

1/13/86
PM

05-398282

approved
11/17/86 C. Williams

PERMIT

P 38005
A 35259

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330X~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 1/17/86

Cormwell Plumbing & Heating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 988-9221

SUBDIVISION Pheasant Landing ROAD 4445 Linthicum Road LOT 14

PROPERTY OWNER Paradise Builders

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 345 feet from the rear lot line and 100 feet from the right lot line as seen when facing the property from Linthicum Road. Run trench(s) along contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

dr/ls

PLANS APPROVED BY C. Williams DATE 1/23/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

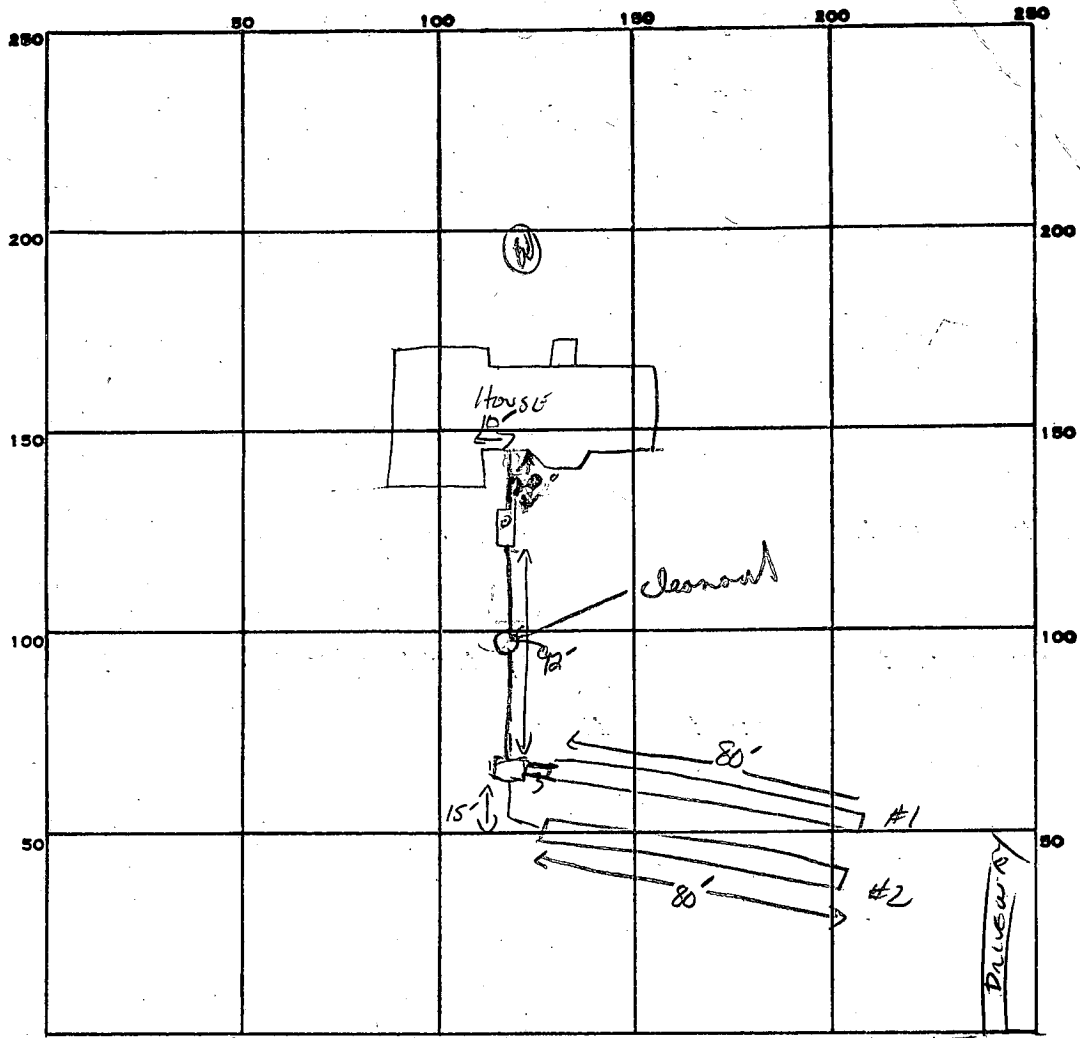
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35259



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Litticum Rd.

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL

CLEANOUTS

S.T. SEWERS
OK OF

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 80 80 FT. TOTAL 160 FT

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 800

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS 11/12/86 OK TO ADD STONE TO TRENCH #1 & 2

11/13/86 - COVER TRENCHES & MOST OF PIPE BETWEEN TANK & DISTRIBUTION BOX, INSTALL CLEANOUT ON PIPE BETWEEN TANK & BOX. CONNECT TANK TO HOUSE RH 11/13/86 - Cleanouts OK
CONNECT TANK TO HOUSE & CAUL RA

DATE SYSTEM APPROVED 11/17/86

INSPECTOR CW

144
5/220
5/220
5/220

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35259

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 4/08/85

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 Kennard Warfield, Jr.
14663 Triadelphia Road
ADDRESS Glenelg, Maryland 21737 PHONE 489-7132

PROPERTY LOCATION:

SUBDIVISION Warfield Property LOT NO. 14 - Resubdivision of Lot 3

ROAD AND DESCRIPTION Linthicum Road

SIZE OF LOT 5.361 TYPE BLDG. 3 or 4 Bedrooms
(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. /s/ American Properties
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

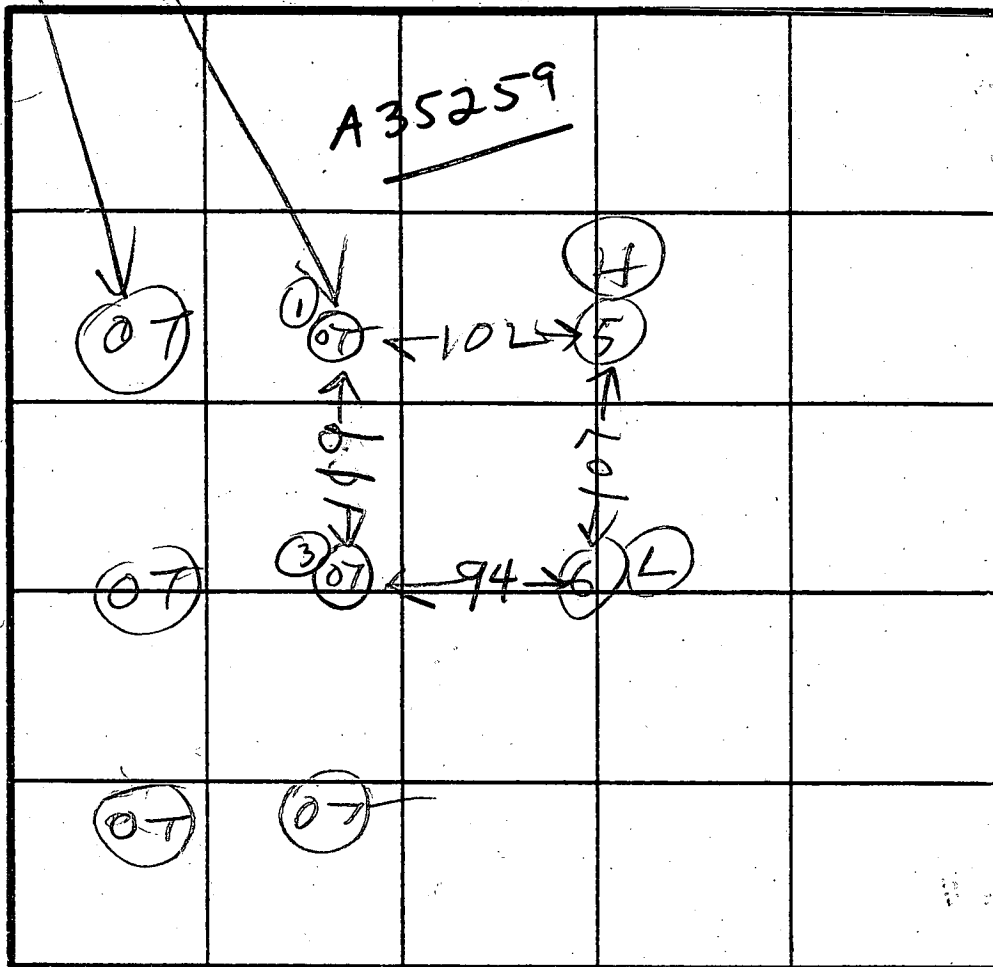
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

OLD TEST ON LOT 13 of Jan 1985



5
SOIL PROFILE
BROWN CLAY
BROWN SAND LOAM

6
CLAY
BROWN SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINTHICUM RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8/85	5S 5V	3 1/2 13	148 LOOKS	149 OK	149 OK	152	3
L	8S 6V	4 13 1/2	156 LOOKS	159 OK	159	205	6
1/28/85	1	4.5 12'	1153 V LOOKS OK AT 12'	1156	1156 FINE SAPROLITE	1159	3 MW
1/28/85	3	4.5 11.5	2100 VLS. LOOKS OK AT 12'	2105	2105 FINE SAPROLITE	2107	4 MW
(SEE A 34833 FOR ADDITIONAL DETAIL)							

(FROM FIELD NOTES OF S.D. ABEL)

REMARKS

TYPE OF SOIL

TESTED BY

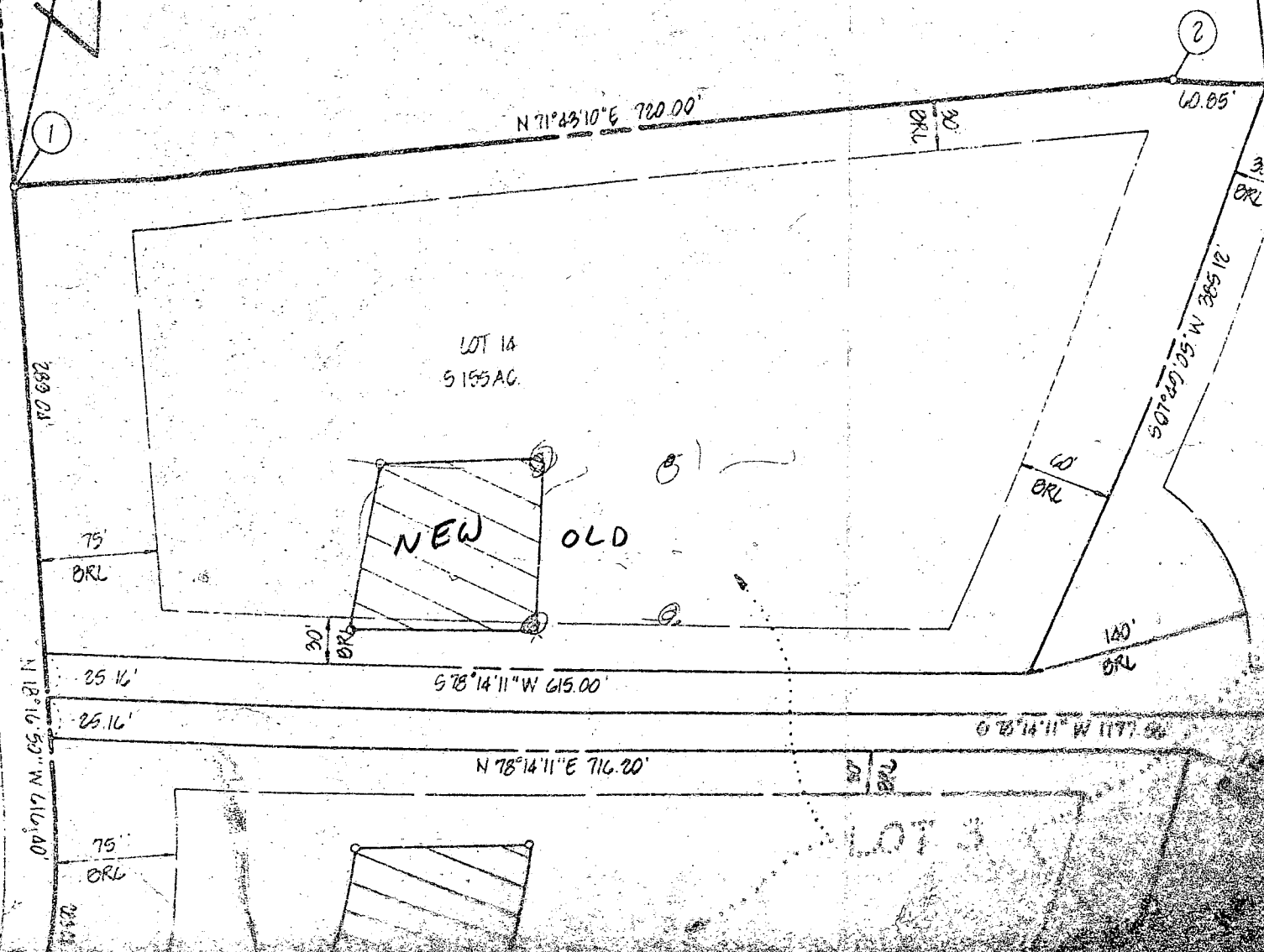
R HODGES

ALSO PRESENT

APPROVED
OK ETTERMAN

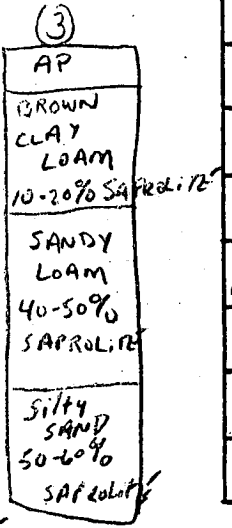
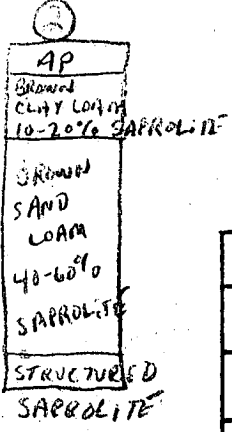
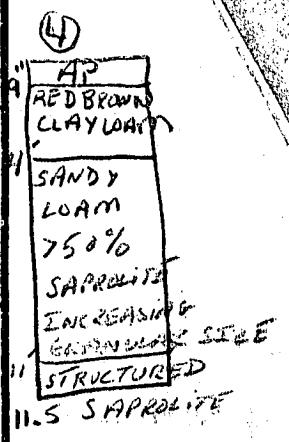
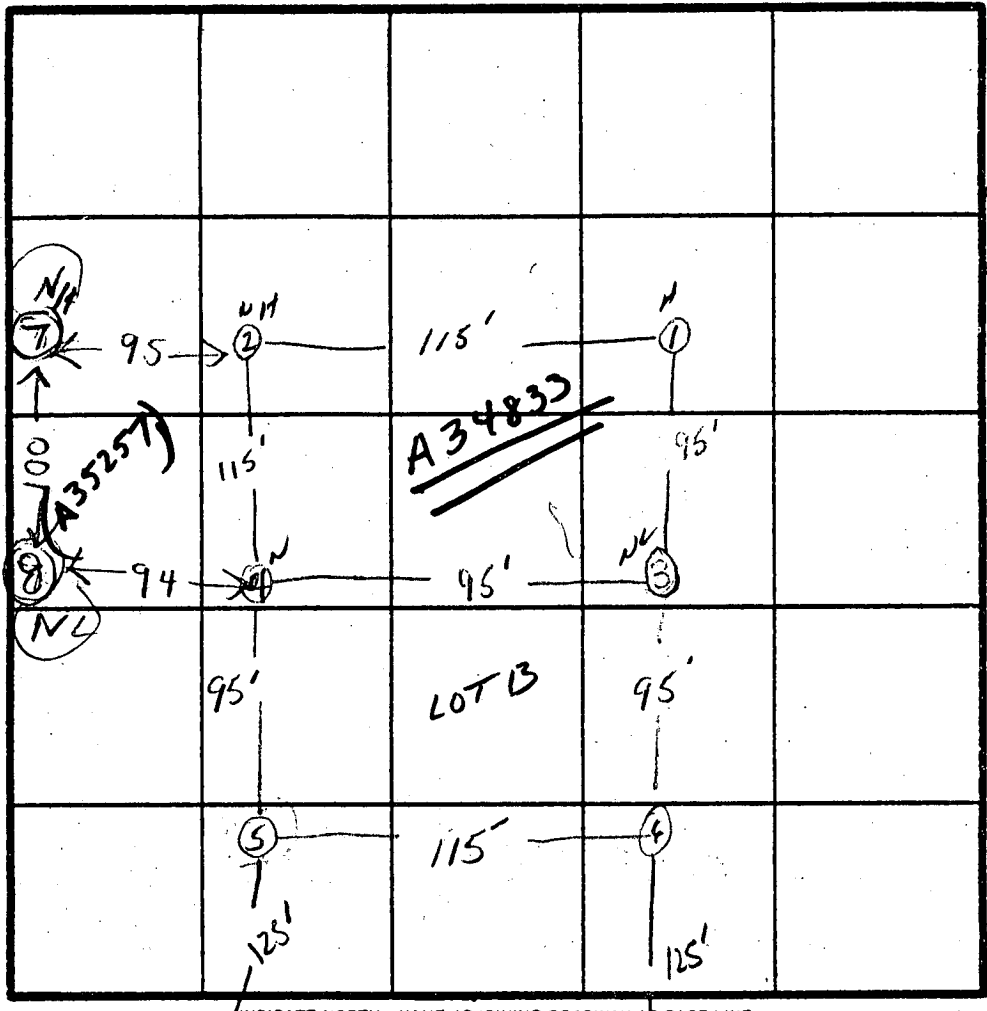
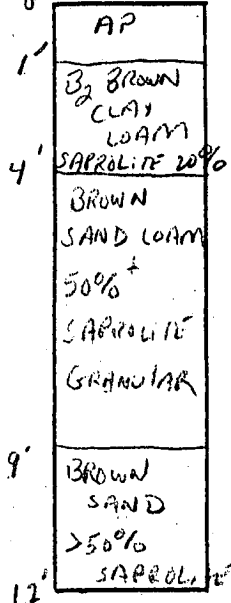
E SCHEDULE	
EAST	
802,135.926	
802,009.650	
803,964.049	
803,390.098	
802,310.342	

LOT 13
WARFIELD PROPERTY



LINTHICUM ROAD

① SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
CL - Lithicum Rd

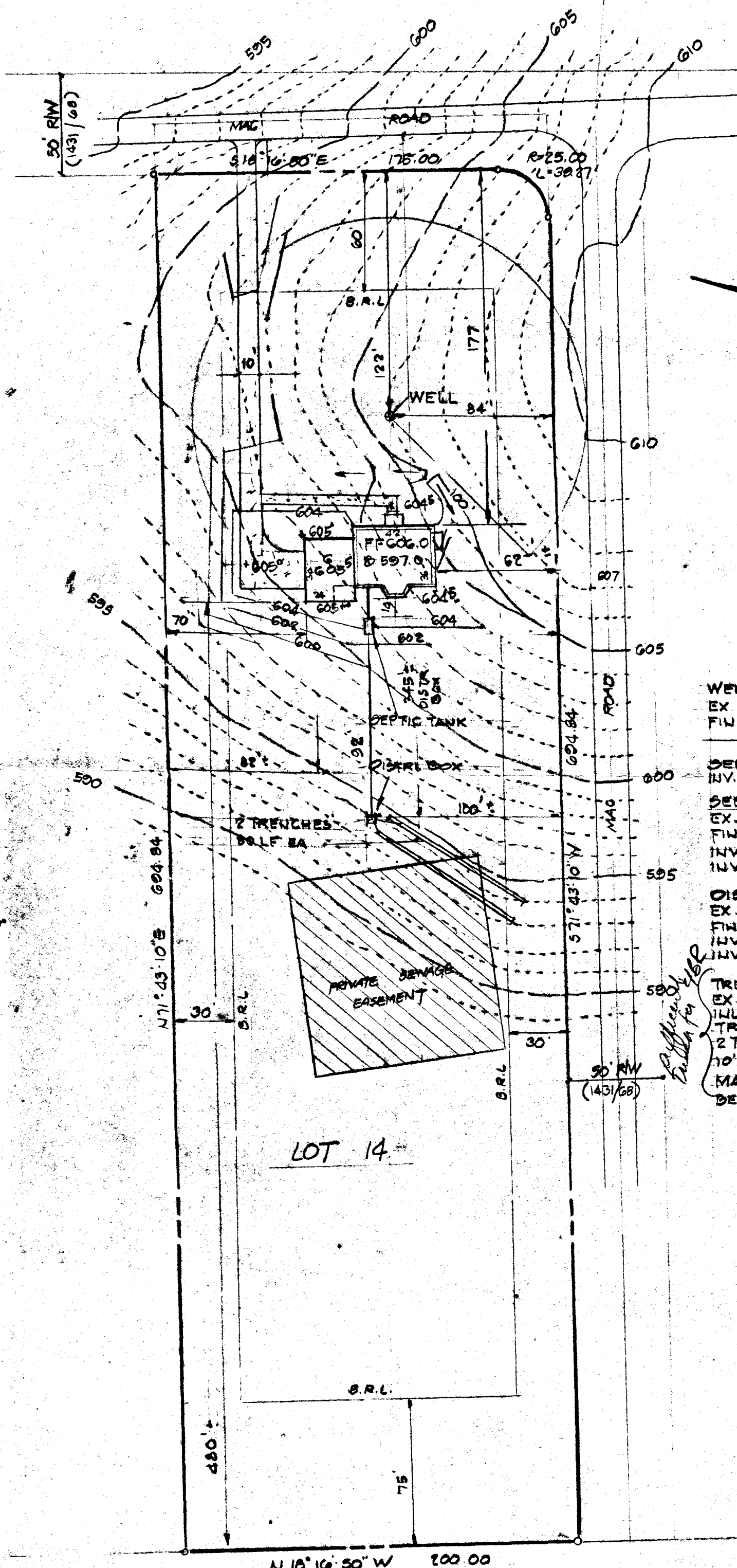
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/28	1S	4.5'	1:53	1:56	1:56	1:59	3min
	1V	12'	LOOK GOOD AT 12'		FINE SAPROLITE 50%-70%		
	2S	4'	1:55	1:57	1:57	1:59	2min
	2V	11.5'					
	3S	4.5'	2:00	2:03	2:03	2:07	4min
	3V	12'	LOOKS OK TO 12'		GRANULAR SAPROLITE AT BOTTOM		
	4S	4'	2:07	2:15	2:15	2:26	11min
	4V	11.5'	INCREASING SANDY AT BOTTOM				
	5	WATER - DEPTH UNKNOWN (COVERED) BEFORE ARRIVAL					
	6	WATER - DEPTH UNKNOWN (COVERED) BEFORE ARRIVAL					
11/28	7S	4'	1:23	1:26	1:26	1:29	5min
	7V	12 1/2'	LOOKS OK				
	8	5'	1:29	1:31	1:31	1:35	5min
		12 1/2'	LOOKS OK				

FROM FIELD NOTES OF R. HODGES TESTED AS A35257

REMARKS Limitations begin at 11' in lower holes

TYPE OF SOIL Gleys association

TESTED BY S. Abel | R. Hodges. ALSO PRESENT OPEN KETTERMAN & CO. QUINT CALLED



- WELL DATA
 - EX GR. 606.00 ✓
 - FIN GR. 606.00 ✓

- SEPTIC SYSTEM DATA
 - INV. OF SEWER FROM HSE 602.0 ✓
- SEPTIC TANK
 - EX GR 601.00 ✓
 - FIN GR 604.00 ✓
 - INV IN 601.90 ✓
 - INV OUT 601.60 ✓
- DISTR. BOX
 - EX GR 594.00 ✓
 - FIN GR 594.00 ✓
 - INV IN 591.5 ✓
 - INV OUT 591.5 ✓
- TRENCH DATA
 - EX GR 594.00 ✓
 - INLET 591.00 ✓
 - TRENCHES 2' WIDE ✓
 - 2 TRENCHES - 80 LF EA ✓
 - 10' C/C ✓
 - MAX. DEPTH 18" 5' OF STONE ✓
 - BELOW 3' INLET. ✓

*8-13-88
Elevations ok
as drawn and shown
on for 45K house*

180φ
3-8

BLDG. PERMIT SIGNED
AND RETURNED 8-13-88 S. J. [Signature]
BPA# 72234

PREPARED BY:
JOHN C. MELLEMA SR., INC. LINTHICUM ROAD
LAND SURVEYORS
6100 BALTO. NATL. PIKE · BALTIMORE, MD. 21228
301-744-8880

SITE PLAN
LOT 14
PHEASANT LANDING
(C.M.P. 6500)
5TH ELECTION DIST. HO. CO. MD
SCALE 1" = 30' JULY 20, 1988
Paradise Builders

Pleasant landing

6/6/86 Lot 14 gravel only

(82)

40' casing (2 1/2' above ground)

36' open hole

Location OK

10 bags cement

took 30+ minutes to gravel

B 1 **3354** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

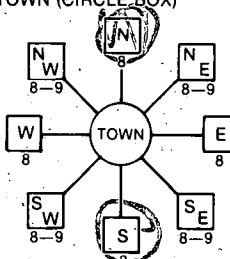

HC-81-1362
 fill in this form completely

Date Received: _____

OWNER INFORMATION
 8 13
ATKINSON EUGENE
 15 Last Name Owner First Name 34
304 SYMINGTON AVE
 36 Street or RFD 55
CATONSVILLE MD 21228
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD 21
 8 COUNTY
PLEASANT LAPOINTE 42
 23 SUBDIVISION
 SECTION **---** 44 46 LOT **19** 48 50
BATTON GREENS LG 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78 MI

DRILLER INFORMATION
Ralph Mayne 273
 77 License No. 80
Ralph Mayne (well drilling)
 Firm Name
9120 Brown Church Rd. NW, Gay
 Address
Ralph Mayne 61186
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Liaithicum Rd. 30
 11 NEAR WHAT ROAD
 34 **610** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **ft** 38 39

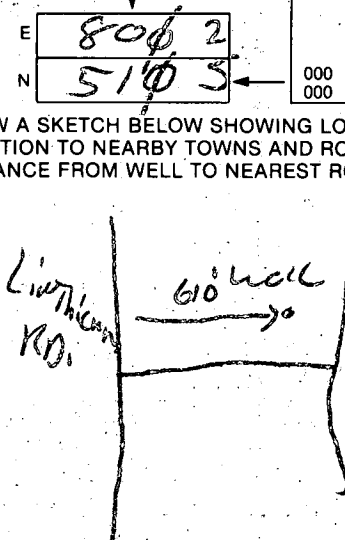
B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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)

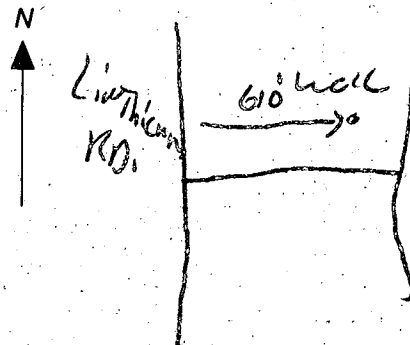
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **060286** **R. Nulton** **12/2/86**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **505000** 50 55 EAST GRID **0802000** 57 63

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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

 000 000

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 52

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


Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE **BA** WRITE INITIALS IN BOX PERMIT NO. **HC-81-1362**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

4584

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1362

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received

02/18/86

OWNER INFORMATION

15 Last Name: JACOBSON, Owner: JACOBSON, First Name: JACOBSON, Street or RFD: ...

B 3

LOCATION OF WELL

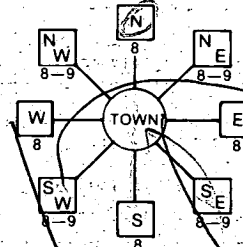
8 COUNTY: ... 23 SUBDIVISION: ... SECTION: ... LOT: 14 ... 52 NEAREST TOWN: ... MILES FROM TOWN: ...

DRILLER INFORMATION

Driller's Name: Jacob L. Wayne, 77 License No. 80: 238, Firm Name: Jacob L. Wayne Well Drilling, Address: 5512 Ridge Rd. ...

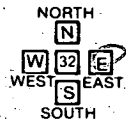
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Finthorpe Road, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD: 610, 37 ENTER FT or MI: FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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

COUNTY NAME: HOWARD, COUNTY NO.: A-35259, OEP SIGNATURE: B. Nolan, DATE ISSUED: 02/27/86, STATE HEALTH INSERT S: ...

APPROXIMATE DEPTH OF WELL: 265 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN, AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary), CABLE REVerse-ROtary Drive-POINT

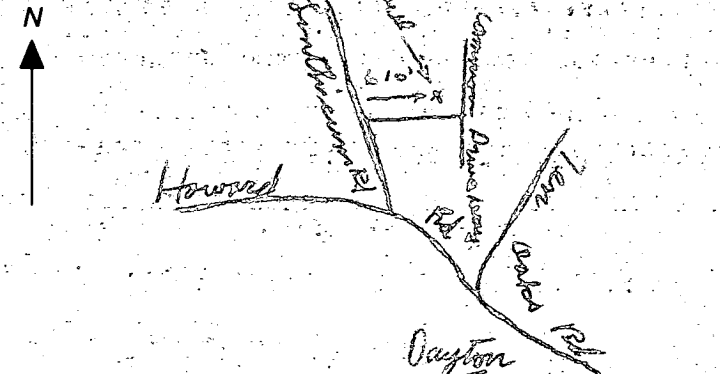
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Box numbers: E 800 2, N 510 5

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



REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER: GAP

FORCE: SN, WRITE INITIALS IN BOX, PERMIT No.: HO-81-1362

SPECIAL CONDITIONS

DRILLER

C1 2559 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 35257**

DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED **061086**

Depth of Well **280**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-81-1362

OWNER **ATKINSON EUGENE**
 STREET OR RFD **LYTHICUM RD** TOWN **GLENELG**
 SUBDIVISION **PHEASANT LANDING** SECTION [] LOT **14**

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	35	<input checked="" type="checkbox"/>
MICKA	35	50	
Sand Stone	50	60	<input checked="" type="checkbox"/>
MICKA	60	280	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **70** NO. OF POUNDS **1000**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **36** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

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

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

C2
 DEPTH (nearest ft.)
 1 **170** 38 280
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 4 [] [] [] [] [] []

CIRCLE APPROPRIATE LETTER
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. **273**
 DRILLERS SIGNATURE **Ralph Wayne**
 DRILLERS SIGNATURE ON APPLICATION **Ralph E. Wayne**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

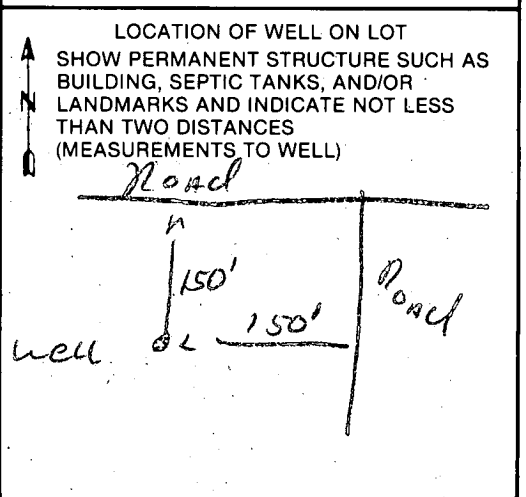
SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)

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 [] [] []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **32**
 WHEN PUMPING **80**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
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:
 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 } LAND SURFACE (nearest foot) **2**
 below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 140-81-1362
 Location of property (road) Livethcum Rd
 Subdivision PLEASANT LANDING Lot 14 Block Plat Sec.
 Well Driller Ralph Mayne Owner EUGENE ATKINSON

Depth of well 225 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 32 ft

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 10 G.P.M
 Total time 30 min to reach pumping water level 80 ft 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)	
10:30	80 ft	10 sec	X	6 G.P.M	
10:45	80	10		6	
11:00	80	10		6	
11:15	80 ft	10 sec		6 G.P.M	
11:30	80	10		6	
11:45	80	10		6	
12:00	80 ft	10 sec		6 G.P.M	
12:15	80	10		6	
12:30	80	10		6	
12:45	80 ft	10 sec		6 G.P.M	
1:00	80	10		6	
1:15	80	10		6	
1:30	80 ft	10 sec		6 G.P.M	

40 ft PL 36 open 10 bags

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 38011
 Date 11/7/86

Name of Installer Cornwell Plumbing Heating

Telephone (301) 9889221

License number 3853

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Paradise Builders Telephone _____

Subdivision Pheasant Landing Lot # 14 Well tag # _____

Site Address Linth. court RD.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

2. Make McDonald

3. Model # _____

4. Capacity 10 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

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

PITLESS & LING OK 11/20/86 CWL

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: 11/7/86

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