

05-411203

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49964

A 37067

DISTRICT 5

DATE 4/8/94

DATE SYSTEM APPROVED 4/27/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

LeeLand Mechanical Corp.

IS PERMITTED TO INSTALL ALTER

ADDRESS 2502 Urbana Pike, Lijamsville, Maryland 21754 PHONE _____

SUBDIVISION Highland Meadows LOT 5 ROAD 13348 Long Leaf Drive

PROPERTY OWNER David Tyler and Linda Maier

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

$$\begin{array}{r} 180 \\ \times 4 \\ \hline 720 \end{array} \quad \begin{array}{r} 240 \\ \times 7 \\ \hline 1720 \end{array}$$

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet from the rear (346.50') lot line and 120 feet from the right (515.29') lot line as seen when facing the lot from Long Leaf Court. Run the trenches on contour toward the rear of the 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 MR 4/2/94*

PLANS APPROVED BY Raymond Hodges/Mark Rifkin REVISED DATE 9/15/93

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

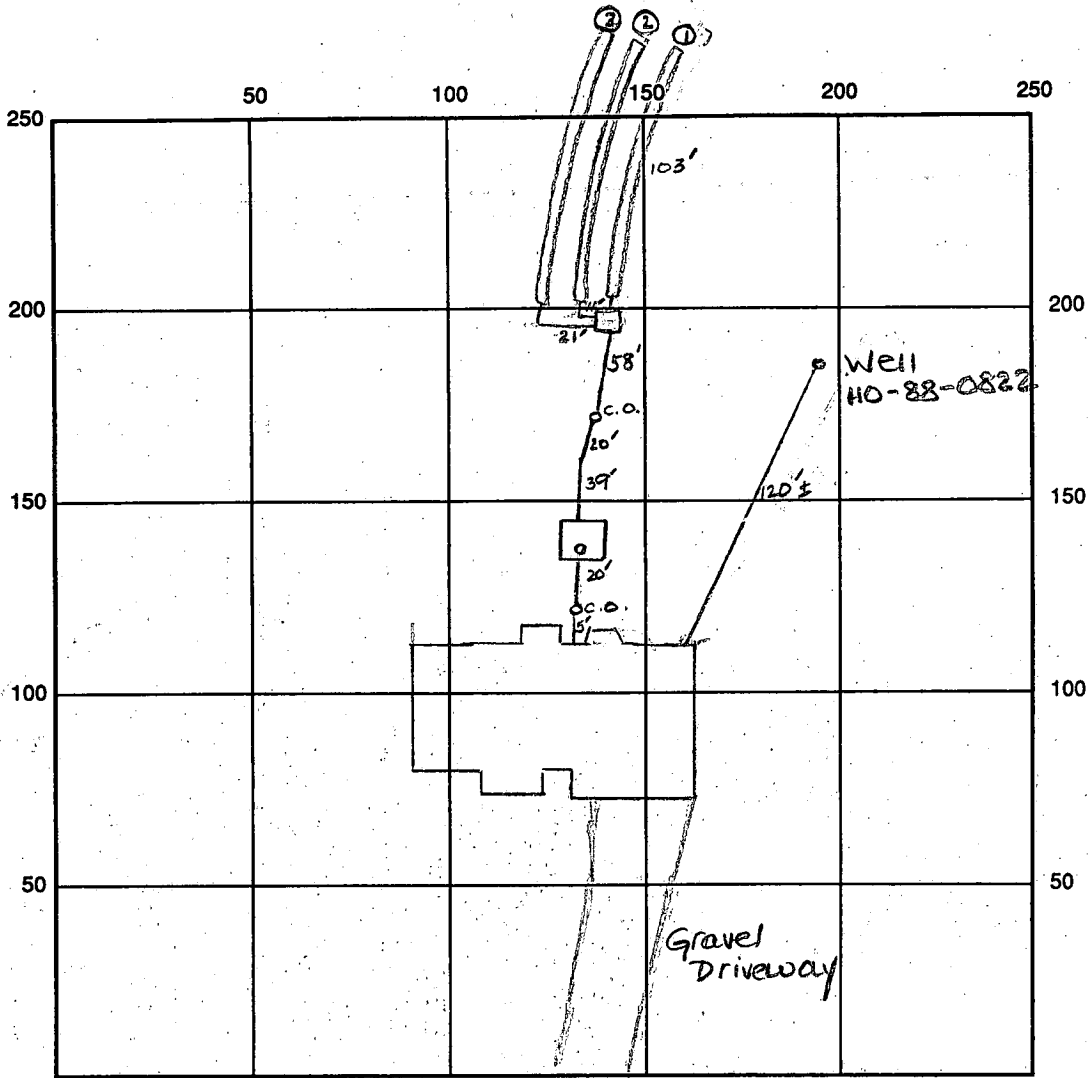
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. *1-500 gallon Dupont tank*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 5/16/94
Serial # 54136

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

A 37067



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Long Leaf Drive

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS two in line, one on tank

DISTRIBUTION BOX LEVEL OK - baffle in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 103' 98' 102' FT. 303"

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 909 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 909 SQ. FT.

REMARKS: 4/27/94 OK to cover all work. house connection made.

WPI OK. DKS

DATE SYSTEM APPROVED 4/27/94

INSPECTOR *[Signature]*

APPLICATION

PERCOLATION TESTING

A 37067

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

*5/16/87
paper work pending
approved
[Signature]*

P _____

DISTRICT _____

DATE _____

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 Brighton Dam Limited Partnership *David Tyler + Linda Maier*
6228 Clearwood Road
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838 *410-379-5172*

PROSPECTIVE BUYER Celta Corporation
101 Chestnut ST. STE 125
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION: LOT 5 on Prelim
SUBDIVISION Highland Meadows LOT NO. 8
ROAD AND DESCRIPTION Highland Road at Brighton Dam Road *13348* LONG LEAF DR

TAX MAP 34 PARCEL # 169
SIZE OF LOT 3 AC + TYPE BLDG. SFD *4 Bedrooms*
BLDG. PERMIT SIGNED AND RETURNED 9/28/83
Serial # 50534 - 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-9-86 hold for further testing in wet season. S. Alan

probably combine with lot 9

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Brighton Dam Limited Partnership
6228 Clearwood Road
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838

PROSPECTIVE BUYER Celta Corporation
101 Chestnut St. STE 125
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION:

SUBDIVISION Highland Meadows LOT NO. 8

ROAD AND DESCRIPTION Highland Road at Brighton Dam Road LONG LEAF DR

TAX MAP 34 PARCEL # 169

SIZE OF LOT 3 AC + TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

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	
5/6/87	7	Rock from	3' down	hard by	15'		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 37068

P _____

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

*5/5/87
septic unsuccessful*

DISTRICT _____

DATE _____

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 Brighton Dam Limited Partnership
6228 Clearwood Road
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838

PROSPECTIVE BUYER Celta Corp.
101 Chestnut Street, Suite 125
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION:

SUBDIVISION Highland Meadows LOT NO. 9

*Parcel 9 on Prelim
(should be merged
into other lots)*

ROAD AND DESCRIPTION ~~Highland Road at Brighton Dam Road~~ LONG LEAF DR

TAX MAP 34 PARCEL # 169

SIZE OF LOT 3 AC + 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

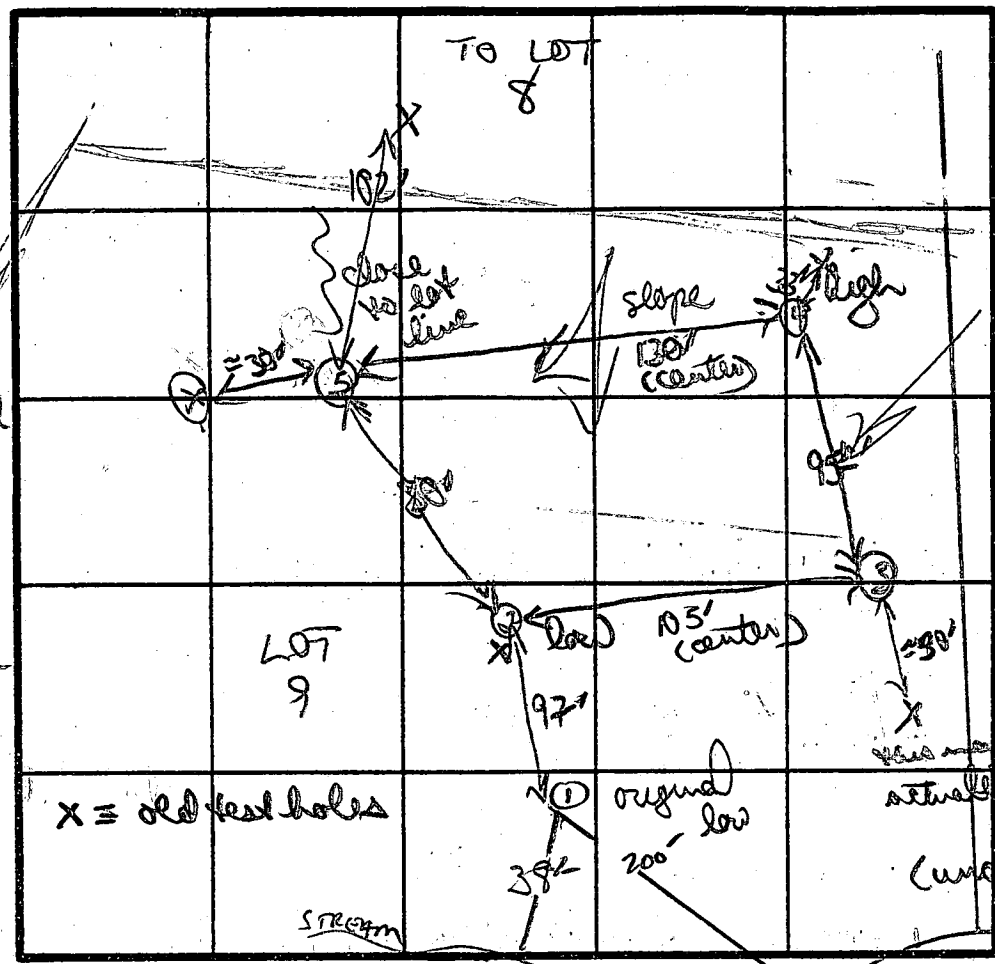
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-9-86 hold for wet season testing. S. after
bad perc times & heavy clay
3/4/88 incorporated into lot 5 + lot 6

THIS IS NOT A PERMIT

SOIL PROFILE

③
 0' brown/orange clay 4 1/2'
 layer of chert gravel med frags 6 1/2'
 to orange powdery silty loam
 14' 2"



⑤
 orange/brown clay med silty loam 3 1/2'
 layer med frags rock 5'
 to orange clay/clay loam 7'
 so silty loam

②
 orange/brown clay (clay 3 1/2' w/ med frags) 5 1/2'
 thin layer of gravelly frags 4 1/2'
 to orange gradually powdery 6 1/2'
 to tan/white silty med loam

④
 brown/orange clay to clay loam w/ gravelly frags 4 1/2'
 to bright red powdery to orange silty loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/84	1V	OK TO 12'	SAND LOAM	4-12'	WET AT 10'	NO H. O.	
							small med rock frags on surface
5/4/87	②	5' S	502	stopped	515		
		8 1/2' M		DID NOT TEST	(PROBABLY OK)		RIGHT NEXT TO AN OLD TEST HOLE
		14' D		bottom	see profile		
	3	14' S	505	stopped	520	little/no movement	
		13' D		bottom	(see profile)		
	4	4 1/2' S	524	little	no movement		
		12 1/2' D		bottom	(see profile)		
	⑤	5' S	515	535	2 1/2" movement	stopped	
		13 1/2' D		bottom			

REMARKS: No corner stakes; extra holes dug but no info on them. New high hole may infringe on original house/well.

TYPE OF SOIL _____
 TESTED BY S. Hill / D. Nifer _____
 ALSO PRESENT _____

B 1 **9150** SEQUENCE NO. (DP USE ONLY)
 1 2 3 4 5 6 (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
40-88-0822
 70 fill in this form completely 79

Date Received (APA) **05/08/89**
 OWNER INFORMATION
KERWIN HOMES INC
 15 Last Name 13 Owner 34 First Name
24024 FREDERICK RD
 36 Street or RFD 55
CLARKSBURG MD 20871
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **R-4420/1**
 1 2 **HOWARD**
 8 COUNTY 21
HIGHLAND MEADOWS
 23 SUBDIVISION 42
 SECTION **1** LOT **5**
 44 46 48 50
CLARKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday
 40
 77 License No. 80
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9205 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **5/4/89**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD 30
~~BREATHON DAM RD~~
LONG LEAF DR
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

425
 34 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 1 2 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 **A37067**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **070589** **Craig Williams** **1/5/90**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **498000** EAST GRID **0805000**
 50 55 57 63

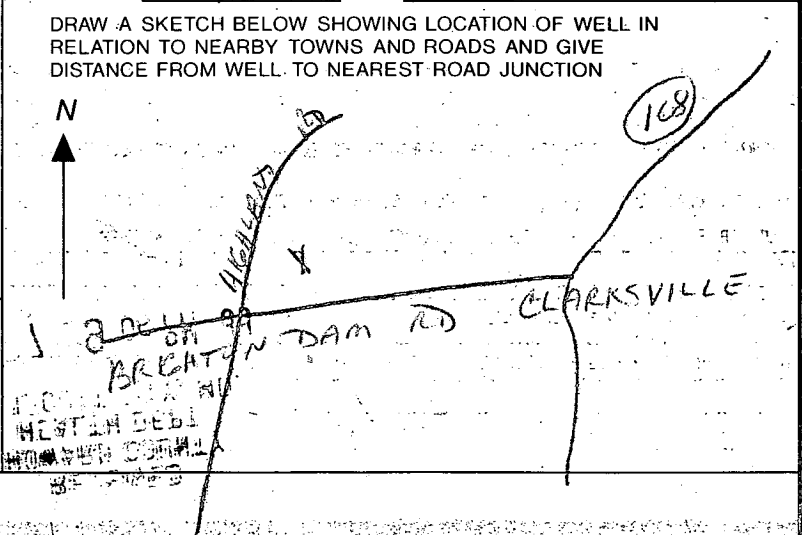
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

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
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800 5**
 N **490 8**
 000 000
 8/11/89 PM
 30' CASING
 28' OPEN
 10' BAGS CEMENT

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) 41 **HEVIN** 52



Not to be filled in by driller (DP USE ONLY)
 APPROP. PERMIT NUMBER **1147**
 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-0822**
 67 68 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS

C1 2449 SEQUENCE NO. (DENV 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 A37067

DATE RECEIVED

DATE WELL COMPLETED 08/1/89

DEPTH OF WELL 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0822

OWNER KFR WIN WINES INC STREET OR RFD BRIGHTON DAM 120 first name TOWN CLARKSVILLE SUBDIVISION HIGHLAND MEADOWS SECTION 1 LOT 5

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 Topsoil, Br. mica, Sandstone, Tan mica, Granite, Br. mica, gravel, Br. mica, Granite, driller reports collapsed to 95'-100'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 17 ft.

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter (6) Total depth of main casing (30) OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) diameter inch depth (feet) from to

DEPTH (nearest ft.) 180

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 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.

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Dennis F. Cantor

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

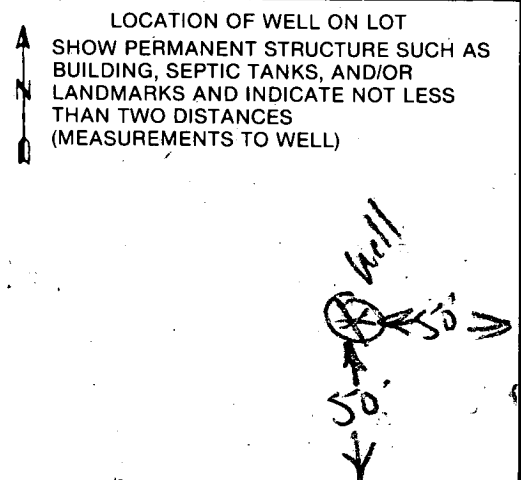
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) WQ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 35 TYPE OF PUMP USED (for test) C centrifugal 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) LAND SURFACE (nearest foot)



DRILLER

Handwritten signature and 'lot line' annotation.

4/21/94 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
Replacement

Receipt # -0
Date 4-27-94

Name of Installer Donald Dement

Telephone (301) 384-6493

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Tyler/Maier Telephone _____
Subdivision Highland Meadows Lot # 5 Well Tag # HO-88-0822
Site Address 13348 Long Leaf Drive

- | | | |
|---|---------------------|------------------------|
| 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? _____ |

4/27/94 WPI OK
4' below grade
2' above grade DKS

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.

4/21/94
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 # 0
Date 4-27-94

Name of Installer Donald Dement

Telephone (301) 384-6493

License Number _____

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Tyler/Maier

Telephone _____

Subdivision Highland Meadows Lot # 5

Well Tag # HO-88-0822

Site Address 513342 Long Leaf Drive

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

2. Make _____

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

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

4/27/94 WPT OK
4' below grade
2' above grade DKS

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).

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Signature of Applicant: _____

Date: _____

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