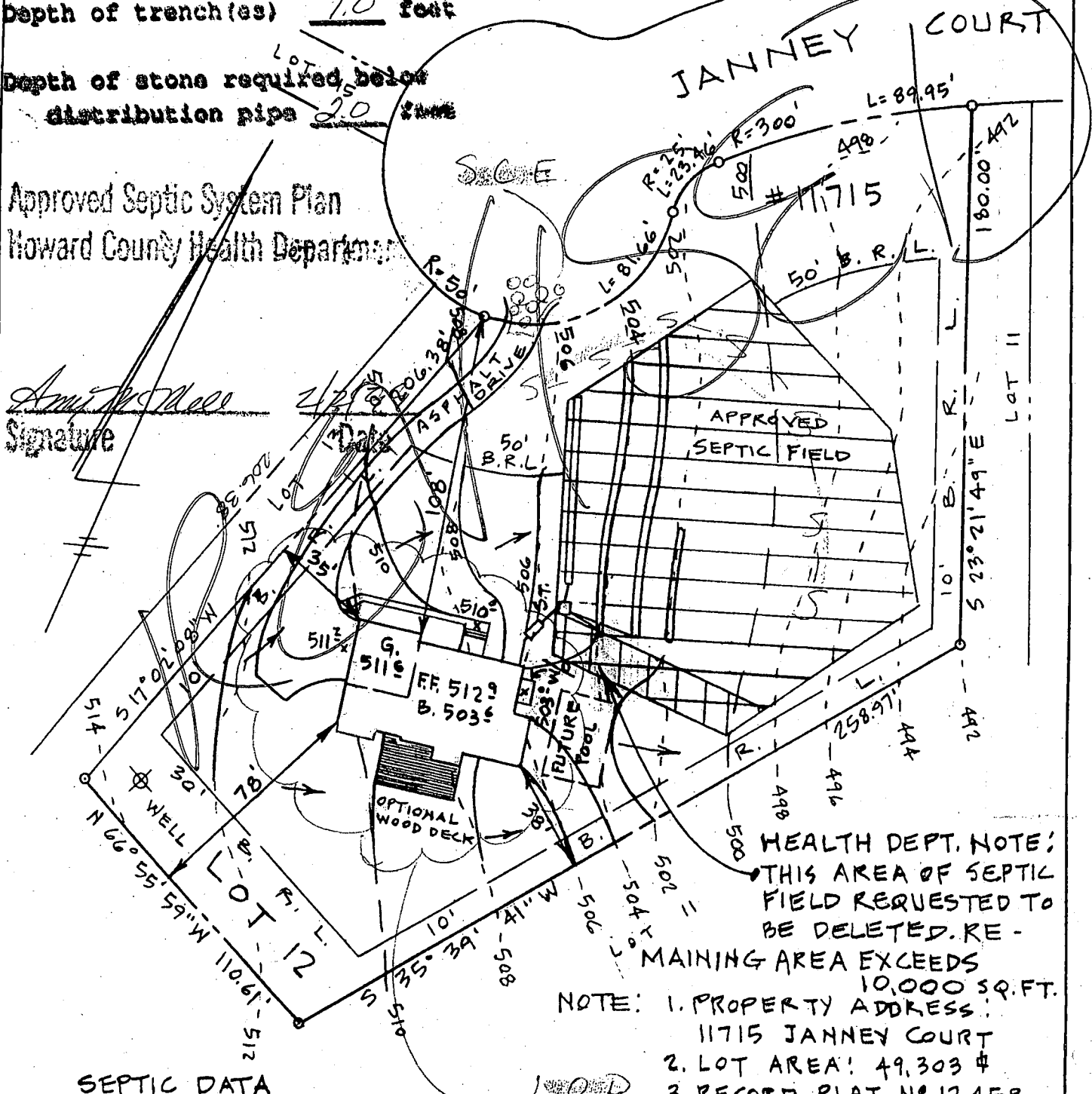
Width of trench (es) 30 feet

Depth of trench (es) 7.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Ami M. Mace
Signature



HEALTH DEPT. NOTE:
THIS AREA OF SEPTIC FIELD REQUESTED TO BE DELETED. REMAINING AREA EXCEEDS 10,000 SQ. FT.

- NOTE:
1. PROPERTY ADDRESS: 11715 JANNEY COURT
 2. LOT AREA: 49,303 sq. ft.
 3. RECORD PLAT # 12458

SEPTIC DATA

HOUSE F.F.	5129
" BSM'T	5036
" SEWER INV.	5013
SEPTIC INV. IN	5010
TANK INV. OUT	5001
" FIN. GR.	5052
DISTR. INV. IN	5005
BOX FIN. GR.	5055
WATER EX. GR.	5135
WELL FIN. GR.	"

TRENCH DATA: 210' / B.R.
" TO BE 3' WIDE
" " 70 L.F. / B.R.

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

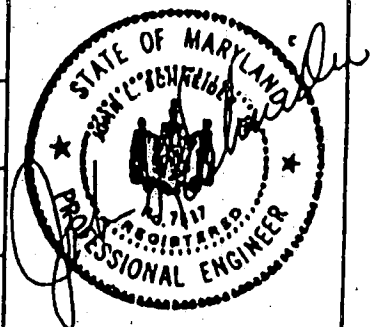
GRADING STUDY

LOT 12 "EASTERN VIEW"

5th ELECTION DISTRICT
HOWARD COUNTY - MARYLAND

SCALE: 1" = 50'

DATE: DEC. 30, 1998



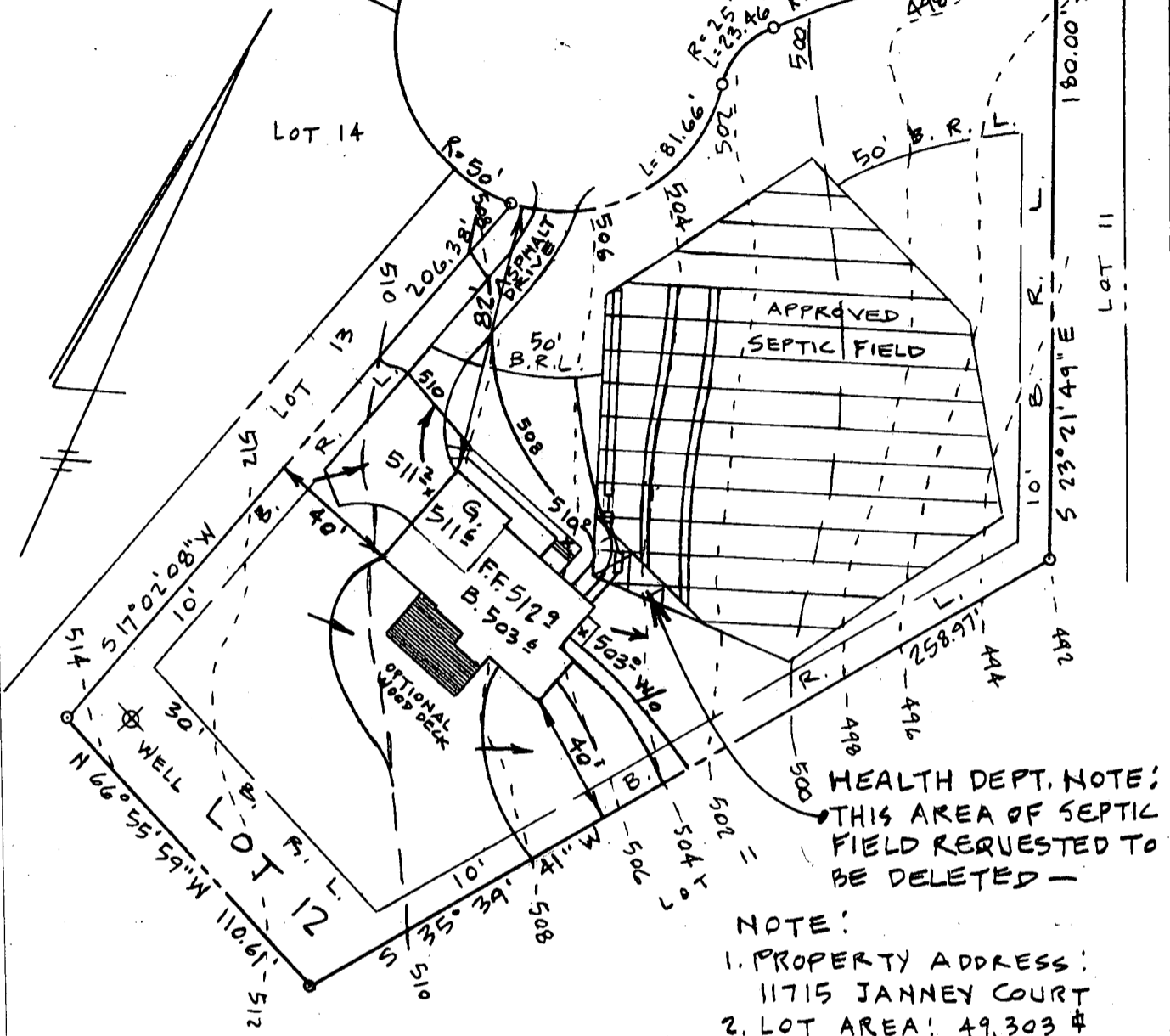
Approved Septic System Plan
Howard County Health Department

LOT 17

LOT 16

JANNEY COURT

[Signature]
Signature
Date 12/15/98



HEALTH DEPT. NOTE:
THIS AREA OF SEPTIC FIELD REQUESTED TO BE DELETED -

- NOTE:
1. PROPERTY ADDRESS: 11715 JANNEY COURT
 2. LOT AREA: 49,303 #
 3. RECORD PLAT # 1245B

SEPTIC DATA

HOUSE F.F.	512 ⁹
" BSMT	503 ⁶
" SEWER INV.	501 ³
SEPTIC INV. IN	501 ⁰
TANK INV. OUT	500 ⁷
" FIN. GR.	505 ⁵
DISTR. INV. IN	500 ⁵
BOX FIN. GR.	505 ⁵
WATER EX. GR.	513 ⁵
WELL FIN. GR.	"

TRENCH DATA: 210' / B.R.
" TO BE 3' WIDE
" " 70 L.F. / B.R.

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 7 feet

ENGINEER

Depth of stone required below distribution pipe
JOHN L. SCHNEIDER, P.E.
2100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

GRADING STUDY

LOT 12 "EASTERN VIEW"

5^B ELECTION DISTRICT
HOWARD COUNTY - MARYLAND

SCALE: 1" = 50'

DATE: DEC. 15, 1998



-REVISED-

C1 6003

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A 4993R

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

4/9/97

3 31 97

285

HO 94 1085

OWNER Easternview Corp STREET OR RFD Janney Court TOWN FULTON SUBDIVISION Easternview SECTION LOT 12

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 FROM TO check if water bearing

Sand 0 77 Gray Mica Rock 77 285

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 23 NO. OF POUNDS 2162 GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

CASING RECORD

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) 81

OTHER CASING (if used)

diagram showing casing depth from to

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

80 285

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48

WHEN PUMPING 145

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

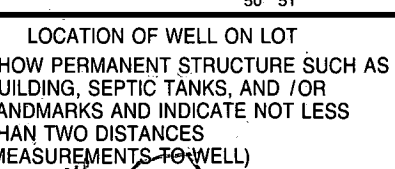
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above below LAND SURFACE (nearest foot)



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 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. MSD024

DRILLERS SIGNATURE Joseph L. Mays

LIC. NO. MSD027

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

B 1 7431 SEQUENCE NO. (MDE 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
H0-94-1085
 fill in this form completely

B 2 **OWNER INFORMATION**

Date Received (APA) 031297

EASTERN VIEW CORP.
 15 Last Name 13 Owner 34 First Name

17 SODAISY RD
 36 Street or RFD 55

WOODBINE MD 21797
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD
 8 COUNTY 21

EASTERN VIEW
 23 SUBDIVISION 42

SECTION 44 46 LOT 12 48 50

FULTON
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 73 M1 76 77 78

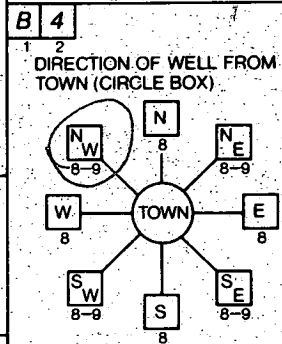
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Joseph R. Mayne
 77 License No. 024 80

Joseph R. Mayne Well Drilling
 Firm Name

5512 Ridge Rd. Md. City Md. 21771
 Address

Joseph R. Mayne 3/12/97
 Signature Date



JANNEY CT.
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 200 37
 DISTANCE FROM ROAD

ENTER FT OR MI: F 38 7 39

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

Howard COUNTY NAME A49993R COUNTY NO.

STATE SIGNATURE Southern INSERT S

DATE ISSUED 032497 EXP. DATE 3/23/98

43 48 CO SIGNATURE EAST GRID 0823000 57 63

NORTH GRID 487000 50 55

APPROXIMATE DEPTH OF WELL 269 24 28 FEET

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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8283
4887

000
000

3-31-97
 grout 9.30
 unable to grout due to condition
 4-1-97 Grout

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

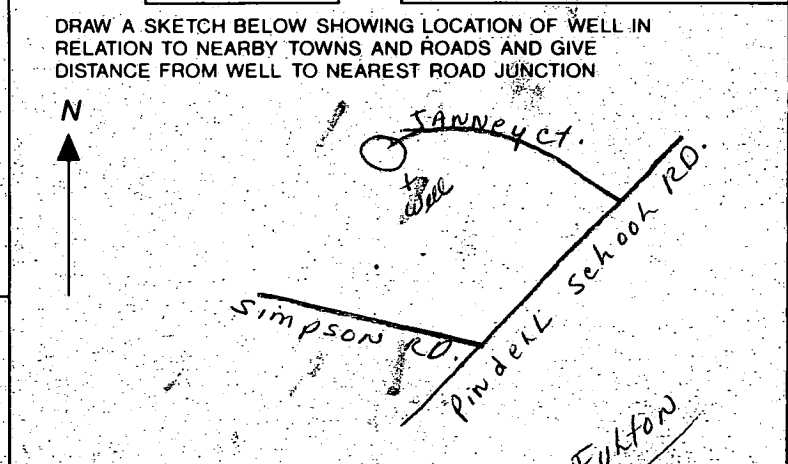
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE DS WRITE INITIALS IN BOX 67 69 PERMIT No. H0-94-1085 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

W.P. anytime
4/20/99

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9233

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Willoughby Plumb. Svc.

Telephone # _____

License Number #W99L
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner JOHN ONDOV

Telephone # _____
Well Tag # HO-74-1085

Subdivision EASTERN VIEW Lot # 12

Site Address 1115 JANNET CT
CLARKSVILLE MD 21029

PUMP

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make TRACOR
- 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 TAPE

MOTOR

- 1. Horsepower 1/2HP
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 230

PITLESS ADAPTER

- 1. Make HARWOOD
- 2. Model # _____
- 3. Depth 4 FT

TANK

- 1. Capacity 40 gal
- 2. Pressure relief valve? yes

PIPING

- 1. Type CRESTLINE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 4 ft

WELL DATA

- 1. Depth 285 ft. 3-31-97
- 2. Yield 10 GPM
- 3. Static water level _____ ft.
- 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: Chris Willoughby Pres.

Date: 4/20/99

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

NO-218 2 piece cap OK & secure
conduit pipe OK
pitless adapter OK
adequate grout below pitless
WPI OK 4/20/99 S.R.K.