

11/18/88

05-398479

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42987

A 36656

DISTRICT 5th

DATE 11/15/88

DATE SYSTEM APPROVED 11/18/88

INSPECTOR RH

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland PHONE 831-7257

SUBDIVISION Brighton Pines ROAD 13810 Lakeside Drive LOT 26, Area 2

PROPERTY OWNER Ted Muerson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 220 ft line and 608.47 ft line, place the first trench 415 feet down the left 808.47' line and 60 feet off the same line as seen when facing the lot from Lakeside Drive. Run trenches on contour toward the right back corner.

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

PLANS APPROVED BY Sid Abel DATE 9/16/88

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

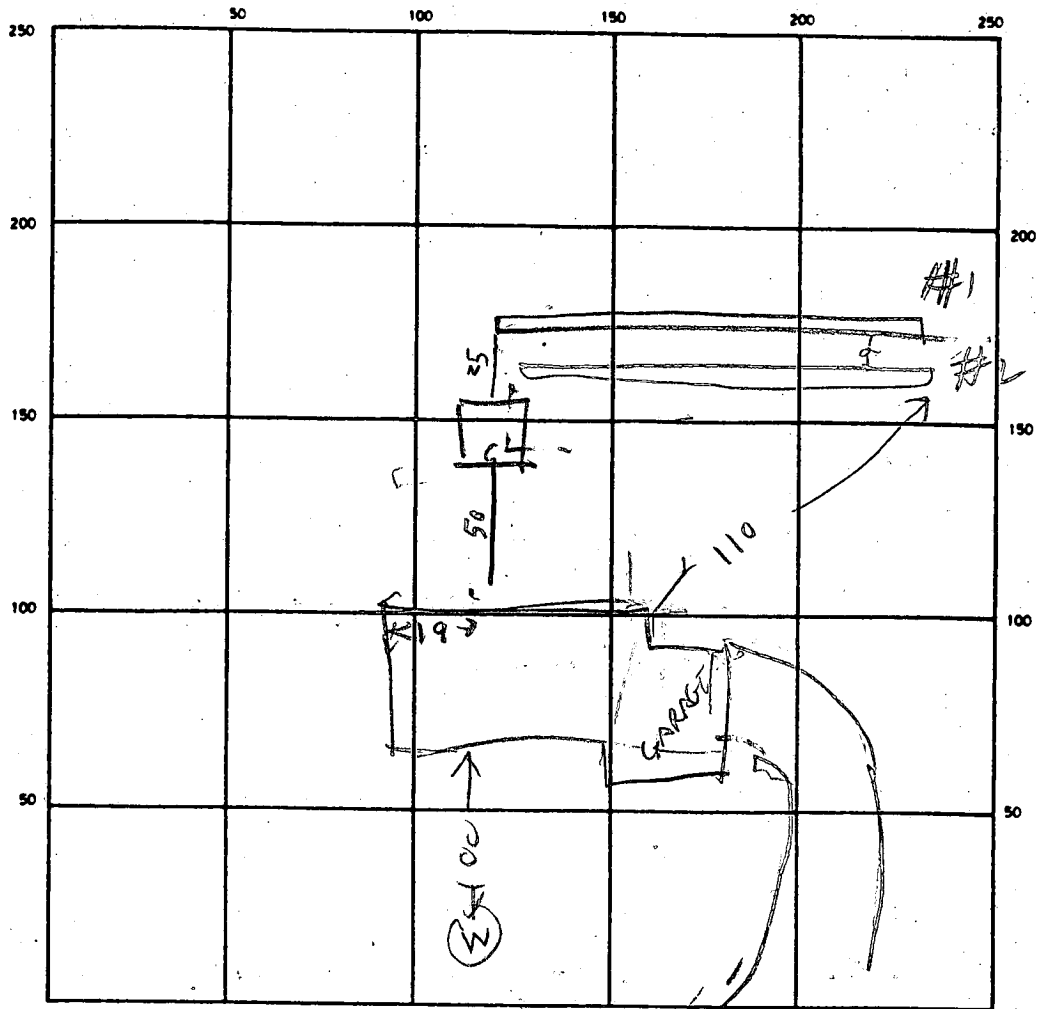
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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 36656



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1250 CLEANOUTS 0/C

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 2.5/7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5/3 FT.

EFFECTIVE GRAVEL DEPTH 4.5/4 FT. TOTAL LENGTH 103/97 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 463 | 2 | 300 SQ-FT | TOTAL REQUIRED 851 | 800

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 11/18/98 - TRENCH #1 D&G ADD STONE TO TRENCH #1
11/19/98 PM TRENCH #1 & #2 FINISHED BIT

DATE SYSTEM APPROVED 11/18/98 INSPECTOR Raymond Hodge

3/31/86
9:30 AM

APPLICATION

PERCOLATION TESTING

A 36656

P _____

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

DISTRICT 5
DATE 3-13-86

" GO TO END OF PAVEMENT
AND WAIT "

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 ~~Zebert~~ TED MEYERSON

ADDRESS ~~WINNAMA RD~~ _____ PHONE _____

PROSPECTIVE BUYER HIGHLAND DEVELOPMENT CORP.

ADDRESS 13690 WOODS DR. PHONE 531-5539

PROPERTY LOCATION: CLARKES VILLE MD 21029

SUBDIVISION BRIGHTON PINES LOT NO. 26 AWA-2

ROAD AND DESCRIPTION 13810 LAKE SIDE DRIVE

TAX MAP 34 PARCEL # 224

SIZE OF LOT 6 Acres ± 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.

Marked J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY Fredy Abel FOR Deep trenches DATE 9-16-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/31/86 PERC OK HOLD FOR CERTIFIED HOLES

BLDG. PERMIT SIGNED
AND RETURNED 9-16-88

BP 2428 SCH

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 36656

P _____

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

DISTRICT 5

DATE 3-13-86

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 ZEBERLEIN

ADDRESS Widdow Rd PHONE _____

PROSPECTIVE BUYER HIGHLAND Development Corp

ADDRESS 13690 Nichols Dr. PHONE 531-5539

PROPERTY LOCATION:

SUBDIVISION Brighten Pines LOT NO. 26 AREA-2

ROAD AND DESCRIPTION Lake Side Drive

TAX MAP 34 PARCEL # 224

SIZE OF LOT 6 Acres ± 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.

Michael W. Stewart
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

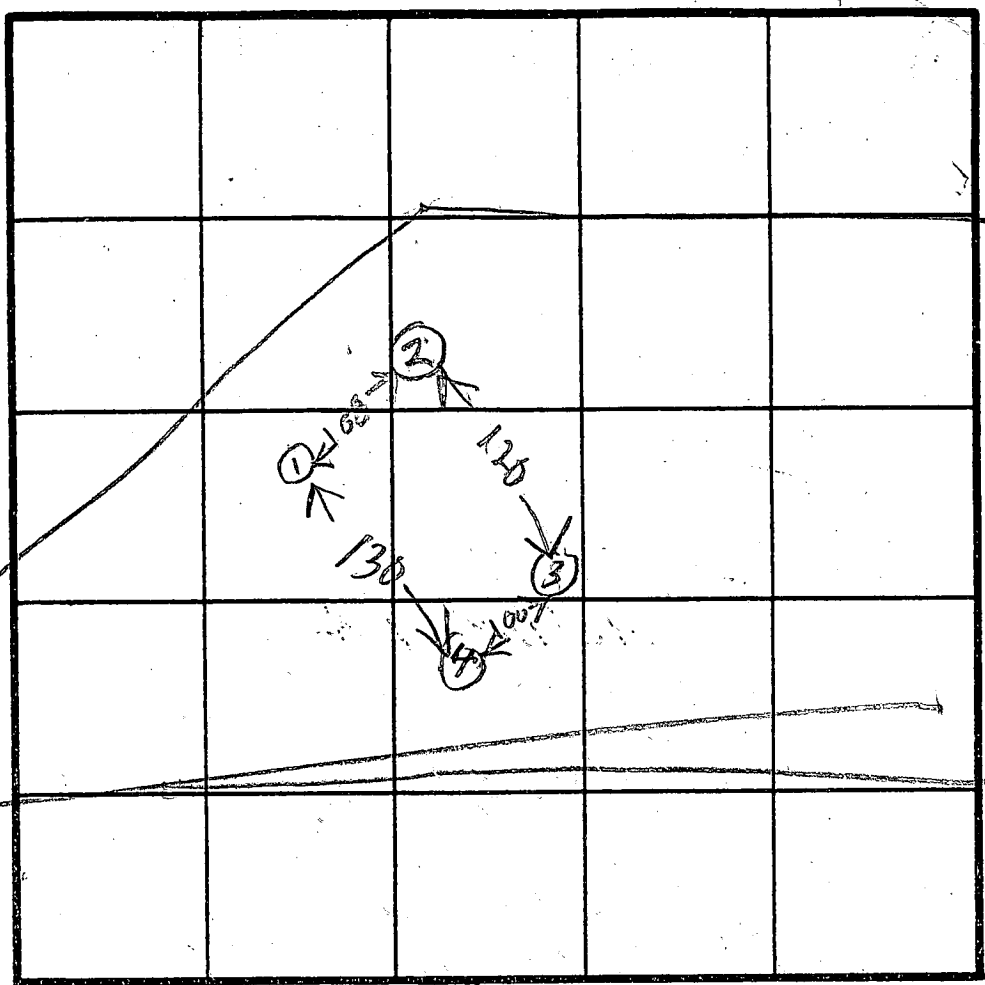
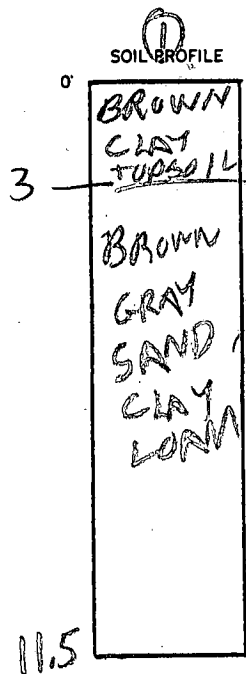
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT-26

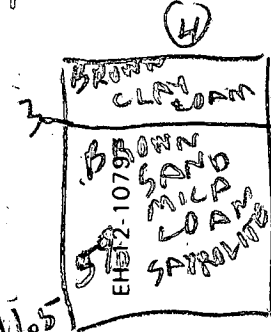
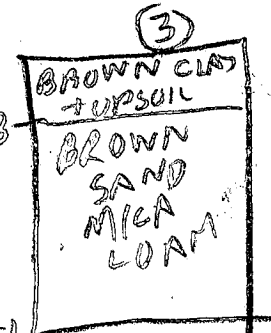
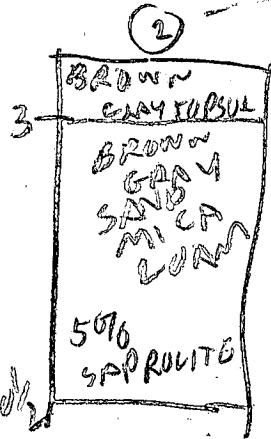


100
500
PLAT

HOLE ELEVATION

①④ = HIGH

②③ = LOW



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/3/86	1B	7.5	1149	1201	1201	1226	25
	1S	3	1200	1204	1204	1214	10
	1V	11.5	LOOKS		OK		
	2S	4	1207	1230	1230	1252	
	2V	10.5	LOOKS		OK		
	3S	4.5	1217	1221	1221	1224	3
	3V	11	LOOKS		OK		
	4S	4.5	1126	1124	1128	1232	7
	4V	11.5	LOOKS		OK		
	2M	8	1246	1248	1248	1253	5

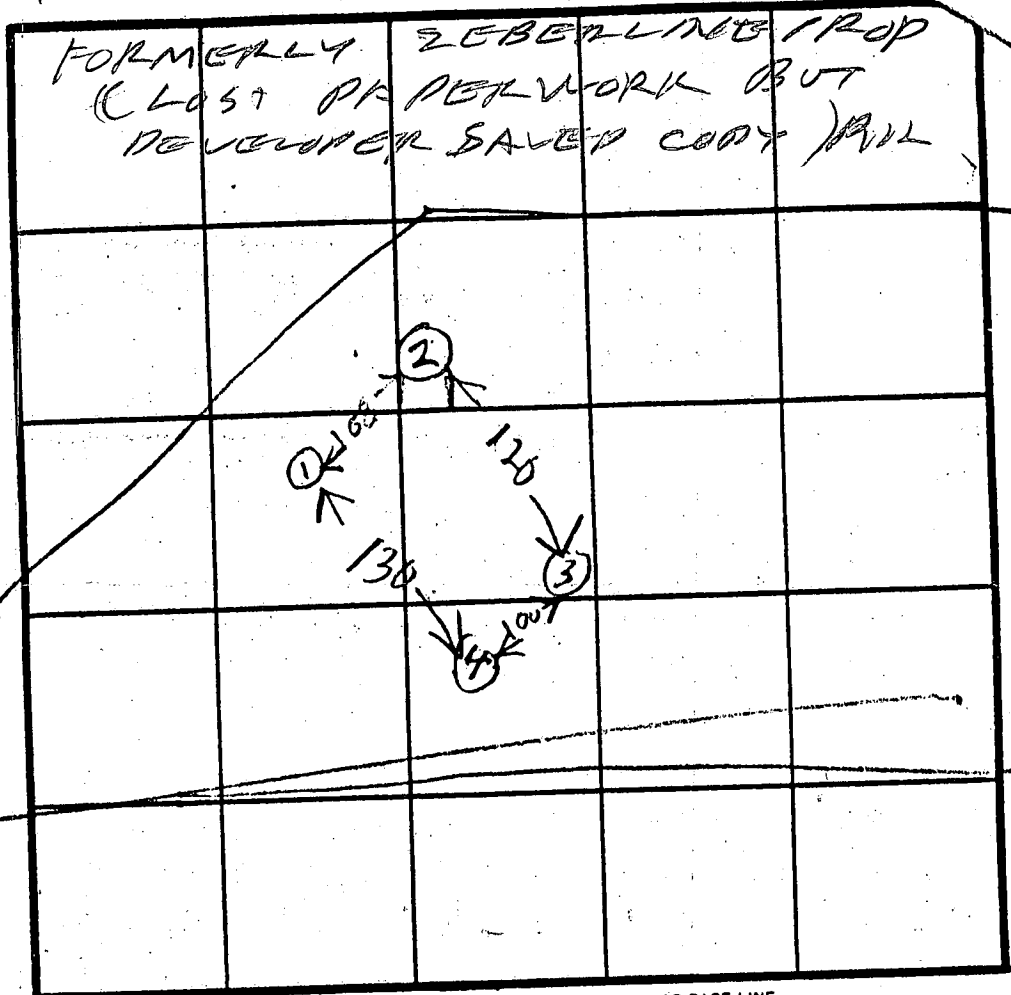
REMARKS HOLES ③④ DUG PER SURVEYOR PLAT

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT R. DEMMIT

BRIGHTON PINES
SECTION ONE AREA 2
LOT 25

Lot 26



123
SEE
PLAT

HOLE
ELEVATION
①④ = HIGH
②③ = LOW

①
SOIL PROFILE
BROWN
CLAY
TOPSOIL
BROWN
GRAY
SAND
CLAY
LOAM
11.5

②
BROWN
CLAY TOPSOIL
BROWN
GRAY
SAND
MICA
LOAM
5976
SPRUILITE

③
BROWN CLAY
TOPSOIL
BROWN
SAND
MICA
LOAM

④
BROWN
CLAY LOAM
BROWN
SAND
MICA
LOAM
SPRUILITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/3/52	12	7.5	1149	1201	1201	1226	25
	13	3	1200	1204	1204	1214	10
	14	11.5	LOOKING OK				
	25	4	1207	1230	1230	1254	
	27	11.5	LOOKING OK				
	37	4.5	1217	1221	1221	1224	3
	38	11	LOOKING OK				
	45	4.5	1126	1150	1128	1232	7
	46	11.5	LOOKING OK				
	2M	8	1246	1248	1248	1253	5

REMARKS HOLES ③④ DUG PER SURVEYOR PLAT

TYPE OF SOIL _____

TESTED BY R. HODGEE

ALSO PRESENT R. DEMM

1564

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

70 170-81-1843 79

fill in this form completely

Date Received

8 13

OWNER INFORMATION

HIGHLAND DEVELOPMENT
13707 LAKE SIDE DRIVE
CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

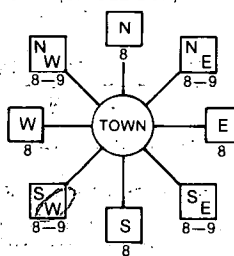
HOWARD COUNTY
BRIGHTON PINES SUBDIVISION
SECTION 1 LOT 26 Area 2
DAYTON NEAREST TOWN
2 1/2 MILES FROM TOWN

DRILLER INFORMATION

Joseph E. Wayne
238 License No. 80
Joseph E. Wayne Well Drilling
5512 Ridge Rd. Mt. Airy Md. 21771
12/16/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Takeside Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1953 DISTANCE FROM ROAD ENTER FT or MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

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 A 36656 COUNTY NO.
DATE ISSUED 010287 J. Stayer 7/2/87 EXP. DATE
NORTH GRID 502000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

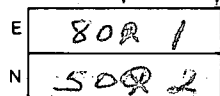
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

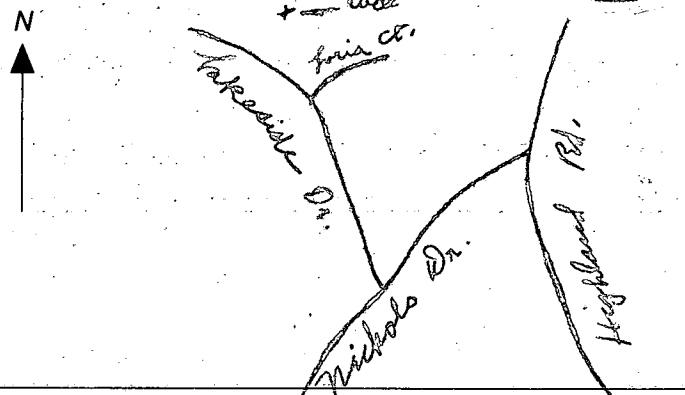
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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
THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE 15 INITIALS IN BOX PERMIT NO. 170-81-1843

SPECIAL CONDITIONS

2/27/87

1122AM

① NO ONE THERE WELL NOT YET
GROUTED OBSERVED WELL STAKE
WITH LOT #26

② OPEN HOLE DEPTH 43 FT

3/3/87 1040AM

① OPEN HOLE DEPTH NOW 35 FT TODAY

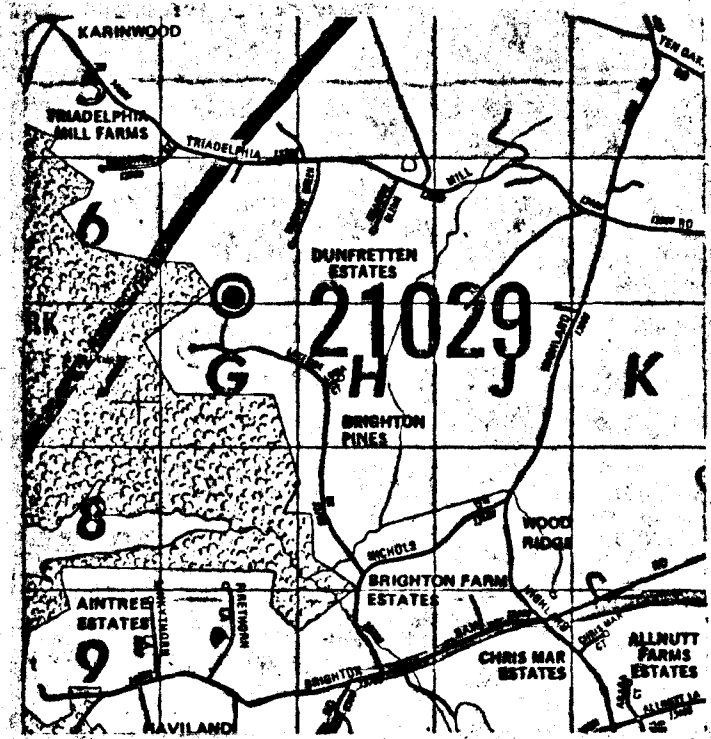
② 11 BAGS

③ 47 FT CASING

④ WELL OIL

⑤ WELL ALREADY GROUTED GOT
INFORMATION FROM JOHN

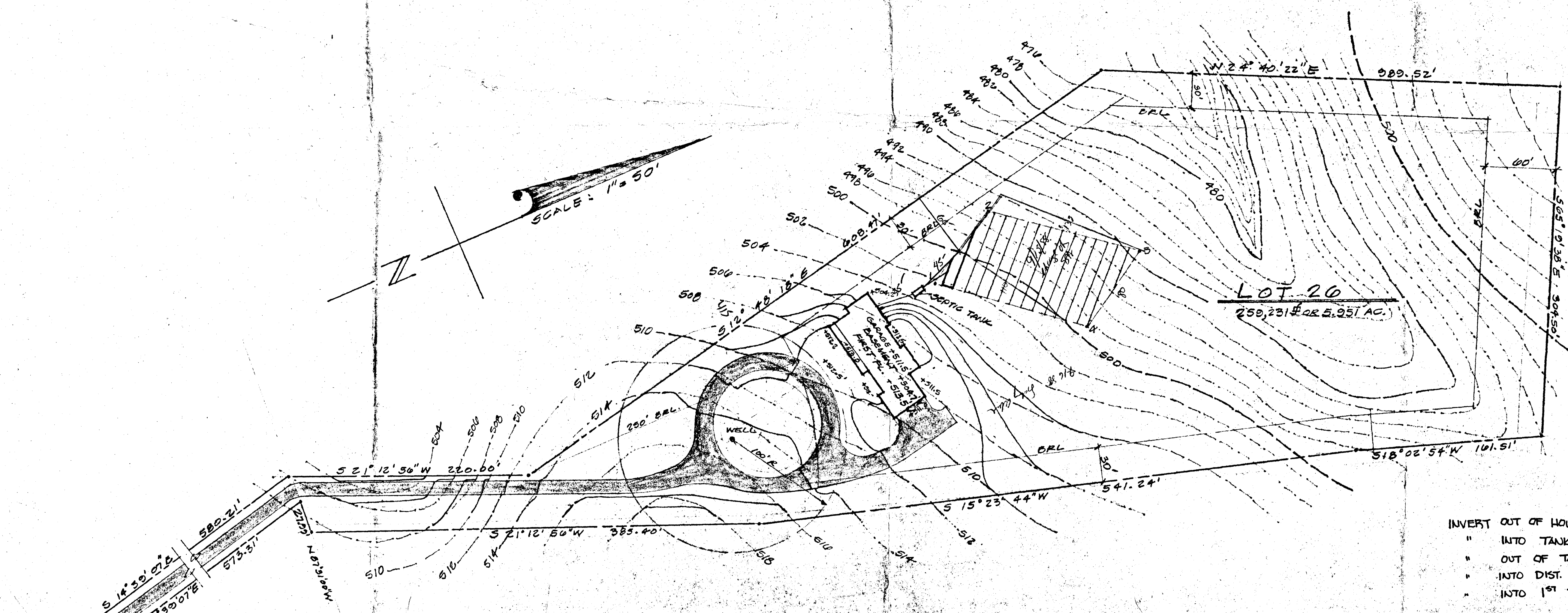
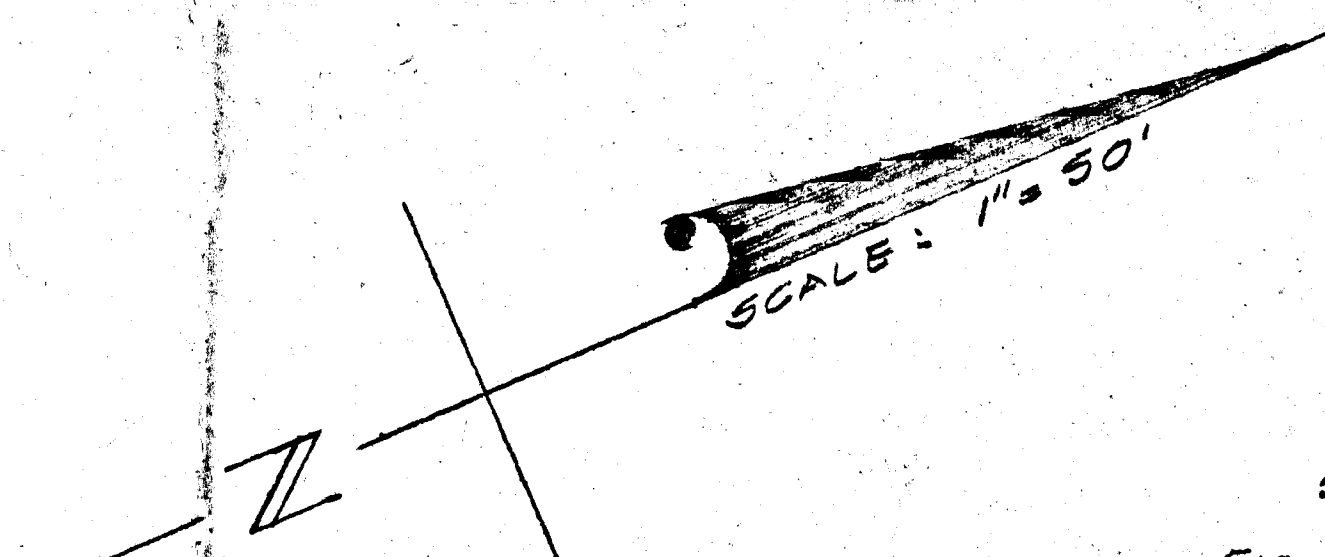
RH



VICINITY MAP

SINGLE FAMILY RESIDENCE
 LOT 26 - BRIGHTON PINES
 SECTION ONE, AREA TWO
 5 ELECTION DISTRICT
 HOWARD COUNTY, MD
 SEPT. 1988

- GENERAL NOTES**
1. ALL CONSTRUCTION WORK SHALL BE PERFORMED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, AND NATIONAL CODES AND REGULATIONS.
 2. ALL ELECTRICAL WORK SHALL BE PERFORMED BY A LICENSED ELECTRICIAN IN MONTGOMERY COUNTY AND IT SHALL FULLY COMPLY WITH APPLICABLE CODES AND REGULATIONS.
 3. ALL MECHANICAL WORK SHALL BE PERFORMED BY A LICENSED SUB-CONTRACTOR AND IT SHALL COMPLY WITH APPLICABLE CODES AND REGULATIONS.
 4. ALL PLUMBING WORK SHALL BE PERFORMED BY A LICENSED PLUMBER AND IT SHALL COMPLY WITH APPLICABLE PLUMBING CODES AND REGULATIONS.
 5. ALL SUB-CONTRACTORS SHALL BE RESPONSIBLE TO SCHEDULE APPROPRIATE COUNTY INSPECTIONS AND TO OBTAIN NECESSARY APPROVALS AS REQUIRED BY THE COUNTY.
 6. ALL GIVEN DIMENSIONS ARE TO THE FACE OF STUDS AND/OR MASONRY AS SHOWN.
 7. ALL GIVEN MATERIALS DIMENSIONS ARE NOMINAL DIMENSIONS. SUB-CONTRACTORS SHALL BE RESPONSIBLE TO ADJUST MATERIALS DIMENSIONS WHERE CRITICAL, TO REFLECT ACTUAL DIMENSIONS, AND NOTIFY OWNERS OF SUCH CASES.
 8. CONTRACTORS SHALL FIELD VERIFY ALL GIVEN DIMENSIONS AND SHALL REPORT ALL DISCREPANCIES TO OWNERS FOR CLARIFICATIONS.
 9. ALL CONTRACTORS SHALL CONSULT WITH OWNERS REGARDING COORDINATION OF THEIR WORK WITH VARIOUS OTHER TRADES WHERE APPLICABLE, TO MINIMIZE UNNECESSARY DELAYS DURING CONSTRUCTION.
 10. FOLLOW MANUFACTURERS' INSTRUCTIONS FOR INSTALLATION OF PREFABRICATED MATERIALS.
 11. CONTRACTORS SHALL SUBMIT SAMPLES OF ALL CONTRACTOR-SUPPLIED MATERIALS FOR PRIOR APPROVAL BY OWNERS.
 12. CONTRACTOR SHALL BE RESPONSIBLE FOR INSTALLATION OF ALL OWNER-SUPPLIED MATERIAL, FIXTURES, EQUIPMENTS, AND APPLIANCES.
 13. ROOFING CONTRACTOR SHALL PROVIDE THE OWNERS WITH A FIVE YEAR WARRANTY AGAINST MATERIAL AND WORKMANSHIP DEFECTS AND LEAKS THAT MAY OCCUR AFTER COMPLETION OF WORK DUE TO NO FAULT OF THE OWNERS.
 14. NO SUBSTITUTIONS CAN BE MADE TO THE CONTRACTOR-SUPPLIED MATERIALS OTHER THAN SPECIFIED MATERIALS WITHOUT PRIOR APPROVAL BY OWNERS.
 15. CONCRETE AND WATERPROOFING CONTRACTOR SHALL PROVIDE A TEN YEAR WARRANTY AGAINST DEFECTS IN FOOTINGS, FOUNDATION WALLS, AND BASEMENT MOISTURE PROTECTION METHODS AND MATERIALS.



SITE PLAN

BR-4

INVERT OUT OF HOUSE : 503.70' + BSM T
 " INTO TANK : 500.00' ✓
 " OUT OF TANK : 499.20' ✓
 " INTO DIST. BOX : 496.00' 497.10' ✓
 " INTO 1ST TRENCH : 485.00' 497.0' ✓

EXISTING TANK 503.5' ✓
 EXISTING TRENCH 500.0' ✓
 TRENCH LENGTH TO BE DETERMINED
 BY HO. CO. H.D.

BLOG. PERMIT SIGNED
 AND RETURNED 7-16-88
 BP 21428
 SLL

ELEVATIONS ACTUAL + CORRECT FOR
 THIS PROPERTY
 Signed Edward W. Hewitt

MEYERSON RESIDENCE
 CLARKSVILLE, MARYLAND

DATE: SEP. 88

SHEET 1 OF 7

C1 3788

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 36656

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER DEVELOPMENT HIGHLAND STREET OR RFD LAKE SIDE DR TOWN DAYTON SUBDIVISION BRIGHTON PINES SECTION 1 LOT 26

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 handwritten entries: SAND Stone 0-42, very Micn back 42-55

GROUTING RECORD WELL HAS BEEN GRouted (Circle Appropriate Box)

TYPE OF GRouting MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) grid with handwritten values 40, 45, 285

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

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

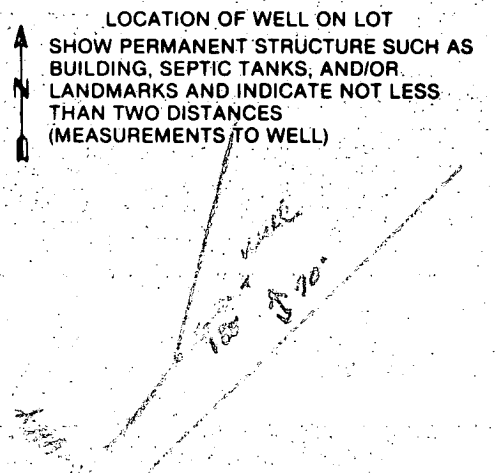
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) 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 PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



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. 937

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

1/26/89

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 # 43521
Date 1-17-89

Name of Installer GARY EIKENBERG

Telephone 796-8543

License Number 3260

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Behk Construction

Telephone 370-8174

Subdivision Brighton Pines Lot # 26

Well Tag # HO-81-1843

Site Address 13810 LAKESIDE DR.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

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

Pitless Adapter

- Make HARVARD
- Model # _____
- Depth 48"

Tank

- Capacity _____
- Pressure relief valve?

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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: [Signature]

Date: 1-17-89

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

HD-215 1/26/89 WELL OK STICKER APPLIED
[Signature]