

05-405742

5/12 P.M. ① P.C.D. C.B.D.  
P.M. ② P.C.D. C.B.D.  
P.M. ③ P.C.D. C.B.D.  
44014 C.B.D.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

A 37300

DISTRICT 5th

DATE 4/21/89

DATE SYSTEM APPROVED 5/15/89

INSPECTOR R.H.

Hy and Lowe

IS PERMITTED TO INSTALL  ALTER

ADDRESS 7000 Warfield Road, Gaithersburg, Maryland

PHONE 831-7880

SUBDIVISION Williams Contrivance

ROAD 9427 Lovat Road

LOT 34

PROPERTY OWNER

American Heritage Homes

PHONE: 774-6283

ADDRESS

384-7479

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2-1500 GALLONS

NUMBER OF BEDROOMS 6

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 85 feet up the left (276.8') lot line and 180 feet off the same lot line as seen when facing the lot from Lovat Road. Run trenches on contour toward the front of lot.

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

PLANS APPROVED BY Sid Abel

DATE 6/29/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

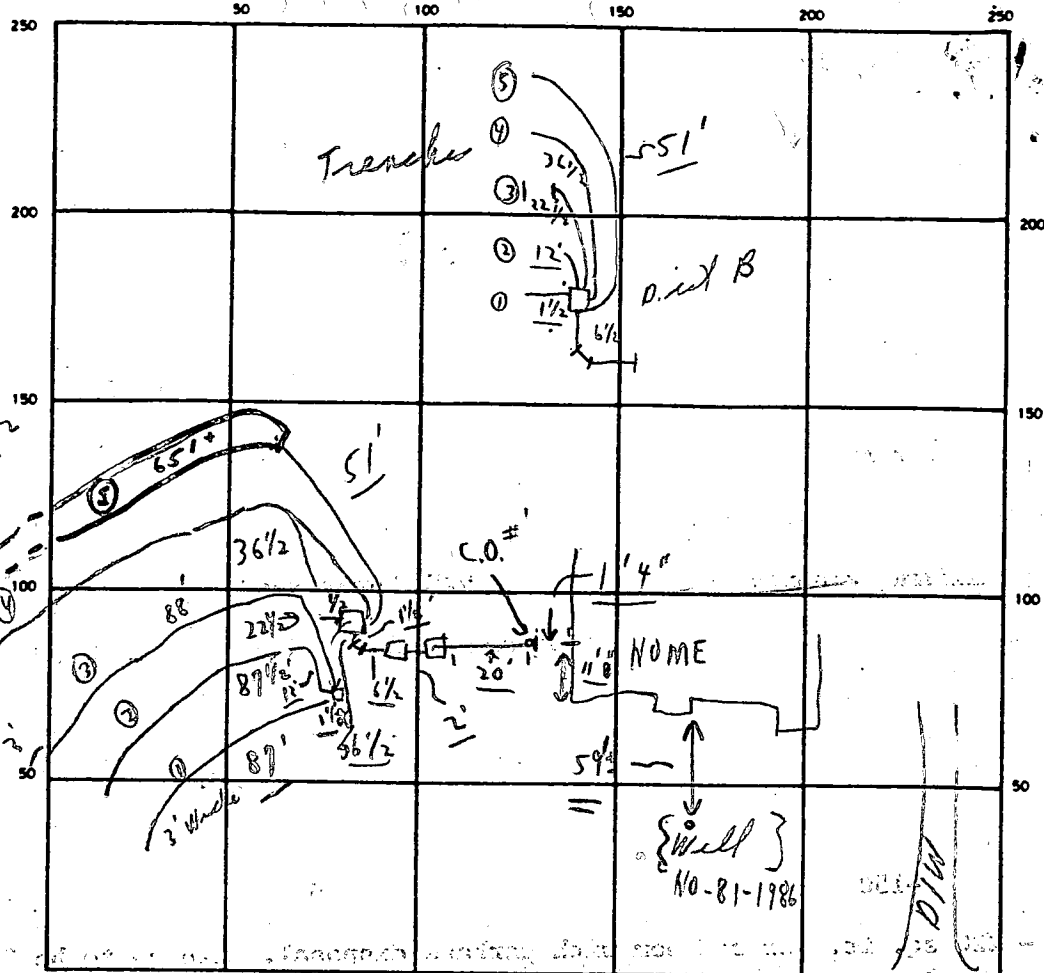
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A 37300



3  
 446  
 351 1/2  
 809 2/3  
 88 1/2  
 174 1/2  
 220  
 6  
 1220  
 440  
 3/1220  
 12  
 12  
 120

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

LOVAT ROAD

SEPTIC TANK LEVEL BOTH - OK CLEANOUTS NO Manhole type yes  
 DISTRIBUTION BOX LEVEL OK (Supplement)  
 DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2+ FT. TOTAL LENGTH 444 FT.  
 NUMBER OF TRENCHES 5 ONE SIDEWALL BOTTOM AREA 1332 SQ. FT. 1320 REQUIRE  
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS 5/12/89 ① P.M. - PARTIAL - OK TO COVER FROM HOUSE TO 1' OF SEPTIC TANK # ①; OK TO COVER FROM 1' OF SEPTIC TANK # ② TO DIST. BOX; OK TO COVER TRENCHES # 1, 2, 3, 4; 5/12/89 ② P.M. TRENCH # 5 OK FOR STONE; MANHOLE COVERS ON SEPTIC TANKS ① + ②; PARTIAL; C.B.V.; NOTE; NEED TO SEE TRENCH # ⑤ ONLY AT ENDS AND MIDDLE YET. 5/15/89 TRENCH # 5 OK RT  
 DATE SYSTEM APPROVED 5/15/89 INSPECTOR Raymond J. Hudger

5/15/89 P.M.  
8:50

5/12/89 P.M. P.C.O.  
P.M. P.C.O.  
P.M. P.C.O.  
P.M. P.C.O.  
P.M. P.C.O.

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INSPECTOR \_\_\_\_\_

Hy and Lowe

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 7000 Warfield Road, Gaithersburg, Maryland PHONE 831-7880

SUBDIVISION Williams Contrivance ROAD 9453 Lovet Road LOT 34

PROPERTY OWNER American Heritage Homes PHONE: 774-6283

ADDRESS \_\_\_\_\_

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

5-1-89 - OK TO DROP INLET 1/2' IF NECESSARY BECAUSE OF FALL. SAb

PLANS APPROVED BY Sid Abel DATE 6/29/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

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PERMIT VOID AFTER TWO YEARS

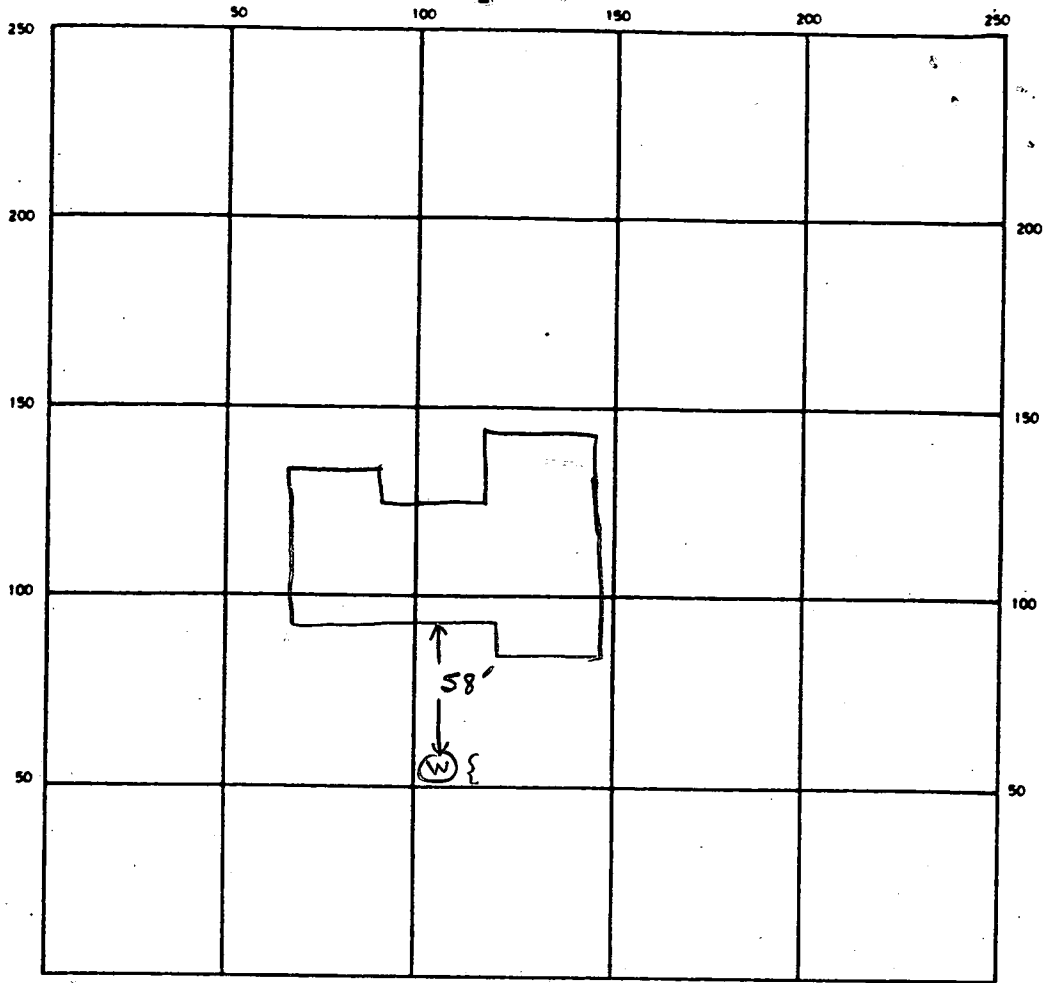
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\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

87  
87  
88  
89  
93  
444  
3  
1332



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

	#1	#2
C.O.	S.T.	S.T.
OK	OK	OK

SEPTIC TANK LEVEL BOTH - OK

CLEANOUTS OK OK OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2<sup>+</sup> FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 5/12/89 See other pages. - Partial C.B.P. (NOTE - ONLY NEED TO SEE LAST TRENCH AT ENDS AND MIDDLE); C.B.P. PLEASE MEASURE WIDTH AND LENGTH ONLY.

C.B.P.

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT

DATE

A 37300  
P \_\_\_\_\_  
5th  
4/26/86

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 C. Ellsworth Iager American Heritage Homes 774-6283  
ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. 17 34  
ROAD AND DESCRIPTION 9427 End of Lovet Road Fulton

SIZE OF LOT 3.0 acres TYPE BLDG. residential  
(NUMBER OF 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.

C. Ellsworth Iager  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

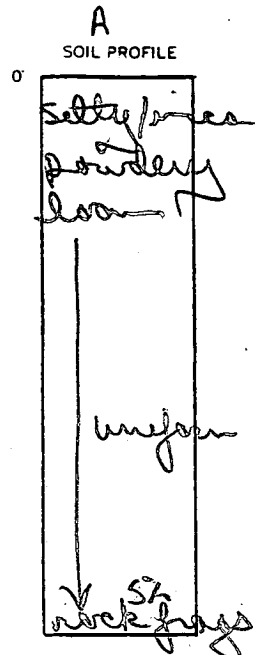
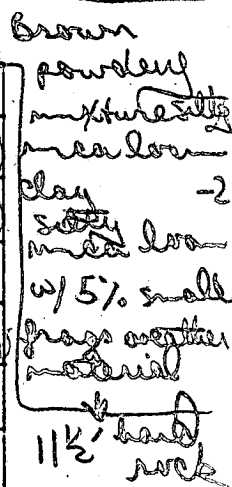
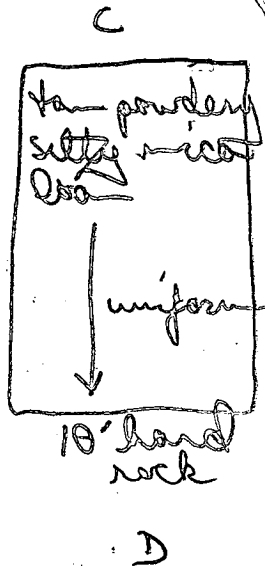
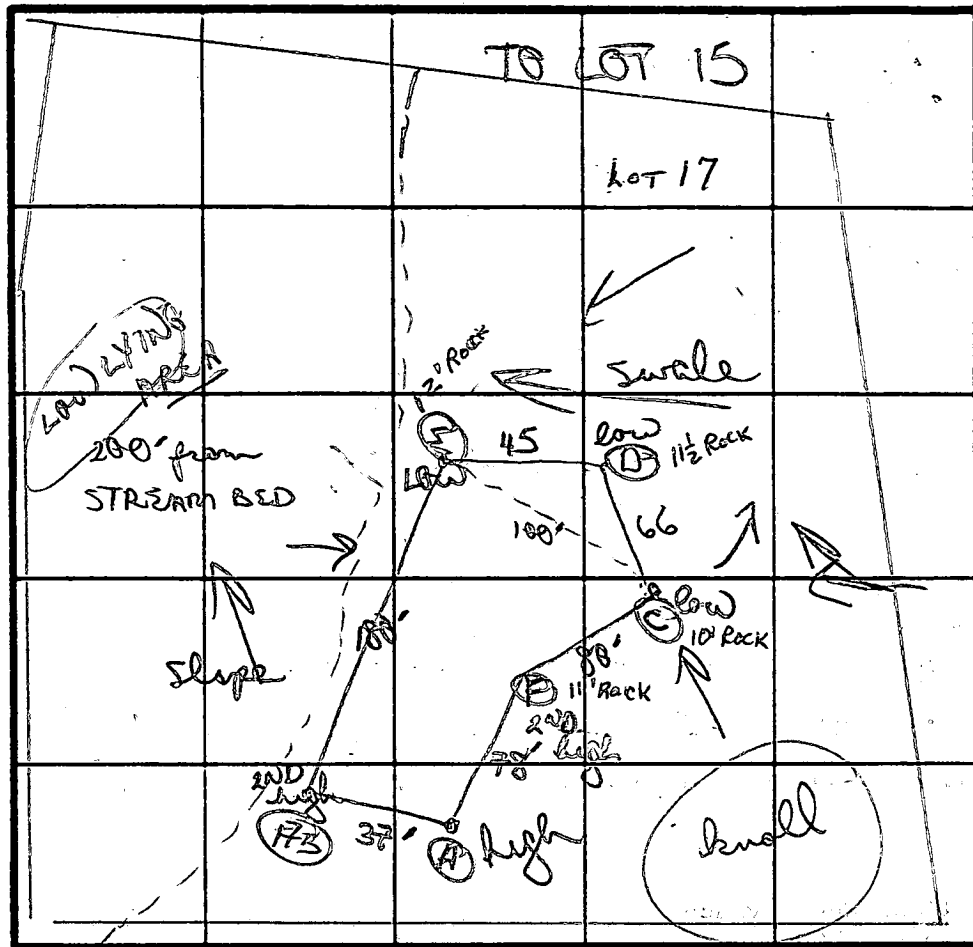
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

LDG. PERMIT SIGNED  
AND RETURNED  
Serial # 19545

# THIS IS NOT A PERMIT



To RESERVOIR RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
LOVAT RD

chunky orange clay loam changing to tan powdery silty mica loam  
14 1/2 D

F mixture tan silty loam of chunky brown clay silty mica loam  
5-10% frags - 10% hard

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/11/86	A	3' S	1044	1045	1045	1046	1 MIN	
		7' M	1046	1046	1046	1048	2 MIN	
		11' D	bottom (see profile)					
	B	3 1/2 S	1054	1055	1055	1057	2 min	
		14 1/2 D	bottom (see profile)					
		(F)	VISUAL					
		11' D	hard bottom					
	E	3 1/2	1059	1100	1100	1102	2 min	
		12' D	hard bottom					
OVER								

NO LOT MARKERS ; NO APPARENT H2O RELATED PROBLEMS

REMARKS: silty mica loams (little/no clay) hard rock bottoms in most  
 TYPE OF SOIL: silty mica loams (little/no clay) hard rock bottoms in most  
 TESTED BY: B Nyfan ALSO PRESENT: Skip

# APPLICATION

SEWAGE DISPOSAL TESTING

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HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 37300

P \_\_\_\_\_

DISTRICT 5th

DATE 4/26/86

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ELLICOTT CITY, MARYLAND

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APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

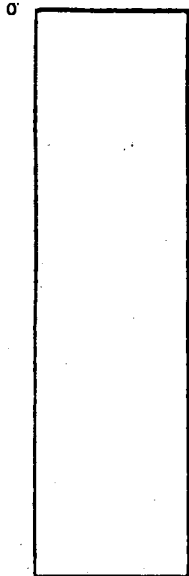
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

SOIL PROFILE




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

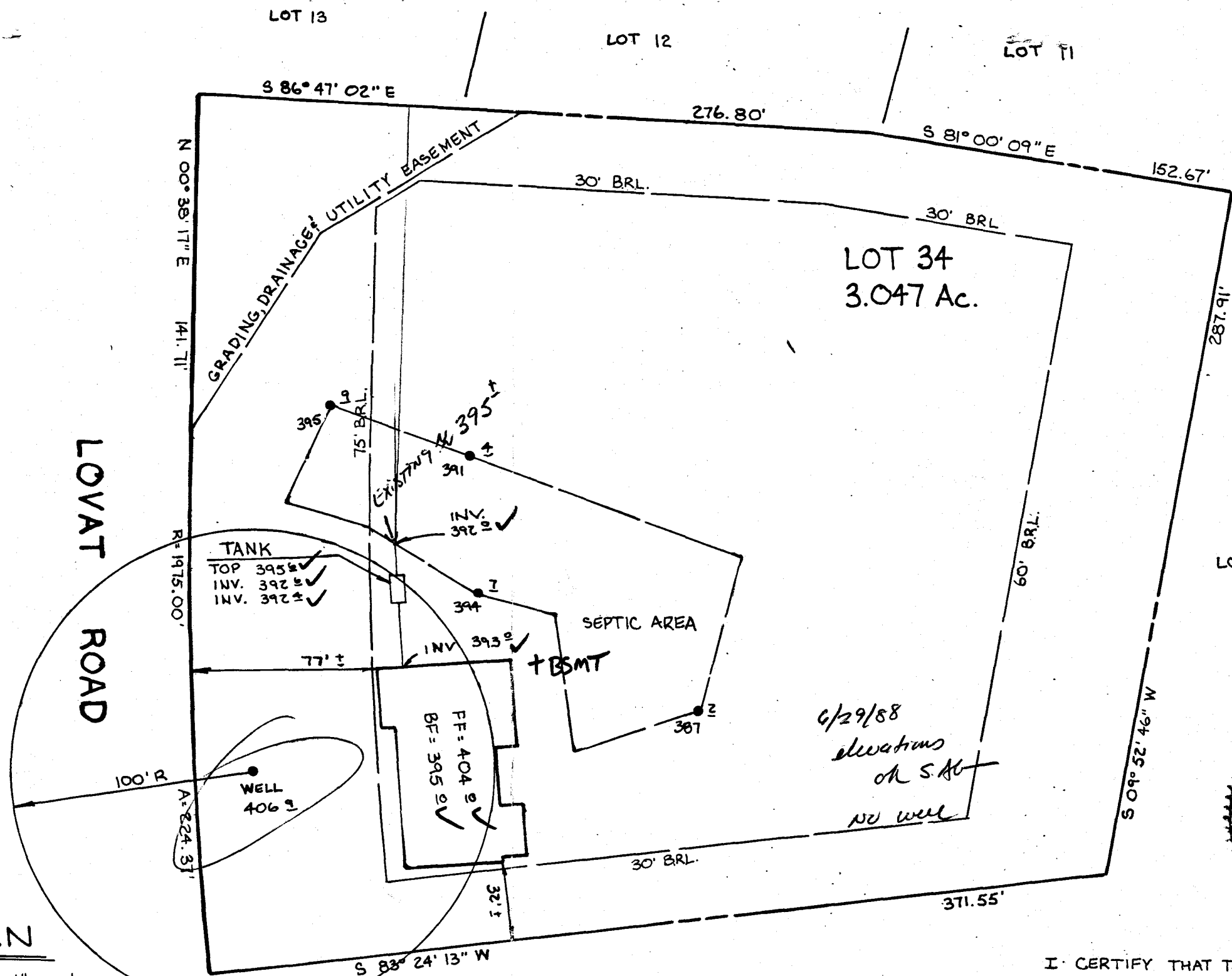
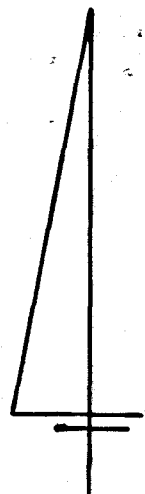
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/1	17D	visual	only				
		11 1/2'	hard rock	(see profile)			
	C	3'S	1103	1105	1105	1109	4min
		10'0	hard bottom	(see profile)			

REMARKS shallow system

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH 12-1079



**PLAN**  
SCALE : 1"=50'



I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

*Jefferson D. Lawrence*      6-24-88  
JEFFERSON D. LAWRENCE      DATE  
MD. REG. PROF. SURVEYOR #5216

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
JUN 28 1 37 PM '88  
HEALTH DEPARTMENT

AMERICAN HERITAGE HOMES  
18228 DARNELL DRIVE  
OLNEY, MD 20832  
(301) 774-6283



**DEVELOPMENT CONSULTANTS GROUP, INC.**  
17904 GEORGIA AVENUE \* 102  
OLNEY, MARYLAND 20832  
301-924-4570

PLAT: T279      SITE PLAN LOT 34  
**WILLIAMS CONTRIVANCE ESTATES**  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

DATE JUNE, 88	Sheet 1
DRAWN SS	of 1
CHECKED	
SCALE 1"=50'	PROJECT NO 218-01

C1 2324 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 A34300

DATE Received, DATE WELL COMPLETED 033087, Depth of Well 340, PERMIT NO. 40-81-1980

OWNER Ellisworth Lager, STREET OR RFD Lovat Road, TOWN Fulton MD, SUBDIVISION Wm Contrivance Road, SECTION 3, LOT 34

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 for SAND Stone and GRAY Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 16, NO. OF POUNDS 1504

CASING RECORD casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter 1, Total depth 69

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

SCREEN RECORD screen type or open hole insert appropriate code below, HO, DEPTH (nearest ft.) 69

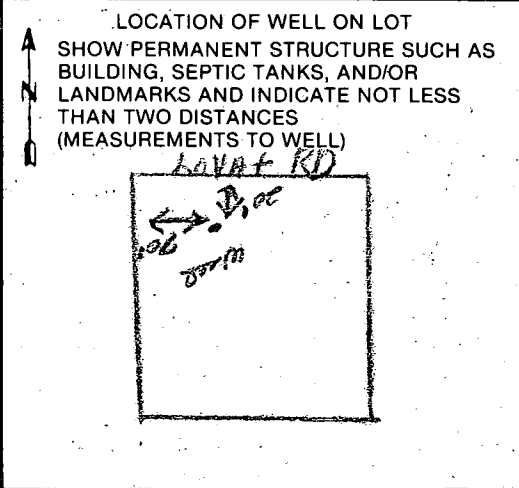
SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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) 6, PUMPING RATE (gal. per min. to nearest gal.) 1 1/2, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 34, WHEN PUMPING 181, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, 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)



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 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. 238, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) RALPH MAUNE 273, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1986  
 Location of property (road) Lovat Road  
 Subdivision Wm. Contrivance Road Lot 34 Block      Plat      Sec. 3  
 Well Driller Joseph Mayne Owner Ellsworth Lager

Depth of well 340'  
 Distance of measuring point (M.P.) above ground 1 1/2'  
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12  
 Total time 45 min. to reach pumping water level 181 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	53'	5 sec.		12
8:30	111	5		12
8:45	181	6		10
9:00	181	40		1 1/2
9:15	181	40		1 1/2
9:30	181	40		1 1/2
9:45	181	40		1 1/2
10:00	181	40		1 1/2
10:15	181	40		1 1/2
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12:45	181	40		1 1/2
1:00	181	40		1 1/2
1:15	181	40		1 1/2
1:30	181	40		1 1/2
1:45	181	40		1 1/2
2:00	181	40		1 1/2
2:15	181	40		1 1/2
2:30	181	40		1 1/2

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 G. EASTRDAY Telephone \_\_\_\_\_

License Number 40  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller  Registered Plumber \_\_\_\_\_

Name of Property Owner Am. Heritage Homes Telephone \_\_\_\_\_  
 Subdivision Williams Courthouse Lot # 34 Well Tag # 110-81-198  
 Site Address 9427 LOUAT RD.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
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? _____

S/L 89- Pitless AT 48" - well line AT 48" - NO INSIDE WIRE DOME - NO PUMP SEEN. RL

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.