

5/5/94 ASAP
5-6-94 10:30am
4/9/94 ASAP

05-407028

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49977B

A 37258

DISTRICT 5th

DATE 4/30/94

DATE SYSTEM APPROVED 5/9/94

INSPECTOR C. Bel

as per below notes

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-8938~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Hickory Hill Farm LOT 1 ROAD 12507 Marlow Road

PROPERTY OWNER Kewal & Meenaksa Khatta

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

TRENCHES TO BE INSTALLED AS HIGH ON LOT AS POSSIBLE. CONTRACTOR TO REQUEST LAYOUT INSPECTION PRIOR TO BEGINNING EXCAVATION.

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 5 feet below original grade. 3 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from right front lot corner, place the distribution box 240 feet down the right (240') lot line and 50 feet off the right line as seen when facing property from Marlow Road. Run trenches along contour towards the right (240') lot lines.

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 7/14/93*

HIGH TRENCH 7-10 1/2, MIDDLE TR 6-9 1/2, 5-8 1/2 THIRD

PLANS APPROVED BY Bert Nixon/Mark Rifkin/C. Williams DATE 8/26/93/09/01/93

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

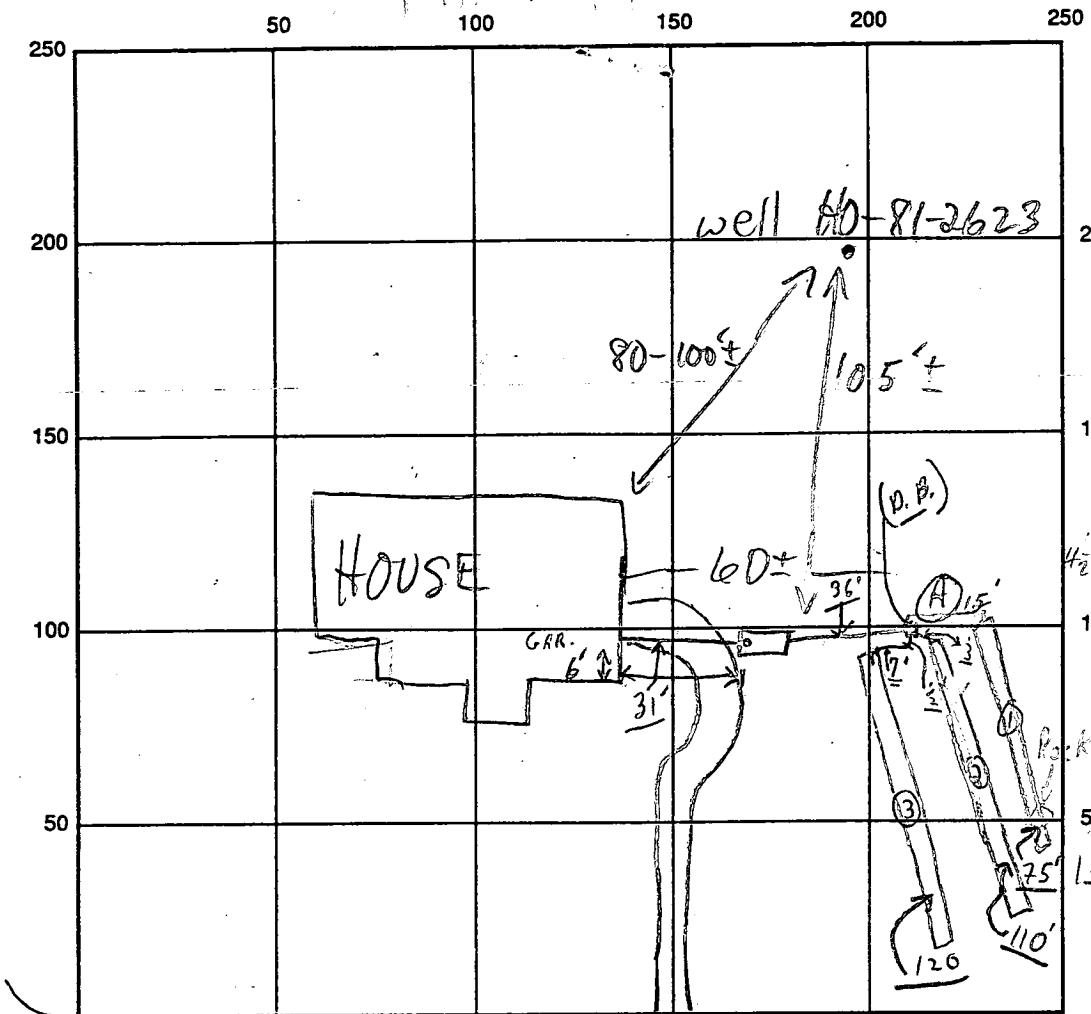
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

*Addition - Family Room
BLDG. PERMIT SIGNED
AND RETURNED 4-18-96
Serial # 64382*

AS 7258



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MARLOWE RD

SEPTIC TANK LEVEL 2000 GAL - OK

CLEANOUTS OK - S.T. ONLY

DISTRIBUTION BOX LEVEL OK - Baffle in

DRAIN FIELD/TITLE DEPTH 1/2/3 (See contractor) + FRONT TRENCH WIDTH 2 FT.

INLET DEPTH 7/6/5 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3/5/4/3.5 FT.

TOTAL LENGTH 075' ② 110' ③

120' = 305 ±

NUMBER OF TRENCHES 3

ONE SIDEWALL AREA 0262 ② 440; ③ 420 = 1122 ± SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1122 ± SQ. FT.

REMARKS: 5/5/94 HOUSE PIPE EXITING UNDER GARAGE (W/O ANY SPECIAL MATERIALS UNDER CEMENT FLOOR); SEPTIC ELEVATIONS VERY TIGHT, VIS. HOLE (A) DUG FOR DEEPER SPECS; PIPE UNDER PARKING PAD TO BE STONED, PARKING PAD TIGHT TO S.T.; CONTINUE MR 5/6/94 #1 PIPE TO S.T. STONED, CONTINUE MR 5/6/94 #2 OK TO CONTINUE, COVER (D) STONE (2) DIG (3) MR 5/9/94 MUD - NOTE (3) Trench in + graveled to 5" of surface

Final as per above - all done.

DATE SYSTEM APPROVED 5/9/94

INSPECTOR Charles [Signature]

5/9/94 { W.P.I. ok to cover from well to home (A) }
 - Final - Noted on yellow card of septic.

APPLICATION

PERCOLATION TESTING

A 37258

P _____

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

*9-15-86
received
OK - S. Stue*

DISTRICT _____

DATE 4/25/86

*PERC Permit
8/15, 8/18
1/9/86 9:30*

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 Winkler Joint Venture, Kewal + MEENAKSA KHATTA

ADDRESS 3775 Shady Lane
Glenwood, MD 21738 PHONE (301) 854-6655

(461-1770)

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hickory Hill Farm LOT NO. 1

ROAD AND DESCRIPTION Off Lime Kiln Road in Fulton, MD

(12507 Marlow Road)

TAX MAP 40 PARCEL # _____

SIZE OF LOT 4.10 TYPE BLDG. Single-Family Dwelling

BLDG. PERMIT SIGNED
AND RETURNED 6/14/83
Serial # 49076 - SEP
(SINGLE-FAMILY DWELLING OR COMMERCIAL)
(5 Bedrooms)

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.

Donald O. Lu
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/24/86 - UNSAT ROCK & CHAT

SUGGEST COMBINE WITH LOT 2 RT

1/9/87 LOT LINES CHANGED GOOD PERC AREA FOUND NEW PLAT NEEDED RT

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 37258

P _____

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

DISTRICT _____

DATE 6/25/86

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 Winkler Joint Venture
3775 Shady Lane
ADDRESS Glenwood, MD 21738 PHONE (301) 854-6655

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hickory Hill Farm LOT NO. 1
12490
ROAD AND DESCRIPTION Off Lime Kiln Road in Fulton, MD

TAX MAP 40 PARCEL # _____

SIZE OF LOT 4.10 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.

David O. L.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

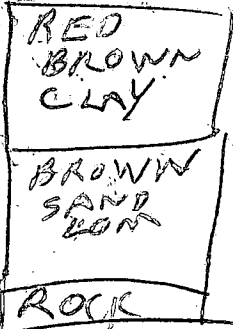
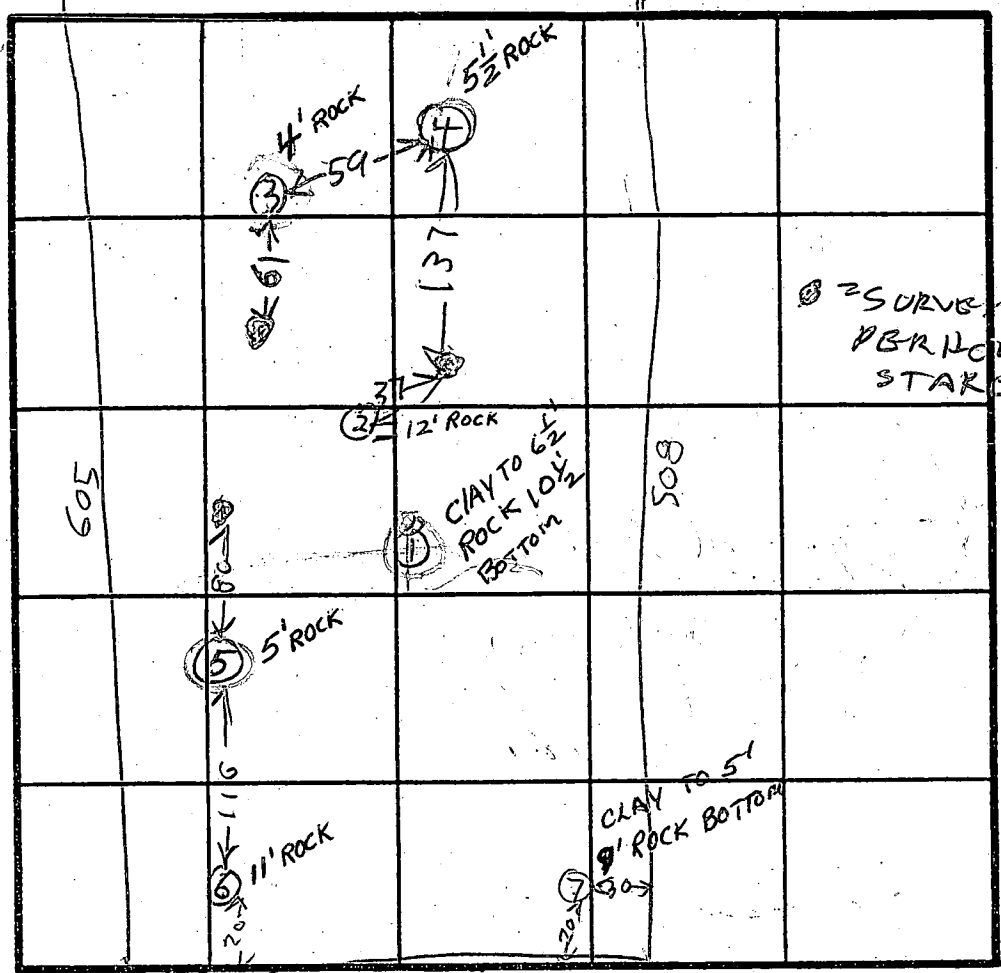
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

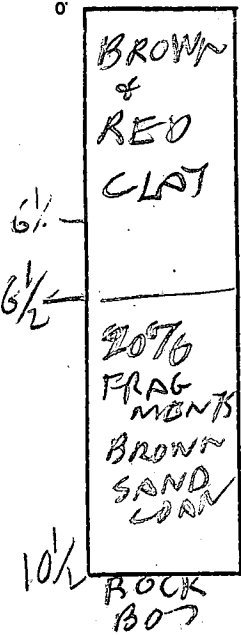
THIS IS NOT A PERMIT

265

7



SOIL PROFILE

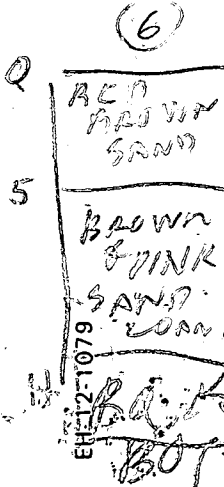
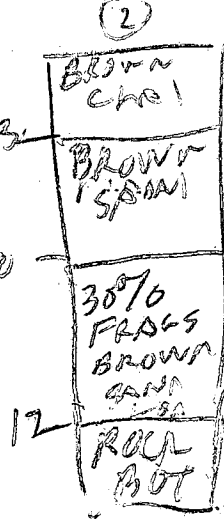


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MARLOW RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/22/86	1V	10 1/2	UNSAT		CLAY & ROCK		
	2V	12	UNSAT		ROCK		
1	3V	4	UNSAT		ROCK		
1	4V	5 1/2	UNSAT		ROCK		
	5V	5	UNSAT		ROCK		
	6V	11	UNSAT		ROCK & CLAY		
	7V	9	UNSAT		ROCK & CLAY		
1/9/87	8 S	4 1/2	1045	1050	1050	1103	13
	8 D	8 1/2	1045	1052	1052	1100	8
1/9/87	8 V	11					
1/9/87	9 S	4 1/2	1048	1053	1053	1100	7
	9 D	11					

SHALLOW INLET 3' BOTTOM 4 1/2'



REMARKS ONLY HOLE ONE DUG PER SURVEYOR PLAT

TYPE OF SOIL
TESTED BY B. HODGES

ALSO PRESENT SKIP & ROCKY

ENR 12-1079

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

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

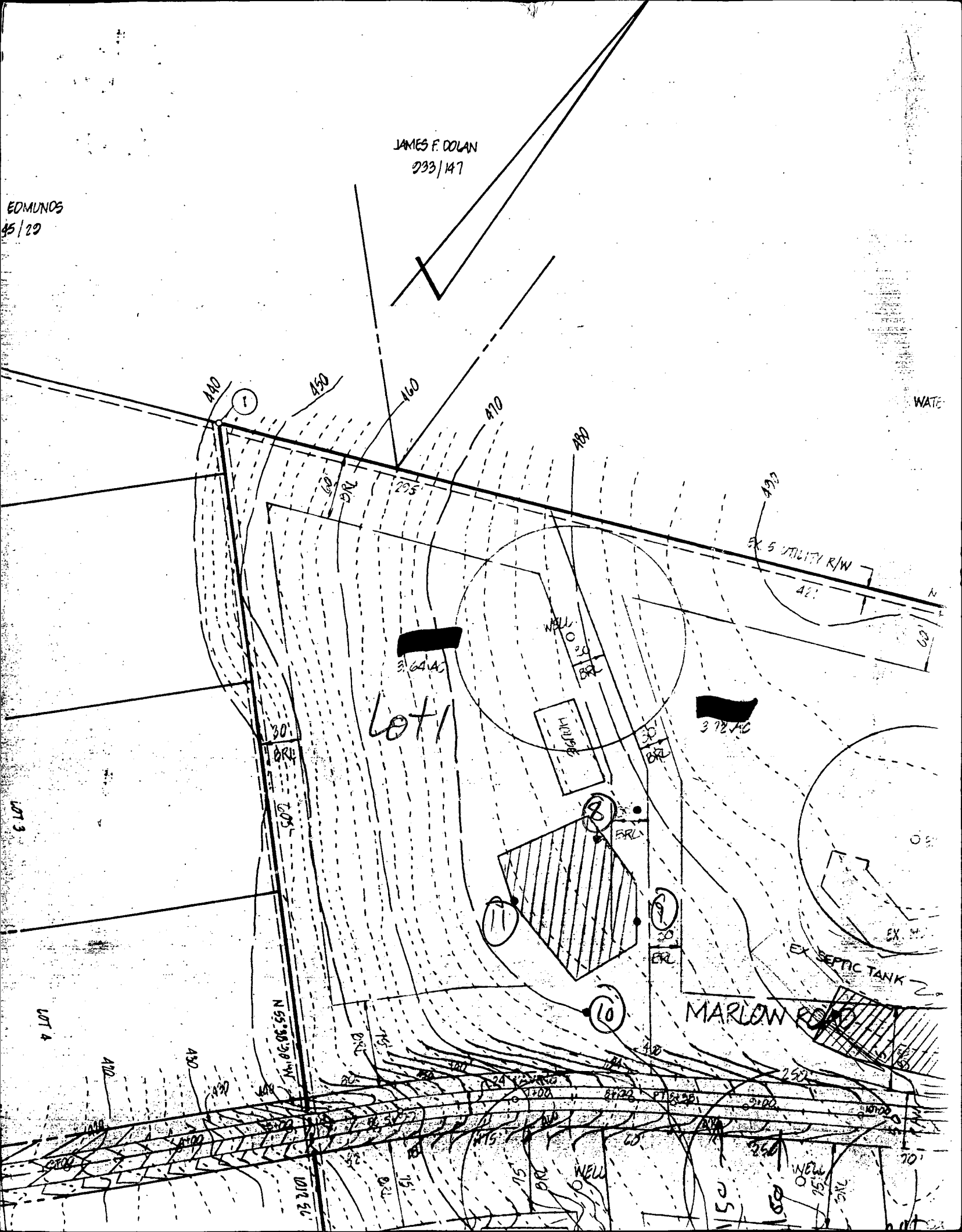
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

JAMES F. DOLAN
933/147

EDMUNDS
45/29



11 0 00° 01' 05" E 205.54

EARLY RAIL LINE

Δ = 218.11

8 = 2018.00

L = 192.17

7 = 20.45

2nd 1/2 50° 01' 05" W 181.36

A = 1120.00

R = 12.00

1 = 10.00

1 = 2.00

50° 31' 30" N 225.14

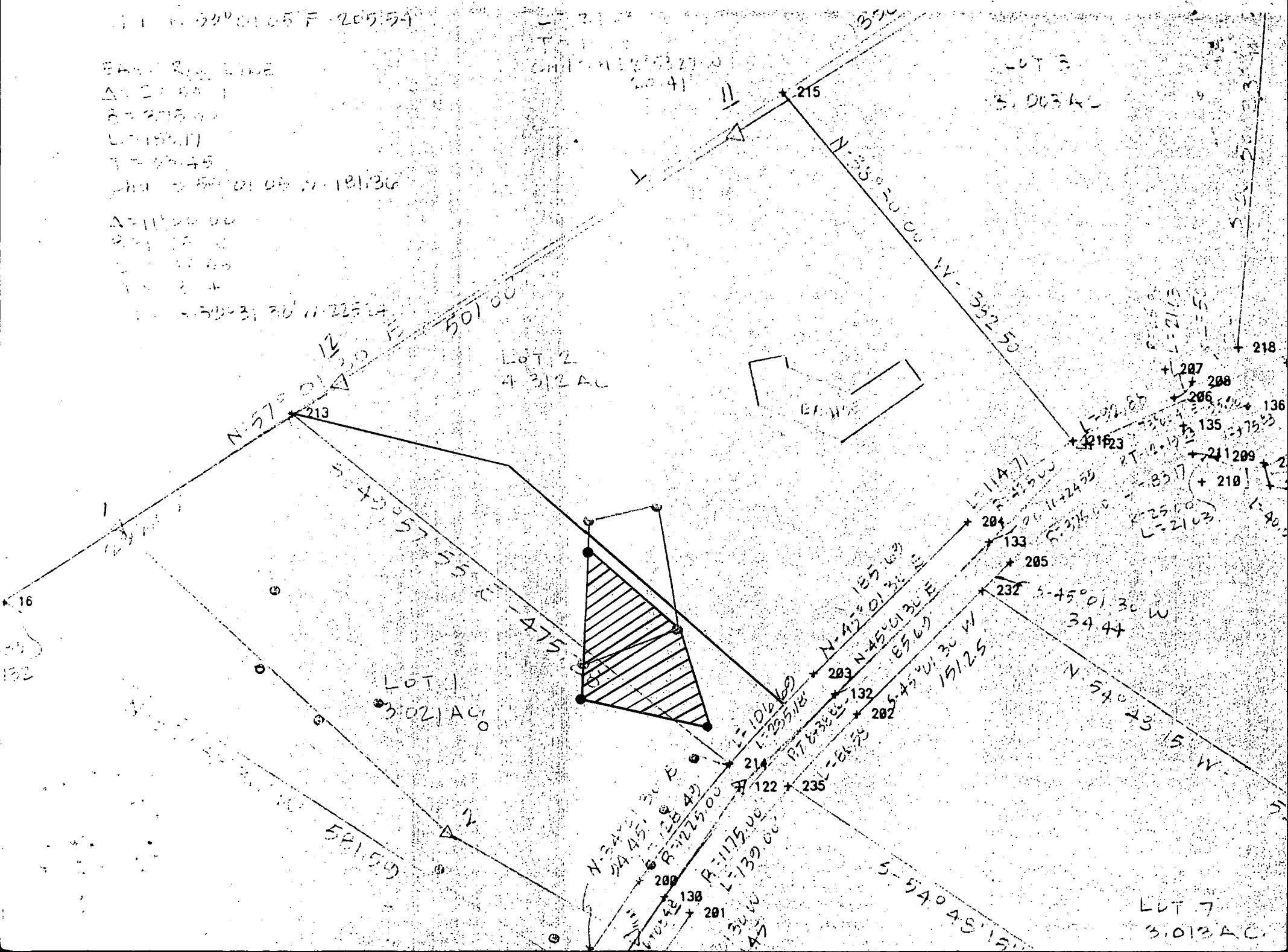
LOT 4
4.312 AC

LOT 3
5.063 AC

LOT 2
4.312 AC

LOT 1
3.021 AC

LOT 7
3.013 AC



SITE INSPECTION REQ'D BEFORE TRENCH INSTALLATION

LOT #1
3.64 AC.

LOT #2

CONC. SLAB

HOUSE

PARKING LOT

CW LINE

EXIST. WELL ELEV. 478.5
FIRST FLOOR ELEV. 474.8
BASEMENT ELEV. 464.2
INV. ELEV. (OUT OF) HOUSE 472.8

INV. ELEV. (INTO) SEPTIC TANK 472.0
INV. ELEV. (OUT OF) SEPTIC TANK 471.7
EXIST. ELEV. AT SEPTIC TANK 475.5

INV. ELEV. (INTO) DIST. BOX 471.0
INV. ELEV. (INTO) TRENCH 470.5
EXIST. ELEV. AT DIST. BOX 476.0

63 LINEAR FT / BEDROOM
315 LINEAR FT PER 5 BEDROOMS

INV. ELE. 470.5 (EXIST. GRADE 475.0)

INV. ELEV. 470.0 (EXIST. GRADE 475.0)

INV. ELEV. 469.0 (EXIST. GRADE 475.0)

INV. ELEV. 468.0 (EXIST. GRADE 475.0)

INV. ELEV. 467.0 (EXIST. GRADE 475.0)

Approved Septic System Plan
Howard County Health Department

C. J. Will
Signature

11/30/93
Date

6/14/93
PLANS OK
BP 49076
RH

SEWAGE DISPOSAL EASEMENT

5 BEDROOMS

ENGINEER - KEVAL &
MEENAKSHI
KHATTA

MARLOW ROAD
50' R/W

BRL

3RL

60'

296.00'

212.0'

30'

249.97'

113.0'

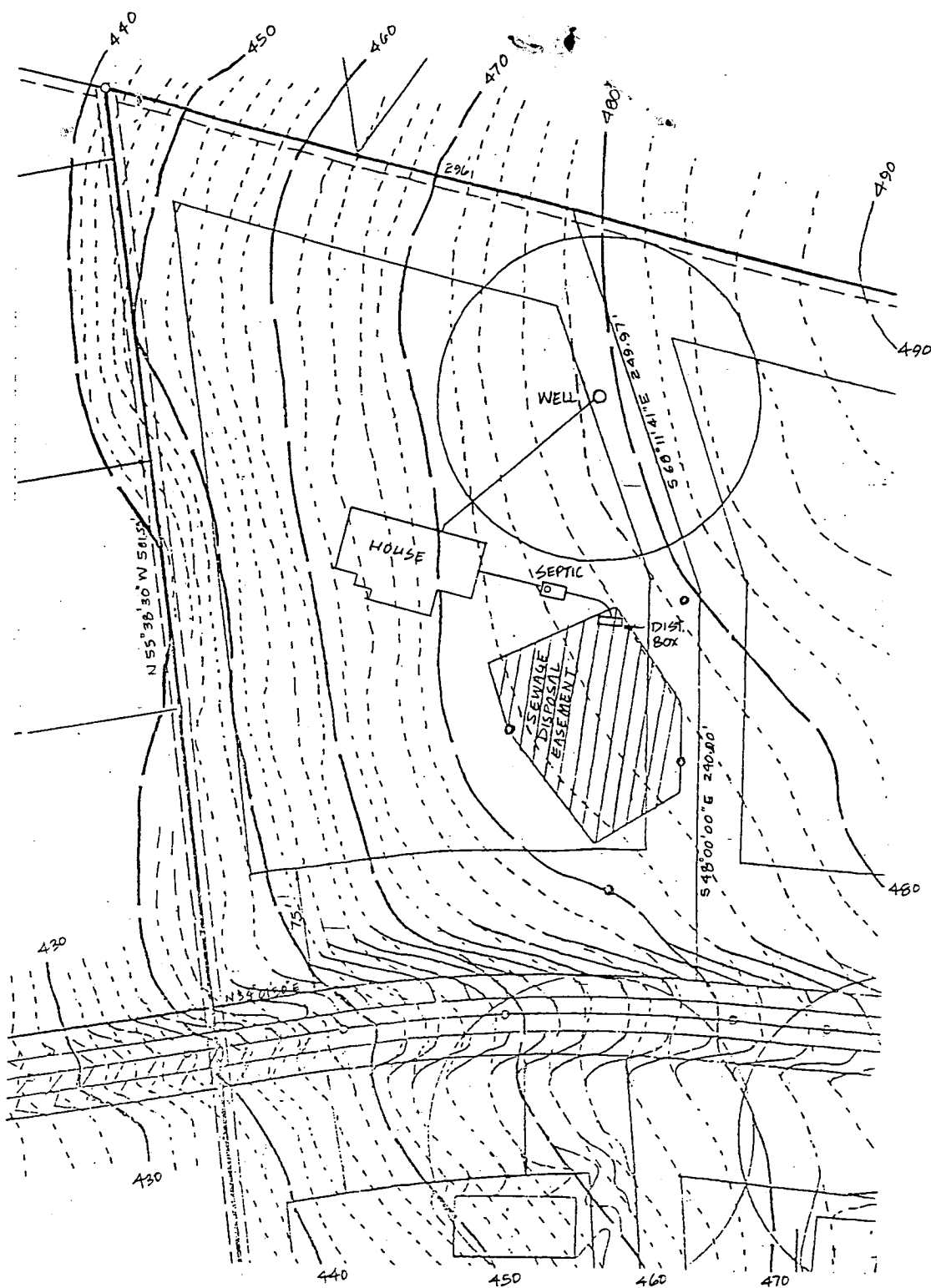
110'

240.00'

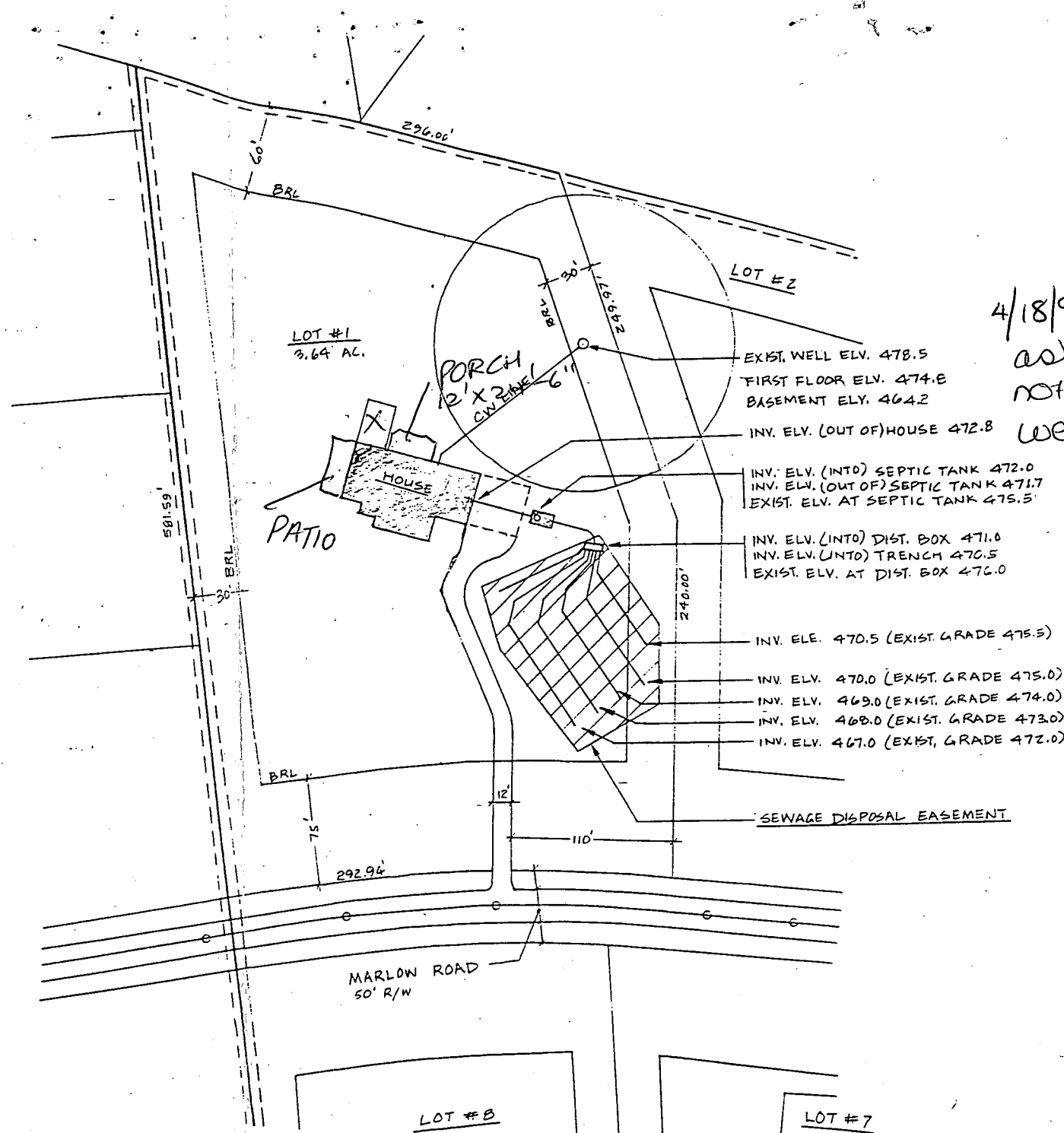
12'

292.94'

BF



SITE PLAN W/EXIST. GRADES
SCALE: 1" = 50'-0"



SITE PLAN W/ELEVATIONS
SCALE: 1" = 50'-0"



4/18/96 proposed addition as shown should not impact existing well and septic system. *Souma & Coe*

CONTRACT NO.		Haywell Engineering 4092 ARJAY CIRCLE, ELLICOTT CITY, MD 21043	
APPROVALS	DATE	TITLE	
DESIGN		SITE PLAN	
DRAWN		GRADES & ELEVATIONS	
CHECKED	KK 5-4-93	SIZE D	DWG NO. S-1
ISSUED		SCALE	1" = 50'-0" SHEET 2 OF 15

B 1 3611 SEQUENCE NO. (DP USE ONLY)

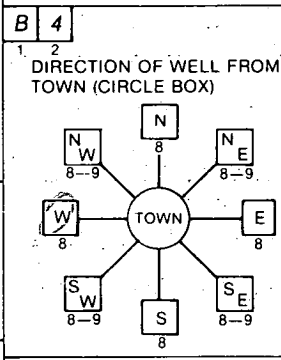
STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER 10-81-2623

Date Received (APA) 12/27/87 Charles Bellwee 334 Potomac Dr. OWNER INFORMATION

B 3 LOCATION OF WELL 4 HOWARD 8 COUNTY 21 HILKORY HILL F... 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 FULTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION Joseph E. Maguire 235 77 License No. 80 Joseph E. Maguire Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph E. Maguire 12/28/87 Signature Date



B 4 Marlow Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 350 37 ENTER FT or MI FF 38 39

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) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 37258 COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE 09/21/88 EXP. DATE NORTH GRID 480 0 0 0 55 EAST GRID 0814 0 0 0 63

APPROXIMATE DEPTH OF WELL 260 24 28 FEET

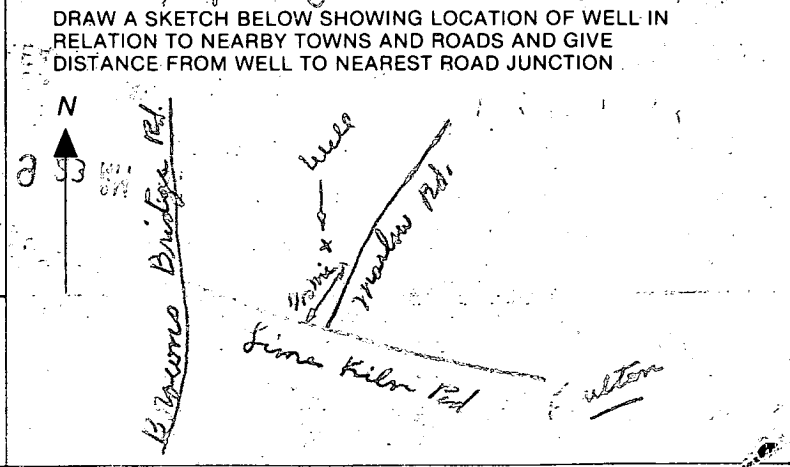
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROtary DRive-POINT other

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

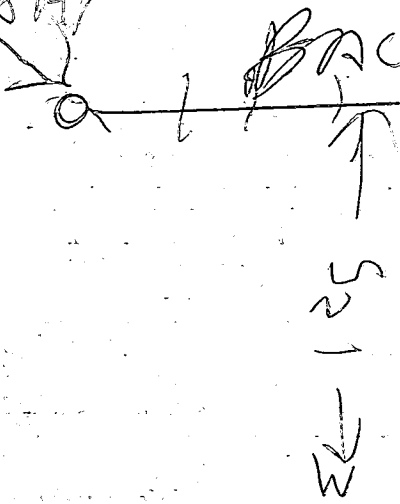
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE INITIALS PERMIT NO. 10-81-2622

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 510 4 N 480 0



CORNER
5/7/87

BACK LIND



- ① 63 ft pipe
- ② 45 ft open hole
- ③ Got information from John

④ 3 bags

⑤ LOCATION

⑥ WET

⑦ Got information from John
Armed call

6/13/87
B. Hodge

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUN 29 9 23 AM '87

C1 8579

SEQUENCE NO. (OEP 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 37258

DATE RECEIVED

DATE WELL COMPLETED 11/13/88

DEPTH OF WELL 385 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2623

OWNER: PACE (last name), MARLOW ROAD (street), HICKORY HILL FARM (subdivision), SECTION, TOWN: FULTON, LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND SLICK, Clay liner, 0-58, 58-385.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 13, NO. OF ROUNDS: 1922, GALLONS OF WATER: 78, DEPTH OF GROUT SEAL: 45 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter: 10, Total depth of main casing: 163 ft.

OTHER CASING (if used) diameter and depth from/to

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) table with columns for each screen and slot size/diameter of screen.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

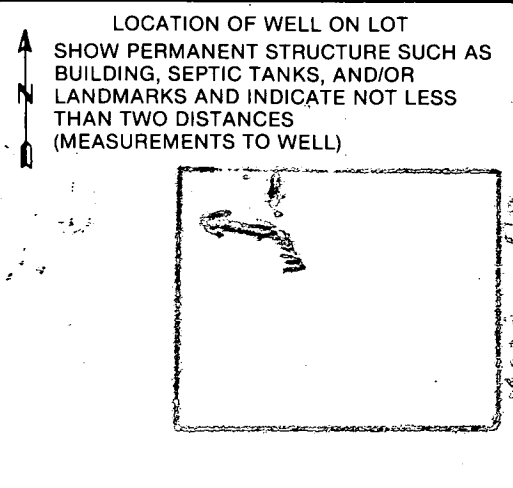
DRILLERS IDENT. NO. 238, DRILLERS SIGNATURE, SITE SUPERVISOR

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 1, PUMPING RATE (gal. per min. to nearest gal.) 704, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 20, WHEN PUMPING: 293, TYPE OF PUMP USED (for test): J (jet), 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: 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) 2



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2623
 Location of property (road) MARLOW ROAD
 Subdivision Hickory Hill Farm Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Charles + Cynthia Bollweg
 Depth of well 385
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 20'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 gpm.
 Total time 30 mins. to reach pumping water level 273 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 81 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	143'	4 sec.		15
8:30	273	4		15
8:45	273	42		1.4
9:00	273	42		1.4
9:15	273	42		1.4
9:30	273	42		1.4
9:45	273	42		1.4
10:00	273	42		1.4
10:15	273	42		1.4
10:30	273	42		1.4
10:45	273	42		1.4
11:00	273	42		1.4
11:15	273	42		1.4
11:30	273	42		1.4
11:45	273	42		1.4
12:00	273	42		1.4
12:15	273	42		1.4
12:30	273	42		1.4
12:45	273	42		1.4
1:00	273	42		1.4
1:15	273	42		1.4
1:30	273	42		1.4
1:45	273	42		1.4
2:00	273	42		1.4
2:15	273	42		1.4
2:30	273	42		1.4

5/9/94
A.M.

Final
OK
C.B.

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

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # -0-
Date 3/24/94
Name of Installer Brian Nixon / Presidential Plg. Telephone (301) 831-7856
License Number 16703
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Kewal Katta Telephone 410-461-3177
Subdivision Hickory Hill Farm Lot # 1 Well Tag # 40-81-2623
Site Address 12507 Marlow Rd Fulton MD 20759

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Jacuzzi
3. Model # 5547-9
4. Capacity 10 HP 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
Motor
1. Horsepower 1/2
2. RPM
3. Voltage 230
a. 110
b. 220
Pitless Adapter
1. Make Campbell
2. Model #
3. Depth 42"

Tank
1. Capacity 80
2. Pressure relief valve? yes
Piping
1. Type plastic 160 PSI
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 200' 4-5'
Well data 390
1. Depth ft.
2. Yield 2.7 GPM
3. Static water level 20 ft.
4. Will water supply be disinfected by installer? No

well line/P.A. OK
4-5' B.G. MR
5/6/94

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: Brian K. Nixon
Date: 3/23/94

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